

CONFERENCE COMMITTEE SUBSTITUTE

FOR

HOUSE COMMITTEE SUBSTITUTE

FOR

SENATE BILL NO. 635

AN ACT

To repeal sections 167.638, 170.310, 174.335, 190.142, 190.241, 192.737, 192.2490, 192.2495, 197.315, 324.001, 335.300, 335.305, 335.310, 335.315, 335.320, 335.325, 335.330, 335.335, 335.340, 335.345, 335.350, 335.355, 338.200, 376.1235, 376.1237, and 536.031, RSMo, and to enact in lieu thereof forty-seven new sections relating to health care, with penalty provisions, an emergency clause for a certain section, and an effective date for certain sections.

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

1           Section A. Sections 167.638, 170.310, 174.335, 190.142,  
2 190.241, 192.737, 192.2490, 192.2495, 197.315, 324.001, 335.300,  
3 335.305, 335.310, 335.315, 335.320, 335.325, 335.330, 335.335,  
4 335.340, 335.345, 335.350, 335.355, 338.200, 376.1235, 376.1237,  
5 and 536.031, RSMo, are repealed and forty-seven new sections  
6 enacted in lieu thereof, to be known as sections 96.192, 167.638,  
7 167.950, 170.310, 174.335, 190.142, 190.241, 190.265, 191.1075,  
8 191.1080, 191.1085, 192.737, 192.2490, 192.2495, 197.065,  
9 197.315, 324.001, 334.1200, 334.1203, 334.1206, 334.1209,  
10 334.1212, 334.1215, 334.1218, 334.1221, 334.1224, 334.1227,  
11 334.1230, 334.1233, 335.360, 335.365, 335.370, 335.375, 335.380,  
12 335.385, 335.390, 335.395, 335.400, 335.405, 335.410, 335.415,  
13 338.200, 376.388, 376.1235, 376.1237, 536.031, and 633.420, to

1 read as follows:

2 96.192. 1. The board of trustees of any hospital  
3 authorized under subsection 2 of this section, and established  
4 and organized under the provisions of sections 96.150 to 96.229,  
5 may invest up to twenty-five percent of the hospital's funds not  
6 required for immediate disbursement in obligations or for the  
7 operation of the hospital in any United States investment grade  
8 fixed income funds or any diversified stock funds, or both.

9 2. The provisions of this section shall only apply if the  
10 hospital:

11 (1) Receives less than one percent of its annual revenues  
12 from municipal, county, or state taxes; and

13 (2) Receives less than one percent of its annual revenue  
14 from appropriated funds from the municipality in which such  
15 hospital is located.

16 167.638. The department of health and senior services shall  
17 develop an informational brochure relating to meningococcal  
18 disease that states that [an immunization] immunizations against  
19 meningococcal disease [is] are available. The department shall  
20 make the brochure available on its website and shall notify every  
21 public institution of higher education in this state of the  
22 availability of the brochure. Each public institution of higher  
23 education shall provide a copy of the brochure to all students  
24 and if the student is under eighteen years of age, to the  
25 student's parent or guardian. Such information in the brochure  
26 shall include:

27 (1) The risk factors for and symptoms of meningococcal  
28 disease, how it may be diagnosed, and its possible consequences

1 if untreated;

2 (2) How meningococcal disease is transmitted;

3 (3) The latest scientific information on meningococcal  
4 disease immunization and its effectiveness, including information  
5 on all meningococcal vaccines receiving a Category A or B  
6 recommendation from the Advisory Committee on Immunization  
7 Practices; [and]

8 (4) A statement that any questions or concerns regarding  
9 immunization against meningococcal disease may be answered by  
10 contacting the individuals's health care provider; and

11 (5) A recommendation that the current student or entering  
12 student receive meningococcal vaccines in accordance with current  
13 Advisory Committee on Immunization Practices of the Centers for  
14 Disease Control and Prevention guidelines.

15 167.950. 1. (1) By December 31, 2017, the department of  
16 elementary and secondary education shall develop guidelines for  
17 the appropriate screening of students for dyslexia and related  
18 disorders and the necessary classroom support for students with  
19 dyslexia and related disorders. Such guidelines shall be  
20 consistent with the findings and recommendations of the task  
21 force created under section 633.420.

22 (2) In the 2018-19 school year and subsequent years, each  
23 public school, including each charter school, shall conduct  
24 dyslexia screenings for students in the appropriate year  
25 consistent with the guidelines developed by the department of  
26 elementary and secondary education.

27 (3) In the 2018-19 school year and subsequent years, the  
28 school board of each district and the governing board of each

1 charter school shall provide reasonable classroom support  
2 consistent with the guidelines developed by the department of  
3 elementary and secondary education.

4 2. In the 2018-19 school year and subsequent years, the  
5 practicing teacher assistance programs established under section  
6 168.400 shall include two hours of in-service training provided  
7 by each local school district for all practicing teachers in such  
8 district regarding dyslexia and related disorders. Each charter  
9 school shall also offer all of its teachers two hours of training  
10 on dyslexia and related disorders. Districts and charter schools  
11 may seek assistance from the department of elementary and  
12 secondary education in developing and providing such training.  
13 Completion of such training shall count as two contact hours of  
14 professional development under section 168.021.

15 3. For purposes of this section, the following terms mean:

16 (1) "Dyslexia", a disorder that is neurological in origin,  
17 characterized by difficulties with accurate and fluent word  
18 recognition and poor spelling and decoding abilities that  
19 typically result from a deficit in the phonological component of  
20 language, often unexpected in relation to other cognitive  
21 abilities and the provision of effective classroom instruction,  
22 and of which secondary consequences may include problems in  
23 reading comprehension and reduced reading experience that can  
24 impede growth of vocabulary and background knowledge. Nothing in  
25 this definition shall require a student with dyslexia to obtain  
26 an individualized education program (IEP) unless the student has  
27 otherwise met the federal conditions necessary;

28 (2) "Dyslexia screening", a short test conducted by a

1 teacher or school counselor to determine whether a student likely  
2 has dyslexia or a related disorder in which a positive result  
3 does not represent a medical diagnosis but indicates that the  
4 student could benefit from approved support;

5 (3) "Related disorders", disorders similar to or related to  
6 dyslexia, such as developmental auditory imperception, dysphasia,  
7 specific developmental dyslexia, developmental dysgraphia, and  
8 developmental spelling disability;

9 (4) "Support", low-cost and effective best practices, such  
10 as oral examinations and extended test-taking periods, used to  
11 support students who have dyslexia or any related disorder.

12 4. The state board of education shall promulgate rules and  
13 regulations for each public school to screen students for  
14 dyslexia and related disorders and to provide the necessary  
15 classroom support for students with dyslexia and related  
16 disorders. Any rule or portion of a rule, as that term is  
17 defined in section 536.010, that is created under the authority  
18 delegated in this section shall become effective only if it  
19 complies with and is subject to all of the provisions of chapter  
20 536 and, if applicable, section 536.028. This section and  
21 chapter 536 are nonseverable, and if any of the powers vested  
22 with the general assembly pursuant to chapter 536 to review, to  
23 delay the effective date, or to disapprove and annul a rule are  
24 subsequently held unconstitutional, then the grant of rulemaking  
25 authority and any rule proposed or adopted after August 28, 2016,  
26 shall be invalid and void.

27 5. Nothing in this section shall require the MO HealthNet  
28 program to expand the services that it provides.

1           170.310. 1. For school year 2017-18 and each school year  
2 thereafter, upon graduation from high school, pupils in public  
3 schools and charter schools shall have received thirty minutes of  
4 cardiopulmonary resuscitation instruction and training in the  
5 proper performance of the Heimlich maneuver or other first aid  
6 for choking given any time during a pupil's four years of high  
7 school.

8           2. Beginning in school year 2017-18, any public school or  
9 charter school serving grades nine through twelve [may] shall  
10 provide enrolled students instruction in cardiopulmonary  
11 resuscitation. Students with disabilities may participate to the  
12 extent appropriate as determined by the provisions of the  
13 Individuals with Disabilities Education Act or Section 504 of the  
14 Rehabilitation Act. [Instruction may be embedded in any health  
15 education course] Instruction shall be included in the district's  
16 existing health or physical education curriculum. Instruction  
17 shall be based on a program established by the American Heart  
18 Association or the American Red Cross, or through a nationally  
19 recognized program based on the most current national evidence-  
20 based emergency cardiovascular care guidelines, and psychomotor  
21 skills development shall be incorporated into the instruction.  
22 For purposes of this section, "psychomotor skills" means the use  
23 of hands-on practicing and skills testing to support cognitive  
24 learning.

25           [2.] 3. The teacher of the cardiopulmonary resuscitation  
26 course or unit shall not be required to be a certified trainer of  
27 cardiopulmonary resuscitation if the instruction is not designed  
28 to result in certification of students. Instruction that is

1 designed to result in certification being earned shall be  
2 required to be taught by an authorized cardiopulmonary  
3 instructor. Schools may develop agreements with any local  
4 chapter of a voluntary organization of first responders to  
5 provide the required hands-on practice and skills testing.

6 [3.] 4. The department of elementary and secondary  
7 education may promulgate rules to implement this section. Any  
8 rule or portion of a rule, as that term is defined in section  
9 536.010, that is created under the authority delegated in this  
10 section shall become effective only if it complies with and is  
11 subject to all of the provisions of chapter 536 and, if  
12 applicable, section 536.028. This section and chapter 536 are  
13 nonseverable and if any of the powers vested with the general  
14 assembly pursuant to chapter 536 to review, to delay the  
15 effective date, or to disapprove and annul a rule are  
16 subsequently held unconstitutional, then the grant of rulemaking  
17 authority and any rule proposed or adopted after August 28, 2012,  
18 shall be invalid and void.

19 174.335. 1. Beginning with the 2004-05 school year and for  
20 each school year thereafter, every public institution of higher  
21 education in this state shall require all students who reside in  
22 on-campus housing to have received the meningococcal vaccine not  
23 more than five years prior to enrollment and in accordance with  
24 the latest recommendations of the Advisory Committee on  
25 Immunization Practices of the Centers for Disease Control and  
26 Prevention, unless a signed statement of medical or religious  
27 exemption is on file with the institution's administration. A  
28 student shall be exempted from the immunization requirement of

1 this section upon signed certification by a physician licensed  
2 under chapter 334 indicating that either the immunization would  
3 seriously endanger the student's health or life or the student  
4 has documentation of the disease or laboratory evidence of  
5 immunity to the disease. A student shall be exempted from the  
6 immunization requirement of this section if he or she objects in  
7 writing to the institution's administration that immunization  
8 violates his or her religious beliefs.

9 2. Each public university or college in this state shall  
10 maintain records on the meningococcal vaccination status of every  
11 student residing in on-campus housing at the university or  
12 college.

13 3. Nothing in this section shall be construed as requiring  
14 any institution of higher education to provide or pay for  
15 vaccinations against meningococcal disease.

16 4. For purposes of this section, the term "on-campus  
17 housing" shall include, but not be limited to, any fraternity or  
18 sorority residence, regardless of whether such residence is  
19 privately owned, on or near the campus of a public institution of  
20 higher education.

21 190.142. 1. The department shall, within a reasonable time  
22 after receipt of an application, cause such investigation as it  
23 deems necessary to be made of the applicant for an emergency  
24 medical technician's license. The director may authorize  
25 investigations into criminal records in other states for any  
26 applicant.

27 2. The department shall issue a license to all levels of  
28 emergency medical technicians, for a period of five years, if the



1 applicant meets the requirements established pursuant to sections  
2 190.001 to 190.245 and the rules adopted by the department  
3 pursuant to sections 190.001 to 190.245. The department may  
4 promulgate rules relating to the requirements for an emergency  
5 medical technician including but not limited to:

6 (1) Age requirements;

7 (2) Education and training requirements based on respective  
8 national curricula of the United States Department of  
9 Transportation and any modification to such curricula specified  
10 by the department through rules adopted pursuant to sections  
11 190.001 to 190.245;

12 (3) Initial licensure testing requirements. Initial EMT-P  
13 licensure testing shall be through the national registry of EMTs  
14 or examinations developed and administered by the department of  
15 health and senior services;

16 (4) Continuing education and relicensure requirements; and

17 (5) Ability to speak, read and write the English language.

18 3. Application for all levels of emergency medical  
19 technician license shall be made upon such forms as prescribed by  
20 the department in rules adopted pursuant to sections 190.001 to  
21 190.245. The application form shall contain such information as  
22 the department deems necessary to make a determination as to  
23 whether the emergency medical technician meets all the  
24 requirements of sections 190.001 to 190.245 and rules promulgated  
25 pursuant to sections 190.001 to 190.245.

26 4. All levels of emergency medical technicians may perform  
27 only that patient care which is:

28 (1) Consistent with the training, education and experience

1 of the particular emergency medical technician; and

2 (2) Ordered by a physician or set forth in protocols  
3 approved by the medical director.

4 5. No person shall hold themselves out as an emergency  
5 medical technician or provide the services of an emergency  
6 medical technician unless such person is licensed by the  
7 department.

8 6. Any rule or portion of a rule, as that term is defined  
9 in section 536.010, that is created under the authority delegated  
10 in this section shall become effective only if it complies with  
11 and is subject to all of the provisions of chapter 536 and, if  
12 applicable, section 536.028. This section and chapter 536 are  
13 nonseverable and if any of the powers vested with the general  
14 assembly pursuant to chapter 536 to review, to delay the  
15 effective date or to disapprove and annul a rule are subsequently  
16 held unconstitutional, then the grant of rulemaking authority and  
17 any rule proposed or adopted after August 28, 2002, shall be  
18 invalid and void.

19 190.241. 1. The department shall designate a hospital as  
20 an adult, pediatric or adult and pediatric trauma center when a  
21 hospital, upon proper application submitted by the hospital and  
22 site review, has been found by the department to meet the  
23 applicable level of trauma center criteria for designation in  
24 accordance with rules adopted by the department as prescribed by  
25 section 190.185.

26 2. Except as provided in subsection 4 of this section, the  
27 department shall designate a hospital as a STEMI or stroke center  
28 when such hospital, upon proper application and site review, has

1 been found by the department to meet the applicable level of  
2 STEMI or stroke center criteria for designation in accordance  
3 with rules adopted by the department as prescribed by section  
4 190.185. In developing STEMI center and stroke center  
5 designation criteria, the department shall use, as it deems  
6 practicable, appropriate peer-reviewed or evidence-based research  
7 on such topics including, but not limited to, the most recent  
8 guidelines of the American College of Cardiology and American  
9 Heart Association for STEMI centers, or the Joint Commission's  
10 Primary Stroke Center Certification program criteria for stroke  
11 centers, or Primary and Comprehensive Stroke Center  
12 Recommendations as published by the American Stroke Association.

13 3. The department of health and senior services shall, not  
14 less than once every five years, conduct an on-site review of  
15 every trauma, STEMI, and stroke center through appropriate  
16 department personnel or a qualified contractor, with the  
17 exception of stroke centers designated pursuant to subsection 4  
18 of this section; however, this provision is not intended to limit  
19 the department's ability to conduct a complaint investigation  
20 pursuant to subdivision (3) of subsection 2 of section 197.080 of  
21 any trauma, STEMI, or stroke center. On-site reviews shall be  
22 coordinated for the different types of centers to the extent  
23 practicable with hospital licensure inspections conducted under  
24 chapter 197. No person shall be a qualified contractor for  
25 purposes of this subsection who has a substantial conflict of  
26 interest in the operation of any trauma, STEMI, or stroke center  
27 under review. The department may deny, place on probation,  
28 suspend or revoke such designation in any case in which it has

1 reasonable cause to believe that there has been a substantial  
2 failure to comply with the provisions of this chapter or any  
3 rules or regulations promulgated pursuant to this chapter. If  
4 the department of health and senior services has reasonable cause  
5 to believe that a hospital is not in compliance with such  
6 provisions or regulations, it may conduct additional announced or  
7 unannounced site reviews of the hospital to verify compliance.  
8 If a trauma, STEMI, or stroke center fails two consecutive on-  
9 site reviews because of substantial noncompliance with standards  
10 prescribed by sections 190.001 to 190.245 or rules adopted by the  
11 department pursuant to sections 190.001 to 190.245, its center  
12 designation shall be revoked.

13 4. Instead of applying for stroke center designation  
14 pursuant to the provisions of subsection 2 of this section, a  
15 hospital may apply for stroke center designation pursuant to this  
16 subsection. Upon receipt of an application from a hospital on a  
17 form prescribed by the department, the department shall designate  
18 such hospital:

19 (1) A level I stroke center if such hospital has been  
20 certified as a comprehensive stroke center by the Joint  
21 Commission or any other certifying organization designated by the  
22 department when such certification is in accordance with the  
23 American Heart Association/American Stroke Association  
24 guidelines;

25 (2) A level II stroke center if such hospital has been  
26 certified as a primary stroke center by the Joint Commission or  
27 any other certifying organization designated by the department  
28 when such certification is in accordance with the American Heart

1 Association/American Stroke Association guidelines; or

2 (3) A level III stroke center if such hospital has been  
3 certified as an acute stroke-ready hospital by the Joint  
4 Commission or any other certifying organization designated by the  
5 department when such certification is in accordance with the  
6 American Heart Association/American Stroke Association  
7 guidelines.

8  
9 Except as provided by subsection 5 of this section, the  
10 department shall not require compliance with any additional  
11 standards for establishing or renewing stroke designations. The  
12 designation shall continue if such hospital remains certified.  
13 The department may remove a hospital's designation as a stroke  
14 center if the hospital requests removal of the designation or the  
15 department determines that the certificate recognizing the  
16 hospital as a stroke center has been suspended or revoked. Any  
17 decision made by the department to withdraw its designation of a  
18 stroke center pursuant to this subsection that is based on the  
19 revocation or suspension of a certification by a certifying  
20 organization shall not be subject to judicial review. The  
21 department shall report to the certifying organization any  
22 complaint it receives related to the stroke center certification  
23 of a stroke center designated pursuant to this subsection. The  
24 department shall also advise the complainant which organization  
25 certified the stroke center and provide the necessary contact  
26 information should the complainant wish to pursue a complaint  
27 with the certifying organization.

28 5. Any hospital receiving designation as a stroke center

1 pursuant to subsection 4 of this section shall:

2 (1) Annually and within thirty days of any changes submit  
3 to the department proof of stroke certification and the names and  
4 contact information of the medical director and the program  
5 manager of the stroke center;

6 (2) Submit to the department a copy of the certifying  
7 organization's final stroke certification survey results within  
8 thirty days of receiving such results;

9 (3) Submit every four years an application on a form  
10 prescribed by the department for stroke center review and  
11 designation;

12 (4) Participate in the emergency medical services regional  
13 system of stroke care in its respective emergency medical  
14 services region as defined in rules promulgated by the  
15 department;

16 (5) Participate in local and regional emergency medical  
17 services systems by reviewing and sharing outcome data and  
18 providing training and clinical educational resources.

19  
20 Any hospital receiving designation as a level III stroke center  
21 pursuant to subsection 4 of this section shall have a formal  
22 agreement with a level I or level II stroke center for physician  
23 consultative services for evaluation of stroke patients for  
24 thrombolytic therapy and the care of the patient post-  
25 thrombolytic therapy.

26 6. Hospitals designated as a STEMI or stroke center by the  
27 department, including those designated pursuant to subsection 4  
28 of this section, shall submit data to meet the data submission

1 requirements specified by rules promulgated by the department.

2 Such submission of data may be done by the following methods:

3 (1) Entering hospital data directly into a state registry  
4 by direct data entry;

5 (2) Downloading hospital data from a nationally-recognized  
6 registry or data bank and importing the data files into a state  
7 registry; or

8 (3) Authorizing a nationally-recognized registry or data  
9 bank to disclose or grant access to the department facility-  
10 specific data held by the registry or data bank.

11  
12 A hospital submitting data pursuant to subdivisions (2) or (3) of  
13 this subsection shall not be required to collect and submit any  
14 additional STEMI or stroke center data elements.

15 7. When collecting and analyzing data pursuant to the  
16 provisions of this section, the department shall comply with the  
17 following requirements:

18 (1) Names of any health care professionals, as defined in  
19 section 376.1350, shall not be subject to disclosure;

20 (2) The data shall not be disclosed in a manner that  
21 permits the identification of an individual patient or encounter;

22 (3) The data shall be used for the evaluation and  
23 improvement of hospital and emergency medical services' trauma,  
24 stroke, and STEMI care;

25 (4) The data collection system shall be capable of  
26 accepting file transfers of data entered into to any national  
27 recognized trauma, stroke, or STEMI registry or data bank to  
28 fulfill trauma, stroke, or STEMI certification reporting

1 requirements;

2 (5) STEMI and stroke center data elements shall conform to  
3 nationally recognized performance measures, such as the American  
4 Heart Association's Get With the Guidelines, and include  
5 published detailed measure specifications, data coding  
6 instructions, and patient population inclusion and exclusion  
7 criteria to ensure data reliability and validity; and

8 (6) Generate from the trauma, stroke, and STEMI registries  
9 quarterly regional and state outcome data reports for trauma,  
10 stroke, and STEMI designated centers, the state advisory council  
11 on EMS, and regional EMS committees to review for performance  
12 improvement and patient safety.

13 8. The board of registration for the healing arts shall  
14 have sole authority to establish education requirements for  
15 physicians who practice in an emergency department of a facility  
16 designated as a trauma, STEMI, or stroke center by the department  
17 under this section. The department shall deem such education  
18 requirements promulgated by the board of registration for the  
19 healing arts sufficient to meet the standards for designations  
20 under this section.

21 9. The department of health and senior services may  
22 establish appropriate fees to offset the costs of trauma, STEMI,  
23 and stroke center reviews.

24 [5.] 10. No hospital shall hold itself out to the public as  
25 a STEMI center, stroke center, adult trauma center, pediatric  
26 trauma center, or an adult and pediatric trauma center unless it  
27 is designated as such by the department of health and senior  
28 services.



1           [6.] 11. Any person aggrieved by an action of the  
2 department of health and senior services affecting the trauma,  
3 STEMI, or stroke center designation pursuant to this chapter,  
4 including the revocation, the suspension, or the granting of,  
5 refusal to grant, or failure to renew a designation, may seek a  
6 determination thereon by the administrative hearing commission  
7 under chapter 621. It shall not be a condition to such  
8 determination that the person aggrieved seek a reconsideration, a  
9 rehearing, or exhaust any other procedure within the department.

10           190.265. 1. In order to ensure that the skids of a  
11 helicopter do not get caught in a fence or other barriers and  
12 cause a potentially catastrophic outcome, any rules and  
13 regulations promulgated by the department of health and senior  
14 services pursuant to sections 190.185, 190.241, and 192.006,  
15 chapter 197, or any other provision of Missouri law shall not  
16 require hospitals to have a fence, or other barriers, around such  
17 hospital's helipad. Any regulation requiring fencing, or other  
18 barriers, or any interpretation of such regulation shall be null  
19 and void.

20           2. In addition to the prohibition in subsection 1 of this  
21 section, the department shall not promulgate any rules and  
22 regulations with respect to the operation or construction of a  
23 helipad located at a hospital.

24           3. Hospitals shall ensure that helipads are free of  
25 obstruction and safe for use by a helicopter while on the ground,  
26 during approach, and takeoff.

27           4. As used in this section, the term "hospital" shall have  
28 the same meaning as in section 197.020.

1           191.1075. As used in sections 191.1075 to 191.1085, the  
2 following terms shall mean:

3           (1) "Department", the department of health and senior  
4 services;

5           (2) "Health care professional", a physician or other health  
6 care practitioner licensed, accredited, or certified by the state  
7 of Missouri to perform specified health services;

8           (3) "Hospital":

9           (a) A place devoted primarily to the maintenance and  
10 operation of facilities for the diagnosis, treatment, or care of  
11 not less than twenty-four consecutive hours in any week of three  
12 or more nonrelated individuals suffering from illness, disease,  
13 injury, deformity, or other abnormal physical conditions; or

14           (b) A place devoted primarily to provide for not less than  
15 twenty-four consecutive hours in any week medical or nursing care  
16 for three or more unrelated individuals. "Hospital" does not  
17 include convalescent, nursing, shelter, or boarding homes as  
18 defined in chapter 198.

19           191.1080. 1. There is hereby created within the department  
20 the "Missouri Palliative Care and Quality of Life  
21 Interdisciplinary Council", which shall be a palliative care  
22 consumer and professional information and education program to  
23 improve quality and delivery of patient-centered and family-  
24 focused care in this state.

25           2. On or before December 1, 2016, the following members  
26 shall be appointed to the council:

27           (1) Two members of the senate, appointed by the president  
28 pro tempore of the senate;

1       (2) Two members of the house of representatives, appointed  
2 by the speaker of the house of representatives;

3       (3) Two board-certified hospice and palliative medicine  
4 physicians licensed in this state, appointed by the governor with  
5 the advice and consent of the senate;

6       (4) Two certified hospice and palliative nurses licensed in  
7 this state, appointed by the governor with the advice and consent  
8 of the senate;

9       (5) A certified hospice and palliative social worker,  
10 appointed by the governor with the advice and consent of the  
11 senate;

12       (6) A patient and family caregiver advocate representative,  
13 appointed by the governor with the advice and consent of the  
14 senate; and

15       (7) A spiritual professional with experience in palliative  
16 care and health care, appointed by the governor with the advice  
17 and consent of the senate.

18       3. Council members shall serve for a term of three years.  
19 The members of the council shall elect a chair and vice chair  
20 whose duties shall be established by the council. The department  
21 shall determine a time and place for regular meetings of the  
22 council, which shall meet at least biannually.

23       4. Members of the council shall serve without compensation,  
24 but shall, subject to appropriations, be reimbursed for their  
25 actual and necessary expenses incurred in the performance of  
26 their duties as members of the council.

27       5. The council shall consult with and advise the department  
28 on matters related to the establishment, maintenance, operation,

1 and outcomes evaluation of palliative care initiatives in this  
2 state, including the palliative care consumer and professional  
3 information and education program established in section  
4 191.1085.

5 6. The council shall submit an annual report to the general  
6 assembly, which includes an assessment of the availability of  
7 palliative care in this state for patients at early stages of  
8 serious disease and an analysis of barriers to greater access to  
9 palliative care.

10 7. The council authorized under this section shall  
11 automatically expire August 28, 2022.

12  
13 191.1085. 1. There is hereby established the "Palliative  
14 Care Consumer and Professional Information and Education Program"  
15 within the department.

16 2. The purpose of the program is to maximize the  
17 effectiveness of palliative care in this state by ensuring that  
18 comprehensive and accurate information and education about  
19 palliative care is available to the public, health care  
20 providers, and health care facilities.

21 3. The department shall publish on its website information  
22 and resources, including links to external resources, about  
23 palliative care for the public, health care providers, and health  
24 care facilities including, but not limited to:

25 (1) Continuing education opportunities for health care  
26 providers;

27 (2) Information about palliative care delivery in the home,  
28 primary, secondary, and tertiary environments; and

1       (3) Consumer educational materials and referral information  
2 for palliative care, including hospice.

3       4. Each hospital in this state is encouraged to have a  
4 palliative care presence on its intranet or internet website  
5 which provides links to one or more of the following  
6 organizations: the Institute of Medicine, the Center to Advance  
7 Palliative Care, the Supportive Care Coalition, the National  
8 Hospice and Palliative Care Organization, the American Academy of  
9 Hospice and Palliative Medicine, and the National Institute on  
10 Aging.

11       5. Each hospital in this state is encouraged to have  
12 patient education information about palliative care available for  
13 distribution to patients.

14       6. The department shall consult with the palliative care  
15 and quality of life interdisciplinary council established in  
16 section 191.1080 in implementing the section.

17       7. The department may promulgate rules to implement the  
18 provisions of sections 191.1075 to 191.1085. Any rule or portion  
19 of a rule, as that term is defined in section 536.010, that is  
20 created under the authority delegated in sections 191.1075 to  
21 191.1085 shall become effective only if it complies with and is  
22 subject to all of the provisions of chapter 536 and, if  
23 applicable, section 536.028. Sections 191.1075 to 191.1085 and  
24 chapter 536 are nonseverable, and if any of the powers vested  
25 with the general assembly pursuant to chapter 536 to review, to  
26 delay the effective date, or to disapprove and annul a rule are  
27 subsequently held unconstitutional, then the grant of rulemaking  
28 authority and any rule proposed or adopted after August 28, 2016,

1 shall be invalid and void.

2 8. Notwithstanding the provisions of section 23.253 to the  
3 contrary, the program authorized under this section shall  
4 automatically expire on August 28, 2022.

5 192.737. [1.] The department of health and senior services  
6 shall [establish and maintain an information registry and  
7 reporting system for the purpose of data collection and needs  
8 assessment of brain and spinal cord injured persons in this  
9 state] use patient abstract data under section 192.667, the  
10 department's trauma registry, motor vehicle crash and outcome  
11 data, and other publicly available data sources to provide  
12 information and create reports for the purpose of data analysis  
13 and needs assessment of traumatic brain and spinal cord injured  
14 persons.

15 [2. Reports of traumatic brain and spinal cord injuries  
16 shall be filed with the department by a treating physician or his  
17 designee within seven days of identification. The attending  
18 physician of any patient with traumatic brain or spinal cord  
19 injury who is in the hospital shall provide in writing to the  
20 chief administrative officer the information required to be  
21 reported by this section. The chief administrative officer of  
22 the hospital shall then have the duty to submit the required  
23 reports.

24 3. Reporting forms and the manner in which the information  
25 is to be reported shall be provided by the department. Such  
26 reports shall include, but shall not be limited to, the following  
27 information: name, age, and residence of the injured person, the  
28 date and cause of the injury, the initial diagnosis and such

1 other information as required by the department.]

2 192.2490. 1. After an investigation and a determination  
3 has been made to place a person's name on the employee  
4 disqualification list, that person shall be notified in writing  
5 mailed to his or her last known address that:

6 (1) An allegation has been made against the person, the  
7 substance of the allegation and that an investigation has been  
8 conducted which tends to substantiate the allegation;

9 (2) The person's name will be included in the employee  
10 disqualification list of the department;

11 (3) The consequences of being so listed including the  
12 length of time to be listed; and

13 (4) The person's rights and the procedure to challenge the  
14 allegation.

15 2. If no reply has been received within thirty days of  
16 mailing the notice, the department may include the name of such  
17 person on its list. The length of time the person's name shall  
18 appear on the employee disqualification list shall be determined  
19 by the director or the director's designee, based upon the  
20 criteria contained in subsection 9 of this section.

21 3. If the person so notified wishes to challenge the  
22 allegation, such person may file an application for a hearing  
23 with the department. The department shall grant the application  
24 within thirty days after receipt by the department and set the  
25 matter for hearing, or the department shall notify the applicant  
26 that, after review, the allegation has been held to be unfounded  
27 and the applicant's name will not be listed.

28 4. If a person's name is included on the employee

1 disqualification list without the department providing notice as  
2 required under subsection 1 of this section, such person may file  
3 a request with the department for removal of the name or for a  
4 hearing. Within thirty days after receipt of the request, the  
5 department shall either remove the name from the list or grant a  
6 hearing and set a date therefor.

7 5. Any hearing shall be conducted in the county of the  
8 person's residence by the director of the department or the  
9 director's designee. The provisions of chapter 536 for a  
10 contested case except those provisions or amendments which are in  
11 conflict with this section shall apply to and govern the  
12 proceedings contained in this section and the rights and duties  
13 of the parties involved. The person appealing such an action  
14 shall be entitled to present evidence, pursuant to the provisions  
15 of chapter 536, relevant to the allegations.

16 6. Upon the record made at the hearing, the director of the  
17 department or the director's designee shall determine all  
18 questions presented and shall determine whether the person shall  
19 be listed on the employee disqualification list. The director of  
20 the department or the director's designee shall clearly state the  
21 reasons for his or her decision and shall include a statement of  
22 findings of fact and conclusions of law pertinent to the  
23 questions in issue.

24 7. A person aggrieved by the decision following the hearing  
25 shall be informed of his or her right to seek judicial review as  
26 provided under chapter 536. If the person fails to appeal the  
27 director's findings, those findings shall constitute a final  
28 determination that the person shall be placed on the employee



1 disqualification list.

2 8. A decision by the director shall be inadmissible in any  
3 civil action brought against a facility or the in-home services  
4 provider agency and arising out of the facts and circumstances  
5 which brought about the employment disqualification proceeding,  
6 unless the civil action is brought against the facility or the  
7 in-home services provider agency by the department of health and  
8 senior services or one of its divisions.

9 9. The length of time the person's name shall appear on the  
10 employee disqualification list shall be determined by the  
11 director of the department of health and senior services or the  
12 director's designee, based upon the following:

13 (1) Whether the person acted recklessly or knowingly, as  
14 defined in chapter 562;

15 (2) The degree of the physical, sexual, or emotional injury  
16 or harm; or the degree of the imminent danger to the health,  
17 safety or welfare of a resident or in-home services client;

18 (3) The degree of misappropriation of the property or  
19 funds, or falsification of any documents for service delivery of  
20 an in-home services client;

21 (4) Whether the person has previously been listed on the  
22 employee disqualification list;

23 (5) Any mitigating circumstances;

24 (6) Any aggravating circumstances; and

25 (7) Whether alternative sanctions resulting in conditions  
26 of continued employment are appropriate in lieu of placing a  
27 person's name on the employee disqualification list. Such  
28 conditions of employment may include, but are not limited to,

1 additional training and employee counseling. Conditional  
2 employment shall terminate upon the expiration of the designated  
3 length of time and the person's submitting documentation which  
4 fulfills the department of health and senior services'  
5 requirements.

6 10. The removal of any person's name from the list under  
7 this section shall not prevent the director from keeping records  
8 of all acts finally determined to have occurred under this  
9 section.

10 11. The department shall provide the list maintained  
11 pursuant to this section to other state departments upon request  
12 and to any person, corporation, organization, or association who:

13 (1) Is licensed as an operator under chapter 198;

14 (2) Provides in-home services under contract with the  
15 department of social services or its divisions;

16 (3) Employs [nurses and nursing assistants] health care  
17 providers as defined in section 376.1350 for temporary or  
18 intermittent placement in health care facilities;

19 (4) Is approved by the department to issue certificates for  
20 nursing assistants training;

21 (5) Is an entity licensed under chapter 197;

22 (6) Is a recognized school of nursing, medicine, or other  
23 health profession for the purpose of determining whether students  
24 scheduled to participate in clinical rotations with entities  
25 described in subdivision (1), (2), or (5) of this subsection are  
26 included in the employee disqualification list; or

27 (7) Is a consumer reporting agency regulated by the federal  
28 Fair Credit Reporting Act that conducts employee background

1 checks on behalf of entities listed in [subdivisions (1), (2),  
2 (5), or (6) of] this subsection. Such a consumer reporting  
3 agency shall conduct the employee disqualification list check  
4 only upon the initiative or request of an entity described in  
5 [subdivisions (1), (2), (5), or (6) of] this subsection when the  
6 entity is fulfilling its duties required under this section.

7  
8 The information shall be disclosed only to the requesting entity.  
9 The department shall inform any person listed above who inquires  
10 of the department whether or not a particular name is on the  
11 list. The department may require that the request be made in  
12 writing. No person, corporation, organization, or association  
13 who is entitled to access the employee disqualification list may  
14 disclose the information to any person, corporation,  
15 organization, or association who is not entitled to access the  
16 list. Any person, corporation, organization, or association who  
17 is entitled to access the employee disqualification list who  
18 discloses the information to any person, corporation,  
19 organization, or association who is not entitled to access the  
20 list shall be guilty of an infraction.

21 12. No person, corporation, organization, or association  
22 who received the employee disqualification list under  
23 subdivisions (1) to (7) of subsection 11 of this section shall  
24 knowingly employ any person who is on the employee  
25 disqualification list. Any person, corporation, organization, or  
26 association who received the employee disqualification list under  
27 subdivisions (1) to (7) of subsection 11 of this section, or any  
28 person responsible for providing health care service, who

1 declines to employ or terminates a person whose name is listed in  
2 this section shall be immune from suit by that person or anyone  
3 else acting for or in behalf of that person for the failure to  
4 employ or for the termination of the person whose name is listed  
5 on the employee disqualification list.

6 13. Any employer or vendor as defined in sections 197.250,  
7 197.400, 198.006, 208.900, or 192.2400 required to deny  
8 employment to an applicant or to discharge an employee,  
9 provisional or otherwise, as a result of information obtained  
10 through any portion of the background screening and employment  
11 eligibility determination process under section 210.903, or  
12 subsequent, periodic screenings, shall not be liable in any  
13 action brought by the applicant or employee relating to discharge  
14 where the employer is required by law to terminate the employee,  
15 provisional or otherwise, and shall not be charged for  
16 unemployment insurance benefits based on wages paid to the  
17 employee for work prior to the date of discharge, pursuant to  
18 section 288.100, if the employer terminated the employee because  
19 the employee:

20 (1) Has been found guilty, pled guilty or nolo contendere  
21 in this state or any other state of a crime as listed in  
22 subsection 6 of section 192.2495;

23 (2) Was placed on the employee disqualification list under  
24 this section after the date of hire;

25 (3) Was placed on the employee disqualification registry  
26 maintained by the department of mental health after the date of  
27 hire;

28 (4) Has a disqualifying finding under this section, section

1 192.2495, or is on any of the background check lists in the  
2 family care safety registry under sections 210.900 to 210.936; or

3 (5) Was denied a good cause waiver as provided for in  
4 subsection 10 of section 192.2495.

5 14. Any person who has been listed on the employee  
6 disqualification list may request that the director remove his or  
7 her name from the employee disqualification list. The request  
8 shall be written and may not be made more than once every twelve  
9 months. The request will be granted by the director upon a clear  
10 showing, by written submission only, that the person will not  
11 commit additional acts of abuse, neglect, misappropriation of the  
12 property or funds, or the falsification of any documents of  
13 service delivery to an in-home services client. The director may  
14 make conditional the removal of a person's name from the list on  
15 any terms that the director deems appropriate, and failure to  
16 comply with such terms may result in the person's name being  
17 relisted. The director's determination of whether to remove the  
18 person's name from the list is not subject to appeal.

19 192.2495. 1. For the purposes of this section, the term  
20 "provider" means any person, corporation or association who:

21 (1) Is licensed as an operator pursuant to chapter 198;

22 (2) Provides in-home services under contract with the  
23 department of social services or its divisions;

24 (3) Employs [nurses or nursing assistants] health care  
25 providers as defined in section 376.1350 for temporary or  
26 intermittent placement in health care facilities;

27 (4) Is an entity licensed pursuant to chapter 197;

28 (5) Is a public or private facility, day program,

1 residential facility or specialized service operated, funded or  
2 licensed by the department of mental health; or

3 (6) Is a licensed adult day care provider.

4 2. For the purpose of this section "patient or resident"  
5 has the same meaning as such term is defined in section 43.540.

6 3. Prior to allowing any person who has been hired as a  
7 full-time, part-time or temporary position to have contact with  
8 any patient or resident the provider shall, or in the case of  
9 temporary employees hired through or contracted for an employment  
10 agency, the employment agency shall prior to sending a temporary  
11 employee to a provider:

12 (1) Request a criminal background check as provided in  
13 section 43.540. Completion of an inquiry to the highway patrol  
14 for criminal records that are available for disclosure to a  
15 provider for the purpose of conducting an employee criminal  
16 records background check shall be deemed to fulfill the  
17 provider's duty to conduct employee criminal background checks  
18 pursuant to this section; except that, completing the inquiries  
19 pursuant to this subsection shall not be construed to exempt a  
20 provider from further inquiry pursuant to common law requirements  
21 governing due diligence. If an applicant has not resided in this  
22 state for five consecutive years prior to the date of his or her  
23 application for employment, the provider shall request a  
24 nationwide check for the purpose of determining if the applicant  
25 has a prior criminal history in other states. The fingerprint  
26 cards and any required fees shall be sent to the highway patrol's  
27 central repository. The first set of fingerprints shall be used  
28 for searching the state repository of criminal history

1 information. If no identification is made, the second set of  
2 fingerprints shall be forwarded to the Federal Bureau of  
3 Investigation, Identification Division, for the searching of the  
4 federal criminal history files. The patrol shall notify the  
5 submitting state agency of any criminal history information or  
6 lack of criminal history information discovered on the  
7 individual. The provisions relating to applicants for employment  
8 who have not resided in this state for five consecutive years  
9 shall apply only to persons who have no employment history with a  
10 licensed Missouri facility during that five-year period.  
11 Notwithstanding the provisions of section 610.120, all records  
12 related to any criminal history information discovered shall be  
13 accessible and available to the provider making the record  
14 request; and

15 (2) Make an inquiry to the department of health and senior  
16 services whether the person is listed on the employee  
17 disqualification list as provided in section 192.2490.

18 4. When the provider requests a criminal background check  
19 pursuant to section 43.540, the requesting entity may require  
20 that the applicant reimburse the provider for the cost of such  
21 record check. When a provider requests a nationwide criminal  
22 background check pursuant to subdivision (1) of subsection 3 of  
23 this section, the total cost to the provider of any background  
24 check required pursuant to this section shall not exceed five  
25 dollars which shall be paid to the state. State funding and the  
26 obligation of a provider to obtain a nationwide criminal  
27 background check shall be subject to the availability of  
28 appropriations.

1           5. An applicant for a position to have contact with  
2 patients or residents of a provider shall:

3           (1) Sign a consent form as required by section 43.540 so  
4 the provider may request a criminal records review;

5           (2) Disclose the applicant's criminal history. For the  
6 purposes of this subdivision "criminal history" includes any  
7 conviction or a plea of guilty to a misdemeanor or felony charge  
8 and shall include any suspended imposition of sentence, any  
9 suspended execution of sentence or any period of probation or  
10 parole; **[and]**

11           (3) Disclose if the applicant is listed on the employee  
12 disqualification list as provided in section 192.2490; and

13           (4) Disclose if the applicant is listed on any of the  
14 background checks in the family care safety registry established  
15 under section 210.903. A provider not otherwise prohibited from  
16 employing an individual listed on such background checks may deny  
17 employment to an individual listed on any of the background  
18 checks in such registry.

19           6. An applicant who knowingly fails to disclose his or her  
20 criminal history as required in subsection 5 of this section is  
21 guilty of a class A misdemeanor. A provider is guilty of a class  
22 A misdemeanor if the provider knowingly hires or retains a person  
23 to have contact with patients or residents and the person has  
24 been found guilty in this state or any other state or has been  
25 found guilty of a crime, which if committed in Missouri would be  
26 a class A or B felony violation of chapter 565, 566 or 569, or  
27 any violation of subsection 3 of section 198.070 or section  
28 568.020.



1           7. Any in-home services provider agency or home health  
2 agency shall be guilty of a class A misdemeanor if such agency  
3 knowingly employs a person to provide in-home services or home  
4 health services to any in-home services client or home health  
5 patient and such person either refuses to register with the  
6 family care safety registry or is listed on any of the background  
7 check lists in the family care safety registry pursuant to  
8 sections 210.900 to 210.937.

9           8. The highway patrol shall examine whether protocols can  
10 be developed to allow a provider to request a statewide  
11 fingerprint criminal records review check through local law  
12 enforcement agencies.

13           9. A provider may use a private investigatory agency rather  
14 than the highway patrol to do a criminal history records review  
15 check, and alternatively, the applicant pays the private  
16 investigatory agency such fees as the provider and such agency  
17 shall agree.

18           10. Except for the hiring restriction based on the  
19 department of health and senior services employee  
20 disqualification list established pursuant to section 192.2490,  
21 the department of health and senior services shall promulgate  
22 rules and regulations to waive the hiring restrictions pursuant  
23 to this section for good cause. For purposes of this section,  
24 "good cause" means the department has made a determination by  
25 examining the employee's prior work history and other relevant  
26 factors that such employee does not present a risk to the health  
27 or safety of residents.

28           197.065. 1. The department of health and senior services

1 shall promulgate regulations for the construction and renovation  
2 of hospitals that include life safety code standards for  
3 hospitals that exclusively reflect the life safety code standards  
4 imposed by the federal Medicare program under Title XVIII of the  
5 Social Security Act and its conditions of participation in the  
6 Code of Federal Regulations.

7 2. The department shall not require a hospital to meet the  
8 standards contained in the Facility Guidelines Institute for the  
9 Design and Construction of Health Care Facilities but any  
10 hospital that complies with the 2010 or later version of such  
11 guidelines for the construction and renovation of hospitals shall  
12 not be required to comply with any regulation that is  
13 inconsistent or conflicts in any way with such guidelines.

14 3. The department may waive enforcement of the standards  
15 for licensed hospitals imposed by this section if the department  
16 determines that:

17 (1) Compliance with those specific standards would result  
18 in unreasonable hardship for the facility and if the health and  
19 safety of hospital patients would not be compromised by such  
20 waiver or waivers; or

21 (2) The hospital has used other standards that provide for  
22 equivalent design criteria.

23 4. Regulations promulgated by the department to establish  
24 and enforce hospital licensure regulations under this chapter  
25 that conflict with the standards established under subsections 1  
26 and 3 of this section shall lapse on and after January 1, 2018.

27 5. Any rule or portion of a rule, as that term is defined  
28 in section 536.010, that is created under the authority delegated

1 in this section shall become effective only if it complies with  
2 and is subject to all of the provisions of chapter 536 and, if  
3 applicable, section 536.028. This section and chapter 536 are  
4 nonseverable, and if any of the powers vested with the general  
5 assembly pursuant to chapter 536 to review, to delay the  
6 effective date, or to disapprove and annul a rule are  
7 subsequently held unconstitutional, then the grant of rulemaking  
8 authority and any rule proposed or adopted after August 28, 2016,  
9 shall be invalid and void.

10 197.315. 1. Any person who proposes to develop or offer a  
11 new institutional health service within the state must obtain a  
12 certificate of need from the committee prior to the time such  
13 services are offered.

14 2. Only those new institutional health services which are  
15 found by the committee to be needed shall be granted a  
16 certificate of need. Only those new institutional health  
17 services which are granted certificates of need shall be offered  
18 or developed within the state. No expenditures for new  
19 institutional health services in excess of the applicable  
20 expenditure minimum shall be made by any person unless a  
21 certificate of need has been granted.

22 3. After October 1, 1980, no state agency charged by  
23 statute to license or certify health care facilities shall issue  
24 a license to or certify any such facility, or distinct part of  
25 such facility, that is developed without obtaining a certificate  
26 of need.

27 4. If any person proposes to develop any new institutional  
28 health care service without a certificate of need as required by

1 sections 197.300 to 197.366, the committee shall notify the  
2 attorney general, and he shall apply for an injunction or other  
3 appropriate legal action in any court of this state against that  
4 person.

5 5. After October 1, 1980, no agency of state government may  
6 appropriate or grant funds to or make payment of any funds to any  
7 person or health care facility which has not first obtained every  
8 certificate of need required pursuant to sections 197.300 to  
9 197.366.

10 6. A certificate of need shall be issued only for the  
11 premises and persons named in the application and is not  
12 transferable except by consent of the committee.

13 7. Project cost increases, due to changes in the project  
14 application as approved or due to project change orders,  
15 exceeding the initial estimate by more than ten percent shall not  
16 be incurred without consent of the committee.

17 8. Periodic reports to the committee shall be required of  
18 any applicant who has been granted a certificate of need until  
19 the project has been completed. The committee may order the  
20 forfeiture of the certificate of need upon failure of the  
21 applicant to file any such report.

22 9. A certificate of need shall be subject to forfeiture for  
23 failure to incur a capital expenditure on any approved project  
24 within six months after the date of the order. The applicant may  
25 request an extension from the committee of not more than six  
26 additional months based upon substantial expenditure made.

27 10. Each application for a certificate of need must be  
28 accompanied by an application fee. The time of filing commences

1 with the receipt of the application and the application fee. The  
2 application fee is one thousand dollars, or one-tenth of one  
3 percent of the total cost of the proposed project, whichever is  
4 greater. All application fees shall be deposited in the state  
5 treasury. Because of the loss of federal funds, the general  
6 assembly will appropriate funds to the Missouri health facilities  
7 review committee.

8 11. In determining whether a certificate of need should be  
9 granted, no consideration shall be given to the facilities or  
10 equipment of any other health care facility located more than a  
11 fifteen-mile radius from the applying facility.

12 12. When a nursing facility shifts from a skilled to an  
13 intermediate level of nursing care, it may return to the higher  
14 level of care if it meets the licensure requirements, without  
15 obtaining a certificate of need.

16 13. In no event shall a certificate of need be denied  
17 because the applicant refuses to provide abortion services or  
18 information.

19 14. A certificate of need shall not be required for the  
20 transfer of ownership of an existing and operational health  
21 facility in its entirety.

22 15. A certificate of need may be granted to a facility for  
23 an expansion, an addition of services, a new institutional  
24 service, or for a new hospital facility which provides for  
25 something less than that which was sought in the application.

26 16. The provisions of this section shall not apply to  
27 facilities operated by the state, and appropriation of funds to  
28 such facilities by the general assembly shall be deemed in

1 compliance with this section, and such facilities shall be deemed  
2 to have received an appropriate certificate of need without  
3 payment of any fee or charge. The provisions of this subsection  
4 shall not apply to hospitals operated by the state and licensed  
5 under chapter 197, except for department of mental health state-  
6 operated psychiatric hospitals.

7 17. Notwithstanding other provisions of this section, a  
8 certificate of need may be issued after July 1, 1983, for an  
9 intermediate care facility operated exclusively for the  
10 intellectually disabled.

11 18. To assure the safe, appropriate, and cost-effective  
12 transfer of new medical technology throughout the state, a  
13 certificate of need shall not be required for the purchase and  
14 operation of:

15 (1) Research equipment that is to be used in a clinical  
16 trial that has received written approval from a duly constituted  
17 institutional review board of an accredited school of medicine or  
18 osteopathy located in Missouri to establish its safety and  
19 efficacy and does not increase the bed complement of the  
20 institution in which the equipment is to be located. After the  
21 clinical trial has been completed, a certificate of need must be  
22 obtained for continued use in such facility; or

23 (2) Equipment that is to be used by an academic health  
24 center operated by the state in furtherance of its research or  
25 teaching missions.

26 324.001. 1. For the purposes of this section, the  
27 following terms mean:

28 (1) "Department", the department of insurance, financial

1 institutions and professional registration;

2 (2) "Director", the director of the division of  
3 professional registration; and

4 (3) "Division", the division of professional registration.

5 2. There is hereby established a "Division of Professional  
6 Registration" assigned to the department of insurance, financial  
7 institutions and professional registration as a type III  
8 transfer, headed by a director appointed by the governor with the  
9 advice and consent of the senate. All of the general provisions,  
10 definitions and powers enumerated in section 1 of the Omnibus  
11 State Reorganization Act of 1974 and Executive Order 06-04 shall  
12 apply to this department and its divisions, agencies, and  
13 personnel.

14 3. The director of the division of professional  
15 registration shall promulgate rules and regulations which  
16 designate for each board or commission assigned to the division  
17 the renewal date for licenses or certificates. After the initial  
18 establishment of renewal dates, no director of the division shall  
19 promulgate a rule or regulation which would change the renewal  
20 date for licenses or certificates if such change in renewal date  
21 would occur prior to the date on which the renewal date in effect  
22 at the time such new renewal date is specified next occurs. Each  
23 board or commission shall by rule or regulation establish  
24 licensing periods of one, two, or three years. Registration fees  
25 set by a board or commission shall be effective for the entire  
26 licensing period involved, and shall not be increased during any  
27 current licensing period. Persons who are required to pay their  
28 first registration fees shall be allowed to pay the pro rata

1 share of such fees for the remainder of the period remaining at  
2 the time the fees are paid. Each board or commission shall  
3 provide the necessary forms for initial registration, and  
4 thereafter the director may prescribe standard forms for renewal  
5 of licenses and certificates. Each board or commission shall by  
6 rule and regulation require each applicant to provide the  
7 information which is required to keep the board's records  
8 current. Each board or commission shall have the authority to  
9 collect and analyze information required to support workforce  
10 planning and policy development. Such information shall not be  
11 publicly disclosed so as to identify a specific health care  
12 provider, as defined in section 376.1350. Each board or  
13 commission shall issue the original license or certificate.

14 4. The division shall provide clerical and other staff  
15 services relating to the issuance and renewal of licenses for all  
16 the professional licensing and regulating boards and commissions  
17 assigned to the division. The division shall perform the  
18 financial management and clerical functions as they each relate  
19 to issuance and renewal of licenses and certificates. "Issuance  
20 and renewal of licenses and certificates" means the ministerial  
21 function of preparing and delivering licenses or certificates,  
22 and obtaining material and information for the board or  
23 commission in connection with the renewal thereof. It does not  
24 include any discretionary authority with regard to the original  
25 review of an applicant's qualifications for licensure or  
26 certification, or the subsequent review of licensee's or  
27 certificate holder's qualifications, or any disciplinary action  
28 contemplated against the licensee or certificate holder. The



1 division may develop and implement microfilming systems and  
2 automated or manual management information systems.

3 5. The director of the division shall maintain a system of  
4 accounting and budgeting, in cooperation with the director of the  
5 department, the office of administration, and the state auditor's  
6 office, to ensure proper charges are made to the various boards  
7 for services rendered to them. The general assembly shall  
8 appropriate to the division and other state agencies from each  
9 board's funds moneys sufficient to reimburse the division and  
10 other state agencies for all services rendered and all facilities  
11 and supplies furnished to that board.

12 6. For accounting purposes, the appropriation to the  
13 division and to the office of administration for the payment of  
14 rent for quarters provided for the division shall be made from  
15 the "Professional Registration Fees Fund", which is hereby  
16 created, and is to be used solely for the purpose defined in  
17 subsection 5 of this section. The fund shall consist of moneys  
18 deposited into it from each board's fund. Each board shall  
19 contribute a prorated amount necessary to fund the division for  
20 services rendered and rent based upon the system of accounting  
21 and budgeting established by the director of the division as  
22 provided in subsection 5 of this section. Transfers of funds to  
23 the professional registration fees fund shall be made by each  
24 board on July first of each year; provided, however, that the  
25 director of the division may establish an alternative date or  
26 dates of transfers at the request of any board. Such transfers  
27 shall be made until they equal the prorated amount for services  
28 rendered and rent by the division. The provisions of section

1 33.080 to the contrary notwithstanding, money in this fund shall  
2 not be transferred and placed to the credit of general revenue.

3 7. The director of the division shall be responsible for  
4 collecting and accounting for all moneys received by the division  
5 or its component agencies. Any money received by a board or  
6 commission shall be promptly given, identified by type and  
7 source, to the director. The director shall keep a record by  
8 board and state accounting system classification of the amount of  
9 revenue the director receives. The director shall promptly  
10 transmit all receipts to the department of revenue for deposit in  
11 the state treasury to the credit of the appropriate fund. The  
12 director shall provide each board with all relevant financial  
13 information in a timely fashion. Each board shall cooperate with  
14 the director by providing necessary information.

15 8. All educational transcripts, test scores, complaints,  
16 investigatory reports, and information pertaining to any person  
17 who is an applicant or licensee of any agency assigned to the  
18 division of professional registration by statute or by the  
19 department are confidential and may not be disclosed to the  
20 public or any member of the public, except with the written  
21 consent of the person whose records are involved. The agency  
22 which possesses the records or information shall disclose the  
23 records or information if the person whose records or information  
24 is involved has consented to the disclosure. Each agency is  
25 entitled to the attorney-client privilege and work-product  
26 privilege to the same extent as any other person. Provided,  
27 however, that any board may disclose confidential information  
28 without the consent of the person involved in the course of

1 voluntary interstate exchange of information, or in the course of  
2 any litigation concerning that person, or pursuant to a lawful  
3 request, or to other administrative or law enforcement agencies  
4 acting within the scope of their statutory authority.

5 Information regarding identity, including names and addresses,  
6 registration, and currency of the license of the persons  
7 possessing licenses to engage in a professional occupation and  
8 the names and addresses of applicants for such licenses is not  
9 confidential information.

10 9. Any deliberations conducted and votes taken in rendering  
11 a final decision after a hearing before an agency assigned to the  
12 division shall be closed to the parties and the public. Once a  
13 final decision is rendered, that decision shall be made available  
14 to the parties and the public.

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

21 11. (1) The following boards and commissions are assigned  
22 by specific type transfers to the division of professional  
23 registration: Missouri state board of accountancy, chapter 326;  
24 board of cosmetology and barber examiners, chapters 328 and 329;  
25 Missouri board for architects, professional engineers,  
26 professional land surveyors and landscape architects, chapter  
27 327; Missouri state board of chiropractic examiners, chapter 331;  
28 state board of registration for the healing arts, chapter 334;

1 Missouri dental board, chapter 332; state board of embalmers and  
2 funeral directors, chapter 333; state board of optometry, chapter  
3 336; Missouri state board of nursing, chapter 335; board of  
4 pharmacy, chapter 338; state board of podiatric medicine, chapter  
5 330; Missouri real estate appraisers commission, chapter 339; and  
6 Missouri veterinary medical board, chapter 340. The governor  
7 shall appoint members of these boards by and with the advice and  
8 consent of the senate.

9 (2) The boards and commissions assigned to the division  
10 shall exercise all their respective statutory duties and powers,  
11 except those clerical and other staff services involving  
12 collecting and accounting for moneys and financial management  
13 relating to the issuance and renewal of licenses, which services  
14 shall be provided by the division, within the appropriation  
15 therefor. Nothing herein shall prohibit employment of  
16 professional examining or testing services from professional  
17 associations or others as required by the boards or commissions  
18 on contract. Nothing herein shall be construed to affect the  
19 power of a board or commission to expend its funds as  
20 appropriated. However, the division shall review the expense  
21 vouchers of each board. The results of such review shall be  
22 submitted to the board reviewed and to the house and senate  
23 appropriations committees annually.

24 (3) Notwithstanding any other provisions of law, the  
25 director of the division shall exercise only those management  
26 functions of the boards and commissions specifically provided in  
27 the Reorganization Act of 1974, and those relating to the  
28 allocation and assignment of space, personnel other than board

1 personnel, and equipment.

2 (4) "Board personnel", as used in this section or chapters  
3 317, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337,  
4 338, 339, 340, and 345, shall mean personnel whose functions and  
5 responsibilities are in areas not related to the clerical duties  
6 involving the issuance and renewal of licenses, to the collecting  
7 and accounting for moneys, or to financial management relating to  
8 issuance and renewal of licenses; specifically included are  
9 executive secretaries (or comparable positions), consultants,  
10 inspectors, investigators, counsel, and secretarial support staff  
11 for these positions; and such other positions as are established  
12 and authorized by statute for a particular board or commission.  
13 Boards and commissions may employ legal counsel, if authorized by  
14 law, and temporary personnel if the board is unable to meet its  
15 responsibilities with the employees authorized above. Any board  
16 or commission which hires temporary employees shall annually  
17 provide the division director and the appropriation committees of  
18 the general assembly with a complete list of all persons employed  
19 in the previous year, the length of their employment, the amount  
20 of their remuneration, and a description of their  
21 responsibilities.

22 (5) Board personnel for each board or commission shall be  
23 employed by and serve at the pleasure of the board or commission,  
24 shall be supervised as the board or commission designates, and  
25 shall have their duties and compensation prescribed by the board  
26 or commission, within appropriations for that purpose, except  
27 that compensation for board personnel shall not exceed that  
28 established for comparable positions as determined by the board

1 or commission pursuant to the job and pay plan of the department  
2 of insurance, financial institutions and professional  
3 registration. Nothing herein shall be construed to permit  
4 salaries for any board personnel to be lowered except by board  
5 action.

6 12. All the powers, duties, and functions of the division  
7 of athletics, chapter 317, and others, are assigned by type I  
8 transfer to the division of professional registration.

9 13. Wherever the laws, rules, or regulations of this state  
10 make reference to the "division of professional registration of  
11 the department of economic development", such references shall be  
12 deemed to refer to the division of professional registration.

13 14. (1) The state board of nursing, board of pharmacy,  
14 Missouri dental board, state committee of psychologists, state  
15 board of chiropractic examiners, state board of optometry,  
16 Missouri board of occupational therapy, or state board of  
17 registration for the healing arts may individually or  
18 collectively enter into a contractual agreement with the  
19 department of health and senior services, a public institution of  
20 higher education, or a nonprofit entity for the purpose of  
21 collecting and analyzing workforce data from its licensees,  
22 registrants, or permit holders for future workforce planning and  
23 to assess the accessibility and availability of qualified health  
24 care services and practitioners in Missouri. The boards shall  
25 work collaboratively with other state governmental entities to  
26 ensure coordination and avoid duplication of efforts.

27 (2) The boards may expend appropriated funds necessary for  
28 operational expenses of the program formed under this subsection.

1 Each board is authorized to accept grants to fund the collection  
2 or analysis authorized in this subsection. Any such funds shall  
3 be deposited in the respective board's fund.

4 (3) Data collection shall be controlled and approved by the  
5 applicable state board conducting or requesting the collection.  
6 Notwithstanding the provisions of section 334.001, the boards may  
7 release identifying data to the contractor to facilitate data  
8 analysis of the health care workforce including, but not limited  
9 to, geographic, demographic, and practice or professional  
10 characteristics of licensees. The state board shall not request  
11 or be authorized to collect income or other financial earnings  
12 data.

13 (4) Data collected under this subsection shall be deemed  
14 the property of the state board requesting the data. Data shall  
15 be maintained by the state board in accordance with chapter 610,  
16 provided that any information deemed closed or confidential under  
17 subsection 8 of this section or any other provision of state law  
18 shall not be disclosed without consent of the applicable licensee  
19 or entity or as otherwise authorized by law. Data shall only be  
20 released in an aggregate form by geography, profession or  
21 professional specialization, or population characteristic in a  
22 manner that cannot be used to identify a specific individual or  
23 entity. Data suppression standards shall be addressed and  
24 established in the contractual agreement.

25 (5) Contractors shall maintain the security and  
26 confidentiality of data received or collected under this  
27 subsection and shall not use, disclose, or release any data  
28 without approval of the applicable state board. The contractual

1 agreement between the applicable state board and contractor shall  
2 establish a data release and research review policy to include  
3 legal and institutional review board, or agency equivalent,  
4 approval.

5 (6) Each board may promulgate rules subject to the  
6 provisions of this subsection and chapter 536 to effectuate and  
7 implement the workforce data collection and analysis authorized  
8 by this subsection. Any rule or portion of a rule, as that term  
9 is defined in section 536.010, that is created under the  
10 authority delegated in this section shall become effective only  
11 if it complies with and is subject to all of the provisions of  
12 chapter 536 and, if applicable, section 536.028. This section  
13 and chapter 536 are nonseverable, and if any of the powers vested  
14 with the general assembly under chapter 536 to review, to delay  
15 the effective date, or to disapprove and annul a rule are  
16 subsequently held unconstitutional, then the grant of rulemaking  
17 authority and any rule proposed or adopted after August 28, 2016,  
18 shall be invalid and void.

19 334.1200. PURPOSE

20 The purpose of this compact is to facilitate interstate  
21 practice of physical therapy with the goal of improving public  
22 access to physical therapy services. The practice of physical  
23 therapy occurs in the state where the patient/client is located  
24 at the time of the patient/client encounter. The compact  
25 preserves the regulatory authority of states to protect public  
26 health and safety through the current system of state licensure.

27 This compact is designed to achieve the following  
28 objectives:



1           1. Increase public access to physical therapy services by  
2 providing for the mutual recognition of other member state  
3 licenses;

4           2. Enhance the states' ability to protect the public's  
5 health and safety;

6           3. Encourage the cooperation of member states in regulating  
7 multistate physical therapy practice;

8           4. Support spouses of relocating military members;

9           5. Enhance the exchange of licensure, investigative, and  
10 disciplinary information between member states; and

11           6. Allow a remote state to hold a provider of services with  
12 a compact privilege in that state accountable to that state's  
13 practice standards.

14           334.1203. DEFINITIONS

15           As used in this compact, and except as otherwise provided,  
16 the following definitions shall apply:

17           1. "Active Duty Military" means full-time duty status in  
18 the active uniformed service of the United States, including  
19 members of the National Guard and Reserve on active duty orders  
20 pursuant to 10 U.S.C. Section 1209 and 1211.

21           2. "Adverse Action" means disciplinary action taken by a  
22 physical therapy licensing board based upon misconduct,  
23 unacceptable performance, or a combination of both.

24           3. "Alternative Program" means a nondisciplinary monitoring  
25 or practice remediation process approved by a physical therapy  
26 licensing board. This includes, but is not limited to, substance  
27 abuse issues.

28           4. "Compact privilege" means the authorization granted by a

1 remote state to allow a licensee from another member state to  
2 practice as a physical therapist or work as a physical therapist  
3 assistant in the remote state under its laws and rules. The  
4 practice of physical therapy occurs in the member state where the  
5 patient/client is located at the time of the patient/client  
6 encounter.

7 5. "Continuing competence" means a requirement, as a  
8 condition of license renewal, to provide evidence of  
9 participation in, and/or completion of, educational and  
10 professional activities relevant to practice or area of work.

11 6. "Data system" means a repository of information about  
12 licensees, including examination, licensure, investigative,  
13 compact privilege, and adverse action.

14 7. "Encumbered license" means a license that a physical  
15 therapy licensing board has limited in any way.

16 8. "Executive Board" means a group of directors elected or  
17 appointed to act on behalf of, and within the powers granted to  
18 them by, the commission.

19 9. "Home state" means the member state that is the  
20 licensee's primary state of residence.

21 10. "Investigative information" means information, records,  
22 and documents received or generated by a physical therapy  
23 licensing board pursuant to an investigation.

24 11. "Jurisprudence requirement" means the assessment of an  
25 individual's knowledge of the laws and rules governing the  
26 practice of physical therapy in a state.

27 12. "Licensee" means an individual who currently holds an  
28 authorization from the state to practice as a physical therapist

1 or to work as a physical therapist assistant.

2 13. "Member state" means a state that has enacted the  
3 compact.

4 14. "Party state" means any member state in which a  
5 licensee holds a current license or compact privilege or is  
6 applying for a license or compact privilege.

7 15. "Physical therapist" means an individual who is  
8 licensed by a state to practice physical therapy.

9 16. "Physical therapist assistant" means an individual who  
10 is licensed/certified by a state and who assists the physical  
11 therapist in selected components of physical therapy.

12 17. "Physical therapy", "physical therapy practice", and  
13 "the practice of physical therapy" mean the care and services  
14 provided by or under the direction and supervision of a licensed  
15 physical therapist.

16 18. "Physical therapy compact commission" or "commission"  
17 means the national administrative body whose membership consists  
18 of all states that have enacted the compact.

19 19. "Physical therapy licensing board" or "licensing board"  
20 means the agency of a state that is responsible for the licensing  
21 and regulation of physical therapists and physical therapist  
22 assistants.

23 20. "Remote state" means a member state other than the home  
24 state, where a licensee is exercising or seeking to exercise the  
25 compact privilege.

26 21. "Rule" means a regulation, principle, or directive  
27 promulgated by the commission that has the force of law.

28 22. "State" means any state, commonwealth, district, or

1 territory of the United States of America that regulates the  
2 practice of physical therapy.

3 334.1206. STATE PARTICIPATION IN THE COMPACT

4 A. To participate in the compact, a state must:

5 1. Participate fully in the commission's data system,  
6 including using the commission's unique identifier as defined in  
7 rules;

8 2. Have a mechanism in place for receiving and  
9 investigating complaints about licensees;

10 3. Notify the commission, in compliance with the terms of  
11 the compact and rules, of any adverse action or the availability  
12 of investigative information regarding a licensee;

13 4. Fully implement a criminal background check requirement,  
14 within a time frame established by rule, by receiving the results  
15 of the Federal Bureau of Investigation record search on criminal  
16 background checks and use the results in making licensure  
17 decisions in accordance with section 334.1206.B.;

18 5. Comply with the rules of the commission;

19 6. Utilize a recognized national examination as a  
20 requirement for licensure pursuant to the rules of the  
21 commission; and

22 7. Have continuing competence requirements as a condition  
23 for license renewal.

24 B. Upon adoption of sections 334.1200 to 334.1233, the  
25 member state shall have the authority to obtain biometric-based  
26 information from each physical therapy licensure applicant and  
27 submit this information to the Federal Bureau of Investigation  
28 for a criminal background check in accordance with 28 U.S.C.

1 Section 534 and 42 U.S.C. Section 14616.

2 C. A member state shall grant the compact privilege to a  
3 licensee holding a valid unencumbered license in another member  
4 state in accordance with the terms of the compact and rules.

5 D. Member states may charge a fee for granting a compact  
6 privilege.

7 334.1209. COMPACT PRIVILEGE

8 A. To exercise the compact privilege under the terms and  
9 provisions of the compact, the licensee shall:

10 1. Hold a license in the home state;

11 2. Have no encumbrance on any state license;

12 3. Be eligible for a compact privilege in any member state  
13 in accordance with section 334.1209D, G and H;

14 4. Have not had any adverse action against any license or  
15 compact privilege within the previous 2 years;

16 5. Notify the commission that the licensee is seeking the  
17 compact privilege within a remote state(s);

18 6. Pay any applicable fees, including any state fee, for  
19 the compact privilege;

20 7. Meet any jurisprudence requirements established by the  
21 remote state(s) in which the licensee is seeking a compact  
22 privilege; and

23 8. Report to the commission adverse action taken by any  
24 nonmember state within thirty days from the date the adverse  
25 action is taken.

26 B. The compact privilege is valid until the expiration date  
27 of the home license. The licensee must comply with the  
28 requirements of section 334.1209.A. to maintain the compact

1 privilege in the remote state.

2 C. A licensee providing physical therapy in a remote state  
3 under the compact privilege shall function within the laws and  
4 regulations of the remote state.

5 D. A licensee providing physical therapy in a remote state  
6 is subject to that state's regulatory authority. A remote state  
7 may, in accordance with due process and that state's laws, remove  
8 a licensee's compact privilege in the remote state for a specific  
9 period of time, impose fines, and/or take any other necessary  
10 actions to protect the health and safety of its citizens. The  
11 licensee is not eligible for a compact privilege in any state  
12 until the specific time for removal has passed and all fines are  
13 paid.

14 E. If a home state license is encumbered, the licensee  
15 shall lose the compact privilege in any remote state until the  
16 following occur:

- 17 1. The home state license is no longer encumbered; and  
18 2. Two years have elapsed from the date of the adverse  
19 action.

20 F. Once an encumbered license in the home state is restored  
21 to good standing, the licensee must meet the requirements of  
22 section 334.1209A to obtain a compact privilege in any remote  
23 state.

24 G. If a licensee's compact privilege in any remote state is  
25 removed, the individual shall lose the compact privilege in any  
26 remote state until the following occur:

- 27 1. The specific period of time for which the compact  
28 privilege was removed has ended;

1           2. All fines have been paid; and

2           3. Two years have elapsed from the date of the adverse  
3 action.

4           H. Once the requirements of section 334.1209G have been  
5 met, the license must meet the requirements in section 334.1209A  
6 to obtain a compact privilege in a remote state.

7           334.1212. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

8           A licensee who is active duty military or is the spouse of  
9 an individual who is active duty military may designate one of  
10 the following as the home state:

11           A. Home of record;

12           B. Permanent change of station (PCS); or

13           C. State of current residence if it is different than the  
14 PCS state or home of record.

15           334.1215. ADVERSE ACTIONS

16           A. A home state shall have exclusive power to impose  
17 adverse action against a license issued by the home state.

18           B. A home state may take adverse action based on the  
19 investigative information of a remote state, so long as the home  
20 state follows its own procedures for imposing adverse action.

21           C. Nothing in this compact shall override a member state's  
22 decision that participation in an alternative program may be used  
23 in lieu of adverse action and that such participation shall  
24 remain nonpublic if required by the member state's laws. Member  
25 states must require licensees who enter any alternative programs  
26 in lieu of discipline to agree not to practice in any other  
27 member state during the term of the alternative program without  
28 prior authorization from such other member state.

1           D. Any member state may investigate actual or alleged  
2 violations of the statutes and rules authorizing the practice of  
3 physical therapy in any other member state in which a physical  
4 therapist or physical therapist assistant holds a license or  
5 compact privilege.

6           E. A remote state shall have the authority to:

7           1. Take adverse actions as set forth in section 334.1209.D.  
8 against a licensee's compact privilege in the state;

9           2. Issue subpoenas for both hearings and investigations  
10 that require the attendance and testimony of witnesses, and the  
11 production of evidence. Subpoenas issued by a physical therapy  
12 licensing board in a party state for the attendance and testimony  
13 of witnesses, and/or the production of evidence from another  
14 party state, shall be enforced in the latter state by any court  
15 of competent jurisdiction, according to the practice and  
16 procedure of that court applicable to subpoenas issued in  
17 proceedings pending before it. The issuing authority shall pay  
18 any witness fees, travel expenses, mileage, and other fees  
19 required by the service statutes of the state where the witnesses  
20 and/or evidence are located; and

21           3. If otherwise permitted by state law, recover from the  
22 licensee the costs of investigations and disposition of cases  
23 resulting from any adverse action taken against that licensee.

24           F. Joint Investigations

25           1. In addition to the authority granted to a member state  
26 by its respective physical therapy practice act or other  
27 applicable state law, a member state may participate with other  
28 member states in joint investigations of licensees.



1           2. Member states shall share any investigative, litigation,  
2 or compliance materials in furtherance of any joint or individual  
3 investigation initiated under the compact.

4           334.1218. ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT  
5 COMMISSION.

6           A. The compact member states hereby create and establish a  
7 joint public agency known as the physical therapy compact  
8 commission:

9           1. The commission is an instrumentality of the compact  
10 states.

11           2. Venue is proper and judicial proceedings by or against  
12 the commission shall be brought solely and exclusively in a court  
13 of competent jurisdiction where the principal office of the  
14 commission is located. The commission may waive venue and  
15 jurisdictional defenses to the extent it adopts or consents to  
16 participate in alternative dispute resolution proceedings.

17           3. Nothing in this compact shall be construed to be a  
18 waiver of sovereign immunity.

19           B. Membership, Voting, and Meetings

20           1. Each member state shall have and be limited to one  
21 delegate selected by that member state's licensing board.

22           2. The delegate shall be a current member of the licensing  
23 board, who is a physical therapist, physical therapist assistant,  
24 public member, or the board administrator.

25           3. Any delegate may be removed or suspended from office as  
26 provided by the law of the state from which the delegate is  
27 appointed.

28           4. The member state board shall fill any vacancy occurring

1 in the commission.

2 5. Each delegate shall be entitled to one vote with regard  
3 to the promulgation of rules and creation of bylaws and shall  
4 otherwise have an opportunity to participate in the business and  
5 affairs of the commission.

6 6. A delegate shall vote in person or by such other means  
7 as provided in the bylaws. The bylaws may provide for delegates'  
8 participation in meetings by telephone or other means of  
9 communication.

10 7. The commission shall meet at least once during each  
11 calendar year. Additional meetings shall be held as set forth in  
12 the bylaws.

13 C. The commission shall have the following powers and  
14 duties:

15 1. Establish the fiscal year of the commission;

16 2. Establish bylaws;

17 3. Maintain its financial records in accordance with the  
18 bylaws;

19 4. Meet and take such actions as are consistent with the  
20 provisions of this compact and the bylaws;

21 5. Promulgate uniform rules to facilitate and coordinate  
22 implementation and administration of this compact. The rules  
23 shall have the force and effect of law and shall be binding in  
24 all member states;

25 6. Bring and prosecute legal proceedings or actions in the  
26 name of the commission, provided that the standing of any state  
27 physical therapy licensing board to sue or be sued under  
28 applicable law shall not be affected;

1           7. Purchase and maintain insurance and bonds;

2           8. Borrow, accept, or contract for services of personnel,  
3 including, but not limited to, employees of a member state;

4           9. Hire employees, elect or appoint officers, fix  
5 compensation, define duties, grant such individuals appropriate  
6 authority to carry out the purposes of the compact, and to  
7 establish the commission's personnel policies and programs  
8 relating to conflicts of interest, qualifications of personnel,  
9 and other related personnel matters;

10          10. Accept any and all appropriate donations and grants of  
11 money, equipment, supplies, materials and services, and to  
12 receive, utilize and dispose of the same; provided that at all  
13 times the commission shall avoid any appearance of impropriety  
14 and/or conflict of interest;

15          11. Lease, purchase, accept appropriate gifts or donations  
16 of, or otherwise to own, hold, improve or use, any property,  
17 real, personal or mixed; provided that at all times the  
18 commission shall avoid any appearance of impropriety;

19          12. Sell convey, mortgage, pledge, lease, exchange,  
20 abandon, or otherwise dispose of any property real, personal, or  
21 mixed;

22          13. Establish a budget and make expenditures;

23          14. Borrow money;

24          15. Appoint committees, including standing committees  
25 comprised of members, state regulators, state legislators or  
26 their representatives, and consumer representatives, and such  
27 other interested persons as may be designated in this compact and  
28 the bylaws;

1       16. Provide and receive information from, and cooperate  
2 with, law enforcement agencies;

3       17. Establish and elect an executive board; and

4       18. Perform such other functions as may be necessary or  
5 appropriate to achieve the purposes of this compact consistent  
6 with the state regulation of physical therapy licensure and  
7 practice.

8       D. The Executive Board

9       The executive board shall have the power to act on behalf of  
10 the commission according to the terms of this compact.

11       1. The executive board shall be comprised of nine members:

12       a. Seven voting members who are elected by the commission  
13 from the current membership of the commission;

14       b. One ex officio, nonvoting member from the recognized  
15 national physical therapy professional association; and

16       c. One ex officio, nonvoting member from the recognized  
17 membership organization of the physical therapy licensing boards.

18       2. The ex officio members will be selected by their  
19 respective organizations.

20       3. The commission may remove any member of the executive  
21 board as provided in bylaws.

22       4. The executive board shall meet at least annually.

23       5. The executive board shall have the following duties and  
24 responsibilities:

25       a. Recommend to the entire commission changes to the rules  
26 or bylaws, changes to this compact legislation, fees paid by  
27 compact member states such as annual dues, and any commission  
28 compact fee charged to licensees for the compact privilege;

1 b. Ensure compact administration services are appropriately  
2 provided, contractual or otherwise;

3 c. Prepare and recommend the budget;

4 d. Maintain financial records on behalf of the commission;

5 e. Monitor compact compliance of member states and provide  
6 compliance reports to the commission;

7 f. Establish additional committees as necessary; and

8 g. Other duties as provided in rules or bylaws.

9 E. Meetings of the Commission

10 1. All meetings shall be open to the public, and public  
11 notice of meetings shall be given in the same manner as required  
12 under the rulemaking provisions in section 334.1224.

13 2. The commission or the executive board or other  
14 committees of the commission may convene in a closed, nonpublic  
15 meeting if the commission or executive board or other committees  
16 of the commission must discuss:

17 a. Noncompliance of a member state with its obligations  
18 under the compact;

19 b. The employment, compensation, discipline or other  
20 matters, practices or procedures related to specific employees or  
21 other matters related to the commission's internal personnel  
22 practices and procedures;

23 c. Current, threatened, or reasonably anticipated  
24 litigation;

25 d. Negotiation of contracts for the purchase, lease, or  
26 sale of goods, services, or real estate;

27 e. Accusing any person of a crime or formally censuring any  
28 person;

1 f. Disclosure of trade secrets or commercial or financial  
2 information that is privileged or confidential;

3 g. Disclosure of information of a personal nature where  
4 disclosure would constitute a clearly unwarranted invasion of  
5 personal privacy;

6 h. Disclosure of investigative records compiled for law  
7 enforcement purposes;

8 i. Disclosure of information related to any investigative  
9 reports prepared by or on behalf of or for use of the commission  
10 or other committee charged with responsibility of investigation  
11 or determination of compliance issues pursuant to the compact; or  
12

13 j. Matters specifically exempted from disclosure by federal  
14 or member state statute.

15 3. If a meeting, or portion of a meeting, is closed  
16 pursuant to this provision, the commission's legal counsel or  
17 designee shall certify that the meeting may be closed and shall  
18 reference each relevant exempting provision.

19 4. The commission shall keep minutes that fully and clearly  
20 describe all matters discussed in a meeting and shall provide a  
21 full and accurate summary of actions taken, and the reasons  
22 therefore, including a description of the views expressed. All  
23 documents considered in connection with an action shall be  
24 identified in such minutes. All minutes and documents of a  
25 closed meeting shall remain under seal, subject to release by a  
26 majority vote of the commission or order of a court of competent  
27 jurisdiction.

28 F. Financing of the Commission

1       1. The commission shall pay, or provide for the payment of,  
2 the reasonable expenses of its establishment, organization, and  
3 ongoing activities.

4       2. The commission may accept any and all appropriate  
5 revenue sources, donations, and grants of money, equipment,  
6 supplies, materials, and services.

7       3. The commission may levy on and collect an annual  
8 assessment from each member state or impose fees on other parties  
9 to cover the cost of the operations and activities of the  
10 commission and its staff, which must be in a total amount  
11 sufficient to cover its annual budget as approved each year for  
12 which revenue is not provided by other sources. The aggregate  
13 annual assessment amount shall be allocated based upon a formula  
14 to be determined by the commission, which shall promulgate a rule  
15 binding upon all member states.

16       4. The commission shall not incur obligations of any kind  
17 prior to securing the funds adequate to meet the same; nor shall  
18 the commission pledge the credit of any of the member states,  
19 except by and with the authority of the member state.

20       5. The commission shall keep accurate accounts of all  
21 receipts and disbursements. The receipts and disbursements of  
22 the commission shall be subject to the audit and accounting  
23 procedures established under its bylaws. However, all receipts  
24 and disbursements of funds handled by the commission shall be  
25 audited yearly by a certified or licensed public accountant, and  
26 the report of the audit shall be included in and become part of  
27 the annual report of the commission.

28       G. Qualified Immunity, Defense, and Indemnification

1       1. The members, officers, executive director, employees and  
2 representatives of the commission shall be immune from suit and  
3 liability, either personally or in their official capacity, for  
4 any claim for damage to or loss of property or personal injury or  
5 other civil liability caused by or arising out of any actual or  
6 alleged act, error or omission that occurred, or that the person  
7 against whom the claim is made had a reasonable basis for  
8 believing occurred within the scope of commission employment,  
9 duties or responsibilities; provided that nothing in this  
10 paragraph shall be construed to protect any such person from suit  
11 and/or liability for any damage, loss, injury, or liability  
12 caused by the intentional or willful or wanton misconduct of that  
13 person.

14       2. The commission shall defend any member, officer,  
15 executive director, employee or representative of the commission  
16 in any civil action seeking to impose liability arising out of  
17 any actual or alleged act, error, or omission that occurred  
18 within the scope of commission employment, duties, or  
19 responsibilities, or that the person against whom the claim is  
20 made had a reasonable basis for believing occurred within the  
21 scope of commission employment, duties, or responsibilities;  
22 provided that nothing herein shall be construed to prohibit that  
23 person from retaining his or her own counsel; and provided  
24 further, that the actual or alleged act, error, or omission did  
25 not result from that person's intentional or willful or wanton  
26 misconduct.

27       3. The commission shall indemnify and hold harmless any  
28 member, officer, executive director, employee, or representative



1 of the commission for the amount of any settlement or judgment  
2 obtained against that person arising out of any actual or alleged  
3 act, error or omission that occurred within the scope of  
4 commission employment, duties, or responsibilities, or that such  
5 person had a reasonable basis for believing occurred within the  
6 scope of commission employment, duties, or responsibilities,  
7 provided that the actual or alleged act, error, or omission did  
8 not result from the intentional or willful or wanton misconduct  
9 of that person.

10 334.1221. DATA SYSTEM

11 A. The commission shall provide for the development,  
12 maintenance, and utilization of a coordinated database and  
13 reporting system containing licensure, adverse action, and  
14 investigative information on all licensed individuals in member  
15 states.

16 B. Notwithstanding any other provision of state law to the  
17 contrary, a member state shall submit a uniform data set to the  
18 data system on all individuals to whom this compact is applicable  
19 as required by the rules of the commission, including:

- 20 1. Identifying information;
- 21 2. Licensure data;
- 22 3. Adverse actions against a license or compact privilege;
- 23 4. Nonconfidential information related to alternative  
24 program participation;
- 25 5. Any denial of application for licensure, and the  
26 reason(s) for such denial; and
- 27 6. Other information that may facilitate the administration  
28 of this compact, as determined by the rules of the commission.

1       C. Investigative information pertaining to a licensee in  
2 any member state will only be available to other party states.

3       D. The commission shall promptly notify all member states  
4 of any adverse action taken against a licensee or an individual  
5 applying for a license. Adverse action information pertaining to  
6 a licensee in any member state will be available to any other  
7 member state.

8       E. Member states contributing information to the data  
9 system may designate information that may not be shared with the  
10 public without the express permission of the contributing state.

11       F. Any information submitted to the data system that is  
12 subsequently required to be expunged by the laws of the member  
13 state contributing the information shall be removed from the data  
14 system.

15       334.1224. RULEMAKING

16       A. The commission shall exercise its rulemaking powers  
17 pursuant to the criteria set forth in this section and the rules  
18 adopted thereunder. Rules and amendments shall become binding as  
19 of the date specified in each rule or amendment.

20       B. If a majority of the legislatures of the member states  
21 rejects a rule, by enactment of a statute or resolution in the  
22 same manner used to adopt the compact within four years of the  
23 date of adoption of the rule, then such rule shall have no  
24 further force and effect in any member state.

25       C. Rules or amendments to the rules shall be adopted at a  
26 regular or special meeting of the commission.

27       D. Prior to promulgation and adoption of a final rule or  
28 rules by the commission, and at least thirty days in advance of

1 the meeting at which the rule will be considered and voted upon,  
2 the commission shall file a notice of proposed rulemaking:

3 1. On the website of the commission or other publicly  
4 accessible platform; and

5 2. On the website of each member state physical therapy  
6 licensing board or other publicly accessible platform or the  
7 publication in which each state would otherwise publish proposed  
8 rules.

9 E. The notice of proposed rulemaking shall include:

10 1. The proposed time, date, and location of the meeting in  
11 which the rule will be considered and voted upon;

12 2. The text of the proposed rule or amendment and the  
13 reason for the proposed rule;

14 3. A request for comments on the proposed rule from any  
15 interested person; and

16 4. The manner in which interested persons may submit notice  
17 to the commission of their intention to attend the public hearing  
18 and any written comments.

19 F. Prior to adoption of a proposed rule, the commission  
20 shall allow persons to submit written data, facts, opinions, and  
21 arguments, which shall be made available to the public.

22 G. The commission shall grant an opportunity for a public  
23 hearing before it adopts a rule or amendment if a hearing is  
24 requested by:

25 1. At least twenty-five persons;

26 2. A state or federal governmental subdivision or agency;  
27 or

28 3. An association having at least twenty-five members.

1       H. If a hearing is held on the proposed rule or amendment,  
2 the commission shall publish the place, time, and date of the  
3 scheduled public hearing. If the hearing is held via electronic  
4 means, the commission shall publish the mechanism for access to  
5 the electronic hearing.

6       1. All persons wishing to be heard at the hearing shall  
7 notify the executive director of the commission or other  
8 designated member in writing of their desire to appear and  
9 testify at the hearing not less than five business days before  
10 the scheduled date of the hearing.

11       2. Hearings shall be conducted in a manner providing each  
12 person who wishes to comment a fair and reasonable opportunity to  
13 comment orally or in writing.

14       3. All hearings will be recorded. A copy of the recording  
15 will be made available on request.

16       4. Nothing in this section shall be construed as requiring  
17 a separate hearing on each rule. Rules may be grouped for the  
18 convenience of the commission at hearings required by this  
19 section.

20       I. Following the scheduled hearing date, or by the close of  
21 business on the scheduled hearing date if the hearing was not  
22 held, the commission shall consider all written and oral comments  
23 received.

24       J. If no written notice of intent to attend the public  
25 hearing by interested parties is received, the commission may  
26 proceed with promulgation of the proposed rule without a public  
27 hearing.

28       K. The commission shall, by majority vote of all members,

1 take final action on the proposed rule and shall determine the  
2 effective date of the rule, if any, based on the rulemaking  
3 record and the full text of the rule.

4 L. Upon determination that an emergency exists, the  
5 commission may consider and adopt an emergency rule without prior  
6 notice, opportunity for comment, or hearing, provided that the  
7 usual rulemaking procedures provided in the compact and in this  
8 section shall be retroactively applied to the rule as soon as  
9 reasonably possible, in no event later than ninety days after the  
10 effective date of the rule. For the purposes of this provision,  
11 an emergency rule is one that must be adopted immediately in  
12 order to:

13 1. Meet an imminent threat to public health, safety, or  
14 welfare;

15 2. Prevent a loss of commission or member state funds;

16 3. Meet a deadline for the promulgation of an  
17 administrative rule that is established by federal law or rule;

18 or

19 4. Protect public health and safety.

20 M. The commission or an authorized committee of the  
21 commission may direct revisions to a previously adopted rule or  
22 amendment for purposes of correcting typographical errors, errors  
23 in format, errors in consistency, or grammatical errors. Public  
24 notice of any revisions shall be posted on the website of the  
25 commission. The revision shall be subject to challenge by any  
26 person for a period of thirty days after posting. The revision  
27 may be challenged only on grounds that the revision results in a  
28 material change to a rule. A challenge shall be made in writing,

1 and delivered to the chair of the commission prior to the end of  
2 the notice period. If no challenge is made, the revision will  
3 take effect without further action. If the revision is  
4 challenged, the revision may not take effect without the approval  
5 of the commission.

6 334.1227. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

7 A. Oversight

8 1. The executive, legislative, and judicial branches of  
9 state government in each member state shall enforce this compact  
10 and take all actions necessary and appropriate to effectuate the  
11 compact's purposes and intent. The provisions of this compact  
12 and the rules promulgated hereunder shall have standing as  
13 statutory law.

14 2. All courts shall take judicial notice of the compact and  
15 the rules in any judicial or administrative proceeding in a  
16 member state pertaining to the subject matter of this compact  
17 which may affect the powers, responsibilities or actions of the  
18 commission.

19 3. The commission shall be entitled to receive service of  
20 process in any such proceeding, and shall have standing to  
21 intervene in such a proceeding for all purposes. Failure to  
22 provide service of process to the commission shall render a  
23 judgment or order void as to the commission, this compact, or  
24 promulgated rules.

25 B. Default, Technical Assistance, and Termination

26 1. If the commission determines that a member state has  
27 defaulted in the performance of its obligations or  
28 responsibilities under this compact or the promulgated rules, the

1 commission shall:

2 a. Provide written notice to the defaulting state and other  
3 member states of the nature of the default, the proposed means of  
4 curing the default and/or any other action to be taken by the  
5 commission; and

6 b. Provide remedial training and specific technical  
7 assistance regarding the default.

8 2. If a state in default fails to cure the default, the  
9 defaulting state may be terminated from the compact upon an  
10 affirmative vote of a majority of the member states, and all  
11 rights, privileges and benefits conferred by this compact may be  
12 terminated on the effective date of termination. A cure of the  
13 default does not relieve the offending state of obligations or  
14 liabilities incurred during the period of default.

15 3. Termination of membership in the compact shall be  
16 imposed only after all other means of securing compliance have  
17 been exhausted. Notice of intent to suspend or terminate shall  
18 be given by the commission to the governor, the majority and  
19 minority leaders of the defaulting state's legislature, and each  
20 of the member states.

21 4. A state that has been terminated is responsible for all  
22 assessments, obligations, and liabilities incurred through the  
23 effective date of termination, including obligations that extend  
24 beyond the effective date of termination.

25 5. The commission shall not bear any costs related to a  
26 state that is found to be in default or that has been terminated  
27 from the compact, unless agreed upon in writing between the  
28 commission and the defaulting state.

1           6. The defaulting state may appeal the action of the  
2 commission by petitioning the United States District Court for  
3 the District of Columbia or the federal district where the  
4 commission has its principal offices. The prevailing member shall  
5 be awarded all costs of such litigation, including reasonable  
6 attorney's fees.

7           C. Dispute Resolution

8           1. Upon request by a member state, the commission shall  
9 attempt to resolve disputes related to the compact that arise  
10 among member states and between member and nonmember states.

11           2. The commission shall promulgate a rule providing for  
12 both mediation and binding dispute resolution for disputes as  
13 appropriate.

14           D. Enforcement

15           1. The commission, in the reasonable exercise of its  
16 discretion, shall enforce the provisions and rules of this  
17 compact.

18           2. By majority vote, the commission may initiate legal  
19 action in the United States District Court for the District of  
20 Columbia or the federal district where the commission has its  
21 principal offices against a member state in default to enforce  
22 compliance with the provisions of the compact and its promulgated  
23 rules and bylaws. The relief sought may include both injunctive  
24 relief and damages. In the event judicial enforcement is  
25 necessary, the prevailing member shall be awarded all costs of  
26 such litigation, including reasonable attorney's fees.

27           3. The remedies herein shall not be the exclusive remedies  
28 of the commission. The commission may pursue any other remedies



1 available under federal or state law.

2 334.1230. DATE OF IMPLEMENTATION OF THE INTERSTATE  
3 COMMISSION FOR PHYSICAL THERAPY PRACTICE AND ASSOCIATED RULES,  
4 WITHDRAWAL, AND AMENDMENT

5 A. The compact shall come into effect on the date on which  
6 the compact statute is enacted into law in the tenth member  
7 state. The provisions, which become effective at that time,  
8 shall be limited to the powers granted to the commission relating  
9 to assembly and the promulgation of rules. Thereafter, the  
10 commission shall meet and exercise rulemaking powers necessary to  
11 the implementation and administration of the compact.

12 B. Any state that joins the compact subsequent to the  
13 commission's initial adoption of the rules shall be subject to  
14 the rules as they exist on the date on which the compact becomes  
15 law in that state. Any rule that has been previously adopted by  
16 the commission shall have the full force and effect of law on the  
17 day the compact becomes law in that state.

18 C. Any member state may withdraw from this compact by  
19 enacting a statute repealing the same.

20 1. A member state's withdrawal shall not take effect until  
21 six months after enactment of the repealing statute.

22 2. Withdrawal shall not affect the continuing requirement  
23 of the withdrawing state's physical therapy licensing board to  
24 comply with the investigative and adverse action reporting  
25 requirements of this act prior to the effective date of  
26 withdrawal.

27 D. Nothing contained in this compact shall be construed to  
28 invalidate or prevent any physical therapy licensure agreement or

1 other cooperative arrangement between a member state and a  
2 nonmember state that does not conflict with the provisions of  
3 this compact.

4 E. This compact may be amended by the member states. No  
5 amendment to this compact shall become effective and binding upon  
6 any member state until it is enacted into the laws of all member  
7 states.

8 334.1233. CONSTRUCTION AND SEVERABILITY

9 This compact shall be liberally construed so as to  
10 effectuate the purposes thereof. The provisions of this compact  
11 shall be severable and if any phrase, clause, sentence or  
12 provision of this compact is declared to be contrary to the  
13 constitution of any party state or of the United States or the  
14 applicability thereof to any government, agency, person or  
15 circumstance is held invalid, the validity of the remainder of  
16 this compact and the applicability thereof to any government,  
17 agency, person or circumstance shall not be affected thereby. If  
18 this compact shall be held contrary to the constitution of any  
19 party state, the compact shall remain in full force and effect as  
20 to the remaining party states and in full force and effect as to  
21 the party state affected as to all severable matters.

22 335.360. 1. The party states find that:

23 (1) The health and safety of the public are affected by the  
24 degree of compliance with and the effectiveness of enforcement  
25 activities related to state nurse licensure laws;

26 (2) Violations of nurse licensure and other laws regulating  
27 the practice of nursing may result in injury or harm to the  
28 public;

1       (3) The expanded mobility of nurses and the use of advanced  
2 communication technologies as part of our nation's health care  
3 delivery system require greater coordination and cooperation  
4 among states in the areas of nurse licensure and regulation;

5       (4) New practice modalities and technology make compliance  
6 with individual state nurse licensure laws difficult and complex;

7       (5) The current system of duplicative licensure for nurses  
8 practicing in multiple states is cumbersome and redundant to both  
9 nurses and states; and

10       (6) Uniformity of nurse licensure requirements throughout  
11 the states promotes public safety and public health benefits.

12       2. The general purposes of this compact are to:

13       (1) Facilitate the states' responsibility to protect the  
14 public's health and safety;

15       (2) Ensure and encourage the cooperation of party states in  
16 the areas of nurse licensure and regulation;

17       (3) Facilitate the exchange of information between party  
18 states in the areas of nurse regulation, investigation, and  
19 adverse actions;

20       (4) Promote compliance with the laws governing the practice  
21 of nursing in each jurisdiction;

22       (5) Invest all party states with the authority to hold a  
23 nurse accountable for meeting all state practice laws in the  
24 state in which the patient is located at the time care is  
25 rendered through the mutual recognition of party state licenses;

26       (6) Decrease redundancies in the consideration and issuance  
27 of nurse licenses; and

28       (7) Provide opportunities for interstate practice by nurses

1 who meet uniform licensure requirements.

2 335.365. As used in this compact, the following terms shall  
3 mean:

4 (1) "Adverse action", any administrative, civil, equitable,  
5 or criminal action permitted by a state's laws which is imposed  
6 by a licensing board or other authority against a nurse,  
7 including actions against an individual's license or multistate  
8 licensure privilege such as revocation, suspension, probation,  
9 monitoring of the licensee, limitation on the licensee's  
10 practice, or any other encumbrance on licensure affecting a  
11 nurse's authorization to practice, including issuance of a cease  
12 and desist action;

13 (2) "Alternative program", a nondisciplinary monitoring  
14 program approved by a licensing board;

15 (3) "Coordinated licensure information system", an  
16 integrated process for collecting, storing, and sharing  
17 information on nurse licensure and enforcement activities related  
18 to nurse licensure laws that is administered by a nonprofit  
19 organization composed of and controlled by licensing boards;

20 (4) "Current significant investigative information":

21 (a) Investigative information that a licensing board, after  
22 a preliminary inquiry that includes notification and an  
23 opportunity for the nurse to respond, if required by state law,  
24 has reason to believe is not groundless and, if proved true,  
25 would indicate more than a minor infraction; or

26 (b) Investigative information that indicates that the nurse  
27 represents an immediate threat to public health and safety,  
28 regardless of whether the nurse has been notified and had an

1 opportunity to respond;

2 (5) "Encumbrance", a revocation or suspension of, or any  
3 limitation on, the full and unrestricted practice of nursing  
4 imposed by a licensing board;

5 (6) "Home state", the party state which is the nurse's  
6 primary state of residence;

7 (7) "Licensing board", a party state's regulatory body  
8 responsible for issuing nurse licenses;

9 (8) "Multistate license", a license to practice as a  
10 registered nurse, "RN", or a licensed practical or vocational  
11 nurse, "LPN" or "VN", issued by a home state licensing board that  
12 authorizes the licensed nurse to practice in all party states  
13 under a multistate licensure privilege;

14 (9) "Multistate licensure privilege", a legal authorization  
15 associated with a multistate license permitting the practice of  
16 nursing as either an RN, LPN, or VN in a remote state;

17 (10) "Nurse", an RN, LPN, or VN, as those terms are defined  
18 by each party state's practice laws;

19 (11) "Party state", any state that has adopted this  
20 compact;

21 (12) "Remote state", a party state, other than the home  
22 state;

23 (13) "Single-state license", a nurse license issued by a  
24 party state that authorizes practice only within the issuing  
25 state and does not include a multistate licensure privilege to  
26 practice in any other party state;

27 (14) "State", a state, territory, or possession of the  
28 United States and the District of Columbia;

1       (15) "State practice laws", a party state's laws, rules,  
2 and regulations that govern the practice of nursing, define the  
3 scope of nursing practice, and create the methods and grounds for  
4 imposing discipline. State practice laws do not include  
5 requirements necessary to obtain and retain a license, except for  
6 qualifications or requirements of the home state.

7       335.370. 1. A multistate license to practice registered or  
8 licensed practical or vocational nursing issued by a home state  
9 to a resident in that state shall be recognized by each party  
10 state as authorizing a nurse to practice as a registered nurse,  
11 "RN", or as a licensed practical or vocational nurse, "LPN" or  
12 "VN", under a multistate licensure privilege, in each party  
13 state.

14       2. A state must implement procedures for considering the  
15 criminal history records of applicants for initial multistate  
16 license or licensure by endorsement. Such procedures shall  
17 include the submission of fingerprints or other biometric-based  
18 information by applicants for the purpose of obtaining an  
19 applicant's criminal history record information from the Federal  
20 Bureau of Investigation and the agency responsible for retaining  
21 that state's criminal records.

22       3. Each party state shall require the following for an  
23 applicant to obtain or retain a multistate license in the home  
24 state:

25       (1) Meets the home state's qualifications for licensure or  
26 renewal of licensure as well as all other applicable state laws;

27       (2) (a) Has graduated or is eligible to graduate from a  
28 licensing board-approved RN or LPN or VN prelicensure education

1 program; or

2 (b) Has graduated from a foreign RN or LPN or VN  
3 prelicensure education program that has been approved by the  
4 authorized accrediting body in the applicable country and has  
5 been verified by an independent credentials review agency to be  
6 comparable to a licensing board-approved prelicensure education  
7 program;

8 (3) Has, if a graduate of a foreign prelicensure education  
9 program not taught in English or if English is not the  
10 individual's native language, successfully passed an English  
11 proficiency examination that includes the components of reading,  
12 speaking, writing, and listening;

13 (4) Has successfully passed an NCLEX-RN or NCLEX-PN  
14 examination or recognized predecessor, as applicable;

15 (5) Is eligible for or holds an active, unencumbered  
16 license;

17 (6) Has submitted, in connection with an application for  
18 initial licensure or licensure by endorsement, fingerprints or  
19 other biometric data for the purpose of obtaining criminal  
20 history record information from the Federal Bureau of  
21 Investigation and the agency responsible for retaining that  
22 state's criminal records;

23 (7) Has not been convicted or found guilty, or has entered  
24 into an agreed disposition, of a felony offense under applicable  
25 state or federal criminal law;

26 (8) Has not been convicted or found guilty, or has entered  
27 into an agreed disposition, of a misdemeanor offense related to  
28 the practice of nursing as determined on a case-by-case basis;

1       (9) Is not currently enrolled in an alternative program;

2       (10) Is subject to self-disclosure requirements regarding  
3 current participation in an alternative program; and

4       (11) Has a valid United States Social Security number.

5       4. All party states shall be authorized, in accordance with  
6 existing state due process law, to take adverse action against a  
7 nurse's multistate licensure privilege such as revocation,  
8 suspension, probation, or any other action that affects a nurse's  
9 authorization to practice under a multistate licensure privilege,  
10 including cease and desist actions. If a party state takes such  
11 action, it shall promptly notify the administrator of the  
12 coordinated licensure information system. The administrator of  
13 the coordinated licensure information system shall promptly  
14 notify the home state of any such actions by remote states.

15       5. A nurse practicing in a party state shall comply with  
16 the state practice laws of the state in which the client is  
17 located at the time service is provided. The practice of nursing  
18 is not limited to patient care, but shall include all nursing  
19 practice as defined by the state practice laws of the party state  
20 in which the client is located. The practice of nursing in a  
21 party state under a multistate licensure privilege shall subject  
22 a nurse to the jurisdiction of the licensing board, the courts,  
23 and the laws of the party state in which the client is located at  
24 the time service is provided.

25       6. Individuals not residing in a party state shall continue  
26 to be able to apply for a party state's single-state license as  
27 provided under the laws of each party state. However, the  
28 single-state license granted to these individuals shall not be



1 recognized as granting the privilege to practice nursing in any  
2 other party state. Nothing in this compact shall affect the  
3 requirements established by a party state for the issuance of a  
4 single-state license.

5 7. Any nurse holding a home state multistate license on the  
6 effective date of this compact may retain and renew the  
7 multistate license issued by the nurse's then current home state,  
8 provided that:

9 (1) A nurse who changes primary state of residence after  
10 this compact's effective date shall meet all applicable  
11 requirements as provided in subsection 3 of this section to  
12 obtain a multistate license from a new home state;

13 (2) A nurse who fails to satisfy the multistate licensure  
14 requirements in subsection 3 of this section due to a  
15 disqualifying event occurring after this compact's effective date  
16 shall be ineligible to retain or renew a multistate license, and  
17 the nurse's multistate license shall be revoked or deactivated in  
18 accordance with applicable rules adopted by the Interstate  
19 Commission of Nurse Licensure Compact Administrators, commission.

20 335.375. 1. Upon application for a multistate license, the  
21 licensing board in the issuing party state shall ascertain,  
22 through the coordinated licensure information system, whether the  
23 applicant has ever held, or is the holder of, a license issued by  
24 any other state, whether there are any encumbrances on any  
25 license or multistate licensure privilege held by the applicant,  
26 whether any adverse action has been taken against any license or  
27 multistate licensure privilege held by the applicant, and whether  
28 the applicant is currently participating in an alternative

1 program.

2 2. A nurse shall hold a multistate license, issued by the  
3 home state, in only one party state at a time.

4 3. If a nurse changes primary state of residence by moving  
5 between two party states, the nurse shall apply for licensure in  
6 the new home state, and the multistate license issued by the  
7 prior home state shall be deactivated in accordance with  
8 applicable rules adopted by the commission.

9 (1) The nurse may apply for licensure in advance of a  
10 change in primary state of residence.

11 (2) A multistate license shall not be issued by the new  
12 home state until the nurse provides satisfactory evidence of a  
13 change in primary state of residence to the new home state and  
14 satisfies all applicable requirements to obtain a multistate  
15 license from the new home state.

16 4. If a nurse changes primary state of residence by moving  
17 from a party state to a non-party state, the multistate license  
18 issued by the prior home state shall convert to a single-state  
19 license, valid only in the former home state.

20 335.380. 1. In addition to the other powers conferred by  
21 state law, a licensing board shall have the authority to:

22 (1) Take adverse action against a nurse's multistate  
23 licensure privilege to practice within that party state;

24 (a) Only the home state shall have the power to take  
25 adverse action against a nurse's license issued by the home  
26 state;

27 (b) For purposes of taking adverse action, the home state  
28 licensing board shall give the same priority and effect to

1 reported conduct received from a remote state as it would if such  
2 conduct had occurred within the home state. In so doing, the  
3 home state shall apply its own state laws to determine  
4 appropriate action;

5 (2) Issue cease and desist orders or impose an encumbrance  
6 on a nurse's authority to practice within that party state;

7 (3) Complete any pending investigations of a nurse who  
8 changes primary state of residence during the course of such  
9 investigations. The licensing board shall also have the  
10 authority to take appropriate action and shall promptly report  
11 the conclusions of such investigations to the administrator of  
12 the coordinated licensure information system. The administrator  
13 of the coordinated licensure information system shall promptly  
14 notify the new home state of any such actions;

15 (4) Issue subpoenas for both hearings and investigations  
16 that require the attendance and testimony of witnesses as well as  
17 the production of evidence. Subpoenas issued by a licensing  
18 board in a party state for the attendance and testimony of  
19 witnesses or the production of evidence from another party state  
20 shall be enforced in the latter state by any court of competent  
21 jurisdiction according to the practice and procedure of that  
22 court applicable to subpoenas issued in proceedings pending  
23 before it. The issuing authority shall pay any witness fees,  
24 travel expenses, mileage, and other fees required by the service  
25 statutes of the state in which the witnesses or evidence are  
26 located;

27 (5) Obtain and submit, for each nurse licensure applicant,  
28 fingerprint or other biometric based information to the Federal

1 Bureau of Investigation for criminal background checks, receive  
2 the results of the Federal Bureau of Investigation record search  
3 on criminal background checks, and use the results in making  
4 licensure decisions;

5 (6) If otherwise permitted by state law, recover from the  
6 affected nurse the costs of investigations and disposition of  
7 cases resulting from any adverse action taken against that nurse;  
8 and

9 (7) Take adverse action based on the factual findings of  
10 the remote state; provided that, the licensing board follows its  
11 own procedures for taking such adverse action.

12 2. If adverse action is taken by the home state against a  
13 nurse's multistate license, the nurse's multistate licensure  
14 privilege to practice in all other party states shall be  
15 deactivated until all encumbrances have been removed from the  
16 multistate license. All home state disciplinary orders that  
17 impose adverse action against a nurse's multistate license shall  
18 include a statement that the nurse's multistate licensure  
19 privilege is deactivated in all party states during the pendency  
20 of the order.

21 3. Nothing in this compact shall override a party state's  
22 decision that participation in an alternative program may be used  
23 in lieu of adverse action. The home state licensing board shall  
24 deactivate the multistate licensure privilege under the  
25 multistate license of any nurse for the duration of the nurse's  
26 participation in an alternative program.

27 335.385. 1. All party states shall participate in a  
28 coordinated licensure information system of all licensed

1 registered nurses, "RNs", and licensed practical or vocational  
2 nurses, "LPNs" or "VNs". This system shall include information  
3 on the licensure and disciplinary history of each nurse, as  
4 submitted by party states, to assist in the coordination of nurse  
5 licensure and enforcement efforts.

6 2. The commission, in consultation with the administrator  
7 of the coordinated licensure information system, shall formulate  
8 necessary and proper procedures for the identification,  
9 collection, and exchange of information under this compact.

10 3. All licensing boards shall promptly report to the  
11 coordinated licensure information system any adverse action, any  
12 current significant investigative information, denials of  
13 applications with the reasons for such denials, and nurse  
14 participation in alternative programs known to the licensing  
15 board regardless of whether such participation is deemed  
16 nonpublic or confidential under state law.

17 4. Current significant investigative information and  
18 participation in nonpublic or confidential alternative programs  
19 shall be transmitted through the coordinated licensure  
20 information system only to party state licensing boards.

21 5. Notwithstanding any other provision of law, all party  
22 state licensing boards contributing information to the  
23 coordinated licensure information system may designate  
24 information that shall not be shared with non-party states or  
25 disclosed to other entities or individuals without the express  
26 permission of the contributing state.

27 6. Any personally identifiable information obtained from  
28 the coordinated licensure information system by a party state

1 licensing board shall not be shared with non-party states or  
2 disclosed to other entities or individuals except to the extent  
3 permitted by the laws of the party state contributing the  
4 information.

5 7. Any information contributed to the coordinated licensure  
6 information system that is subsequently required to be expunged  
7 by the laws of the party state contributing that information  
8 shall also be expunged from the coordinated licensure information  
9 system.

10 8. The compact administrator of each party state shall  
11 furnish a uniform data set to the compact administrator of each  
12 other party state, which shall include, at a minimum:

13 (1) Identifying information;

14 (2) Licensure data;

15 (3) Information related to alternative program  
16 participation; and

17 (4) Other information that may facilitate the  
18 administration of this compact, as determined by commission  
19 rules.

20 9. The compact administrator of a party state shall provide  
21 all investigative documents and information requested by another  
22 party state.

23 335.390. 1. The party states hereby create and establish a  
24 joint public entity known as the "Interstate Commission of Nurse  
25 Licensure Compact Administrators".

26 (1) The commission is an instrumentality of the party  
27 states.

28 (2) Venue is proper, and judicial proceedings by or against

1 the commission shall be brought solely and exclusively in a court  
2 of competent jurisdiction where the principal office of the  
3 commission is located. The commission may waive venue and  
4 jurisdictional defenses to the extent it adopts or consents to  
5 participate in alternative dispute resolution proceedings.

6 (3) Nothing in this compact shall be construed to be a  
7 waiver of sovereign immunity.

8 2. (1) Each party state shall have and be limited to one  
9 administrator. The head of the state licensing board or designee  
10 shall be the administrator of this compact for each party state.  
11 Any administrator may be removed or suspended from office as  
12 provided by the law of the state from which the administrator is  
13 appointed. Any vacancy occurring in the commission shall be  
14 filled in accordance with the laws of the party state in which  
15 the vacancy exists.

16 (2) Each administrator shall be entitled to one vote with  
17 regard to the promulgation of rules and creation of bylaws and  
18 shall otherwise have an opportunity to participate in the  
19 business and affairs of the commission. An administrator shall  
20 vote in person or by such other means as provided in the bylaws.  
21 The bylaws may provide for an administrator's participation in  
22 meetings by telephone or other means of communication.

23 (3) The commission shall meet at least once during each  
24 calendar year. Additional meetings shall be held as set forth in  
25 the bylaws or rules of the commission.

26 (4) All meetings shall be open to the public, and public  
27 notice of meetings shall be given in the same manner as required  
28 under the rulemaking provisions in section 335.395.

1       (5) The commission may convene in a closed, nonpublic  
2 meeting if the commission must discuss:

3       (a) Noncompliance of a party state with its obligations  
4 under this compact;

5       (b) The employment, compensation, discipline, or other  
6 personnel matters, practices, or procedures related to specific  
7 employees, or other matters related to the commission's internal  
8 personnel practices and procedures;

9       (c) Current, threatened, or reasonably anticipated  
10 litigation;

11       (d) Negotiation of contracts for the purchase or sale of  
12 goods, services, or real estate;

13       (e) Accusing any person of a crime or formally censuring  
14 any person;

15       (f) Disclosure of trade secrets or commercial or financial  
16 information that is privileged or confidential;

17       (g) Disclosure of information of a personal nature where  
18 disclosure would constitute a clearly unwarranted invasion of  
19 personal privacy;

20       (h) Disclosure of investigatory records compiled for law  
21 enforcement purposes;

22       (i) Disclosure of information related to any reports  
23 prepared by or on behalf of the commission for the purpose of  
24 investigation of compliance with this compact; or

25       (j) Matters specifically exempted from disclosure by  
26 federal or state statute.

27       (6) If a meeting, or portion of a meeting, is closed  
28 pursuant to subdivision (5) of this subsection, the commission's



1 legal counsel or designee shall certify that the meeting shall be  
2 closed and shall reference each relevant exempting provision.  
3 The commission shall keep minutes that fully and clearly describe  
4 all matters discussed in a meeting and shall provide a full and  
5 accurate summary of actions taken, and the reasons therefor,  
6 including a description of the views expressed. All documents  
7 considered in connection with an action shall be identified in  
8 such minutes. All minutes and documents of a closed meeting  
9 shall remain under seal, subject to release by a majority vote of  
10 the commission or order of a court of competent jurisdiction.

11 3. The commission shall, by a majority vote of the  
12 administrators, prescribe bylaws or rules to govern its conduct  
13 as may be necessary or appropriate to carry out the purposes and  
14 exercise the powers of this compact including, but not limited  
15 to:

16 (1) Establishing the fiscal year of the commission;

17 (2) Providing reasonable standards and procedures:

18 (a) For the establishment and meetings of other committees;

19 and

20 (b) Governing any general or specific delegation of any  
21 authority or function of the commission;

22 (3) Providing reasonable procedures for calling and  
23 conducting meetings of the commission, ensuring reasonable  
24 advance notice of all meetings and providing an opportunity for  
25 attendance of such meetings by interested parties, with  
26 enumerated exceptions designed to protect the public's interest,  
27 the privacy of individuals, and proprietary information,  
28 including trade secrets. The commission may meet in closed

1 session only after a majority of the administrators vote to close  
2 a meeting in whole or in part. As soon as practicable, the  
3 commission must make public a copy of the vote to close the  
4 meeting revealing the vote of each administrator, with no proxy  
5 votes allowed;

6 (4) Establishing the titles, duties, and authority and  
7 reasonable procedures for the election of the officers of the  
8 commission;

9 (5) Providing reasonable standards and procedures for the  
10 establishment of the personnel policies and programs of the  
11 commission. Notwithstanding any civil service or other similar  
12 laws of any party state, the bylaws shall exclusively govern the  
13 personnel policies and programs of the commission; and

14 (6) Providing a mechanism for winding up the operations of  
15 the commission and the equitable disposition of any surplus funds  
16 that may exist after the termination of this compact after the  
17 payment or reserving of all of its debts and obligations.

18 4. The commission shall publish its bylaws and rules, and  
19 any amendments thereto, in a convenient form on the website of  
20 the commission.

21 5. The commission shall maintain its financial records in  
22 accordance with the bylaws.

23 6. The commission shall meet and take such actions as are  
24 consistent with the provisions of this compact and the bylaws.

25 7. The commission shall have the following powers:

26 (1) To promulgate uniform rules to facilitate and  
27 coordinate implementation and administration of this compact.  
28 The rules shall have the force and effect of law and shall be

1 binding in all party states;

2 (2) To bring and prosecute legal proceedings or actions in  
3 the name of the commission; provided that, the standing of any  
4 licensing board to sue or be sued under applicable law shall not  
5 be affected;

6 (3) To purchase and maintain insurance and bonds;

7 (4) To borrow, accept, or contract for services of  
8 personnel including, but not limited to, employees of a party  
9 state or nonprofit organizations;

10 (5) To cooperate with other organizations that administer  
11 state compacts related to the regulation of nursing including,  
12 but not limited to, sharing administrative or staff expenses,  
13 office space, or other resources;

14 (6) To hire employees, elect or appoint officers, fix  
15 compensation, define duties, grant such individuals appropriate  
16 authority to carry out the purposes of this compact, and to  
17 establish the commission's personnel policies and programs  
18 relating to conflicts of interest, qualifications of personnel,  
19 and other related personnel matters;

20 (7) To accept any and all appropriate donations, grants and  
21 gifts of money, equipment, supplies, materials, and services, and  
22 to receive, utilize, and dispose of the same; provided that, at  
23 all times the commission shall avoid any appearance of  
24 impropriety or conflict of interest;

25 (8) To lease, purchase, accept appropriate gifts or  
26 donations of, or otherwise to own, hold, improve, or use, any  
27 property, whether real, personal, or mixed; provided that, at all  
28 times the commission shall avoid any appearance of impropriety;

1       (9) To sell, convey, mortgage, pledge, lease, exchange,  
2 abandon, or otherwise dispose of any property, whether real,  
3 personal, or mixed;

4       (10) To establish a budget and make expenditures;

5       (11) To borrow money;

6       (12) To appoint committees, including advisory committees  
7 comprised of administrators, state nursing regulators, state  
8 legislators or their representatives, consumer representatives,  
9 and other such interested persons;

10       (13) To provide and receive information from, and to  
11 cooperate with, law enforcement agencies;

12       (14) To adopt and use an official seal; and

13       (15) To perform such other functions as may be necessary or  
14 appropriate to achieve the purposes of this compact consistent  
15 with the state regulation of nurse licensure and practice.

16       8. (1) The commission shall pay, or provide for the  
17 payment of, the reasonable expenses of its establishment,  
18 organization, and ongoing activities.

19       (2) The commission may also levy on and collect an annual  
20 assessment from each party state to cover the cost of its  
21 operations, activities, and staff in its annual budget as  
22 approved each year. The aggregate annual assessment amount, if  
23 any, shall be allocated based upon a formula to be determined by  
24 the commission, which shall promulgate a rule that is binding  
25 upon all party states.

26       (3) The commission shall not incur obligations of any kind  
27 prior to securing the funds adequate to meet the same; nor shall  
28 the commission pledge the credit of any of the party states,

1 except by and with the authority of such party state.

2 (4) The commission shall keep accurate accounts of all  
3 receipts and disbursements. The receipts and disbursements of  
4 the commission shall be subject to the audit and accounting  
5 procedures established under its bylaws. However, all receipts  
6 and disbursements of funds handled by the commission shall be  
7 audited yearly by a certified or licensed public accountant, and  
8 the report of the audit shall be included in and become part of  
9 the annual report of the commission.

10 9. (1) The administrators, officers, executive director,  
11 employees, and representatives of the commission shall be immune  
12 from suit and liability, either personally or in their official  
13 capacity, for any claim for damage to or loss of property,  
14 personal injury, or other civil liability caused by or arising  
15 out of any actual or alleged act, error, or omission that  
16 occurred, or that the person against whom the claim is made had a  
17 reasonable basis for believing occurred, within the scope of  
18 commission employment, duties, or responsibilities; provided  
19 that, nothing in this paragraph shall be construed to protect any  
20 such person from suit or liability for any damage, loss, injury,  
21 or liability caused by the intentional, willful, or wanton  
22 misconduct of that person.

23 (2) The commission shall defend any administrator, officer,  
24 executive director, employee, or representative of the commission  
25 in any civil action seeking to impose liability arising out of  
26 any actual or alleged act, error, or omission that occurred  
27 within the scope of commission employment, duties, or  
28 responsibilities, or that the person against whom the claim is

1 made had a reasonable basis for believing occurred within the  
2 scope of commission employment, duties, or responsibilities;  
3 provided that, nothing herein shall be construed to prohibit that  
4 person from retaining his or her own counsel; and provided  
5 further that the actual or alleged act, error, or omission did  
6 not result from that person's intentional, willful, or wanton  
7 misconduct.

8 (3) The commission shall indemnify and hold harmless any  
9 administrator, officer, executive director, employee, or  
10 representative of the commission for the amount of any settlement  
11 or judgment obtained against that person arising out of any  
12 actual or alleged act, error, or omission that occurred within  
13 the scope of commission employment, duties, or responsibilities,  
14 or that such person had a reasonable basis for believing occurred  
15 within the scope of commission employment, duties, or  
16 responsibilities; provided that, the actual or alleged act,  
17 error, or omission did not result from the intentional, willful,  
18 or wanton misconduct of that person.

19 335.395. 1. The commission shall exercise its rulemaking  
20 powers pursuant to the criteria set forth in this section and the  
21 rules adopted thereunder. Rules and amendments shall become  
22 binding as of the date specified in each rule or amendment and  
23 shall have the same force and effect as provisions of this  
24 compact.

25 2. Rules or amendments to the rules shall be adopted at a  
26 regular or special meeting of the commission.

27 3. Prior to promulgation and adoption of a final rule or  
28 rules by the commission, and at least sixty days in advance of

1 the meeting at which the rule shall be considered and voted upon,  
2 the commission shall file a notice of proposed rulemaking:

3 (1) On the website of the commission; and

4 (2) On the website of each licensing board or the  
5 publication in which each state would otherwise publish proposed  
6 rules.

7 4. The notice of proposed rulemaking shall include:

8 (1) The proposed time, date, and location of the meeting in  
9 which the rule shall be considered and voted upon;

10 (2) The text of the proposed rule or amendment, and the  
11 reason for the proposed rule;

12 (3) A request for comments on the proposed rule from any  
13 interested person;

14 (4) The manner in which interested persons may submit  
15 notice to the commission of their intention to attend the public  
16 hearing and any written comments.

17 5. Prior to adoption of a proposed rule, the commission  
18 shall allow persons to submit written data, facts, opinions, and  
19 arguments, which shall be made available to the public.

20 6. The commission shall grant an opportunity for a public  
21 hearing before it adopts a rule or amendment.

22 7. The commission shall publish the place, time, and date  
23 of the scheduled public hearing.

24 (1) Hearings shall be conducted in a manner providing each  
25 person who wishes to comment a fair and reasonable opportunity to  
26 comment orally or in writing. All hearings shall be recorded,  
27 and a copy shall be made available upon request.

28 (2) Nothing in this section shall be construed as requiring

1 a separate hearing on each rule. Rules may be grouped for the  
2 convenience of the commission at hearings required by this  
3 section.

4 8. If no one appears at the public hearing, the commission  
5 may proceed with promulgation of the proposed rule.

6 9. Following the scheduled hearing date, or by the close of  
7 business on the scheduled hearing date if the hearing was not  
8 held, the commission shall consider all written and oral comments  
9 received.

10 10. The commission shall, by majority vote of all  
11 administrators, take final action on the proposed rule and shall  
12 determine the effective date of the rule, if any, based on the  
13 rulemaking record and the full text of the rule.

14 11. Upon determination that an emergency exists, the  
15 commission may consider and adopt an emergency rule without prior  
16 notice, opportunity for comment, or hearing; provided that, the  
17 usual rulemaking procedures provided in this compact and in this  
18 section shall be retroactively applied to the rule as soon as  
19 reasonably possible, in no event later than ninety days after the  
20 effective date of the rule. For the purposes of this provision,  
21 an emergency rule is one that shall be adopted immediately in  
22 order to:

23 (1) Meet an imminent threat to public health, safety, or  
24 welfare;

25 (2) Prevent a loss of commission or party state funds; or

26 (3) Meet a deadline for the promulgation of an  
27 administrative rule that is required by federal law or rule.

28 12. The commission may direct revisions to a previously



1 adopted rule or amendment for purposes of correcting  
2 typographical errors, errors in format, errors in consistency, or  
3 grammatical errors. Public notice of any revisions shall be  
4 posted on the website of the commission. The revision shall be  
5 subject to challenge by any person for a period of thirty days  
6 after posting. The revision shall be challenged only on grounds  
7 that the revision results in a material change to a rule. A  
8 challenge shall be made in writing and delivered to the  
9 commission prior to the end of the notice period. If no  
10 challenge is made, the revision shall take effect without further  
11 action. If the revision is challenged, the revision shall not  
12 take effect without the approval of the commission.

13 335.400. 1. (1) Each party state shall enforce this  
14 compact and take all actions necessary and appropriate to  
15 effectuate this compact's purposes and intent.

16 (2) The commission shall be entitled to receive service of  
17 process in any proceeding that may affect the powers,  
18 responsibilities, or actions of the commission, and shall have  
19 standing to intervene in such a proceeding for all purposes.  
20 Failure to provide service of process in such proceeding to the  
21 commission shall render a judgment or order void as to the  
22 commission, this compact, or promulgated rules.

23 2. (1) If the commission determines that a party state has  
24 defaulted in the performance of its obligations or  
25 responsibilities under this compact or the promulgated rules, the  
26 commission shall:

27 (a) Provide written notice to the defaulting state and  
28 other party states of the nature of the default, the proposed

1 means of curing the default, or any other action to be taken by  
2 the commission; and

3 (b) Provide remedial training and specific technical  
4 assistance regarding the default.

5 (2) If a state in default fails to cure the default, the  
6 defaulting state's membership in this compact shall be terminated  
7 upon an affirmative vote of a majority of the administrators, and  
8 all rights, privileges, and benefits conferred by this compact  
9 shall be terminated on the effective date of termination. A cure  
10 of the default does not relieve the offending state of  
11 obligations or liabilities incurred during the period of default.

12 (3) Termination of membership in this compact shall be  
13 imposed only after all other means of securing compliance have  
14 been exhausted. Notice of intent to suspend or terminate shall  
15 be given by the commission to the governor of the defaulting  
16 state, to the executive officer of the defaulting state's  
17 licensing board, and each of the party states.

18 (4) A state whose membership in this compact has been  
19 terminated is responsible for all assessments, obligations, and  
20 liabilities incurred through the effective date of termination,  
21 including obligations that extend beyond the effective date of  
22 termination.

23 (5) The commission shall not bear any costs related to a  
24 state that is found to be in default or whose membership in this  
25 compact has been terminated unless agreed upon in writing between  
26 the commission and the defaulting state.

27 (6) The defaulting state may appeal the action of the  
28 commission by petitioning the United States District Court for

1 the District of Columbia or the federal district in which the  
2 commission has its principal offices. The prevailing party shall  
3 be awarded all costs of such litigation, including reasonable  
4 attorneys' fees.

5 3. (1) Upon request by a party state, the commission shall  
6 attempt to resolve disputes related to the compact that arise  
7 among party states and between party and non-party states.

8 (2) The commission shall promulgate a rule providing for  
9 both mediation and binding dispute resolution for disputes, as  
10 appropriate.

11 (3) In the event the commission cannot resolve disputes  
12 among party states arising under this compact:

13 (a) The party states shall submit the issues in dispute to  
14 an arbitration panel, which shall be comprised of individuals  
15 appointed by the compact administrator in each of the affected  
16 party states and an individual mutually agreed upon by the  
17 compact administrators of all the party states involved in the  
18 dispute.

19 (b) The decision of a majority of the arbitrators shall be  
20 final and binding.

21 4. (1) The commission, in the reasonable exercise of its  
22 discretion, shall enforce the provisions and rules of this  
23 compact.

24 (2) By majority vote, the commission may initiate legal  
25 action in the United States District Court for the District of  
26 Columbia or the federal district in which the commission has its  
27 principal offices against a party state that is in default to  
28 enforce compliance with the provisions of this compact and its

1 promulgated rules and bylaws. The relief sought may include both  
2 injunctive relief and damages. In the event judicial enforcement  
3 is necessary, the prevailing party shall be awarded all costs of  
4 such litigation, including reasonable attorneys' fees.

5 (3) The remedies herein shall not be the exclusive remedies  
6 of the commission. The commission may pursue any other remedies  
7 available under federal or state law.

8 335.405. 1. This compact shall become effective and  
9 binding on the earlier of the date of legislative enactment of  
10 this compact into law by no less than twenty-six states or  
11 December 31, 2018. All party states to this compact that also  
12 were parties to the prior Nurse Licensure Compact superseded by  
13 this compact "prior compact" shall be deemed to have withdrawn  
14 from said prior compact within six months after the effective  
15 date of this compact.

16 2. Each party state to this compact shall continue to  
17 recognize a nurse's multistate licensure privilege to practice in  
18 that party state issued under the prior compact until such party  
19 state has withdrawn from the prior compact.

20 3. Any party state may withdraw from this compact by  
21 enacting a statute repealing the same. A party state's  
22 withdrawal shall not take effect until six months after enactment  
23 of the repealing statute.

24 4. A party state's withdrawal or termination shall not  
25 affect the continuing requirement of the withdrawing or  
26 terminated state's licensing board to report adverse actions and  
27 significant investigations occurring prior to the effective date  
28 of such withdrawal or termination.

1           5. Nothing contained in this compact shall be construed to  
2 invalidate or prevent any nurse licensure agreement or other  
3 cooperative arrangement between a party state and a non-party  
4 state that is made in accordance with the other provisions of  
5 this compact.

6           6. This compact may be amended by the party states. No  
7 amendment to this compact shall become effective and binding upon  
8 the party states unless and until it is enacted into the laws of  
9 all party states.

10          7. Representatives of non-party states to this compact  
11 shall be invited to participate in the activities of the  
12 commission on a nonvoting basis prior to the adoption of this  
13 compact by all states.

14          335.410. This compact shall be liberally construed so as to  
15 effectuate the purposes thereof. The provisions of this compact  
16 shall be severable and if any phrase, clause, sentence, or  
17 provision of this compact is declared to be contrary to the  
18 constitution of any party state or of the United States or the  
19 applicability thereof to any government, agency, person, or  
20 circumstance is held invalid, the validity of the remainder of  
21 this compact and the applicability thereof to any government,  
22 agency, person, or circumstance shall not be affected thereby.  
23 If this compact shall be held contrary to the constitution of any  
24 party state, this compact shall remain in full force and effect  
25 as to the remaining party states and in full force and effect as  
26 to the party state affected as to all severable matters.

27          335.415. 1. The term "head of the nurse licensing board"  
28 as referred to in section 335.390 of this compact shall mean the

1 executive director of the Missouri state board of nursing.

2 2. This compact is designed to facilitate the regulation of  
3 nurses, and does not relieve employers from complying with  
4 statutorily imposed obligations.

5 3. This compact does not supersede existing state labor  
6 laws.

7 338.200. 1. In the event a pharmacist is unable to obtain  
8 refill authorization from the prescriber due to death,  
9 incapacity, or when the pharmacist is unable to obtain refill  
10 authorization from the prescriber, a pharmacist may dispense an  
11 emergency supply of medication if:

12 (1) In the pharmacist's professional judgment, interruption  
13 of therapy might reasonably produce undesirable health  
14 consequences;

15 (2) The pharmacy previously dispensed or refilled a  
16 prescription from the applicable prescriber for the same patient  
17 and medication;

18 (3) The medication dispensed is not a controlled substance;

19 (4) The pharmacist informs the patient or the patient's  
20 agent either verbally, electronically, or in writing at the time  
21 of dispensing that authorization of a prescriber is required for  
22 future refills; and

23 (5) The pharmacist documents the emergency dispensing in  
24 the patient's prescription record, as provided by the board by  
25 rule.

26 2. (1) If the pharmacist is unable to obtain refill  
27 authorization from the prescriber, the amount dispensed shall be  
28 limited to the amount determined by the pharmacist within his or

1 her professional judgment as needed for the emergency period,  
2 provided the amount dispensed shall not exceed a seven-day  
3 supply.

4 (2) In the event of prescriber death or incapacity or  
5 inability of the prescriber to provide medical services, the  
6 amount dispensed shall not exceed a thirty-day supply.

7 3. Pharmacists or permit holders dispensing an emergency  
8 supply pursuant to this section shall promptly notify the  
9 prescriber or the prescriber's office of the emergency  
10 dispensing, as required by the board by rule.

11 4. An emergency supply may not be dispensed pursuant to  
12 this section if the pharmacist has knowledge that the prescriber  
13 has otherwise prohibited or restricted emergency dispensing for  
14 the applicable patient.

15 5. The determination to dispense an emergency supply of  
16 medication under this section shall only be made by a pharmacist  
17 licensed by the board.

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

1 shall be invalid and void.

2 376.388. 1. As used in this section, unless the context  
3 requires otherwise, the following terms shall mean:

4 (1) "Contracted pharmacy" or "pharmacy", a pharmacy located  
5 in Missouri participating in the network of a pharmacy benefits  
6 manager through a direct or indirect contract;

7 (2) "Health carrier", an entity subject to the insurance  
8 laws and regulations of this state that contracts or offers to  
9 contract to provide, deliver, arrange for, pay for, or reimburse  
10 any of the costs of health care services, including a sickness  
11 and accident insurance company, a health maintenance  
12 organization, a nonprofit hospital and health service  
13 corporation, or any other entity providing a plan of health  
14 insurance, health benefits, or health services, except that such  
15 plan shall not include any coverage pursuant to a liability  
16 insurance policy, workers' compensation insurance policy, or  
17 medical payments insurance issued as a supplement to a liability  
18 policy;

19 (3) "Maximum allowable cost", the per unit amount that a  
20 pharmacy benefits manager reimburses a pharmacist for a  
21 prescription drug, excluding a dispensing or professional fee;

22 (4) "Maximum allowable cost list" or "MAC list", a listing  
23 of drug products that meet the standard described in this  
24 section;

25 (5) "Pharmacy", as such term is defined in chapter 338;

26 (6) "Pharmacy benefits manager", an entity that contracts  
27 with pharmacies on behalf of health carriers or any health plan  
28 sponsored by the state or a political subdivision of the state.



1           2. Upon each contract execution or renewal between a  
2 pharmacy benefits manager and a pharmacy or between a pharmacy  
3 benefits manager and a pharmacy's contracting representative or  
4 agent, such as a pharmacy services administrative organization, a  
5 pharmacy benefits manager shall, with respect to such contract or  
6 renewal:

7           (1) Include in such contract or renewal the sources  
8 utilized to determine maximum allowable cost and update such  
9 pricing information at least every seven days; and

10           (2) Maintain a procedure to eliminate products from the  
11 maximum allowable cost list of drugs subject to such pricing or  
12 modify maximum allowable cost pricing at least every seven days,  
13 if such drugs do not meet the standards and requirements of this  
14 section, in order to remain consistent with pricing changes in  
15 the marketplace.

16           3. A pharmacy benefits manager shall reimburse pharmacies  
17 for drugs subject to maximum allowable cost pricing that has been  
18 updated to reflect market pricing at least every seven days as  
19 set forth under subdivision (1) of subsection 2 of this section.

20           4. A pharmacy benefits manager shall not place a drug on a  
21 maximum allowable cost list unless there are at least two  
22 therapeutically equivalent multisource generic drugs, or at least  
23 one generic drug available from at least one manufacturer,  
24 generally available for purchase by network pharmacies from  
25 national or regional wholesalers.

26           5. All contracts between a pharmacy benefits manager and a  
27 contracted pharmacy or between a pharmacy benefits manager and a  
28 pharmacy's contracting representative or agent, such as a

1 pharmacy services administrative organization, shall include a  
2 process to internally appeal, investigate, and resolve disputes  
3 regarding maximum allowable cost pricing. The process shall  
4 include the following:

5 (1) The right to appeal shall be limited to fourteen  
6 calendar days following the reimbursement of the initial claim;  
7 and

8 (2) A requirement that the pharmacy benefits manager shall  
9 respond to an appeal described in this subsection no later than  
10 fourteen calendar days after the date the appeal was received by  
11 such pharmacy benefits manager.

12 6. For appeals that are denied, the pharmacy benefits  
13 manager shall provide the reason for the denial and identify the  
14 national drug code of a drug product that may be purchased by  
15 contracted pharmacies at a price at or below the maximum  
16 allowable cost and, when applicable, may be substituted lawfully.

17 7. If the appeal is successful, the pharmacy benefits  
18 manager shall:

19 (1) Adjust the maximum allowable cost price that is the  
20 subject of the appeal effective on the day after the date the  
21 appeal is decided;

22 (2) Apply the adjusted maximum allowable cost price to all  
23 similarly situated pharmacies as determined by the pharmacy  
24 benefits manager; and

25 (3) Allow the pharmacy that succeeded in the appeal to  
26 reverse and rebill the pharmacy benefits claim giving rise to the  
27 appeal.

28 8. Appeals shall be upheld if:

1       (1) The pharmacy being reimbursed for the drug subject to  
2 the maximum allowable cost pricing in question was not reimbursed  
3 as required under subsection 3 of this section; or

4       (2) The drug subject to the maximum allowable cost pricing  
5 in question does not meet the requirements set forth under  
6 subsection 4 of this section.

7       376.1235. 1. No health carrier or health benefit plan, as  
8 defined in section 376.1350, shall impose a co-payment or  
9 coinsurance percentage charged to the insured for services  
10 rendered for each date of service by a physical therapist  
11 licensed under chapter 334 or an occupational therapist licensed  
12 under chapter 324, for services that require a prescription, that  
13 is greater than the co-payment or coinsurance percentage charged  
14 to the insured for the services of a primary care physician  
15 licensed under chapter 334 for an office visit.

16       2. A health carrier or health benefit plan shall clearly  
17 state the availability of physical therapy and occupational  
18 therapy coverage under its plan and all related limitations,  
19 conditions, and exclusions.

20       3. Beginning September 1, [2013] 2016, the oversight  
21 division of the joint committee on legislative research shall  
22 perform an actuarial analysis of the cost impact to health  
23 carriers, insureds with a health benefit plan, and other private  
24 and public payers if the provisions of this section regarding  
25 occupational therapy coverage were enacted. By December 31,  
26 [2013,] 2016, the director of the oversight division of the joint  
27 committee on legislative research shall submit a report of the  
28 actuarial findings prescribed by this section to the speaker, the

1 president pro tem, and the chairpersons of both the house of  
2 representatives and senate standing committees having  
3 jurisdiction over health insurance matters. If the fiscal note  
4 cost estimation is less than the cost of an actuarial analysis,  
5 the actuarial analysis requirement shall be waived.

6 376.1237. 1. Each health carrier or health benefit plan  
7 that offers or issues health benefit plans which are delivered,  
8 issued for delivery, continued, or renewed in this state on or  
9 after January 1, 2014, and that provides coverage for  
10 prescription eye drops shall provide coverage for the refilling  
11 of an eye drop prescription prior to the last day of the  
12 prescribed dosage period without regard to a coverage restriction  
13 for early refill of prescription renewals as long as the  
14 prescribing health care provider authorizes such early refill,  
15 and the health carrier or the health benefit plan is notified.

16 2. For the purposes of this section, health carrier and  
17 health benefit plan shall have the same meaning as defined in  
18 section 376.1350.

19 3. The coverage required by this section shall not be  
20 subject to any greater deductible or co-payment than other  
21 similar health care services provided by the health benefit plan.

22 4. The provisions of this section shall not apply to a  
23 supplemental insurance policy, including a life care contract,  
24 accident-only policy, specified disease policy, hospital policy  
25 providing a fixed daily benefit only, Medicare supplement policy,  
26 long-term care policy, short-term major medical policies of six  
27 months' or less duration, or any other supplemental policy as  
28 determined by the director of the department of insurance,

1 financial institutions and professional registration.

2 5. The provisions of this section shall terminate on  
3 January 1, [~~2017~~] 2020.

4 536.031. 1. There is established a publication to be known  
5 as the "Code of State Regulations", which shall be published in a  
6 format and medium as prescribed and in writing upon request by  
7 the secretary of state as soon as practicable after ninety days  
8 following January 1, 1976, and may be republished from time to  
9 time thereafter as determined by the secretary of state.

10 2. The code of state regulations shall contain the full  
11 text of all rules of state agencies in force and effect upon the  
12 effective date of the first publication thereof, and effective  
13 September 1, 1990, it shall be revised no less frequently than  
14 monthly thereafter so as to include all rules of state agencies  
15 subsequently made, amended or rescinded. The code may also  
16 include citations, references, or annotations, prepared by the  
17 state agency adopting the rule or by the secretary of state, to  
18 any intraagency ruling, attorney general's opinion,  
19 determination, decisions, order, or other action of the  
20 administrative hearing commission, or any determination,  
21 decision, order, or other action of a court interpreting,  
22 applying, discussing, distinguishing, or otherwise affecting any  
23 rule published in the code.

24 3. The code of state regulations shall be published in  
25 looseleaf form in one or more volumes upon request and a format  
26 and medium as prescribed by the secretary of state with an  
27 appropriate index, and revisions in the text and index may be  
28 made by the secretary of state as necessary and provided in

1 written format upon request.

2 4. An agency may incorporate by reference rules,  
3 regulations, standards, and guidelines of an agency of the United  
4 States or a nationally or state-recognized organization or  
5 association without publishing the material in full. The  
6 reference in the agency rules shall fully identify the  
7 incorporated material by publisher, address, and date in order to  
8 specify how a copy of the material may be obtained, and shall  
9 state that the referenced rule, regulation, standard, or  
10 guideline does not include any later amendments or additions;  
11 except that, hospital licensure regulations governing life safety  
12 code standards promulgated under this chapter and chapter 197 to  
13 implement section 197.065 may incorporate, by reference, later  
14 additions or amendments to such rules, regulations, standards, or  
15 guidelines as needed to consistently apply current standards of  
16 safety and practice. The agency adopting a rule, regulation,  
17 standard, or guideline under this section shall maintain a copy  
18 of the referenced rule, regulation, standard, or guideline at the  
19 headquarters of the agency and shall make it available to the  
20 public for inspection and copying at no more than the actual cost  
21 of reproduction. The secretary of state may omit from the code  
22 of state regulations such material incorporated by reference in  
23 any rule the publication of which would be unduly cumbersome or  
24 expensive.

25 5. The courts of this state shall take judicial notice,  
26 without proof, of the contents of the code of state regulations.

27 633.420. 1. For the purposes of this section, the term  
28 "dyslexia" means a disorder that is neurological in origin,

1 characterized by difficulties with accurate and fluent word  
2 recognition, and poor spelling and decoding abilities that  
3 typically result from a deficit in the phonological component of  
4 language, often unexpected in relation to other cognitive  
5 abilities and the provision of effective classroom instruction,  
6 and of which secondary consequences may include problems in  
7 reading comprehension and reduced reading experience that can  
8 impede growth of vocabulary and background knowledge. Nothing in  
9 this section shall prohibit a district from assessing students  
10 for dyslexia and offering students specialized reading  
11 instruction if a determination is made that a student suffers  
12 from dyslexia. Unless required by federal law, nothing in this  
13 definition shall require a student with dyslexia to be  
14 automatically determined eligible as a student with a disability.

15 2. There is hereby created the "Legislative Task Force on  
16 Dyslexia". The joint committee on education shall provide  
17 technical and administrative support as required by the task  
18 force to fulfill its duties; any such support involving monetary  
19 expenses shall first be approved by the chairman of the joint  
20 committee on education. The task force shall meet at least  
21 quarterly and may hold meetings by telephone or video conference.  
22 The task force shall advise and make recommendations to the  
23 governor, joint committee on education, and relevant state  
24 agencies regarding matters concerning individuals with dyslexia,  
25 including education and other adult and adolescent services.

26 3. The task force shall be comprised of twenty members  
27 consisting of the following:

28 (1) Two members of the senate appointed by the president

1 pro tempore of the senate, with one member appointed from the  
2 minority party and one member appointed from the majority party;

3 (2) Two members of the house of representatives appointed  
4 by the speaker of the house of representatives, with one member  
5 appointed from the minority party and one member appointed from  
6 the majority party;

7 (3) The commissioner of education, or his or her designee;

8 (4) One representative from an institution of higher  
9 education located in this state with specialized expertise in  
10 dyslexia and reading instruction;

11 (5) A representative from a state teachers association or  
12 the Missouri National Education Association;

13 (6) A representative from the International Dyslexia  
14 Association of Missouri;

15 (7) A representative from Decoding Dyslexia of Missouri;

16 (8) A representative from the Missouri Association of  
17 Elementary School Principals;

18 (9) A representative from the Missouri Council of  
19 Administrators of Special Education;

20 (10) A professional licensed in the state of Missouri with  
21 experience diagnosing dyslexia including, but not limited to, a  
22 licensed psychologist, school psychologist, or neuropsychologist;

23 (11) A speech-language pathologist with training and  
24 experience in early literacy development and effective research-  
25 based intervention techniques for dyslexia, including an Orton-  
26 Gillingham remediation program recommended by the Missouri  
27 Speech-Language Hearing Association;

28 (12) A certified academic language therapist recommended by



1 the Academic Language Therapists Association who is a resident of  
2 this state;

3 (13) A representative from an independent private provider  
4 or nonprofit organization serving individuals with dyslexia;

5 (14) An assistive technology specialist with expertise in  
6 accessible print materials and assistive technology used by  
7 individuals with dyslexia recommended by the Missouri assistive  
8 technology council;

9 (15) One private citizen who has a child who has been  
10 diagnosed with dyslexia;

11 (16) One private citizen who has been diagnosed with  
12 dyslexia;

13 (17) A representative of the Missouri State Council of the  
14 International Reading Association; and

15 (18) A pediatrician with knowledge of dyslexia.

16 4. The members of the task force, other than the members  
17 from the general assembly and ex officio members, shall be  
18 appointed by the president pro tempore of the senate or the  
19 speaker of the house of representatives by September 1, 2016, by  
20 alternating appointments beginning with the president pro tempore  
21 of the senate. A chairperson shall be selected by the members of  
22 the task force. Any vacancy on the task force shall be filled in  
23 the same manner as the original appointment. Members shall serve  
24 on the task force without compensation.

25 5. The task force shall make recommendations for a  
26 statewide system for identification, intervention, and delivery  
27 of supports for students with dyslexia, including the development  
28 of resource materials and professional development activities.

1 These recommendations shall be included in a report to the  
2 governor and joint committee on education and shall include  
3 findings and proposed legislation and shall be made available no  
4 longer than twelve months from the task force's first meeting.

5 6. The recommendations and resource materials developed by  
6 the task force shall:

7 (1) Identify valid and reliable screening and evaluation  
8 assessments and protocols that can be used and the appropriate  
9 personnel to administer such assessments in order to identify  
10 children with dyslexia or the characteristics of dyslexia as part  
11 of an ongoing reading progress monitoring system, multi-tiered  
12 system of supports, and special education eligibility  
13 determinations in schools;

14 (2) Recommend an evidence-based reading instruction, with  
15 consideration of the National Reading Panel Report and Orton-  
16 Gillingham methodology principles for use in all Missouri  
17 schools, and intervention system, including a list of effective  
18 dyslexia intervention programs, to address dyslexia or  
19 characteristics of dyslexia for use by schools in multi-tiered  
20 systems of support and for services as appropriate for special  
21 education eligible students;

22 (3) Develop and implement preservice and inservice  
23 professional development activities to address dyslexia  
24 identification and intervention, including utilization of  
25 accessible print materials and assistive technology, within  
26 degree programs such as education, reading, special education,  
27 speech-language pathology, and psychology;

28 (4) Review teacher certification and professional

1 development requirements as they relate to the needs of students  
2 with dyslexia;

3 (5) Examine the barriers to accurate information on the  
4 prevalence of students with dyslexia across the state and  
5 recommend a process for accurate reporting of demographic data;  
6 and

7 (6) Study and evaluate current practices for diagnosing,  
8 treating, and educating children in this state and examine how  
9 current laws and regulations affect students with dyslexia in  
10 order to present recommendations to the governor and joint  
11 committee on education.

12 7. The task force shall hire or contract for hire  
13 specialist services to support the work of the task force as  
14 necessary with appropriations made by the general assembly for  
15 that purpose or from other available funding.

16 8. The task force authorized under this section shall  
17 expire on August 31, 2018.

18 [335.300. 1. The party states find that:

19 (1) The health and safety of the public are  
20 affected by the degree of compliance with and the  
21 effectiveness of enforcement activities related to  
22 state nurse licensure laws;

23 (2) Violations of nurse licensure and other laws  
24 regulating the practice of nursing may result in injury  
25 or harm to the public;

26 (3) The expanded mobility of nurses and the use  
27 of advanced communication technologies as part of our  
28 nation's health care delivery system require greater  
29 coordination and cooperation among states in the areas  
30 of nurse licensure and regulation;

31 (4) New practice modalities and technology make  
32 compliance with individual state nurse licensure laws  
33 difficult and complex;

34 (5) The current system of duplicative licensure  
35 for nurses practicing in multiple states is cumbersome  
36 and redundant to both nurses and states.

37 2. The general purposes of this compact are to:

- 1 (1) Facilitate the states' responsibility to  
2 protect the public's health and safety;
- 3 (2) Ensure and encourage the cooperation of party  
4 states in the areas of nurse licensure and regulation;
- 5 (3) Facilitate the exchange of information  
6 between party states in the areas of nurse regulation,  
7 investigation, and adverse actions;
- 8 (4) Promote compliance with the laws governing  
9 the practice of nursing in each jurisdiction;
- 10 (5) Invest all party states with the authority to  
11 hold a nurse accountable for meeting all state practice  
12 laws in the state in which the patient is located at  
13 the time care is rendered through the mutual  
14 recognition of party state licenses.]

15  
16 [335.305. As used in this compact, the following  
17 terms shall mean:

- 18 (1) "Adverse action", a home or remote state  
19 action;
- 20 (2) "Alternative program", a voluntary,  
21 nondisciplinary monitoring program approved by a nurse  
22 licensing board;
- 23 (3) "Coordinated licensure information system",  
24 an integrated process for collecting, storing, and  
25 sharing information on nurse licensure and enforcement  
26 activities related to nurse licensure laws, which is  
27 administered by a nonprofit organization composed of  
28 and controlled by state nurse licensing boards;
- 29 (4) "Current significant investigative  
30 information":
- 31 (a) Investigative information that a licensing  
32 board, after a preliminary inquiry that includes  
33 notification and an opportunity for the nurse to  
34 respond if required by state law, has reason to believe  
35 is not groundless and, if proved true, would indicate  
36 more than a minor infraction; or
- 37 (b) Investigative information that indicates that  
38 the nurse represents an immediate threat to public  
39 health and safety regardless of whether the nurse has  
40 been notified and had an opportunity to respond;
- 41 (5) "Home state", the party state that is the  
42 nurse's primary state of residence;
- 43 (6) "Home state action", any administrative,  
44 civil, equitable, or criminal action permitted by the  
45 home state's laws that are imposed on a nurse by the  
46 home state's licensing board or other authority  
47 including actions against an individual's license such  
48 as: revocation, suspension, probation, or any other  
49 action affecting a nurse's authorization to practice;
- 50 (7) "Licensing board", a party state's regulatory  
51 body responsible for issuing nurse licenses;

1 (8) "Multistate licensing privilege", current,  
2 official authority from a remote state permitting the  
3 practice of nursing as either a registered nurse or a  
4 licensed practical/vocational nurse in such party  
5 state. All party states have the authority, in  
6 accordance with existing state due process law, to take  
7 actions against the nurse's privilege such as:  
8 revocation, suspension, probation, or any other action  
9 that affects a nurse's authorization to practice;

10 (9) "Nurse", a registered nurse or  
11 licensed/vocational nurse, as those terms are defined  
12 by each state's practice laws;

13 (10) "Party state", any state that has adopted  
14 this compact;

15 (11) "Remote state", a party state, other than  
16 the home state:

17 (a) Where a patient is located at the time  
18 nursing care is provided; or

19 (b) In the case of the practice of nursing not  
20 involving a patient, in such party state where the  
21 recipient of nursing practice is located;

22 (12) "Remote state action":

23 (a) Any administrative, civil, equitable, or  
24 criminal action permitted by a remote state's laws  
25 which are imposed on a nurse by the remote state's  
26 licensing board or other authority including actions  
27 against an individual's multistate licensure privilege  
28 to practice in the remote state; and

29 (b) Cease and desist and other injunctive or  
30 equitable orders issued by remote states or the  
31 licensing boards thereof;

32 (13) "State", a state, territory, or possession  
33 of the United States, the District of Columbia, or the  
34 Commonwealth of Puerto Rico;

35 (14) "State practice laws", those individual  
36 party's state laws and regulations that govern the  
37 practice of nursing, define the scope of nursing  
38 practice, and create the methods and grounds for  
39 imposing discipline. State practice laws does not  
40 include the initial qualifications for licensure or  
41 requirements necessary to obtain and retain a license,  
42 except for qualifications or requirements of the home  
43 state.]

44  
45 [335.310. 1. A license to practice registered  
46 nursing issued by a home state to a resident in that  
47 state will be recognized by each party state as  
48 authorizing a multistate licensure privilege to  
49 practice as a registered nurse in such party state. A  
50 license to practice licensed practical/vocational  
51 nursing issued by a home state to a resident in that

1 state will be recognized by each party state as  
2 authorizing a multistate licensure privilege to  
3 practice as a licensed practical/vocational nurse in  
4 such party state. In order to obtain or retain a  
5 license, an applicant must meet the home state's  
6 qualifications for licensure and license renewal as  
7 well as all other applicable state laws.

8 2. Party states may, in accordance with state due  
9 process laws, limit or revoke the multistate licensure  
10 privilege of any nurse to practice in their state and  
11 may take any other actions under their applicable state  
12 laws necessary to protect the health and safety of  
13 their citizens. If a party state takes such action, it  
14 shall promptly notify the administrator of the  
15 coordinated licensure information system. The  
16 administrator of the coordinated licensure information  
17 system shall promptly notify the home state of any such  
18 actions by remote states.

19 3. Every nurse practicing in a party state must  
20 comply with the state practice laws of the state in  
21 which the patient is located at the time care is  
22 rendered. In addition, the practice of nursing is not  
23 limited to patient care, but shall include all nursing  
24 practice as defined by the state practice laws of a  
25 party state. The practice of nursing will subject a  
26 nurse to the jurisdiction of the nurse licensing board  
27 and the courts, as well as the laws, in that party  
28 state.

29 4. This compact does not affect additional  
30 requirements imposed by states for advanced practice  
31 registered nursing. However, a multistate licensure  
32 privilege to practice registered nursing granted by a  
33 party state shall be recognized by other party states  
34 as a license to practice registered nursing if one is  
35 required by state law as a precondition for qualifying  
36 for advanced practice registered nurse authorization.

37 5. Individuals not residing in a party state  
38 shall continue to be able to apply for nurse licensure  
39 as provided for under the laws of each party state.  
40 However, the license granted to these individuals will  
41 not be recognized as granting the privilege to practice  
42 nursing in any other party state unless explicitly  
43 agreed to by that party state.]

44  
45 [335.315. 1. Upon application for a license, the  
46 licensing board in a party state shall ascertain,  
47 through the coordinated licensure information system,  
48 whether the applicant has ever held, or is the holder  
49 of, a license issued by any other state, whether there  
50 are any restrictions on the multistate licensure  
51 privilege, and whether any other adverse action by any

1 state has been taken against the license.

2 2. A nurse in a party state shall hold licensure  
3 in only one party state at a time, issued by the home  
4 state.

5 3. A nurse who intends to change primary state of  
6 residence may apply for licensure in the new home state  
7 in advance of such change. However, new licenses will  
8 not be issued by a party state until after a nurse  
9 provides evidence of change in primary state of  
10 residence satisfactory to the new home state's  
11 licensing board.

12 4. When a nurse changes primary state of  
13 residence by:

14 (1) Moving between two party states, and obtains  
15 a license from the new home state, the license from the  
16 former home state is no longer valid;

17 (2) Moving from a nonparty state to a party  
18 state, and obtains a license from the new home state,  
19 the individual state license issued by the nonparty  
20 state is not affected and will remain in full force if  
21 so provided by the laws of the nonparty state;

22 (3) Moving from a party state to a nonparty  
23 state, the license issued by the prior home state  
24 converts to an individual state license, valid only in  
25 the former home state, without the multistate licensure  
26 privilege to practice in other party states.]

27  
28 [335.320. In addition to the general provisions  
29 described in article III of this compact, the following  
30 provisions apply:

31 (1) The licensing board of a remote state shall  
32 promptly report to the administrator of the coordinated  
33 licensure information system any remote state actions  
34 including the factual and legal basis for such action,  
35 if known. The licensing board of a remote state shall  
36 also promptly report any significant current  
37 investigative information yet to result in a remote  
38 state action. The administrator of the coordinated  
39 licensure information system shall promptly notify the  
40 home state of any such reports;

41 (2) The licensing board of a party state shall  
42 have the authority to complete any pending  
43 investigations for a nurse who changes primary state of  
44 residence during the course of such investigations. It  
45 shall also have the authority to take appropriate  
46 actions, and shall promptly report the conclusions of  
47 such investigations to the administrator of the  
48 coordinated licensure information system. The  
49 administrator of the coordinated licensure information  
50 system shall promptly notify the new home state of any  
51 such actions;

1 (3) A remote state may take adverse action  
2 affecting the multistate licensure privilege to  
3 practice within that party state. However, only the  
4 home state shall have the power to impose adverse  
5 action against the license issued by the home state;

6 (4) For purposes of imposing adverse action, the  
7 licensing board of the home state shall give the same  
8 priority and effect to reported conduct received from a  
9 remote state as it would if such conduct had occurred  
10 within the home state, in so doing, it shall apply its  
11 own state laws to determine appropriate action;

12 (5) The home state may take adverse action based  
13 on the factual findings of the remote state, so long as  
14 each state follows its own procedures for imposing such  
15 adverse action;

16 (6) Nothing in this compact shall override a  
17 party state's decision that participation in an  
18 alternative program may be used in lieu of licensure  
19 action and that such participation shall remain  
20 nonpublic if required by the party state's laws. Party  
21 states must require nurses who enter any alternative  
22 programs to agree not to practice in any other party  
23 state during the term of the alternative program  
24 without prior authorization from such other party  
25 state.]

26  
27 [335.325. Notwithstanding any other powers, party  
28 state nurse licensing boards shall have the authority  
29 to:

30 (1) If otherwise permitted by state law, recover  
31 from the affected nurse the costs of investigations and  
32 disposition of cases resulting from any adverse action  
33 taken against that nurse;

34 (2) Issue subpoenas for both hearings and  
35 investigations which require the attendance and  
36 testimony of witnesses, and the production of evidence.  
37 Subpoenas issued by a nurse licensing board in a party  
38 state for the attendance and testimony of witnesses,  
39 and/or the production of evidence from another party  
40 state, shall be enforced in the latter state by any  
41 court of competent jurisdiction, according to the  
42 practice and procedure of that court applicable to  
43 subpoenas issued in proceedings pending before it. The  
44 issuing authority shall pay any witness fees, travel  
45 expenses, mileage, and other fees required by the  
46 service statutes of the state where the witnesses and  
47 evidence are located;

48 (3) Issue cease and desist orders to limit or  
49 revoke a nurse's authority to practice in their state;

50 (4) Promulgate uniform rules and regulations as  
51 provided for in subsection 3 of section 335.335.]



1           [335.330. 1. All party states shall participate  
2 in a cooperative effort to create a coordinated  
3 database of all licensed registered nurses and licensed  
4 practical/vocational nurses. This system will include  
5 information on the licensure and disciplinary history  
6 of each nurse, as contributed by party states, to  
7 assist in the coordination of nurse licensure and  
8 enforcement efforts.

9           2. Notwithstanding any other provision of law,  
10 all party states' licensing boards shall promptly  
11 report adverse actions, actions against multistate  
12 licensure privileges, any current significant  
13 investigative information yet to result in adverse  
14 action, denials of applications, and the reasons for  
15 such denials to the coordinated licensure information  
16 system.

17           3. Current significant investigative information  
18 shall be transmitted through the coordinated licensure  
19 information system only to party state licensing  
20 boards.

21           4. Notwithstanding any other provision of law,  
22 all party states' licensing boards contributing  
23 information to the coordinated licensure information  
24 system may designate information that may not be shared  
25 with nonparty states or disclosed to other entities or  
26 individuals without the express permission of the  
27 contributing state.

28           5. Any personally identifiable information  
29 obtained by a party state's licensing board from the  
30 coordinated licensure information system may not be  
31 shared with nonparty states or disclosed to other  
32 entities or individuals except to the extent permitted  
33 by the laws of the party state contributing the  
34 information.

35           6. Any information contributed to the coordinated  
36 licensure information system that is subsequently  
37 required to be expunged by the laws of the party state  
38 contributing that information shall also be expunged  
39 from the coordinated licensure information system.

40           7. The compact administrators, acting jointly  
41 with each other and in consultation with the  
42 administrator of the coordinated licensure information  
43 system, shall formulate necessary and proper procedures  
44 for the identification, collection, and exchange of  
45 information under this compact.]

46  
47           [335.335. 1. The head of the nurse licensing  
48 board, or his/her designee, of each party state shall  
49 be the administrator of this compact for his/her state.

50           2. The compact administrator of each party shall  
51 furnish to the compact administrator of each other

1 party state any information and documents including,  
2 but not limited to, a uniform data set of  
3 investigations, identifying information, licensure  
4 data, and disclosable alternative program participation  
5 information to facilitate the administration of this  
6 compact.

7 3. Compact administrators shall have the  
8 authority to develop uniform rules to facilitate and  
9 coordinate implementation of this compact. These  
10 uniform rules shall be adopted by party states, under  
11 the authority invested under subsection 4 of section  
12 335.325.]

13  
14 [335.340. No party state or the officers or  
15 employees or agents of a party state's nurse licensing  
16 board who acts in accordance with the provisions of  
17 this compact shall be liable on account of any act or  
18 omission in good faith while engaged in the performance  
19 of their duties under this compact. Good faith in this  
20 article shall not include willful misconduct, gross  
21 negligence, or recklessness.]

22  
23 [335.345. 1. This compact shall enter into force  
24 and become effective as to any state when it has been  
25 enacted into the laws of that state. Any party state  
26 may withdraw from this compact by enacting a statute  
27 repealing the same, but no such withdrawal shall take  
28 effect until six months after the withdrawing state has  
29 given notice of the withdrawal to the executive heads  
30 of all other party states.

31 2. No withdrawal shall affect the validity or  
32 applicability by the licensing boards of states  
33 remaining party to the compact of any report of adverse  
34 action occurring prior to the withdrawal.

35 3. Nothing contained in this compact shall be  
36 construed to invalidate or prevent any nurse licensure  
37 agreement or other cooperative arrangement between a  
38 party state and a non-party state that is made in  
39 accordance with the other provisions of this compact.

40 4. This compact may be amended by the party  
41 states. No amendment to this compact shall become  
42 effective and binding upon the party states unless and  
43 until it is enacted into the laws of all party states.]

44  
45 [335.350. 1. This compact shall be liberally  
46 construed so as to effectuate the purposes thereof.  
47 The provisions of this compact shall be severable and  
48 if any phrase, clause, sentence, or provision of this  
49 compact is declared to be contrary to the constitution  
50 of any party state or of the United States or the

1 applicability thereof to any government, agency,  
2 person, or circumstance is held invalid, the validity  
3 of the remainder of this compact and the applicability  
4 thereof to any government, agency, person, or  
5 circumstance shall not be affected thereby. If this  
6 compact shall be held contrary to the constitution of  
7 any state party thereto, the compact shall remain in  
8 full force and effect as to the remaining party states  
9 and in full force and effect as to the party state  
10 affected as to all severable matters.

11 2. In the event party states find a need for  
12 settling disputes arising under this compact:

13 (1) The party states may submit the issues in  
14 dispute to an arbitration panel which will be comprised  
15 of an individual appointed by the compact administrator  
16 in the home state, an individual appointed by the  
17 compact administrator in the remote states involved,  
18 and an individual mutually agreed upon by the compact  
19 administrators of all the party states involved in the  
20 dispute;

21 (2) The decision of a majority of the arbitrators  
22 shall be final and binding.]

23  
24 [335.355. 1. The term "head of the nurse  
25 licensing board" as referred to in article VIII of this  
26 compact shall mean the executive director of the  
27 Missouri state board of nursing.

28 2. A person who is extended the privilege to  
29 practice in this state pursuant to the nurse licensure  
30 compact is subject to discipline by the board, as set  
31 forth in this chapter, for violation of this chapter or  
32 the rules and regulations promulgated herein. A person  
33 extended the privilege to practice in this state  
34 pursuant to the nurse licensure compact shall be  
35 subject to adhere to all requirements of this chapter,  
36 as if such person were originally licensed in this  
37 state.

38 3. Sections 335.300 to 335.355 are applicable  
39 only to nurses whose home states are determined by the  
40 Missouri state board of nursing to have licensure  
41 requirements that are substantially equivalent or more  
42 stringent than those of Missouri.

43 4. This compact is designed to facilitate the  
44 regulation of nurses, and does not relieve employers  
45 from complying with statutorily imposed obligations.

46 5. This compact does not supercede existing state  
47 labor laws.]

48  
49 Section B. Because immediate action is necessary to  
50 preserve access to quality health care facilities for the

1 citizens of Missouri, the repeal and reenactment of section  
2 197.315 of section A of this act is deemed necessary for the  
3 immediate preservation of the public health, welfare, peace, and  
4 safety, and is hereby declared to be an emergency act within the  
5 meaning of the constitution, and the repeal and reenactment of  
6 section 197.315 of section A of this act shall be in full force  
7 and effect upon its passage and approval.

8 Section C. The repeal of sections 335.300 to 335.355 and  
9 the enactment of sections 335.360 to 335.415 of this act shall  
10 become effective on December 31, 2018, or upon the enactment of  
11 sections 335.360 to 335.415 of this act by no less than twenty-  
12 six states and notification of such enactment to the revisor of  
13 statutes by the Interstate Commission of Nurse Licensure Compact  
14 Administrators, whichever occurs first.

15 ✓  
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Dan Hegeman

\_\_\_\_\_  
Robert Cornejo