

CONFERENCE COMMITTEE SUBSTITUTE NO. 2

FOR

HOUSE COMMITTEE SUBSTITUTE

FOR

SENATE SUBSTITUTE

FOR

SENATE BILL NO. 608

AN ACT

To repeal sections 167.638, 174.335, 197.315, 208.152, 208.952, 208.985, 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-five new sections relating to health care, with a contingent 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, 174.335, 197.315, 208.152,  
2 208.952, 208.985, 335.300, 335.305, 335.310, 335.315, 335.320,  
3 335.325, 335.330, 335.335, 335.340, 335.345, 335.350, 335.355,  
4 338.200, 376.1235, 376.1237, and 536.031, RSMo, are repealed and  
5 forty-five new sections enacted in lieu thereof, to be known as  
6 sections 167.638, 174.335, 191.875, 191.1075, 191.1080, 191.1085,  
7 197.065, 197.315, 198.054, 208.142, 208.148, 208.152, 208.952,  
8 334.1200, 334.1203, 334.1206, 334.1209, 334.1212, 334.1215,  
9 334.1218, 334.1221, 334.1224, 334.1227, 334.1230, 334.1233,  
10 335.360, 335.365, 335.370, 335.375, 335.380, 335.385, 335.390,  
11 335.395, 335.400, 335.405, 335.410, 335.415, 338.200, 338.202,  
12 376.379, 376.388, 376.1235, 376.1237, 376.2020, and 536.031, to

1 read as follows:

2 167.638. The department of health and senior services shall  
3 develop an informational brochure relating to meningococcal  
4 disease that states that [an immunization] immunizations against  
5 meningococcal disease [is] are available. The department shall  
6 make the brochure available on its website and shall notify every  
7 public institution of higher education in this state of the  
8 availability of the brochure. Each public institution of higher  
9 education shall provide a copy of the brochure to all students  
10 and if the student is under eighteen years of age, to the  
11 student's parent or guardian. Such information in the brochure  
12 shall include:

13 (1) The risk factors for and symptoms of meningococcal  
14 disease, how it may be diagnosed, and its possible consequences  
15 if untreated;

16 (2) How meningococcal disease is transmitted;

17 (3) The latest scientific information on meningococcal  
18 disease immunization and its effectiveness, including information  
19 on all meningococcal vaccines receiving a Category A or B  
20 recommendation from the Advisory Committee on Immunization  
21 Practices; [and]

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

25 (5) A recommendation that the current student or entering  
26 student receive meningococcal vaccines in accordance with current  
27 Advisory Committee on Immunization Practices of the Centers for  
28 Disease Control and Prevention guidelines.

1           174.335. 1. Beginning with the 2004-05 school year and for  
2 each school year thereafter, every public institution of higher  
3 education in this state shall require all students who reside in  
4 on-campus housing to have received the meningococcal vaccine not  
5 more than five years prior to enrollment and in accordance with  
6 the latest recommendations of the Advisory Committee on  
7 Immunization Practices of the Centers for Disease Control and  
8 Prevention, unless a signed statement of medical or religious  
9 exemption is on file with the institution's administration. A  
10 student shall be exempted from the immunization requirement of  
11 this section upon signed certification by a physician licensed  
12 under chapter 334 indicating that either the immunization would  
13 seriously endanger the student's health or life or the student  
14 has documentation of the disease or laboratory evidence of  
15 immunity to the disease. A student shall be exempted from the  
16 immunization requirement of this section if he or she objects in  
17 writing to the institution's administration that immunization  
18 violates his or her religious beliefs.

19           2. Each public university or college in this state shall  
20 maintain records on the meningococcal vaccination status of every  
21 student residing in on-campus housing at the university or  
22 college.

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

26           4. For purposes of this section, the term "on-campus  
27 housing shall include, but not be limited to, any fraternity or  
28 sorority residence, regardless of whether such residence is

1 privately owned, on or near the campus of a public institution of  
2 higher education.

3 191.875. 1. This section shall be known as the "Health  
4 Care Cost Reduction and Transparency Act".

5 2. As used in this section, the following terms shall mean:

6 (1) "Ambulatory surgical center", as such term is defined  
7 under section 197.200;

8 (2) "Estimate of cost", an estimate based on the  
9 information entered and assumptions about typical utilization and  
10 costs for health care services. Such estimates of cost shall  
11 encompass only those services within the direct control of the  
12 health care provider and shall include the amount that will be  
13 charged to a patient for the health services if all charges are  
14 paid in full without a public or private third party paying for  
15 any portion of the charges;

16 (3) "Health care provider", any ambulatory surgical center,  
17 assistant physician, chiropractor, clinical psychologist,  
18 dentist, hospital, imaging center, long-term care facility, nurse  
19 anesthetist, optometrist, pharmacist, physical therapist,  
20 physician, physician assistant, podiatrist, registered nurse, or  
21 other licensed health care facility or professional providing  
22 health care services in this state. "Health care provider" shall  
23 also include any provider located in a Kansas border county, as  
24 defined under section 135.1670, who participates in the MO  
25 HealthNet program;

26 (4) "Hospital", as such term is defined under section  
27 197.020;

28 (5) "Imaging center", any facility at which diagnostic

1 imaging services are provided including, but not limited to,  
2 magnetic resonance imaging;

3 (6) "Medical treatment plan", a patient-specific plan of  
4 medical treatment for a particular illness, injury, or condition  
5 determined by such patient's health care provider, which includes  
6 the applicable current procedural terminology code or codes;

7 (7) "Public or private third party", a state government,  
8 the federal government, employer, health carrier as such term is  
9 defined under section 376.1350, third-party administrator, or  
10 managed care organization.

11 3. Beginning July 1, 2017, upon written request by a  
12 patient, which shall include a medical treatment plan from the  
13 patient's health care provider, for an estimate of cost of a  
14 particular health care service or procedure, imaging procedure,  
15 or surgery procedure, a health care provider shall provide, in  
16 writing, the estimate of cost to the patient electronically, by  
17 mail, or in person within three business days after receiving the  
18 written request. Providing a patient a specific link to such  
19 estimates of cost and making such estimates of cost publicly  
20 available or posting such estimates of cost on a website of the  
21 health care provider shall constitute compliance with the  
22 provisions of this subsection.

23 4. Health care providers shall include with any estimate of  
24 cost the following: "Your estimated cost is based on the  
25 information entered and assumptions about typical utilization and  
26 costs. The actual amount billed to you may be different from the  
27 estimate of costs provided to you. Many factors affect the  
28 actual bill you will receive, and this estimate of costs does not

1 account for all of them. Additionally, the estimate of costs is  
2 not a guarantee of insurance coverage. You will be billed at the  
3 health care provider's charge for any service provided to you  
4 that is not a covered benefit under your plan. Please check with  
5 your insurance company to receive an estimate of the amount you  
6 will owe under your plan or if you need help understanding your  
7 benefits for the service chosen.".

8 5. Beginning July 1, 2017, hospitals shall make available  
9 to the public the amount that would be charged without discounts  
10 for each of the one hundred most prevalent diagnosis-related  
11 groups as defined by the Medicare program, Title XVIII of the  
12 Social Security Act. The diagnosis-related groups shall be  
13 described in layperson's language suitable for use by reasonably  
14 informed patients. Disclosure of data under this subsection  
15 shall constitute compliance with subsection 3 of this section  
16 regarding any diagnosis-related group for which disclosure is  
17 required under this subsection.

18 6. It shall be a condition of participation in the MO  
19 HealthNet program for a health care provider located in a Kansas  
20 border county, as defined under section 135.1670, to comply with  
21 the provisions of this section.

22 7. No health care provider shall be required to report the  
23 information required by this section if the reporting of such  
24 information reasonably could lead to the identification of the  
25 person or persons receiving health care services or procedures in  
26 violation of the federal Health Insurance Portability and  
27 Accountability Act of 1996 or other federal law. This section  
28 shall not apply to emergency departments, which shall comply with

1 requirements of the Emergency Medical Treatment and Active Labor  
2 Act, 42 U.S.C. Section 1395dd.

3 191.1075. As used in sections 191.1075 to 191.1085, the  
4 following terms shall mean:

5 (1) "Department", the department of health and senior  
6 services;

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

10 (3) "Hospital":

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

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

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

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

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

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

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

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

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

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

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

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

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



1           5. The council shall consult with and advise the department  
2 on matters related to the establishment, maintenance, operation,  
3 and outcomes evaluation of palliative care initiatives in this  
4 state, including the palliative care consumer and professional  
5 information and education program established in section  
6 191.1085.

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

12           7. The council authorized under this section shall  
13 automatically expire August 28, 2022.

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

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

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

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

28           (2) Information about palliative care delivery in the home,

1 primary, secondary, and tertiary environments; and

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

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

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

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

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

1 authority and any rule proposed or adopted after August 28, 2016,  
2 shall be invalid and void.

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

6 197.065. 1. The department of health and senior services  
7 shall promulgate regulations for the construction and renovation  
8 of hospitals that include life safety code standards for  
9 hospitals that exclusively reflect the life safety code standards  
10 imposed by the federal Medicare program under Title XVIII of the  
11 Social Security Act and its conditions of participation in the  
12 Code of Federal Regulations.

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

20 3. The department may waive enforcement of the standards  
21 for licensed hospitals imposed by this section if the department  
22 determines that:

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

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

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

5           5. Any rule or portion of a rule, as that term is defined  
6 in section 536.010, that is created under the authority delegated  
7 in this section shall become effective only if it complies with  
8 and is subject to all of the provisions of chapter 536 and, if  
9 applicable, section 536.028. This section and chapter 536 are  
10 nonseverable, and if any of the powers vested with the general  
11 assembly pursuant to chapter 536 to review, to delay the  
12 effective date, or to disapprove and annul a rule are  
13 subsequently held unconstitutional, then the grant of rulemaking  
14 authority and any rule proposed or adopted after August 28, 2016,  
15 shall be invalid and void.

16           197.315. 1. Any person who proposes to develop or offer a  
17 new institutional health service within the state must obtain a  
18 certificate of need from the committee prior to the time such  
19 services are offered.

20           2. Only those new institutional health services which are  
21 found by the committee to be needed shall be granted a  
22 certificate of need. Only those new institutional health  
23 services which are granted certificates of need shall be offered  
24 or developed within the state. No expenditures for new  
25 institutional health services in excess of the applicable  
26 expenditure minimum shall be made by any person unless a  
27 certificate of need has been granted.

28           3. After October 1, 1980, no state agency charged by

1 statute to license or certify health care facilities shall issue  
2 a license to or certify any such facility, or distinct part of  
3 such facility, that is developed without obtaining a certificate  
4 of need.

5 4. If any person proposes to develop any new institutional  
6 health care service without a certificate of need as required by  
7 sections 197.300 to 197.366, the committee shall notify the  
8 attorney general, and he shall apply for an injunction or other  
9 appropriate legal action in any court of this state against that  
10 person.

11 5. After October 1, 1980, no agency of state government may  
12 appropriate or grant funds to or make payment of any funds to any  
13 person or health care facility which has not first obtained every  
14 certificate of need required pursuant to sections 197.300 to  
15 197.366.

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

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

23 8. Periodic reports to the committee shall be required of  
24 any applicant who has been granted a certificate of need until  
25 the project has been completed. The committee may order the  
26 forfeiture of the certificate of need upon failure of the  
27 applicant to file any such report.

28 9. A certificate of need shall be subject to forfeiture for

1 failure to incur a capital expenditure on any approved project  
2 within six months after the date of the order. The applicant may  
3 request an extension from the committee of not more than six  
4 additional months based upon substantial expenditure made.

5 10. Each application for a certificate of need must be  
6 accompanied by an application fee. The time of filing commences  
7 with the receipt of the application and the application fee. The  
8 application fee is one thousand dollars, or one-tenth of one  
9 percent of the total cost of the proposed project, whichever is  
10 greater. All application fees shall be deposited in the state  
11 treasury. Because of the loss of federal funds, the general  
12 assembly will appropriate funds to the Missouri health facilities  
13 review committee.

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

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

22 13. In no event shall a certificate of need be denied  
23 because the applicant refuses to provide abortion services or  
24 information.

25 14. A certificate of need shall not be required for the  
26 transfer of ownership of an existing and operational health  
27 facility in its entirety.

28 15. A certificate of need may be granted to a facility for

1 an expansion, an addition of services, a new institutional  
2 service, or for a new hospital facility which provides for  
3 something less than that which was sought in the application.

4 16. The provisions of this section shall not apply to  
5 facilities operated by the state, and appropriation of funds to  
6 such facilities by the general assembly shall be deemed in  
7 compliance with this section, and such facilities shall be deemed  
8 to have received an appropriate certificate of need without  
9 payment of any fee or charge. The provisions of this subsection  
10 shall not apply to hospitals operated by the state and licensed  
11 under chapter 197, except for department of mental health state-  
12 operated psychiatric hospitals.

13 17. Notwithstanding other provisions of this section, a  
14 certificate of need may be issued after July 1, 1983, for an  
15 intermediate care facility operated exclusively for the  
16 intellectually disabled.

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

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

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

4           198.054. Each year between October first and March first,  
5 all long-term care facilities licensed under this chapter shall  
6 assist their health care workers, volunteers, and other employees  
7 who have direct contact with residents in obtaining the  
8 vaccination for the influenza virus by either offering the  
9 vaccination in the facility or providing information as to how  
10 they may independently obtain the vaccination, unless  
11 contraindicated, in accordance with the latest recommendations of  
12 the Centers for Disease Control and Prevention and subject to  
13 availability of the vaccine. Facilities are encouraged to  
14 document that each health care worker, volunteer, and employee  
15 has been offered assistance in receiving a vaccination against  
16 the influenza virus and has either accepted or declined.

17           208.142. 1. Beginning October 1, 2016, a MO HealthNet  
18 participant who uses hospital emergency department services for  
19 the treatment of a medical condition that is not an emergency  
20 medical condition shall be required to pay a co-payment fee of  
21 eight dollars for such services. A participant shall be notified  
22 of the eight-dollar co-payment prior to services being rendered.  
23 A MO HealthNet participant's failure to pay the co-payment fee  
24 shall not in any way reduce or otherwise affect any MO HealthNet  
25 reimbursement to the health care provider for the services  
26 provided.

27           2. For purposes of this section, an "emergency medical  
28 condition" means a medical condition manifesting itself by acute



1 symptoms of sufficient severity, including severe pain, that a  
2 prudent layperson, who possesses an average knowledge of health  
3 and medicine, could reasonably expect the absence of immediate  
4 medical attention to result in the following:

5 (1) Placing the health of the individual or, with respect  
6 to a pregnant woman, the health of the woman or her unborn child  
7 in serious jeopardy;

8 (2) Serious impairment to bodily functions; or

9 (3) Serious dysfunction of any bodily organ or part.

10 3. The department of social services shall promulgate rules  
11 for the implementation of this section, including setting forth  
12 rules for the required documentation by the physician and the  
13 informed consent to be provided to and signed by the parent or  
14 guardian of the participant. Any rule or portion of a rule, as  
15 that term is defined in section 536.010, that is created under  
16 the authority delegated in this section shall become effective  
17 only if it complies with and is subject to all of the provisions  
18 of chapter 536 and, if applicable, section 536.028. This section  
19 and chapter 536 are nonseverable, and if any of the powers vested  
20 with the general assembly under chapter 536 to review, to delay  
21 the effective date, or to disapprove and annul a rule are  
22 subsequently held unconstitutional, then the grant of rulemaking  
23 authority and any rule proposed or adopted after August 28, 2016,  
24 shall be invalid and void.

25 4. The department shall submit such state plan amendments  
26 and waivers to the Centers for Medicare and Medicaid Services of  
27 the federal Department of Health and Human Services as the  
28 department determines are necessary to implement the provisions

1 of this section.

2 208.148. 1. Except as required to satisfy laws pertaining  
3 to the termination of patient care without adequate notice or  
4 without making other arrangements for the continued care of the  
5 patient, fee-for-service MO HealthNet health care providers shall  
6 be permitted to prohibit a MO HealthNet participant who misses an  
7 appointment or fails to provide notice of cancellation within  
8 twenty-four hours prior to the appointment from scheduling  
9 another appointment until the participant has paid a missed  
10 appointment fee to the health care provider as follows:

11 (1) For the first missed appointment in a three-year  
12 period, no fee shall be charged but such missed appointment shall  
13 be documented in the patient's record;

14 (2) For the second missed appointment in a three-year  
15 period, a fee of no greater than five dollars;

16 (3) For the third missed appointment in a three-year  
17 period, a fee of no greater than ten dollars; and

18 (4) For the fourth and each subsequent missed appointment  
19 in a three-year period, a fee of no greater than twenty dollars.

20  
21 Such health care providers shall waive the missed appointment fee  
22 in cases of inclement weather.

23 2. Nothing in this section shall be construed in any way to  
24 limit MO HealthNet managed care organizations from developing and  
25 implementing any incentive program to encourage adherence to  
26 scheduled appointments.

27 3. The health care provider shall not charge to, nor shall  
28 the MO Healthnet participant be reimbursed by, the MO HealthNet

1 program for the missed appointment fee.

2 4. The department of social services shall submit such  
3 state plan amendments and waivers to the Centers for Medicare and  
4 Medicaid Services of the federal Department of Health and Human  
5 Services as the department determines are necessary to implement  
6 the provisions of this section.

7 208.152. 1. MO HealthNet payments shall be made on behalf  
8 of those eligible needy persons as [defined] described in section  
9 208.151 who are unable to provide for it in whole or in part,  
10 with any payments to be made on the basis of the reasonable cost  
11 of the care or reasonable charge for the services as defined and  
12 determined by the MO HealthNet division, unless otherwise  
13 hereinafter provided, for the following:

14 (1) Inpatient hospital services, except to persons in an  
15 institution for mental diseases who are under the age of sixty-  
16 five years and over the age of twenty-one years; provided that  
17 the MO HealthNet division shall provide through rule and  
18 regulation an exception process for coverage of inpatient costs  
19 in those cases requiring treatment beyond the seventy-fifth  
20 percentile professional activities study (PAS) or the MO  
21 HealthNet children's diagnosis length-of-stay schedule; and  
22 provided further that the MO HealthNet division shall take into  
23 account through its payment system for hospital services the  
24 situation of hospitals which serve a disproportionate number of  
25 low-income patients;

26 (2) All outpatient hospital services, payments therefor to  
27 be in amounts which represent no more than eighty percent of the  
28 lesser of reasonable costs or customary charges for such

1 services, determined in accordance with the principles set forth  
2 in Title XVIII A and B, Public Law 89-97, 1965 amendments to the  
3 federal Social Security Act (42 U.S.C. Section 301, et seq.),  
4 but the MO HealthNet division may evaluate outpatient hospital  
5 services rendered under this section and deny payment for  
6 services which are determined by the MO HealthNet division not to  
7 be medically necessary, in accordance with federal law and  
8 regulations;

9 (3) Laboratory and X-ray services;

10 (4) Nursing home services for participants, except to  
11 persons with more than five hundred thousand dollars equity in  
12 their home or except for persons in an institution for mental  
13 diseases who are under the age of sixty-five years, when residing  
14 in a hospital licensed by the department of health and senior  
15 services or a nursing home licensed by the department of health  
16 and senior services or appropriate licensing authority of other  
17 states or government-owned and -operated institutions which are  
18 determined to conform to standards equivalent to licensing  
19 requirements in Title XIX of the federal Social Security Act (42  
20 U.S.C. Section 301, et seq.), as amended, for nursing facilities.  
21 The MO HealthNet division may recognize through its payment  
22 methodology for nursing facilities those nursing facilities which  
23 serve a high volume of MO HealthNet patients. The MO HealthNet  
24 division when determining the amount of the benefit payments to  
25 be made on behalf of persons under the age of twenty-one in a  
26 nursing facility may consider nursing facilities furnishing care  
27 to persons under the age of twenty-one as a classification  
28 separate from other nursing facilities;

1           (5) Nursing home costs for participants receiving benefit  
2 payments under subdivision (4) of this subsection for those days,  
3 which shall not exceed twelve per any period of six consecutive  
4 months, during which the participant is on a temporary leave of  
5 absence from the hospital or nursing home, provided that no such  
6 participant shall be allowed a temporary leave of absence unless  
7 it is specifically provided for in his plan of care. As used in  
8 this subdivision, the term "temporary leave of absence" shall  
9 include all periods of time during which a participant is away  
10 from the hospital or nursing home overnight because he is  
11 visiting a friend or relative;

12           (6) Physicians' services, whether furnished in the office,  
13 home, hospital, nursing home, or elsewhere;

14           (7) Drugs and medicines when prescribed by a licensed  
15 physician, dentist, podiatrist, or an advanced practice  
16 registered nurse; except that no payment for drugs and medicines  
17 prescribed on and after January 1, 2006, by a licensed physician,  
18 dentist, podiatrist, or an advanced practice registered nurse may  
19 be made on behalf of any person who qualifies for prescription  
20 drug coverage under the provisions of P.L. 108-173;

21           (8) Emergency ambulance services and, effective January 1,  
22 1990, medically necessary transportation to scheduled, physician-  
23 prescribed nonelective treatments;

24           (9) Early and periodic screening and diagnosis of  
25 individuals who are under the age of twenty-one to ascertain  
26 their physical or mental defects, and health care, treatment, and  
27 other measures to correct or ameliorate defects and chronic  
28 conditions discovered thereby. Such services shall be provided

1 in accordance with the provisions of Section 6403 of P.L. 101-239  
2 and federal regulations promulgated thereunder;

3 (10) Home health care services;

4 (11) Family planning as defined by federal rules and  
5 regulations; provided, however, that such family planning  
6 services shall not include abortions unless such abortions are  
7 certified in writing by a physician to the MO HealthNet agency  
8 that, in the physician's professional judgment, the life of the  
9 mother would be endangered if the fetus were carried to term;

10 (12) Inpatient psychiatric hospital services for  
11 individuals under age twenty-one as defined in Title XIX of the  
12 federal Social Security Act (42 U.S.C. Section 1396d, et seq.);

13 (13) Outpatient surgical procedures, including presurgical  
14 diagnostic services performed in ambulatory surgical facilities  
15 which are licensed by the department of health and senior  
16 services of the state of Missouri; except, that such outpatient  
17 surgical services shall not include persons who are eligible for  
18 coverage under Part B of Title XVIII, Public Law 89-97, 1965  
19 amendments to the federal Social Security Act, as amended, if  
20 exclusion of such persons is permitted under Title XIX, Public  
21 Law 89-97, 1965 amendments to the federal Social Security Act, as  
22 amended;

23 (14) Personal care services which are medically oriented  
24 tasks having to do with a person's physical requirements, as  
25 opposed to housekeeping requirements, which enable a person to be  
26 treated by his or her physician on an outpatient rather than on  
27 an inpatient or residential basis in a hospital, intermediate  
28 care facility, or skilled nursing facility. Personal care

1 services shall be rendered by an individual not a member of the  
2 participant's family who is qualified to provide such services  
3 where the services are prescribed by a physician in accordance  
4 with a plan of treatment and are supervised by a licensed nurse.  
5 Persons eligible to receive personal care services shall be those  
6 persons who would otherwise require placement in a hospital,  
7 intermediate care facility, or skilled nursing facility.  
8 Benefits payable for personal care services shall not exceed for  
9 any one participant one hundred percent of the average statewide  
10 charge for care and treatment in an intermediate care facility  
11 for a comparable period of time. Such services, when delivered  
12 in a residential care facility or assisted living facility  
13 licensed under chapter 198 shall be authorized on a tier level  
14 based on the services the resident requires and the frequency of  
15 the services. A resident of such facility who qualifies for  
16 assistance under section 208.030 shall, at a minimum, if  
17 prescribed by a physician, qualify for the tier level with the  
18 fewest services. The rate paid to providers for each tier of  
19 service shall be set subject to appropriations. Subject to  
20 appropriations, each resident of such facility who qualifies for  
21 assistance under section 208.030 and meets the level of care  
22 required in this section shall, at a minimum, if prescribed by a  
23 physician, be authorized up to one hour of personal care services  
24 per day. Authorized units of personal care services shall not be  
25 reduced or tier level lowered unless an order approving such  
26 reduction or lowering is obtained from the resident's personal  
27 physician. Such authorized units of personal care services or  
28 tier level shall be transferred with such resident if he or she

1 transfers to another such facility. Such provision shall  
2 terminate upon receipt of relevant waivers from the federal  
3 Department of Health and Human Services. If the Centers for  
4 Medicare and Medicaid Services determines that such provision  
5 does not comply with the state plan, this provision shall be null  
6 and void. The MO HealthNet division shall notify the revisor of  
7 statutes as to whether the relevant waivers are approved or a  
8 determination of noncompliance is made;

9 (15) Mental health services. The state plan for providing  
10 medical assistance under Title XIX of the Social Security Act, 42  
11 U.S.C. Section 301, as amended, shall include the following  
12 mental health services when such services are provided by  
13 community mental health facilities operated by the department of  
14 mental health or designated by the department of mental health as  
15 a community mental health facility or as an alcohol and drug  
16 abuse facility or as a child-serving agency within the  
17 comprehensive children's mental health service system established  
18 in section 630.097. The department of mental health shall  
19 establish by administrative rule the definition and criteria for  
20 designation as a community mental health facility and for  
21 designation as an alcohol and drug abuse facility. Such mental  
22 health services shall include:

23 (a) Outpatient mental health services including preventive,  
24 diagnostic, therapeutic, rehabilitative, and palliative  
25 interventions rendered to individuals in an individual or group  
26 setting by a mental health professional in accordance with a plan  
27 of treatment appropriately established, implemented, monitored,  
28 and revised under the auspices of a therapeutic team as a part of



1 client services management;

2 (b) Clinic mental health services including preventive,  
3 diagnostic, therapeutic, rehabilitative, and palliative  
4 interventions rendered to individuals in an individual or group  
5 setting by a mental health professional in accordance with a plan  
6 of treatment appropriately established, implemented, monitored,  
7 and revised under the auspices of a therapeutic team as a part of  
8 client services management;

9 (c) Rehabilitative mental health and alcohol and drug abuse  
10 services including home and community-based preventive,  
11 diagnostic, therapeutic, rehabilitative, and palliative  
12 interventions rendered to individuals in an individual or group  
13 setting by a mental health or alcohol and drug abuse professional  
14 in accordance with a plan of treatment appropriately established,  
15 implemented, monitored, and revised under the auspices of a  
16 therapeutic team as a part of client services management. As  
17 used in this section, mental health professional and alcohol and  
18 drug abuse professional shall be defined by the department of  
19 mental health pursuant to duly promulgated rules. With respect  
20 to services established by this subdivision, the department of  
21 social services, MO HealthNet division, shall enter into an  
22 agreement with the department of mental health. Matching funds  
23 for outpatient mental health services, clinic mental health  
24 services, and rehabilitation services for mental health and  
25 alcohol and drug abuse shall be certified by the department of  
26 mental health to the MO HealthNet division. The agreement shall  
27 establish a mechanism for the joint implementation of the  
28 provisions of this subdivision. In addition, the agreement shall

1 establish a mechanism by which rates for services may be jointly  
2 developed;

3 (16) Such additional services as defined by the MO  
4 HealthNet division to be furnished under waivers of federal  
5 statutory requirements as provided for and authorized by the  
6 federal Social Security Act (42 U.S.C. Section 301, et seq.)  
7 subject to appropriation by the general assembly;

8 (17) The services of an advanced practice registered nurse  
9 with a collaborative practice agreement to the extent that such  
10 services are provided in accordance with chapters 334 and 335,  
11 and regulations promulgated thereunder;

12 (18) Nursing home costs for participants receiving benefit  
13 payments under subdivision (4) of this subsection to reserve a  
14 bed for the participant in the nursing home during the time that  
15 the participant is absent due to admission to a hospital for  
16 services which cannot be performed on an outpatient basis,  
17 subject to the provisions of this subdivision:

18 (a) The provisions of this subdivision shall apply only if:

19 a. The occupancy rate of the nursing home is at or above  
20 ninety-seven percent of MO HealthNet certified licensed beds,  
21 according to the most recent quarterly census provided to the  
22 department of health and senior services which was taken prior to  
23 when the participant is admitted to the hospital; and

24 b. The patient is admitted to a hospital for a medical  
25 condition with an anticipated stay of three days or less;

26 (b) The payment to be made under this subdivision shall be  
27 provided for a maximum of three days per hospital stay;

28 (c) For each day that nursing home costs are paid on behalf

1 of a participant under this subdivision during any period of six  
2 consecutive months such participant shall, during the same period  
3 of six consecutive months, be ineligible for payment of nursing  
4 home costs of two otherwise available temporary leave of absence  
5 days provided under subdivision (5) of this subsection; and

6 (d) The provisions of this subdivision shall not apply  
7 unless the nursing home receives notice from the participant or  
8 the participant's responsible party that the participant intends  
9 to return to the nursing home following the hospital stay. If  
10 the nursing home receives such notification and all other  
11 provisions of this subsection have been satisfied, the nursing  
12 home shall provide notice to the participant or the participant's  
13 responsible party prior to release of the reserved bed;

14 (19) Prescribed medically necessary durable medical  
15 equipment. An electronic web-based prior authorization system  
16 using best medical evidence and care and treatment guidelines  
17 consistent with national standards shall be used to verify  
18 medical need;

19 (20) Hospice care. As used in this subdivision, the term  
20 "hospice care" means a coordinated program of active professional  
21 medical attention within a home, outpatient and inpatient care  
22 which treats the terminally ill patient and family as a unit,  
23 employing a medically directed interdisciplinary team. The  
24 program provides relief of severe pain or other physical symptoms  
25 and supportive care to meet the special needs arising out of  
26 physical, psychological, spiritual, social, and economic stresses  
27 which are experienced during the final stages of illness, and  
28 during dying and bereavement and meets the Medicare requirements

1 for participation as a hospice as are provided in 42 CFR Part  
2 418. The rate of reimbursement paid by the MO HealthNet division  
3 to the hospice provider for room and board furnished by a nursing  
4 home to an eligible hospice patient shall not be less than  
5 ninety-five percent of the rate of reimbursement which would have  
6 been paid for facility services in that nursing home facility for  
7 that patient, in accordance with subsection (c) of Section 6408  
8 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

9 (21) Prescribed medically necessary dental services. Such  
10 services shall be subject to appropriations. An electronic web-  
11 based prior authorization system using best medical evidence and  
12 care and treatment guidelines consistent with national standards  
13 shall be used to verify medical need;

14 (22) Prescribed medically necessary optometric services.  
15 Such services shall be subject to appropriations. An electronic  
16 web-based prior authorization system using best medical evidence  
17 and care and treatment guidelines consistent with national  
18 standards shall be used to verify medical need;

19 (23) Blood clotting products-related services. For persons  
20 diagnosed with a bleeding disorder, as defined in section  
21 338.400, reliant on blood clotting products, as defined in  
22 section 338.400, such services include:

23 (a) Home delivery of blood clotting products and ancillary  
24 infusion equipment and supplies, including the emergency  
25 deliveries of the product when medically necessary;

26 (b) Medically necessary ancillary infusion equipment and  
27 supplies required to administer the blood clotting products; and

28 (c) Assessments conducted in the participant's home by a

1 pharmacist, nurse, or local home health care agency trained in  
2 bleeding disorders when deemed necessary by the participant's  
3 treating physician;

4 (24) The MO HealthNet division shall, by January 1, 2008,  
5 and annually thereafter, report the status of MO HealthNet  
6 provider reimbursement rates as compared to one hundred percent  
7 of the Medicare reimbursement rates and compared to the average  
8 dental reimbursement rates paid by third-party payors licensed by  
9 the state. The MO HealthNet division shall, by July 1, 2008,  
10 provide to the general assembly a four-year plan to achieve  
11 parity with Medicare reimbursement rates and for third-party  
12 payor average dental reimbursement rates. Such plan shall be  
13 subject to appropriation and the division shall include in its  
14 annual budget request to the governor the necessary funding  
15 needed to complete the four-year plan developed under this  
16 subdivision.

17 2. Additional benefit payments for medical assistance shall  
18 be made on behalf of those eligible needy children, pregnant  
19 women and blind persons with any payments to be made on the basis  
20 of the reasonable cost of the care or reasonable charge for the  
21 services as defined and determined by the MO HealthNet division,  
22 unless otherwise hereinafter provided, for the following:

23 (1) Dental services;

24 (2) Services of podiatrists as defined in section 330.010;

25 (3) Optometric services as [defined] described in section  
26 336.010;

27 (4) Orthopedic devices or other prosthetics, including eye  
28 glasses, dentures, hearing aids, and wheelchairs;

1           (5) Hospice care. As used in this subdivision, the term  
2 "hospice care" means a coordinated program of active professional  
3 medical attention within a home, outpatient and inpatient care  
4 which treats the terminally ill patient and family as a unit,  
5 employing a medically directed interdisciplinary team. The  
6 program provides relief of severe pain or other physical symptoms  
7 and supportive care to meet the special needs arising out of  
8 physical, psychological, spiritual, social, and economic stresses  
9 which are experienced during the final stages of illness, and  
10 during dying and bereavement and meets the Medicare requirements  
11 for participation as a hospice as are provided in 42 CFR Part  
12 418. The rate of reimbursement paid by the MO HealthNet division  
13 to the hospice provider for room and board furnished by a nursing  
14 home to an eligible hospice patient shall not be less than  
15 ninety-five percent of the rate of reimbursement which would have  
16 been paid for facility services in that nursing home facility for  
17 that patient, in accordance with subsection (c) of Section 6408  
18 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

19           (6) Comprehensive day rehabilitation services beginning  
20 early posttrauma as part of a coordinated system of care for  
21 individuals with disabling impairments. Rehabilitation services  
22 must be based on an individualized, goal-oriented, comprehensive  
23 and coordinated treatment plan developed, implemented, and  
24 monitored through an interdisciplinary assessment designed to  
25 restore an individual to optimal level of physical, cognitive,  
26 and behavioral function. The MO HealthNet division shall  
27 establish by administrative rule the definition and criteria for  
28 designation of a comprehensive day rehabilitation service

1 facility, benefit limitations and payment mechanism. Any rule or  
2 portion of a rule, as that term is defined in section 536.010,  
3 that is created under the authority delegated in this subdivision  
4 shall become effective only if it complies with and is subject to  
5 all of the provisions of chapter 536 and, if applicable, section  
6 536.028. This section and chapter 536 are nonseverable and if  
7 any of the powers vested with the general assembly pursuant to  
8 chapter 536 to review, to delay the effective date, or to  
9 disapprove and annul a rule are subsequently held  
10 unconstitutional, then the grant of rulemaking authority and any  
11 rule proposed or adopted after August 28, 2005, shall be invalid  
12 and void.

13 3. The MO HealthNet division may require any participant  
14 receiving MO HealthNet benefits to pay part of the charge or cost  
15 until July 1, 2008, and an additional payment after July 1, 2008,  
16 as defined by rule duly promulgated by the MO HealthNet division,  
17 for all covered services except for those services covered under  
18 subdivisions (14) and (15) of subsection 1 of this section and  
19 sections 208.631 to 208.657 to the extent and in the manner  
20 authorized by Title XIX of the federal Social Security Act (42  
21 U.S.C. Section 1396, et seq.) and regulations thereunder. When  
22 substitution of a generic drug is permitted by the prescriber  
23 according to section 338.056, and a generic drug is substituted  
24 for a name-brand drug, the MO HealthNet division may not lower or  
25 delete the requirement to make a co-payment pursuant to  
26 regulations of Title XIX of the federal Social Security Act. A  
27 provider of goods or services described under this section must  
28 collect from all participants the additional payment that may be

1 required by the MO HealthNet division under authority granted  
2 herein, if the division exercises that authority, to remain  
3 eligible as a provider. Any payments made by participants under  
4 this section shall be in addition to and not in lieu of payments  
5 made by the state for goods or services described herein except  
6 the participant portion of the pharmacy professional dispensing  
7 fee shall be in addition to and not in lieu of payments to  
8 pharmacists. A provider may collect the co-payment at the time a  
9 service is provided or at a later date. A provider shall not  
10 refuse to provide a service if a participant is unable to pay a  
11 required payment. If it is the routine business practice of a  
12 provider to terminate future services to an individual with an  
13 unclaimed debt, the provider may include uncollected co-payments  
14 under this practice. Providers who elect not to undertake the  
15 provision of services based on a history of bad debt shall give  
16 participants advance notice and a reasonable opportunity for  
17 payment. A provider, representative, employee, independent  
18 contractor, or agent of a pharmaceutical manufacturer shall not  
19 make co-payment for a participant. This subsection shall not  
20 apply to other qualified children, pregnant women, or blind  
21 persons. If the Centers for Medicare and Medicaid Services does  
22 not approve the MO HealthNet state plan amendment submitted by  
23 the department of social services that would allow a provider to  
24 deny future services to an individual with uncollected co-  
25 payments, the denial of services shall not be allowed. The  
26 department of social services shall inform providers regarding  
27 the acceptability of denying services as the result of unpaid co-  
28 payments.



1           4. The MO HealthNet division shall have the right to  
2 collect medication samples from participants in order to maintain  
3 program integrity.

4           5. Reimbursement for obstetrical and pediatric services  
5 under subdivision (6) of subsection 1 of this section shall be  
6 timely and sufficient to enlist enough health care providers so  
7 that care and services are available under the state plan for MO  
8 HealthNet benefits at least to the extent that such care and  
9 services are available to the general population in the  
10 geographic area, as required under subparagraph (a) (30) (A) of 42  
11 U.S.C. Section 1396a and federal regulations promulgated  
12 thereunder.

13           6. Beginning July 1, 1990, reimbursement for services  
14 rendered in federally funded health centers shall be in  
15 accordance with the provisions of subsection 6402(c) and Section  
16 6404 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989)  
17 and federal regulations promulgated thereunder.

18           7. Beginning July 1, 1990, the department of social  
19 services shall provide notification and referral of children  
20 below age five, and pregnant, breast-feeding, or postpartum women  
21 who are determined to be eligible for MO HealthNet benefits under  
22 section 208.151 to the special supplemental food programs for  
23 women, infants and children administered by the department of  
24 health and senior services. Such notification and referral shall  
25 conform to the requirements of Section 6406 of P.L. 101-239 and  
26 regulations promulgated thereunder.

27           8. Providers of long-term care services shall be reimbursed  
28 for their costs in accordance with the provisions of Section 1902

1 (a) (13) (A) of the Social Security Act, 42 U.S.C. Section 1396a,  
2 as amended, and regulations promulgated thereunder.

3 9. Reimbursement rates to long-term care providers with  
4 respect to a total change in ownership, at arm's length, for any  
5 facility previously licensed and certified for participation in  
6 the MO HealthNet program shall not increase payments in excess of  
7 the increase that would result from the application of Section  
8 1902 (a) (13) (C) of the Social Security Act, 42 U.S.C. Section  
9 1396a (a) (13) (C).

10 10. The MO HealthNet division[, ] may enroll qualified  
11 residential care facilities and assisted living facilities, as  
12 defined in chapter 198, as MO HealthNet personal care providers.

13 11. Any income earned by individuals eligible for certified  
14 extended employment at a sheltered workshop under chapter 178  
15 shall not be considered as income for purposes of determining  
16 eligibility under this section.

17 12. If the Missouri Medicaid audit and compliance unit  
18 changes any interpretation or application of the requirements for  
19 reimbursement for MO HealthNet services from the interpretation  
20 or application that has been applied previously by the state in  
21 any audit of a MO HealthNet provider, the Missouri Medicaid audit  
22 and compliance unit shall notify all affected MO HealthNet  
23 providers five business days before such change shall take  
24 effect. Failure of the Missouri Medicaid audit and compliance  
25 unit to notify a provider of such change shall entitle the  
26 provider to continue to receive and retain reimbursement until  
27 such notification is provided and shall waive any liability of  
28 such provider for recoupment or other loss of any payments

1 previously made prior to the five business days after such notice  
2 has been sent. Each provider shall provide the Missouri Medicaid  
3 audit and compliance unit a valid email address and shall agree  
4 to receive communications electronically. The notification  
5 required under this section shall be delivered in writing by the  
6 United States Postal Service or electronic mail to each provider.

7 13. Nothing in this section shall be construed to abrogate  
8 or limit the department's statutory requirement to promulgate  
9 rules under chapter 536.

10 14. Beginning July 1, 2016, and subject to appropriations,  
11 providers of behavioral, social, and psychophysiological services  
12 for the prevention, treatment, or management of physical health  
13 problems shall be reimbursed utilizing the behavior assessment  
14 and intervention reimbursement codes 96150 to 96154 or their  
15 successor codes under the Current Procedural Terminology (CPT)  
16 coding system. Providers eligible for such reimbursement shall  
17 include psychologists.

18 208.952. 1. There is hereby established [the] a permanent  
19 "Joint Committee on [MO HealthNet] Public Assistance". The  
20 committee shall have [as its purpose the study of] the following  
21 purposes:

22 (1) Studying, monitoring, and reviewing the efficacy of the  
23 public assistance programs within the state;

24 (2) Determining the level and adequacy of resources needed  
25 [to continue and improve the MO HealthNet program over time] for  
26 the public assistance programs within the state; and

27 (3) Developing recommendations to the general assembly on  
28 the public assistance programs within the state and on promoting

1 independence from safety net programs among participants as may  
2 be appropriate.

3  
4 The committee shall receive and obtain information from the  
5 departments of social services, mental health, health and senior  
6 services, and elementary and secondary education, and any other  
7 department as applicable, regarding the public assistance  
8 programs within the state including, but not limited to, MO  
9 HealthNet, the supplemental nutrition assistance program (SNAP),  
10 and temporary assistance for needy families (TANF). Such  
11 information shall include projected enrollment growth, budgetary  
12 matters, trends in childhood poverty and hunger, and any other  
13 information deemed to be relevant to the committee's purpose.

14 2. The directors of the department of social services,  
15 mental health, and health and senior services shall each submit  
16 an annual written report to the committee providing data and  
17 statistical information regarding the caseloads of the  
18 department's employees involved in the administration of public  
19 assistance programs.

20 3. The committee shall consist of ten members:

21 (1) The chair and the ranking minority member of the house  
22 of representatives committee on the budget;

23 (2) The chair and the ranking minority member of the senate  
24 committee on appropriations [committee];

25 (3) The chair and the ranking minority member of the  
26 standing house of representatives committee [on appropriations  
27 for health, mental health, and social services] designated to  
28 consider public assistance legislation and matters;

1           (4) The chair and the ranking minority member of the  
2 standing senate committee [on health and mental health]  
3 designated to consider public assistance legislation and matters;

4           (5) A representative chosen by the speaker of the house of  
5 representatives; and

6           (6) A senator chosen by the president pro [tem] tempore of  
7 the senate.

8  
9 No more than [three] four members from each [house] chamber shall  
10 be of the same political party.

11           [2.] 4. A chair of the committee shall be selected by the  
12 members of the committee.

13           [3.] 5. The committee shall meet [as necessary] at least  
14 twice a year. A portion of the meeting shall be set aside for  
15 the purpose of receiving public testimony. The committee shall  
16 seek recommendations from social, economic, and public assistance  
17 experts on ways to improve the effectiveness of public assistance  
18 programs, to improve program efficiency and reduce costs, and to  
19 promote self-sufficiency among public assistance recipients as  
20 may be appropriate.

21           [4. Nothing in this section shall be construed as  
22 authorizing the committee to hire employees or enter into any  
23 employment contracts.

24           5. The committee shall receive and study the five-year  
25 rolling MO HealthNet budget forecast issued annually by the  
26 legislative budget office.]

27           6. The committee is authorized to hire staff and enter into  
28 employment contracts including, but not limited to, an executive

1 director to conduct special reviews or investigations of the  
2 public assistance programs within the state in order to assist  
3 the committee with its duties. Staff appointments shall be  
4 approved by the president pro tempore of the senate and the  
5 speaker of the house of representatives. The compensation of  
6 committee staff and the expenses of the committee shall be paid  
7 from the joint contingent fund or jointly from the senate and  
8 house of representatives contingent funds until an appropriation  
9 is made therefor.

10 7. The committee shall annually conduct a rolling five-year  
11 forecast of the public assistance programs within the state and  
12 make recommendations in a report to the general assembly by  
13 January first each year, beginning in [2008] 2018, on anticipated  
14 growth [in the MO HealthNet program] of the public assistance  
15 programs within the state, needed improvements, anticipated  
16 needed appropriations, and suggested strategies on ways to  
17 structure the state budget in order to satisfy the future needs  
18 of [the program] such programs.

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

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

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

27 F. Financing of the Commission

28 1. The commission shall pay, or provide for the payment of,

1 the reasonable expenses of its establishment, organization, and  
2 ongoing activities.

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

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

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

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

27 G. Qualified Immunity, Defense, and Indemnification

28 1. The members, officers, executive director, employees and

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

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

26 3. The commission shall indemnify and hold harmless any  
27 member, officer, executive director, employee, or representative  
28 of the commission for the amount of any settlement or judgment

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

9 334.1221. DATA SYSTEM

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

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

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

28 C. Investigative information pertaining to a licensee in

1 any member state will only be available to other party states.

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

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

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

14 334.1224. RULEMAKING

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

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

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

26 D. Prior to promulgation and adoption of a final rule or  
27 rules by the commission, and at least thirty days in advance of  
28 the meeting at which the rule will be considered and voted upon,



1 the commission shall file a notice of proposed rulemaking:

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

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

8 E. The notice of proposed rulemaking shall include:

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

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

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

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

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

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

24 1. At least twenty-five persons;

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

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

28 H. If a hearing is held on the proposed rule or amendment,

1 the commission shall publish the place, time, and date of the  
2 scheduled public hearing. If the hearing is held via electronic  
3 means, the commission shall publish the mechanism for access to  
4 the electronic hearing.

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

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

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

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

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

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

27 K. The commission shall, by majority vote of all members,  
28 take final action on the proposed rule and shall determine the

1 effective date of the rule, if any, based on the rulemaking  
2 record and the full text of the rule.

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

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

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

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

17 or

18 4. Protect public health and safety.

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

1 the notice period. If no challenge is made, the revision will  
2 take effect without further action. If the revision is  
3 challenged, the revision may not take effect without the approval  
4 of the commission.

5 334.1227. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

6 A. Oversight

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

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

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

24 B. Default, Technical Assistance, and Termination

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

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

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

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

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

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

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

28       6. The defaulting state may appeal the action of the

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

6 C. Dispute Resolution

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

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

13 D. Enforcement

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

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

26 3. The remedies herein shall not be the exclusive remedies  
27 of the commission. The commission may pursue any other remedies  
28 available under federal or state law.

1           334.1230. DATE OF IMPLEMENTATION OF THE INTERSTATE  
2 COMMISSION FOR PHYSICAL THERAPY PRACTICE AND ASSOCIATED RULES,  
3 WITHDRAWAL, AND AMENDMENT

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

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

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

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

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

26           D. Nothing contained in this compact shall be construed to  
27 invalidate or prevent any physical therapy licensure agreement or  
28 other cooperative arrangement between a member state and a

1 nonmember state that does not conflict with the provisions of  
2 this compact.

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

7 334.1233. CONSTRUCTION AND SEVERABILITY

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

21 335.360. 1. The party states find that:

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

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

28 (3) The expanded mobility of nurses and the use of advanced



1 communication technologies as part of our nation's health care  
2 delivery system require greater coordination and cooperation  
3 among states in the areas of nurse licensure and regulation;

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

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

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

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

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

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

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

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

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

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

27 (7) Provide opportunities for interstate practice by nurses  
28 who meet uniform licensure requirements.

1       335.365. As used in this compact, the following terms shall  
2 mean:

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

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

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

19       (4) "Current significant investigative information":

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

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

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

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

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

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

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

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

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

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

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

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

28       (15) "State practice laws", a party state's laws, rules,

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

6 335.370. 1. A multistate license to practice registered or  
7 licensed practical or vocational nursing issued by a home state  
8 to a resident in that state shall be recognized by each party  
9 state as authorizing a nurse to practice as a registered nurse,  
10 "RN", or as a licensed practical or vocational nurse, "LPN" or  
11 "VN", under a multistate licensure privilege, in each party  
12 state.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 other party state. Nothing in this compact shall affect the  
2 requirements established by a party state for the issuance of a  
3 single-state license.

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

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

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

19 335.375. 1. Upon application for a multistate license, the  
20 licensing board in the issuing party state shall ascertain,  
21 through the coordinated licensure information system, whether the  
22 applicant has ever held, or is the holder of, a license issued by  
23 any other state, whether there are any encumbrances on any  
24 license or multistate licensure privilege held by the applicant,  
25 whether any adverse action has been taken against any license or  
26 multistate licensure privilege held by the applicant, and whether  
27 the applicant is currently participating in an alternative  
28 program.

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

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

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

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

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

19           335.380. 1. In addition to the other powers conferred by  
20 state law, a licensing board shall have the authority to:

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

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

26           (b) For purposes of taking adverse action, the home state  
27 licensing board shall give the same priority and effect to  
28 reported conduct received from a remote state as it would if such



1 conduct had occurred within the home state. In so doing, the  
2 home state shall apply its own state laws to determine  
3 appropriate action;

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

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

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

26 (5) Obtain and submit, for each nurse licensure applicant,  
27 fingerprint or other biometric based information to the Federal  
28 Bureau of Investigation for criminal background checks, receive

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

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

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

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

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

26 335.385. 1. All party states shall participate in a  
27 coordinated licensure information system of all licensed  
28 registered nurses, "RNs", and licensed practical or vocational

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

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

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

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

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

26 6. Any personally identifiable information obtained from  
27 the coordinated licensure information system by a party state  
28 licensing board shall not be shared with non-party states or

1 disclosed to other entities or individuals except to the extent  
2 permitted by the laws of the party state contributing the  
3 information.

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

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

12 (1) Identifying information;

13 (2) Licensure data;

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

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

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

22 335.390. 1. The party states hereby create and establish a  
23 joint public entity known as the "Interstate Commission of Nurse  
24 Licensure Compact Administrators".

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

27 (2) Venue is proper, and judicial proceedings by or against  
28 the commission shall be brought solely and exclusively in a court

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

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

7 2. (1) Each party state shall have and be limited to one  
8 administrator. The head of the state licensing board or designee  
9 shall be the administrator of this compact for each party state.  
10 Any administrator may be removed or suspended from office as  
11 provided by the law of the state from which the administrator is  
12 appointed. Any vacancy occurring in the commission shall be  
13 filled in accordance with the laws of the party state in which  
14 the vacancy exists.

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

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

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

28 (5) The commission may convene in a closed, nonpublic

1 meeting if the commission must discuss:

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

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

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

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

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

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

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

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

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

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

26 (6) If a meeting, or portion of a meeting, is closed  
27 pursuant to subdivision (5) of this subsection, the commission's  
28 legal counsel or designee shall certify that the meeting shall be

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

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

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

16 (2) Providing reasonable standards and procedures:

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

18 and

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

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

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

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

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

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

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

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

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

24 7. The commission shall have the following powers:

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



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

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

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

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

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

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

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

28       (9) To sell, convey, mortgage, pledge, lease, exchange,

1 abandon, or otherwise dispose of any property, whether real,  
2 personal, or mixed;

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

4 (11) To borrow money;

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

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

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

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

15 8. (1) The commission shall pay, or provide for the  
16 payment of, the reasonable expenses of its establishment,  
17 organization, and ongoing activities.

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

25 (3) The commission shall not incur obligations of any kind  
26 prior to securing the funds adequate to meet the same; nor shall  
27 the commission pledge the credit of any of the party states,  
28 except by and with the authority of such party state.

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

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

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

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

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

18 335.395. 1. The commission shall exercise its rulemaking  
19 powers pursuant to the criteria set forth in this section and the  
20 rules adopted thereunder. Rules and amendments shall become  
21 binding as of the date specified in each rule or amendment and  
22 shall have the same force and effect as provisions of this  
23 compact.

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

26 3. Prior to promulgation and adoption of a final rule or  
27 rules by the commission, and at least sixty days in advance of  
28 the meeting at which the rule shall be considered and voted upon,

1 the commission shall file a notice of proposed rulemaking:

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

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

6 4. The notice of proposed rulemaking shall include:

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

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

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

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

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

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

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

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

27 (2) Nothing in this section shall be construed as requiring  
28 a separate hearing on each rule. Rules may be grouped for the

1 convenience of the commission at hearings required by this  
2 section.

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

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

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

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

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

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

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

27 12. The commission may direct revisions to a previously  
28 adopted rule or amendment for purposes of correcting

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

12 335.400. 1. (1) Each party state shall enforce this  
13 compact and take all actions necessary and appropriate to  
14 effectuate this compact's purposes and intent.

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

22 2. (1) If the commission determines that a party state has  
23 defaulted in the performance of its obligations or  
24 responsibilities under this compact or the promulgated rules, the  
25 commission shall:

26 (a) Provide written notice to the defaulting state and  
27 other party states of the nature of the default, the proposed  
28 means of curing the default, or any other action to be taken by

1 the commission; and

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

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

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

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

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

26 (6) The defaulting state may appeal the action of the  
27 commission by petitioning the United States District Court for  
28 the District of Columbia or the federal district in which the



1 commission has its principal offices. The prevailing party shall  
2 be awarded all costs of such litigation, including reasonable  
3 attorneys' fees.

4 3. (1) Upon request by a party state, the commission shall  
5 attempt to resolve disputes related to the compact that arise  
6 among party states and between party and non-party states.

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

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

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

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

20 4. (1) The commission, in the reasonable exercise of its  
21 discretion, shall enforce the provisions and rules of this  
22 compact.

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

1 injunctive relief and damages. In the event judicial enforcement  
2 is necessary, the prevailing party shall be awarded all costs of  
3 such litigation, including reasonable attorneys' fees.

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

7 335.405. 1. This compact shall become effective and  
8 binding on the earlier of the date of legislative enactment of  
9 this compact into law by no less than twenty-six states or  
10 December 31, 2018. All party states to this compact that also  
11 were parties to the prior Nurse Licensure Compact superseded by  
12 this compact "prior compact" shall be deemed to have withdrawn  
13 from said prior compact within six months after the effective  
14 date of this compact.

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

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

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

28 5. Nothing contained in this compact shall be construed to

1 invalidate or prevent any nurse licensure agreement or other  
2 cooperative arrangement between a party state and a non-party  
3 state that is made in accordance with the other provisions of  
4 this compact.

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

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

13 335.410. This compact shall be liberally construed so as to  
14 effectuate the purposes thereof. The provisions of this compact  
15 shall be severable and if any phrase, clause, sentence, or  
16 provision of this compact is declared to be contrary to the  
17 constitution of any party state or of the United States or the  
18 applicability thereof to any government, agency, person, or  
19 circumstance is held invalid, the validity of the remainder of  
20 this compact and the applicability thereof to any government,  
21 agency, person, or circumstance shall not be affected thereby.  
22 If this compact shall be held contrary to the constitution of any  
23 party state, this compact shall remain in full force and effect  
24 as to the remaining party states and in full force and effect as  
25 to the party state affected as to all severable matters.

26 335.415. 1. The term "head of the nurse licensing board"  
27 as referred to in section 335.390 of this compact shall mean the  
28 executive director of the Missouri state board of nursing.

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

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

6           338.200. 1. In the event a pharmacist is unable to obtain  
7 refill authorization from the prescriber due to death,  
8 incapacity, or when the pharmacist is unable to obtain refill  
9 authorization from the prescriber, a pharmacist may dispense an  
10 emergency supply of medication if:

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

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

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

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

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

25           2. (1) If the pharmacist is unable to obtain refill  
26 authorization from the prescriber, the amount dispensed shall be  
27 limited to the amount determined by the pharmacist within his or  
28 her professional judgment as needed for the emergency period,

1 provided the amount dispensed shall not exceed a seven-day  
2 supply.

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

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

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

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

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

1       338.202. 1. Notwithstanding any other provision of law to  
2 the contrary, unless the prescriber has specified on the  
3 prescription that dispensing a prescription for a maintenance  
4 medication in an initial amount followed by periodic refills is  
5 medically necessary, a pharmacist may exercise his or her  
6 professional judgment to dispense varying quantities of  
7 maintenance medication per fill up to the total number of dosage  
8 units as authorized by the prescriber on the original  
9 prescription, including any refills. Dispensing of the  
10 maintenance medication based on refills authorized by the  
11 prescriber on the prescription shall be limited to no more than a  
12 ninety-day supply of the medication, and the maintenance  
13 medication shall have been previously prescribed to the patient  
14 for at least a three-month period.

15       2. For the purposes of this section "maintenance  
16 medication" is a medication prescribed for chronic, long-term  
17 conditions and is taken on a regular, recurring basis, except  
18 that it shall not include controlled substances as defined in  
19 section 195.010.

20       376.379. 1. A health carrier or managed care plan offering  
21 a health benefit plan in this state that provides prescription  
22 drug coverage shall offer, as part of the plan, medication  
23 synchronization services developed by the health carrier or  
24 managed care plan that allow for the alignment of refill dates  
25 for an enrollee's prescription drugs that are covered benefits.

26       2. Under its medication synchronization services, a health  
27 carrier or managed care plan shall:

28       (1) Not charge an amount in excess of the otherwise

1 applicable co-payment amount under the health benefit plan for  
2 dispensing a prescription drug in a quantity that is less than  
3 the prescribed amount if:

4 (a) The pharmacy dispenses the prescription drug in  
5 accordance with the medication synchronization services offered  
6 under the health benefit plan; and

7 (b) A participating provider dispenses the prescription  
8 drug; and

9 (2) Provide a full dispensing fee to the pharmacy that  
10 dispenses the prescription drug to the covered person.

11 3. For purposes of this section, the terms "health  
12 carrier", "managed care plan", "health benefit plan", "enrollee",  
13 and "participating provider" shall have the same meanings given  
14 to such terms under section 376.1350.

15 376.388. 1. As used in this section, unless the context  
16 requires otherwise, the following terms shall mean:

17 (1) "Contracted pharmacy" or "pharmacy", a pharmacy located  
18 in Missouri participating in the network of a pharmacy benefits  
19 manager through a direct or indirect contract;

20 (2) "Health carrier", an entity subject to the insurance  
21 laws and regulations of this state that contracts or offers to  
22 contract to provide, deliver, arrange for, pay for, or reimburse  
23 any of the costs of health care services, including a sickness  
24 and accident insurance company, a health maintenance  
25 organization, a nonprofit hospital and health service  
26 corporation, or any other entity providing a plan of health  
27 insurance, health benefits, or health services, except that such  
28 plan shall not include any coverage pursuant to a liability

1 insurance policy, workers' compensation insurance policy, or  
2 medical payments insurance issued as a supplement to a liability  
3 policy;

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

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

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

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

14 2. Upon each contract execution or renewal between a  
15 pharmacy benefits manager and a pharmacy or between a pharmacy  
16 benefits manager and a pharmacy's contracting representative or  
17 agent, such as a pharmacy services administrative organization, a  
18 pharmacy benefits manager shall, with respect to such contract or  
19 renewal:

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

23 (2) Maintain a procedure to eliminate products from the  
24 maximum allowable cost list of drugs subject to such pricing or  
25 modify maximum allowable cost pricing at least every seven days,  
26 if such drugs do not meet the standards and requirements of this  
27 section, in order to remain consistent with pricing changes in  
28 the marketplace.



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

5       4. A pharmacy benefits manager shall not place a drug on a  
6 maximum allowable cost list unless there are at least two  
7 therapeutically equivalent multisource generic drugs, or at least  
8 one generic drug available from at least one manufacturer,  
9 generally available for purchase by network pharmacies from  
10 national or regional wholesalers.

11       5. All contracts between a pharmacy benefits manager and a  
12 contracted pharmacy or between a pharmacy benefits manager and a  
13 pharmacy's contracting representative or agent, such as a  
14 pharmacy services administrative organization, shall include a  
15 process to internally appeal, investigate, and resolve disputes  
16 regarding maximum allowable cost pricing. The process shall  
17 include the following:

18       (1) The right to appeal shall be limited to fourteen  
19 calendar days following the reimbursement of the initial claim;  
20 and

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

25       6. For appeals that are denied, the pharmacy benefits  
26 manager shall provide the reason for the denial and identify the  
27 national drug code of a drug product that may be purchased by  
28 contracted pharmacies at a price at or below the maximum

1 allowable cost and, when applicable, may be substituted lawfully.

2 7. If the appeal is successful, the pharmacy benefits  
3 manager shall:

4 (1) Adjust the maximum allowable cost price that is the  
5 subject of the appeal effective on the day after the date the  
6 appeal is decided;

7 (2) Apply the adjusted maximum allowable cost price to all  
8 similarly situated pharmacies as determined by the pharmacy  
9 benefits manager; and

10 (3) Allow the pharmacy that succeeded in the appeal to  
11 reverse and rebill the pharmacy benefits claim giving rise to the  
12 appeal.

13 8. Appeals shall be upheld if:

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

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

20 376.1235. 1. No health carrier or health benefit plan, as  
21 defined in section 376.1350, shall impose a co-payment or  
22 coinsurance percentage charged to the insured for services  
23 rendered for each date of service by a physical therapist  
24 licensed under chapter 334 or an occupational therapist licensed  
25 under chapter 324, for services that require a prescription, that  
26 is greater than the co-payment or coinsurance percentage charged  
27 to the insured for the services of a primary care physician  
28 licensed under chapter 334 for an office visit.

1           2. A health carrier or health benefit plan shall clearly  
2 state the availability of physical therapy and occupational  
3 therapy coverage under its plan and all related limitations,  
4 conditions, and exclusions.

5           3. Beginning September 1, [2013] 2016, the oversight  
6 division of the joint committee on legislative research shall  
7 perform an actuarial analysis of the cost impact to health  
8 carriers, insureds with a health benefit plan, and other private  
9 and public payers if the provisions of this section regarding  
10 occupational therapy coverage were enacted. By December 31,  
11 [2013,] 2016, the director of the oversight division of the joint  
12 committee on legislative research shall submit a report of the  
13 actuarial findings prescribed by this section to the speaker, the  
14 president pro tem, and the chairpersons of both the house of  
15 representatives and senate standing committees having  
16 jurisdiction over health insurance matters. If the fiscal note  
17 cost estimation is less than the cost of an actuarial analysis,  
18 the actuarial analysis requirement shall be waived.

19           376.1237. 1. Each health carrier or health benefit plan  
20 that offers or issues health benefit plans which are delivered,  
21 issued for delivery, continued, or renewed in this state on or  
22 after January 1, 2014, and that provides coverage for  
23 prescription eye drops shall provide coverage for the refilling  
24 of an eye drop prescription prior to the last day of the  
25 prescribed dosage period without regard to a coverage restriction  
26 for early refill of prescription renewals as long as the  
27 prescribing health care provider authorizes such early refill,  
28 and the health carrier or the health benefit plan is notified.

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

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

7           4. The provisions of this section shall not apply to a  
8 supplemental insurance policy, including a life care contract,  
9 accident-only policy, specified disease policy, hospital policy  
10 providing a fixed daily benefit only, Medicare supplement policy,  
11 long-term care policy, short-term major medical policies of six  
12 months' or less duration, or any other supplemental policy as  
13 determined by the director of the department of insurance,  
14 financial institutions and professional registration.

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

17           376.2020. 1. For purposes of this section, the following  
18 terms shall mean:

19           (1) "Contractual payment amount" or "payment amount", shall  
20 mean the total amount a health care provider is to be paid for  
21 providing a given health care service pursuant to a contract with  
22 a health carrier, and includes both the portions to be paid by  
23 the patient and by the health carrier. It is commonly referred  
24 to as the allowable amount;

25           (2) "Enrollee", shall have the same meaning ascribed to it  
26 in section 376.1350;

27           (3) "Health care provider", shall have the same meaning  
28 ascribed to it in section 376.1350;

1       (4) "Health care service", shall have the same meaning  
2 ascribed to it in section 376.1350;

3       (5) "Health carrier", shall have the same meaning ascribed  
4 to it in section 376.1350.

5       2. No provision in a contract in existence or entered into,  
6 amended, or renewed on or after August 28, 2016, between a health  
7 carrier and a health care provider shall be enforceable if such  
8 contractual provision prohibits, conditions, or in any way  
9 restricts any party to such contract from disclosing to an  
10 enrollee, or such person's parent or legal guardian, the  
11 contractual payment amount for a health care service if such  
12 payment amount is less than the health care provider's usual  
13 charge for the health care service, and if such contractual  
14 provision prevents the determination of the potential out-of-  
15 pocket cost for the health care service by the enrollee, parent,  
16 or legal guardian.

17       536.031. 1. There is established a publication to be known  
18 as the "Code of State Regulations", which shall be published in a  
19 format and medium as prescribed and in writing upon request by  
20 the secretary of state as soon as practicable after ninety days  
21 following January 1, 1976, and may be republished from time to  
22 time thereafter as determined by the secretary of state.

23       2. The code of state regulations shall contain the full  
24 text of all rules of state agencies in force and effect upon the  
25 effective date of the first publication thereof, and effective  
26 September 1, 1990, it shall be revised no less frequently than  
27 monthly thereafter so as to include all rules of state agencies  
28 subsequently made, amended or rescinded. The code may also

1 include citations, references, or annotations, prepared by the  
2 state agency adopting the rule or by the secretary of state, to  
3 any intraagency ruling, attorney general's opinion,  
4 determination, decisions, order, or other action of the  
5 administrative hearing commission, or any determination,  
6 decision, order, or other action of a court interpreting,  
7 applying, discussing, distinguishing, or otherwise affecting any  
8 rule published in the code.

9 3. The code of state regulations shall be published in  
10 looseleaf form in one or more volumes upon request and a format  
11 and medium as prescribed by the secretary of state with an  
12 appropriate index, and revisions in the text and index may be  
13 made by the secretary of state as necessary and provided in  
14 written format upon request.

15 4. An agency may incorporate by reference rules,  
16 regulations, standards, and guidelines of an agency of the United  
17 States or a nationally or state-recognized organization or  
18 association without publishing the material in full. The  
19 reference in the agency rules shall fully identify the  
20 incorporated material by publisher, address, and date in order to  
21 specify how a copy of the material may be obtained, and shall  
22 state that the referenced rule, regulation, standard, or  
23 guideline does not include any later amendments or additions;  
24 except that, hospital licensure regulations governing life safety  
25 code standards promulgated under this chapter and chapter 197 to  
26 implement section 197.065 may incorporate, by reference, later  
27 additions or amendments to such rules, regulations, standards, or  
28 guidelines as needed to consistently apply current standards of

1 safety and practice. The agency adopting a rule, regulation,  
2 standard, or guideline under this section shall maintain a copy  
3 of the referenced rule, regulation, standard, or guideline at the  
4 headquarters of the agency and shall make it available to the  
5 public for inspection and copying at no more than the actual cost  
6 of reproduction. The secretary of state may omit from the code  
7 of state regulations such material incorporated by reference in  
8 any rule the publication of which would be unduly cumbersome or  
9 expensive.

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

12 [208.985. 1. Pursuant to section 33.803, by  
13 January 1, 2008, and each January first thereafter, the  
14 legislative budget office shall annually conduct a  
15 rolling five-year MO HealthNet forecast. The forecast  
16 shall be issued to the general assembly, the governor,  
17 the joint committee on MO HealthNet, and the oversight  
18 committee established in section 208.955. The forecast  
19 shall include, but not be limited to, the following,  
20 with additional items as determined by the legislative  
21 budget office:

22 (1) The projected budget of the entire MO  
23 HealthNet program;

24 (2) The projected budgets of selected programs  
25 within MO HealthNet;

26 (3) Projected MO HealthNet enrollment growth,  
27 categorized by population and geographic area;

28 (4) Projected required reimbursement rates for MO  
29 HealthNet providers; and

30 (5) Projected financial need going forward.

31 2. In preparing the forecast required in  
32 subsection 1 of this section, where the MO HealthNet  
33 program overlaps more than one department or agency,  
34 the legislative budget office may provide for review  
35 and investigation of the program or service level on an  
36 interagency or interdepartmental basis in an effort to  
37 review all aspects of the program.]

38 [335.300. 1. The party states find that:

39 (1) The health and safety of the public are  
40 affected by the degree of compliance with and the  
41 effectiveness of enforcement activities related to

1 state nurse licensure laws;

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

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

10 (4) New practice modalities and technology make  
11 compliance with individual state nurse licensure laws  
12 difficult and complex;

13 (5) The current system of duplicative licensure  
14 for nurses practicing in multiple states is cumbersome  
15 and redundant to both nurses and states.

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

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

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

21 (3) Facilitate the exchange of information  
22 between party states in the areas of nurse regulation,  
23 investigation, and adverse actions;

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

26 (5) Invest all party states with the authority to  
27 hold a nurse accountable for meeting all state practice  
28 laws in the state in which the patient is located at  
29 the time care is rendered through the mutual  
30 recognition of party state licenses.]

31  
32 [335.305. As used in this compact, the following  
33 terms shall mean:

34 (1) "Adverse action", a home or remote state  
35 action;

36 (2) "Alternative program", a voluntary,  
37 nondisciplinary monitoring program approved by a nurse  
38 licensing board;

39 (3) "Coordinated licensure information system",  
40 an integrated process for collecting, storing, and  
41 sharing information on nurse licensure and enforcement  
42 activities related to nurse licensure laws, which is  
43 administered by a nonprofit organization composed of  
44 and controlled by state nurse licensing boards;

45 (4) "Current significant investigative  
46 information":

47 (a) Investigative information that a licensing  
48 board, after a preliminary inquiry that includes  
49 notification and an opportunity for the nurse to  
50 respond if required by state law, has reason to believe  
51 is not groundless and, if proved true, would indicate



1 more than a minor infraction; or

2 (b) Investigative information that indicates that  
3 the nurse represents an immediate threat to public  
4 health and safety regardless of whether the nurse has  
5 been notified and had an opportunity to respond;

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

8 (6) "Home state action", any administrative,  
9 civil, equitable, or criminal action permitted by the  
10 home state's laws that are imposed on a nurse by the  
11 home state's licensing board or other authority  
12 including actions against an individual's license such  
13 as: revocation, suspension, probation, or any other  
14 action affecting a nurse's authorization to practice;

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

17 (8) "Multistate licensing privilege", current,  
18 official authority from a remote state permitting the  
19 practice of nursing as either a registered nurse or a  
20 licensed practical/vocational nurse in such party  
21 state. All party states have the authority, in  
22 accordance with existing state due process law, to take  
23 actions against the nurse's privilege such as:  
24 revocation, suspension, probation, or any other action  
25 that affects a nurse's authorization to practice;

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

29 (10) "Party state", any state that has adopted  
30 this compact;

31 (11) "Remote state", a party state, other than  
32 the home state:

33 (a) Where a patient is located at the time  
34 nursing care is provided; or

35 (b) In the case of the practice of nursing not  
36 involving a patient, in such party state where the  
37 recipient of nursing practice is located;

38 (12) "Remote state action":

39 (a) Any administrative, civil, equitable, or  
40 criminal action permitted by a remote state's laws  
41 which are imposed on a nurse by the remote state's  
42 licensing board or other authority including actions  
43 against an individual's multistate licensure privilege  
44 to practice in the remote state; and

45 (b) Cease and desist and other injunctive or  
46 equitable orders issued by remote states or the  
47 licensing boards thereof;

48 (13) "State", a state, territory, or possession  
49 of the United States, the District of Columbia, or the  
50 Commonwealth of Puerto Rico;

51 (14) "State practice laws", those individual

1 party's state laws and regulations that govern the  
2 practice of nursing, define the scope of nursing  
3 practice, and create the methods and grounds for  
4 imposing discipline. State practice laws does not  
5 include the initial qualifications for licensure or  
6 requirements necessary to obtain and retain a license,  
7 except for qualifications or requirements of the home  
8 state.]  
9

10 [335.310. 1. A license to practice registered  
11 nursing issued by a home state to a resident in that  
12 state will be recognized by each party state as  
13 authorizing a multistate licensure privilege to  
14 practice as a registered nurse in such party state. A  
15 license to practice licensed practical/vocational  
16 nursing issued by a home state to a resident in that  
17 state will be recognized by each party state as  
18 authorizing a multistate licensure privilege to  
19 practice as a licensed practical/vocational nurse in  
20 such party state. In order to obtain or retain a  
21 license, an applicant must meet the home state's  
22 qualifications for licensure and license renewal as  
23 well as all other applicable state laws.

24 2. Party states may, in accordance with state due  
25 process laws, limit or revoke the multistate licensure  
26 privilege of any nurse to practice in their state and  
27 may take any other actions under their applicable state  
28 laws necessary to protect the health and safety of  
29 their citizens. If a party state takes such action, it  
30 shall promptly notify the administrator of the  
31 coordinated licensure information system. The  
32 administrator of the coordinated licensure information  
33 system shall promptly notify the home state of any such  
34 actions by remote states.

35 3. Every nurse practicing in a party state must  
36 comply with the state practice laws of the state in  
37 which the patient is located at the time care is  
38 rendered. In addition, the practice of nursing is not  
39 limited to patient care, but shall include all nursing  
40 practice as defined by the state practice laws of a  
41 party state. The practice of nursing will subject a  
42 nurse to the jurisdiction of the nurse licensing board  
43 and the courts, as well as the laws, in that party  
44 state.

45 4. This compact does not affect additional  
46 requirements imposed by states for advanced practice  
47 registered nursing. However, a multistate licensure  
48 privilege to practice registered nursing granted by a  
49 party state shall be recognized by other party states  
50 as a license to practice registered nursing if one is  
51 required by state law as a precondition for qualifying

1 for advanced practice registered nurse authorization.

2 5. Individuals not residing in a party state  
3 shall continue to be able to apply for nurse licensure  
4 as provided for under the laws of each party state.  
5 However, the license granted to these individuals will  
6 not be recognized as granting the privilege to practice  
7 nursing in any other party state unless explicitly  
8 agreed to by that party state.]  
9

10 [335.315. 1. Upon application for a license, the  
11 licensing board in a party state shall ascertain,  
12 through the coordinated licensure information system,  
13 whether the applicant has ever held, or is the holder  
14 of, a license issued by any other state, whether there  
15 are any restrictions on the multistate licensure  
16 privilege, and whether any other adverse action by any  
17 state has been taken against the license.

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

21 3. A nurse who intends to change primary state of  
22 residence may apply for licensure in the new home state  
23 in advance of such change. However, new licenses will  
24 not be issued by a party state until after a nurse  
25 provides evidence of change in primary state of  
26 residence satisfactory to the new home state's  
27 licensing board.

28 4. When a nurse changes primary state of  
29 residence by:

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

33 (2) Moving from a nonparty state to a party  
34 state, and obtains a license from the new home state,  
35 the individual state license issued by the nonparty  
36 state is not affected and will remain in full force if  
37 so provided by the laws of the nonparty state;

38 (3) Moving from a party state to a nonparty  
39 state, the license issued by the prior home state  
40 converts to an individual state license, valid only in  
41 the former home state, without the multistate licensure  
42 privilege to practice in other party states.]  
43

44 [335.320. In addition to the general provisions  
45 described in article III of this compact, the following  
46 provisions apply:

47 (1) The licensing board of a remote state shall  
48 promptly report to the administrator of the coordinated  
49 licensure information system any remote state actions  
50 including the factual and legal basis for such action,  
51 if known. The licensing board of a remote state shall

1 also promptly report any significant current  
2 investigative information yet to result in a remote  
3 state action. The administrator of the coordinated  
4 licensure information system shall promptly notify the  
5 home state of any such reports;

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

17 (3) A remote state may take adverse action  
18 affecting the multistate licensure privilege to  
19 practice within that party state. However, only the  
20 home state shall have the power to impose adverse  
21 action against the license issued by the home state;

22 (4) For purposes of imposing adverse action, the  
23 licensing board of the home state shall give the same  
24 priority and effect to reported conduct received from a  
25 remote state as it would if such conduct had occurred  
26 within the home state, in so doing, it shall apply its  
27 own state laws to determine appropriate action;

28 (5) The home state may take adverse action based  
29 on the factual findings of the remote state, so long as  
30 each state follows its own procedures for imposing such  
31 adverse action;

32 (6) Nothing in this compact shall override a  
33 party state's decision that participation in an  
34 alternative program may be used in lieu of licensure  
35 action and that such participation shall remain  
36 nonpublic if required by the party state's laws. Party  
37 states must require nurses who enter any alternative  
38 programs to agree not to practice in any other party  
39 state during the term of the alternative program  
40 without prior authorization from such other party  
41 state.]

42  
43 [335.325. Notwithstanding any other powers, party  
44 state nurse licensing boards shall have the authority  
45 to:

46 (1) If otherwise permitted by state law, recover  
47 from the affected nurse the costs of investigations and  
48 disposition of cases resulting from any adverse action  
49 taken against that nurse;

50 (2) Issue subpoenas for both hearings and  
51 investigations which require the attendance and

1 testimony of witnesses, and the production of evidence.  
2 Subpoenas issued by a nurse licensing board in a party  
3 state for the attendance and testimony of witnesses,  
4 and/or the production of evidence from another party  
5 state, shall be enforced in the latter state by any  
6 court of competent jurisdiction, according to the  
7 practice and procedure of that court applicable to  
8 subpoenas issued in proceedings pending before it. The  
9 issuing authority shall pay any witness fees, travel  
10 expenses, mileage, and other fees required by the  
11 service statutes of the state where the witnesses and  
12 evidence are located;

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

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

17  
18 [335.330. 1. All party states shall participate  
19 in a cooperative effort to create a coordinated  
20 database of all licensed registered nurses and licensed  
21 practical/vocational nurses. This system will include  
22 information on the licensure and disciplinary history  
23 of each nurse, as contributed by party states, to  
24 assist in the coordination of nurse licensure and  
25 enforcement efforts.

26 2. Notwithstanding any other provision of law,  
27 all party states' licensing boards shall promptly  
28 report adverse actions, actions against multistate  
29 licensure privileges, any current significant  
30 investigative information yet to result in adverse  
31 action, denials of applications, and the reasons for  
32 such denials to the coordinated licensure information  
33 system.

34 3. Current significant investigative information  
35 shall be transmitted through the coordinated licensure  
36 information system only to party state licensing  
37 boards.

38 4. Notwithstanding any other provision of law,  
39 all party states' licensing boards contributing  
40 information to the coordinated licensure information  
41 system may designate information that may not be shared  
42 with nonparty states or disclosed to other entities or  
43 individuals without the express permission of the  
44 contributing state.

45 5. Any personally identifiable information  
46 obtained by a party state's licensing board from the  
47 coordinated licensure information system may not be  
48 shared with nonparty states or disclosed to other  
49 entities or individuals except to the extent permitted  
50 by the laws of the party state contributing the  
51 information.

1           6. Any information contributed to the coordinated  
2 licensure information system that is subsequently  
3 required to be expunged by the laws of the party state  
4 contributing that information shall also be expunged  
5 from the coordinated licensure information system.

6           7. The compact administrators, acting jointly  
7 with each other and in consultation with the  
8 administrator of the coordinated licensure information  
9 system, shall formulate necessary and proper procedures  
10 for the identification, collection, and exchange of  
11 information under this compact.]  
12

13           [335.335. 1. The head of the nurse licensing  
14 board, or his/her designee, of each party state shall  
15 be the administrator of this compact for his/her state.

16           2. The compact administrator of each party shall  
17 furnish to the compact administrator of each other  
18 party state any information and documents including,  
19 but not limited to, a uniform data set of  
20 investigations, identifying information, licensure  
21 data, and disclosable alternative program participation  
22 information to facilitate the administration of this  
23 compact.

24           3. Compact administrators shall have the  
25 authority to develop uniform rules to facilitate and  
26 coordinate implementation of this compact. These  
27 uniform rules shall be adopted by party states, under  
28 the authority invested under subsection 4 of section  
29 335.325.]  
30

31           [335.340. No party state or the officers or  
32 employees or agents of a party state's nurse licensing  
33 board who acts in accordance with the provisions of  
34 this compact shall be liable on account of any act or  
35 omission in good faith while engaged in the performance  
36 of their duties under this compact. Good faith in this  
37 article shall not include willful misconduct, gross  
38 negligence, or recklessness.]  
39

40           [335.345. 1. This compact shall enter into force  
41 and become effective as to any state when it has been  
42 enacted into the laws of that state. Any party state  
43 may withdraw from this compact by enacting a statute  
44 repealing the same, but no such withdrawal shall take  
45 effect until six months after the withdrawing state has  
46 given notice of the withdrawal to the executive heads  
47 of all other party states.

48           2. No withdrawal shall affect the validity or  
49 applicability by the licensing boards of states  
50 remaining party to the compact of any report of adverse

1 action occurring prior to the withdrawal.

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

7 4. This compact may be amended by the party  
8 states. No amendment to this compact shall become  
9 effective and binding upon the party states unless and  
10 until it is enacted into the laws of all party states.]  
11

12 [335.350. 1. This compact shall be liberally  
13 construed so as to effectuate the purposes thereof.  
14 The provisions of this compact shall be severable and  
15 if any phrase, clause, sentence, or provision of this  
16 compact is declared to be contrary to the constitution  
17 of any party state or of the United States or the  
18 applicability thereof to any government, agency,  
19 person, or circumstance is held invalid, the validity  
20 of the remainder of this compact and the applicability  
21 thereof to any government, agency, person, or  
22 circumstance shall not be affected thereby. If this  
23 compact shall be held contrary to the constitution of  
24 any state party thereto, the compact shall remain in  
25 full force and effect as to the remaining party states  
26 and in full force and effect as to the party state  
27 affected as to all severable matters.

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

30 (1) The party states may submit the issues in  
31 dispute to an arbitration panel which will be comprised  
32 of an individual appointed by the compact administrator  
33 in the home state, an individual appointed by the  
34 compact administrator in the remote states involved,  
35 and an individual mutually agreed upon by the compact  
36 administrators of all the party states involved in the  
37 dispute;

38 (2) The decision of a majority of the arbitrators  
39 shall be final and binding.]  
40

41 [335.355. 1. The term "head of the nurse  
42 licensing board" as referred to in article VIII of this  
43 compact shall mean the executive director of the  
44 Missouri state board of nursing.

45 2. A person who is extended the privilege to  
46 practice in this state pursuant to the nurse licensure  
47 compact is subject to discipline by the board, as set  
48 forth in this chapter, for violation of this chapter or  
49 the rules and regulations promulgated herein. A person  
50 extended the privilege to practice in this state  
51 pursuant to the nurse licensure compact shall be

1 subject to adhere to all requirements of this chapter,  
2 as if such person were originally licensed in this  
3 state.

4 3. Sections 335.300 to 335.355 are applicable  
5 only to nurses whose home states are determined by the  
6 Missouri state board of nursing to have licensure  
7 requirements that are substantially equivalent or more  
8 stringent than those of Missouri.

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

12 5. This compact does not supercede existing state  
13 labor laws.]

14  
15 Section B. The repeal of sections 335.300, 335.305,  
16 335.310, 335.315, 335.320, 335.325, 335.330, 335.335, 335.340,  
17 335.345, 335.350, and 335.355 and the enactment of sections  
18 335.360, 335.365, 335.370, 335.375, 335.380, 335.385, 335.390,  
19 335.395, 335.400, 335.405, 335.410, 335.415, of this act shall  
20 become effective on December 31, 2018, or upon the enactment of  
21 sections 335.360, 335.365, 335.370, 335.375, 335.380, 335.385,  
22 335.390, 335.395, 335.400, 335.405, 335.410, 335.415, of this act  
23 by no less than twenty-six states and notification of such  
24 enactment to the revisor of statutes by the Interstate Commission  
25 of Nurse Licensure Compact Administrators, whichever occurs  
26 first.

27 ✓

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29  
30  
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32 \_\_\_\_\_  
David Sater

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Sue Allen