

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

SENATE BILL NO. 608

98TH GENERAL ASSEMBLY
2016

4834S.14T

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.

Be it enacted by the General Assembly of the State of Missouri, as follows:

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335.325, 335.330, 335.335, 335.340, 3 335.345, 335.350, 335.355, 338.200, 376.1235, 376.1237, and 536.031, RSMo, are 4 repealed and forty-five new sections enacted in lieu thereof, to be known as 5 sections 167.638, 174.335, 191.875, 191.1075, 191.1080, 191.1085, 197.065, 6 197.315,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

167.638. The department of health and senior services shall develop an 2 informational brochure relating to meningococcal disease that states that [an 3 immunization] **immunizations** against meningococcal disease [is] **are** 4 available. The department shall make the brochure available on its website and 5 shall notify every public institution of higher education in this state of the

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

6 availability of the brochure. Each public institution of higher education shall
7 provide a copy of the brochure to all students and if the student is under eighteen
8 years of age, to the student's parent or guardian. Such information in the
9 brochure shall include:

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

12 (2) How meningococcal disease is transmitted;

13 (3) The latest scientific information on meningococcal disease
14 immunization and its effectiveness, **including information on all**
15 **meningococcal vaccines receiving a Category A or B recommendation**
16 **from the Advisory Committee on Immunization Practices; [and]**

17 (4) A statement that any questions or concerns regarding immunization
18 against meningococcal disease may be answered by contacting the individual's
19 health care provider; **and**

20 **(5) A recommendation that the current student or entering**
21 **student receive meningococcal vaccines in accordance with current**
22 **Advisory Committee on Immunization Practices of the Centers for**
23 **Disease Control and Prevention guidelines.**

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

16 2. Each public university or college in this state shall maintain records
17 on the meningococcal vaccination status of every student residing in on-campus
18 housing at the university or college.

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

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

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

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

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

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

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

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

23 (5) "Imaging center", any facility at which diagnostic imaging
24 services are provided including, but not limited to, magnetic resonance
25 imaging;

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

30 (7) "Public or private third party", a state government, the

31 federal government, employer, health carrier as such term is defined
32 under section 376.1350, third-party administrator, or managed care
33 organization.

34 3. Beginning July 1, 2017, upon written request by a patient,
35 which shall include a medical treatment plan from the patient's health
36 care provider, for an estimate of cost of a particular health care service
37 or procedure, imaging procedure, or surgery procedure, a health care
38 provider shall provide, in writing, the estimate of cost to the patient
39 electronically, by mail, or in person within three business days after
40 receiving the written request. Providing a patient a specific link to
41 such estimates of cost and making such estimates of cost publicly
42 available or posting such estimates of cost on a website of the health
43 care provider shall constitute compliance with the provisions of this
44 subsection.

45 4. Health care providers shall include with any estimate of cost
46 the following: "Your estimated cost is based on the information entered
47 and assumptions about typical utilization and costs. The actual amount
48 billed to you may be different from the estimate of costs provided to
49 you. Many factors affect the actual bill you will receive, and this
50 estimate of costs does not account for all of them. Additionally, the
51 estimate of costs is not a guarantee of insurance coverage. You will be
52 billed at the health care provider's charge for any service provided to
53 you that is not a covered benefit under your plan. Please check with
54 your insurance company to receive an estimate of the amount you will
55 owe under your plan or if you need help understanding your benefits
56 for the service chosen."

57 5. Beginning July 1, 2017, hospitals shall make available to the
58 public the amount that would be charged without discounts for each of
59 the one hundred most prevalent diagnosis-related groups as defined by
60 the Medicare program, Title XVIII of the Social Security Act. The
61 diagnosis-related groups shall be described in layperson's language
62 suitable for use by reasonably informed patients. Disclosure of data
63 under this subsection shall constitute compliance with subsection 3 of
64 this section regarding any diagnosis-related group for which disclosure
65 is required under this subsection.

66 6. It shall be a condition of participation in the MO HealthNet
67 program for a health care provider located in a Kansas border county,

68 as defined under section 135.1670, to comply with the provisions of this
69 section.

70 7. No health care provider shall be required to report the
71 information required by this section if the reporting of such
72 information reasonably could lead to the identification of the person or
73 persons receiving health care services or procedures in violation of the
74 federal Health Insurance Portability and Accountability Act of 1996 or
75 other federal law. This section shall not apply to emergency
76 departments, which shall comply with requirements of the Emergency
77 Medical Treatment and Active Labor Act, 42 U.S.C. Section 1395dd.

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

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

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

7 (3) "Hospital":

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

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

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

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

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

10 (2) Two members of the house of representatives, appointed by

11 the speaker of the house of representatives;

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

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

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

20 (6) A patient and family caregiver advocate representative,
21 appointed by the governor with the advice and consent of the senate;
22 and

23 (7) A spiritual professional with experience in palliative care and
24 health care, appointed by the governor with the advice and consent of
25 the senate.

26 3. Council members shall serve for a term of three years. The
27 members of the council shall elect a chair and vice chair whose duties
28 shall be established by the council. The department shall determine a
29 time and place for regular meetings of the council, which shall meet at
30 least biannually.

31 4. Members of the council shall serve without compensation, but
32 shall, subject to appropriations, be reimbursed for their actual and
33 necessary expenses incurred in the performance of their duties as
34 members of the council.

35 5. The council shall consult with and advise the department on
36 matters related to the establishment, maintenance, operation, and
37 outcomes evaluation of palliative care initiatives in this state,
38 including the palliative care consumer and professional information
39 and education program established in section 191.1085.

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

44 7. The council authorized under this section shall automatically
45 expire August 28, 2022.

191.1085. 1. There is hereby established the "Palliative Care
2 Consumer and Professional Information and Education Program"

3 within the department.

4 2. The purpose of the program is to maximize the effectiveness
5 of palliative care in this state by ensuring that comprehensive and
6 accurate information and education about palliative care is available
7 to the public, health care providers, and health care facilities.

8 3. The department shall publish on its website information and
9 resources, including links to external resources, about palliative care
10 for the public, health care providers, and health care facilities
11 including, but not limited to:

12 (1) Continuing education opportunities for health care providers;

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

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

17 4. Each hospital in this state is encouraged to have a palliative
18 care presence on its intranet or internet website which provides links
19 to one or more of the following organizations: the Institute of
20 Medicine, the Center to Advance Palliative Care, the Supportive Care
21 Coalition, the National Hospice and Palliative Care Organization, the
22 American Academy of Hospice and Palliative Medicine, and the
23 National Institute on Aging.

24 5. Each hospital in this state is encouraged to have patient
25 education information about palliative care available for distribution
26 to patients.

27 6. The department shall consult with the palliative care and
28 quality of life interdisciplinary council established in section 191.1080
29 in implementing the section.

30 7. The department may promulgate rules to implement the
31 provisions of sections 191.1075 to 191.1085. Any rule or portion of a
32 rule, as that term is defined in section 536.010, that is created under
33 the authority delegated in sections 191.1075 to 191.1085 shall become
34 effective only if it complies with and is subject to all of the provisions
35 of chapter 536 and, if applicable, section 536.028. Sections 191.1075 to
36 191.1085 and chapter 536 are nonseverable, and if any of the powers
37 vested with the general assembly pursuant to chapter 536 to review, to
38 delay the effective date, or to disapprove and annul a rule are
39 subsequently held unconstitutional, then the grant of rulemaking

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

42 8. Notwithstanding the provisions of section 23.253 to the
43 contrary, the program authorized under this section shall automatically
44 expire on August 28, 2022.

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

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

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

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

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

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

27 5. Any rule or portion of a rule, as that term is defined in section
28 536.010, that is created under the authority delegated in this section
29 shall become effective only if it complies with and is subject to all of
30 the provisions of chapter 536 and, if applicable, section 536.028. This
31 section and chapter 536 are nonseverable, and if any of the powers
32 vested with the general assembly pursuant to chapter 536 to review, to

33 **delay the effective date, or to disapprove and annul a rule are**
34 **subsequently held unconstitutional, then the grant of rulemaking**
35 **authority and any rule proposed or adopted after August 28, 2016, shall**
36 **be invalid and void.**

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

4 2. Only those new institutional health services which are found by the
5 committee to be needed shall be granted a certificate of need. Only those new
6 institutional health services which are granted certificates of need shall be
7 offered or developed within the state. No expenditures for new institutional
8 health services in excess of the applicable expenditure minimum shall be made
9 by any person unless a certificate of need has been granted.

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

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

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

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

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

29 8. Periodic reports to the committee shall be required of any applicant
30 who has been granted a certificate of need until the project has been
31 completed. The committee may order the forfeiture of the certificate of need upon
32 failure of the applicant to file any such report.

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

37 10. Each application for a certificate of need must be accompanied by an
38 application fee. The time of filing commences with the receipt of the application
39 and the application fee. The application fee is one thousand dollars, or one-tenth
40 of one percent of the total cost of the proposed project, whichever is greater. All
41 application fees shall be deposited in the state treasury. Because of the loss of
42 federal funds, the general assembly will appropriate funds to the Missouri health
43 facilities review committee.

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

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

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

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

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

57 16. The provisions of this section shall not apply to facilities operated by
58 the state, and appropriation of funds to such facilities by the general assembly
59 shall be deemed in compliance with this section, and such facilities shall be
60 deemed to have received an appropriate certificate of need without payment of
61 any fee or charge. **The provisions of this subsection shall not apply to**
62 **hospitals operated by the state and licensed under chapter 197, except**
63 **for department of mental health state-operated psychiatric hospitals.**

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

67 18. To assure the safe, appropriate, and cost-effective transfer of new
68 medical technology throughout the state, a certificate of need shall not be

69 required for the purchase and operation of:

70 **(1) Research equipment that is to be used in a clinical trial that has**
71 **received written approval from a duly constituted institutional review board of**
72 **an accredited school of medicine or osteopathy located in Missouri to establish its**
73 **safety and efficacy and does not increase the bed complement of the institution**
74 **in which the equipment is to be located. After the clinical trial has been**
75 **completed, a certificate of need must be obtained for continued use in such**
76 **facility; or**

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

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

208.142. 1. Beginning October 1, 2016, a MO HealthNet
2 **participant who uses hospital emergency department services for the**
3 **treatment of a medical condition that is not an emergency medical**
4 **condition shall be required to pay a co-payment fee of eight dollars for**
5 **such services. A participant shall be notified of the eight-dollar co-**
6 **payment prior to services being rendered. A MO HealthNet**
7 **participant's failure to pay the co-payment fee shall not in any way**
8 **reduce or otherwise affect any MO HealthNet reimbursement to the**
9 **health care provider for the services provided.**

10 **2. For purposes of this section, an "emergency medical condition"**
11 **means a medical condition manifesting itself by acute symptoms of**
12 **sufficient severity, including severe pain, that a prudent layperson,**
13 **who possesses an average knowledge of health and medicine, could**
14 **reasonably expect the absence of immediate medical attention to result**

15 in the following:

16 (1) Placing the health of the individual or, with respect to a
17 pregnant woman, the health of the woman or her unborn child in
18 serious jeopardy;

19 (2) Serious impairment to bodily functions; or

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

21 3. The department of social services shall promulgate rules for
22 the implementation of this section, including setting forth rules for the
23 required documentation by the physician and the informed consent to
24 be provided to and signed by the parent or guardian of the
25 participant. Any rule or portion of a rule, as that term is defined in
26 section 536.010, that is created under the authority delegated in this
27 section shall become effective only if it complies with and is subject to
28 all of the provisions of chapter 536 and, if applicable, section
29 536.028. This section and chapter 536 are nonseverable, and if any of
30 the powers vested with the general assembly under chapter 536 to
31 review, to delay the effective date, or to disapprove and annul a rule
32 are subsequently held unconstitutional, then the grant of rulemaking
33 authority and any rule proposed or adopted after August 28, 2016, shall
34 be invalid and void.

35 4. The department shall submit such state plan amendments and
36 waivers to the Centers for Medicare and Medicaid Services of the
37 federal Department of Health and Human Services as the department
38 determines are necessary to implement the provisions of this section.

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

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

13 (2) For the second missed appointment in a three-year period, a

14 **fee of no greater than five dollars;**

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

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

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

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

25 **3. The health care provider shall not charge to, nor shall the MO**
26 **Healthnet participant be reimbursed by, the MO HealthNet program for**
27 **the missed appointment fee.**

28 **4. The department of social services shall submit such state plan**
29 **amendments and waivers to the Centers for Medicare and Medicaid**
30 **Services of the federal Department of Health and Human Services as**
31 **the department determines are necessary to implement the provisions**
32 **of this section.**

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

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

16 (2) All outpatient hospital services, payments therefor to be in amounts
17 which represent no more than eighty percent of the lesser of reasonable costs or

18 customary charges for such services, determined in accordance with the principles
19 set forth in Title XVIII A and B, Public Law 89-97, 1965 amendments to the
20 federal Social Security Act (42 U.S.C. Section 301, et seq.), but the MO HealthNet
21 division may evaluate outpatient hospital services rendered under this section
22 and deny payment for services which are determined by the MO HealthNet
23 division not to be medically necessary, in accordance with federal law and
24 regulations;

25 (3) Laboratory and X-ray services;

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

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

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

52 (7) Drugs and medicines when prescribed by a licensed physician, dentist,
53 podiatrist, or an advanced practice registered nurse; except that no payment for

54 drugs and medicines prescribed on and after January 1, 2006, by a licensed
55 physician, dentist, podiatrist, or an advanced practice registered nurse may be
56 made on behalf of any person who qualifies for prescription drug coverage under
57 the provisions of P.L. 108-173;

58 (8) Emergency ambulance services and, effective January 1, 1990,
59 medically necessary transportation to scheduled, physician-prescribed nonelective
60 treatments;

61 (9) Early and periodic screening and diagnosis of individuals who are
62 under the age of twenty-one to ascertain their physical or mental defects, and
63 health care, treatment, and other measures to correct or ameliorate defects and
64 chronic conditions discovered thereby. Such services shall be provided in
65 accordance with the provisions of Section 6403 of P.L. 101-239 and federal
66 regulations promulgated thereunder;

67 (10) Home health care services;

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

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

76 (13) Outpatient surgical procedures, including presurgical diagnostic
77 services performed in ambulatory surgical facilities which are licensed by the
78 department of health and senior services of the state of Missouri; except, that
79 such outpatient surgical services shall not include persons who are eligible for
80 coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the
81 federal Social Security Act, as amended, if exclusion of such persons is permitted
82 under Title XIX, Public Law 89-97, 1965 amendments to the federal Social
83 Security Act, as amended;

84 (14) Personal care services which are medically oriented tasks having to
85 do with a person's physical requirements, as opposed to housekeeping
86 requirements, which enable a person to be treated by his or her physician on an
87 outpatient rather than on an inpatient or residential basis in a hospital,
88 intermediate care facility, or skilled nursing facility. Personal care services shall
89 be rendered by an individual not a member of the participant's family who is

90 qualified to provide such services where the services are prescribed by a physician
91 in accordance with a plan of treatment and are supervised by a licensed
92 nurse. Persons eligible to receive personal care services shall be those persons
93 who would otherwise require placement in a hospital, intermediate care facility,
94 or skilled nursing facility. Benefits payable for personal care services shall not
95 exceed for any one participant one hundred percent of the average statewide
96 charge for care and treatment in an intermediate care facility for a comparable
97 period of time. Such services, when delivered in a residential care facility or
98 assisted living facility licensed under chapter 198 shall be authorized on a tier
99 level based on the services the resident requires and the frequency of the services.
100 A resident of such facility who qualifies for assistance under section 208.030
101 shall, at a minimum, if prescribed by a physician, qualify for the tier level with
102 the fewest services. The rate paid to providers for each tier of service shall be set
103 subject to appropriations. Subject to appropriations, each resident of such facility
104 who qualifies for assistance under section 208.030 and meets the level of care
105 required in this section shall, at a minimum, if prescribed by a physician, be
106 authorized up to one hour of personal care services per day. Authorized units of
107 personal care services shall not be reduced or tier level lowered unless an order
108 approving such reduction or lowering is obtained from the resident's personal
109 physician. Such authorized units of personal care services or tier level shall be
110 transferred with such resident if he or she transfers to another such
111 facility. Such provision shall terminate upon receipt of relevant waivers from the
112 federal Department of Health and Human Services. If the Centers for Medicare
113 and Medicaid Services determines that such provision does not comply with the
114 state plan, this provision shall be null and void. The MO HealthNet division
115 shall notify the revisor of statutes as to whether the relevant waivers are
116 approved or a determination of noncompliance is made;

117 (15) Mental health services. The state plan for providing medical
118 assistance under Title XIX of the Social Security Act, 42 U.S.C. Section 301, as
119 amended, shall include the following mental health services when such services
120 are provided by community mental health facilities operated by the department
121 of mental health or designated by the department of mental health as a
122 community mental health facility or as an alcohol and drug abuse facility or as
123 a child-serving agency within the comprehensive children's mental health service
124 system established in section 630.097. The department of mental health shall
125 establish by administrative rule the definition and criteria for designation as a

126 community mental health facility and for designation as an alcohol and drug
127 abuse facility. Such mental health services shall include:

128 (a) Outpatient mental health services including preventive, diagnostic,
129 therapeutic, rehabilitative, and palliative interventions rendered to individuals
130 in an individual or group setting by a mental health professional in accordance
131 with a plan of treatment appropriately established, implemented, monitored, and
132 revised under the auspices of a therapeutic team as a part of client services
133 management;

134 (b) Clinic mental health services including preventive, diagnostic,
135 therapeutic, rehabilitative, and palliative interventions rendered to individuals
136 in an individual or group setting by a mental health professional in accordance
137 with a plan of treatment appropriately established, implemented, monitored, and
138 revised under the auspices of a therapeutic team as a part of client services
139 management;

140 (c) Rehabilitative mental health and alcohol and drug abuse services
141 including home and community-based preventive, diagnostic, therapeutic,
142 rehabilitative, and palliative interventions rendered to individuals in an
143 individual or group setting by a mental health or alcohol and drug abuse
144 professional in accordance with a plan of treatment appropriately established,
145 implemented, monitored, and revised under the auspices of a therapeutic team
146 as a part of client services management. As used in this section, mental health
147 professional and alcohol and drug abuse professional shall be defined by the
148 department of mental health pursuant to duly promulgated rules. With respect
149 to services established by this subdivision, the department of social services, MO
150 HealthNet division, shall enter into an agreement with the department of mental
151 health. Matching funds for outpatient mental health services, clinic mental
152 health services, and rehabilitation services for mental health and alcohol and
153 drug abuse shall be certified by the department of mental health to the MO
154 HealthNet division. The agreement shall establish a mechanism for the joint
155 implementation of the provisions of this subdivision. In addition, the agreement
156 shall establish a mechanism by which rates for services may be jointly developed;

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

161 (17) The services of an advanced practice registered nurse with a

162 collaborative practice agreement to the extent that such services are provided in
163 accordance with chapters 334 and 335, and regulations promulgated thereunder;

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

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

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

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

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

178 (c) For each day that nursing home costs are paid on behalf of a
179 participant under this subdivision during any period of six consecutive months
180 such participant shall, during the same period of six consecutive months, be
181 ineligible for payment of nursing home costs of two otherwise available temporary
182 leave of absence days provided under subdivision (5) of this subsection; and

183 (d) The provisions of this subdivision shall not apply unless the nursing
184 home receives notice from the participant or the participant's responsible party
185 that the participant intends to return to the nursing home following the hospital
186 stay. If the nursing home receives such notification and all other provisions of
187 this subsection have been satisfied, the nursing home shall provide notice to the
188 participant or the participant's responsible party prior to release of the reserved
189 bed;

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

194 (20) Hospice care. As used in this subdivision, the term "hospice care"
195 means a coordinated program of active professional medical attention within a
196 home, outpatient and inpatient care which treats the terminally ill patient and
197 family as a unit, employing a medically directed interdisciplinary team. The

198 program provides relief of severe pain or other physical symptoms and supportive
199 care to meet the special needs arising out of physical, psychological, spiritual,
200 social, and economic stresses which are experienced during the final stages of
201 illness, and during dying and bereavement and meets the Medicare requirements
202 for participation as a hospice as are provided in 42 CFR Part 418. The rate of
203 reimbursement paid by the MO HealthNet division to the hospice provider for
204 room and board furnished by a nursing home to an eligible hospice patient shall
205 not be less than ninety-five percent of the rate of reimbursement which would
206 have been paid for facility services in that nursing home facility for that patient,
207 in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus
208 Budget Reconciliation Act of 1989);

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

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

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

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

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

225 (c) Assessments conducted in the participant's home by a pharmacist,
226 nurse, or local home health care agency trained in bleeding disorders when
227 deemed necessary by the participant's treating physician;

228 (24) The MO HealthNet division shall, by January 1, 2008, and annually
229 thereafter, report the status of MO HealthNet provider reimbursement rates as
230 compared to one hundred percent of the Medicare reimbursement rates and
231 compared to the average dental reimbursement rates paid by third-party payors
232 licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide
233 to the general assembly a four-year plan to achieve parity with Medicare

234 reimbursement rates and for third-party payor average dental reimbursement
235 rates. Such plan shall be subject to appropriation and the division shall include
236 in its annual budget request to the governor the necessary funding needed to
237 complete the four-year plan developed under this subdivision.

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

243 (1) Dental services;

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

245 (3) Optometric services as [defined] **described** in section 336.010;

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

248 (5) Hospice care. As used in this subdivision, the term "hospice care"
249 means a coordinated program of active professional medical attention within a
250 home, outpatient and inpatient care which treats the terminally ill patient and
251 family as a unit, employing a medically directed interdisciplinary team. The
252 program provides relief of severe pain or other physical symptoms and supportive
253 care to meet the special needs arising out of physical, psychological, spiritual,
254 social, and economic stresses which are experienced during the final stages of
255 illness, and during dying and bereavement and meets the Medicare requirements
256 for participation as a hospice as are provided in 42 CFR Part 418. The rate of
257 reimbursement paid by the MO HealthNet division to the hospice provider for
258 room and board furnished by a nursing home to an eligible hospice patient shall
259 not be less than ninety-five percent of the rate of reimbursement which would
260 have been paid for facility services in that nursing home facility for that patient,
261 in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus
262 Budget Reconciliation Act of 1989);

263 (6) Comprehensive day rehabilitation services beginning early posttrauma
264 as part of a coordinated system of care for individuals with disabling
265 impairments. Rehabilitation services must be based on an individualized, goal-
266 oriented, comprehensive and coordinated treatment plan developed, implemented,
267 and monitored through an interdisciplinary assessment designed to restore an
268 individual to optimal level of physical, cognitive, and behavioral function. The
269 MO HealthNet division shall establish by administrative rule the definition and

270 criteria for designation of a comprehensive day rehabilitation service facility,
271 benefit limitations and payment mechanism. Any rule or portion of a rule, as
272 that term is defined in section 536.010, that is created under the authority
273 delegated in this subdivision shall become effective only if it complies with and
274 is subject to all of the provisions of chapter 536 and, if applicable, section
275 536.028. This section and chapter 536 are nonseverable and if any of the powers
276 vested with the general assembly pursuant to chapter 536 to review, to delay the
277 effective date, or to disapprove and annul a rule are subsequently held
278 unconstitutional, then the grant of rulemaking authority and any rule proposed
279 or adopted after August 28, 2005, shall be invalid and void.

280 3. The MO HealthNet division may require any participant receiving MO
281 HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an
282 additional payment after July 1, 2008, as defined by rule duly promulgated by the
283 MO HealthNet division, for all covered services except for those services covered
284 under subdivisions (14) and (15) of subsection 1 of this section and sections
285 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the
286 federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations
287 thereunder. When substitution of a generic drug is permitted by the prescriber
288 according to section 338.056, and a generic drug is substituted for a name-brand
289 drug, the MO HealthNet division may not lower or delete the requirement to
290 make a co-payment pursuant to regulations of Title XIX of the federal Social
291 Security Act. A provider of goods or services described under this section must
292 collect from all participants the additional payment that may be required by the
293 MO HealthNet division under authority granted herein, if the division exercises
294 that authority, to remain eligible as a provider. Any payments made by
295 participants under this section shall be in addition to and not in lieu of payments
296 made by the state for goods or services described herein except the participant
297 portion of the pharmacy professional dispensing fee shall be in addition to and
298 not in lieu of payments to pharmacists. A provider may collect the co-payment
299 at the time a service is provided or at a later date. A provider shall not refuse
300 to provide a service if a participant is unable to pay a required payment. If it is
301 the routine business practice of a provider to terminate future services to an
302 individual with an unclaimed debt, the provider may include uncollected co-
303 payments under this practice. Providers who elect not to undertake the provision
304 of services based on a history of bad debt shall give participants advance notice
305 and a reasonable opportunity for payment. A provider, representative, employee,

306 independent contractor, or agent of a pharmaceutical manufacturer shall not
307 make co-payment for a participant. This subsection shall not apply to other
308 qualified children, pregnant women, or blind persons. If the Centers for Medicare
309 and Medicaid Services does not approve the MO HealthNet state plan amendment
310 submitted by the department of social services that would allow a provider to
311 deny future services to an individual with uncollected co-payments, the denial of
312 services shall not be allowed. The department of social services shall inform
313 providers regarding the acceptability of denying services as the result of unpaid
314 co-payments.

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

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

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

328 7. Beginning July 1, 1990, the department of social services shall provide
329 notification and referral of children below age five, and pregnant, breast-feeding,
330 or postpartum women who are determined to be eligible for MO HealthNet
331 benefits under section 208.151 to the special supplemental food programs for
332 women, infants and children administered by the department of health and senior
333 services. Such notification and referral shall conform to the requirements of
334 Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

335 8. Providers of long-term care services shall be reimbursed for their costs
336 in accordance with the provisions of Section 1902 (a)(13)(A) of the Social Security
337 Act, 42 U.S.C. Section 1396a, as amended, and regulations promulgated
338 thereunder.

339 9. Reimbursement rates to long-term care providers with respect to a total
340 change in ownership, at arm's length, for any facility previously licensed and
341 certified for participation in the MO HealthNet program shall not increase

342 payments in excess of the increase that would result from the application of
343 Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. Section 1396a
344 (a)(13)(C).

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

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

351 12. If the Missouri Medicaid audit and compliance unit changes any
352 interpretation or application of the requirements for reimbursement for MO
353 HealthNet services from the interpretation or application that has been applied
354 previously by the state in any audit of a MO HealthNet provider, the Missouri
355 Medicaid audit and compliance unit shall notify all affected MO HealthNet
356 providers five business days before such change shall take effect. Failure of the
357 Missouri Medicaid audit and compliance unit to notify a provider of such change
358 shall entitle the provider to continue to receive and retain reimbursement until
359 such notification is provided and shall waive any liability of such provider for
360 recoupment or other loss of any payments previously made prior to the five
361 business days after such notice has been sent. Each provider shall provide the
362 Missouri Medicaid audit and compliance unit a valid email address and shall
363 agree to receive communications electronically. The notification required under
364 this section shall be delivered in writing by the United States Postal Service or
365 electronic mail to each provider.

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

368 **14. Beginning July 1, 2016, and subject to appropriations,**
369 **providers of behavioral, social, and psychophysiological services for the**
370 **prevention, treatment, or management of physical health problems**
371 **shall be reimbursed utilizing the behavior assessment and intervention**
372 **reimbursement codes 96150 to 96154 or their successor codes under the**
373 **Current Procedural Terminology (CPT) coding system. Providers**
374 **eligible for such reimbursement shall include psychologists.**

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

4 **(1) Studying, monitoring, and reviewing the efficacy of the public**
5 **assistance programs within the state;**

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

9 **(3) Developing recommendations to the general assembly on the**
10 **public assistance programs within the state and on promoting**
11 **independence from safety net programs among participants as may be**
12 **appropriate.**

13 **The committee shall receive and obtain information from the**
14 **departments of social services, mental health, health and senior**
15 **services, and elementary and secondary education, and any other**
16 **department as applicable, regarding the public assistance programs**
17 **within the state including, but not limited to, MO HealthNet, the**
18 **supplemental nutrition assistance program (SNAP), and temporary**
19 **assistance for needy families (TANF). Such information shall include**
20 **projected enrollment growth, budgetary matters, trends in childhood**
21 **poverty and hunger, and any other information deemed to be relevant**
22 **to the committee's purpose.**

23 **2. The directors of the department of social services, mental**
24 **health, and health and senior services shall each submit an annual**
25 **written report to the committee providing data and statistical**
26 **information regarding the caseloads of the department's employees**
27 **involved in the administration of public assistance programs.**

28 **3. The committee shall consist of ten members:**

29 (1) **The chair and the ranking minority member of the house of**
30 **representatives committee on the budget;**

31 (2) **The chair and the ranking minority member of the senate committee**
32 **on appropriations [committee];**

33 (3) **The chair and the ranking minority member of the standing house of**
34 **representatives committee [on appropriations for health, mental health, and**
35 **social services] designated to consider public assistance legislation and**
36 **matters;**

37 (4) **The chair and the ranking minority member of the standing senate**
38 **committee [on health and mental health] designated to consider public**
39 **assistance legislation and matters;**

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

42 (6) A senator chosen by the president pro [tem] **tempore** of the senate.
43 No more than [three] **four** members from each [house] **chamber** shall be of the
44 same political party.

45 [2.] 4. A chair of the committee shall be selected by the members of the
46 committee.

47 [3.] 5. The committee shall meet [as necessary] **at least twice a year.**
48 **A portion of the meeting shall be set aside for the purpose of receiving**
49 **public testimony. The committee shall seek recommendations from**
50 **social, economic, and public assistance experts on ways to improve the**
51 **effectiveness of public assistance programs, to improve program**
52 **efficiency and reduce costs, and to promote self-sufficiency among**
53 **public assistance recipients as may be appropriate.**

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

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

58 6. **The committee is authorized to hire staff and enter into**
59 **employment contracts including, but not limited to, an executive**
60 **director to conduct special reviews or investigations of the public**
61 **assistance programs within the state in order to assist the committee**
62 **with its duties. Staff appointments shall be approved by the president**
63 **pro tempore of the senate and the speaker of the house of**
64 **representatives. The compensation of committee staff and the expenses**
65 **of the committee shall be paid from the joint contingent fund or jointly**
66 **from the senate and house of representatives contingent funds until an**
67 **appropriation is made therefor.**

68 7. The committee shall **annually conduct a rolling five-year forecast**
69 **of the public assistance programs within the state and** make
70 recommendations in a report to the general assembly by January first each year,
71 beginning in [2008] **2018**, on anticipated growth [in the MO HealthNet program]
72 **of the public assistance programs within the state**, needed improvements,
73 anticipated needed appropriations, and suggested strategies on ways to structure
74 the state budget in order to satisfy the future needs of [the program] **such**
75 **programs.**

334.1200. PURPOSE

2 **The purpose of this compact is to facilitate interstate practice of**
3 **physical therapy with the goal of improving public access to physical**
4 **therapy services. The practice of physical therapy occurs in the state**
5 **where the patient/client is located at the time of the patient/client**
6 **encounter. The compact preserves the regulatory authority of states to**
7 **protect public health and safety through the current system of state**
8 **licensure.**

9 **This compact is designed to achieve the following objectives:**

- 10 **1. Increase public access to physical therapy services by**
11 **providing for the mutual recognition of other member state licenses;**
- 12 **2. Enhance the states' ability to protect the public's health and**
13 **safety;**
- 14 **3. Encourage the cooperation of member states in regulating**
15 **multistate physical therapy practice;**
- 16 **4. Support spouses of relocating military members;**
- 17 **5. Enhance the exchange of licensure, investigative, and**
18 **disciplinary information between member states; and**
- 19 **6. Allow a remote state to hold a provider of services with a**
20 **compact privilege in that state accountable to that state's practice**
21 **standards.**

334.1203. DEFINITIONS

2 **As used in this compact, and except as otherwise provided, the**
3 **following definitions shall apply:**

- 4 **1. "Active Duty Military" means full-time duty status in the active**
5 **uniformed service of the United States, including members of the**
6 **National Guard and Reserve on active duty orders pursuant to 10 U.S.C.**
7 **Section 1209 and 1211.**
- 8 **2. "Adverse Action" means disciplinary action taken by a physical**
9 **therapy licensing board based upon misconduct, unacceptable**
10 **performance, or a combination of both.**
- 11 **3. "Alternative Program" means a nondisciplinary monitoring or**
12 **practice remediation process approved by a physical therapy licensing**
13 **board. This includes, but is not limited to, substance abuse issues.**
- 14 **4. "Compact privilege" means the authorization granted by a**
15 **remote state to allow a licensee from another member state to practice**
16 **as a physical therapist or work as a physical therapist assistant in the**

17 remote state under its laws and rules. The practice of physical therapy
18 occurs in the member state where the patient/client is located at the
19 time of the patient/client encounter.

20 5. "Continuing competence" means a requirement, as a condition
21 of license renewal, to provide evidence of participation in, and/or
22 completion of, educational and professional activities relevant to
23 practice or area of work.

24 6. "Data system" means a repository of information about
25 licensees, including examination, licensure, investigative, compact
26 privilege, and adverse action.

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

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

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

34 10. "Investigative information" means information, records, and
35 documents received or generated by a physical therapy licensing board
36 pursuant to an investigation.

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

40 12. "Licensee" means an individual who currently holds an
41 authorization from the state to practice as a physical therapist or to
42 work as a physical therapist assistant.

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

44 14. "Party state" means any member state in which a licensee
45 holds a current license or compact privilege or is applying for a license
46 or compact privilege.

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

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

52 17. "Physical therapy", "physical therapy practice", and "the
53 practice of physical therapy" mean the care and services provided by

54 or under the direction and supervision of a licensed physical therapist.

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

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

61 20. "Remote state" means a member state other than the home
62 state, where a licensee is exercising or seeking to exercise the compact
63 privilege.

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

66 22. "State" means any state, commonwealth, district, or territory
67 of the United States of America that regulates the practice of physical
68 therapy.

334.1206. STATE PARTICIPATION IN THE COMPACT

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

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

5 2. Have a mechanism in place for receiving and investigating
6 complaints about licensees;

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

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

15 5. Comply with the rules of the commission;

16 6. Utilize a recognized national examination as a requirement for
17 licensure pursuant to the rules of the commission; and

18 7. Have continuing competence requirements as a condition for
19 license renewal.

20 B. Upon adoption of sections 334.1200 to 334.1233, the member
21 state shall have the authority to obtain biometric-based information
22 from each physical therapy licensure applicant and submit this

23 information to the Federal Bureau of Investigation for a criminal
24 background check in accordance with 28 U.S.C. Section 534 and 42
25 U.S.C. Section 14616.

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

29 D. Member states may charge a fee for granting a compact
30 privilege.

334.1209. COMPACT PRIVILEGE

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

- 4 1. Hold a license in the home state;
- 5 2. Have no encumbrance on any state license;
- 6 3. Be eligible for a compact privilege in any member state in
7 accordance with section 334.1209D, G and H;
- 8 4. Have not had any adverse action against any license or
9 compact privilege within the previous 2 years;
- 10 5. Notify the commission that the licensee is seeking the compact
11 privilege within a remote state(s);
- 12 6. Pay any applicable fees, including any state fee, for the
13 compact privilege;
- 14 7. Meet any jurisprudence requirements established by the
15 remote state(s) in which the licensee is seeking a compact privilege;
16 and
- 17 8. Report to the commission adverse action taken by any
18 nonmember state within thirty days from the date the adverse action
19 is taken.

20 B. The compact privilege is valid until the expiration date of the
21 home license. The licensee must comply with the requirements of
22 section 334.1209.A. to maintain the compact privilege in the remote
23 state.

24 C. A licensee providing physical therapy in a remote state under
25 the compact privilege shall function within the laws and regulations of
26 the remote state.

27 D. A licensee providing physical therapy in a remote state is
28 subject to that state's regulatory authority. A remote state may, in
29 accordance with due process and that state's laws, remove a licensee's

30 compact privilege in the remote state for a specific period of time,
31 impose fines, and/or take any other necessary actions to protect the
32 health and safety of its citizens. The licensee is not eligible for a
33 compact privilege in any state until the specific time for removal has
34 passed and all fines are paid.

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

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

39 F. Once an encumbered license in the home state is restored to
40 good standing, the licensee must meet the requirements of section
41 334.1209A to obtain a compact privilege in any remote state.

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

- 45 1. The specific period of time for which the compact privilege
46 was removed has ended;
- 47 2. All fines have been paid; and
- 48 3. Two years have elapsed from the date of the adverse action.

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

334.1212. ACTIVE DUTY MILITARY PERSONNEL OR THEIR 2 SPOUSES

3 A licensee who is active duty military or is the spouse of an
4 individual who is active duty military may designate one of the
5 following as the home state:

- 6 A. Home of record;
- 7 B. Permanent change of station (PCS); or
- 8 C. State of current residence if it is different than the PCS state
9 or home of record.

334.1215. ADVERSE ACTIONS

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

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

7 **C. Nothing in this compact shall override a member state's**
8 **decision that participation in an alternative program may be used in**
9 **lieu of adverse action and that such participation shall remain**
10 **nonpublic if required by the member state's laws. Member states must**
11 **require licensees who enter any alternative programs in lieu of**
12 **discipline to agree not to practice in any other member state during the**
13 **term of the alternative program without prior authorization from such**
14 **other member state.**

15 **D. Any member state may investigate actual or alleged violations**
16 **of the statutes and rules authorizing the practice of physical therapy**
17 **in any other member state in which a physical therapist or physical**
18 **therapist assistant holds a license or compact privilege.**

19 **E. A remote state shall have the authority to:**

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

22 **2. Issue subpoenas for both hearings and investigations that**
23 **require the attendance and testimony of witnesses, and the production**
24 **of evidence. Subpoenas issued by a physical therapy licensing board**
25 **in a party state for the attendance and testimony of witnesses, and/or**
26 **the production of evidence from another party state, shall be enforced**
27 **in the latter state by any court of competent jurisdiction, according to**
28 **the practice and procedure of that court applicable to subpoenas issued**
29 **in proceedings pending before it. The issuing authority shall pay any**
30 **witness fees, travel expenses, mileage, and other fees required by the**
31 **service statutes of the state where the witnesses and/or evidence are**
32 **located; and**

33 **3. If otherwise permitted by state law, recover from the licensee**
34 **the costs of investigations and disposition of cases resulting from any**
35 **adverse action taken against that licensee.**

36 **F. Joint Investigations**

37 **1. In addition to the authority granted to a member state by its**
38 **respective physical therapy practice act or other applicable state law,**
39 **a member state may participate with other member states in joint**
40 **investigations of licensees.**

41 **2. Member states shall share any investigative, litigation, or**
42 **compliance materials in furtherance of any joint or individual**
43 **investigation initiated under the compact.**

**334.1218. ESTABLISHMENT OF THE PHYSICAL THERAPY
2 COMPACT COMMISSION.**

3 **A. The compact member states hereby create and establish a
4 joint public agency known as the physical therapy compact commission:**

5 **1. The commission is an instrumentality of the compact states.**

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

12 **3. Nothing in this compact shall be construed to be a waiver of
13 sovereign immunity.**

14 **B. Membership, Voting, and Meetings**

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

17 **2. The delegate shall be a current member of the licensing board,
18 who is a physical therapist, physical therapist assistant, public
19 member, or the board administrator.**

20 **3. Any delegate may be removed or suspended from office as
21 provided by the law of the state from which the delegate is appointed.**

22 **4. The member state board shall fill any vacancy occurring in the
23 commission.**

24 **5. Each delegate shall be entitled to one vote with regard to the
25 promulgation of rules and creation of bylaws and shall otherwise have
26 an opportunity to participate in the business and affairs of the
27 commission.**

28 **6. A delegate shall vote in person or by such other means as
29 provided in the bylaws. The bylaws may provide for delegates'
30 participation in meetings by telephone or other means of
31 communication.**

32 **7. The commission shall meet at least once during each calendar
33 year. Additional meetings shall be held as set forth in the bylaws.**

34 **C. The commission shall have the following powers and duties:**

35 **1. Establish the fiscal year of the commission;**

36 **2. Establish bylaws;**

37 **3. Maintain its financial records in accordance with the bylaws;**

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

40 5. Promulgate uniform rules to facilitate and coordinate
41 implementation and administration of this compact. The rules shall
42 have the force and effect of law and shall be binding in all member
43 states;

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

48 7. Purchase and maintain insurance and bonds;

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

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

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

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

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

67 13. Establish a budget and make expenditures;

68 14. Borrow money;

69 15. Appoint committees, including standing committees
70 comprised of members, state regulators, state legislators or their
71 representatives, and consumer representatives, and such other
72 interested persons as may be designated in this compact and the
73 bylaws;

74 16. Provide and receive information from, and cooperate with,

75 law enforcement agencies;

76 17. Establish and elect an executive board; and

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

80 **D. The Executive Board**

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

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

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

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

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

90 2. The ex officio members will be selected by their respective
91 organizations.

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

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

95 5. The executive board shall have the following duties and
96 responsibilities:

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

101 b. Ensure compact administration services are appropriately
102 provided, contractual or otherwise;

103 c. Prepare and recommend the budget;

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

105 e. Monitor compact compliance of member states and provide
106 compliance reports to the commission;

107 f. Establish additional committees as necessary; and

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

109 **E. Meetings of the Commission**

110 1. All meetings shall be open to the public, and public notice of
111 meetings shall be given in the same manner as required under the

112 rulemaking provisions in section 334.1224.

113 **2. The commission or the executive board or other committees**
114 **of the commission may convene in a closed, nonpublic meeting if the**
115 **commission or executive board or other committees of the commission**
116 **must discuss:**

117 **a. Noncompliance of a member state with its obligations under**
118 **the compact;**

119 **b. The employment, compensation, discipline or other matters,**
120 **practices or procedures related to specific employees or other matters**
121 **related to the commission's internal personnel practices and**
122 **procedures;**

123 **c. Current, threatened, or reasonably anticipated litigation;**

124 **d. Negotiation of contracts for the purchase, lease, or sale of**
125 **goods, services, or real estate;**

126 **e. Accusing any person of a crime or formally censuring any**
127 **person;**

128 **f. Disclosure of trade secrets or commercial or financial**
129 **information that is privileged or confidential;**

130 **g. Disclosure of information of a personal nature where**
131 **disclosure would constitute a clearly unwarranted invasion of personal**
132 **privacy;**

133 **h. Disclosure of investigative records compiled for law**
134 **enforcement purposes;**

135 **i. Disclosure of information related to any investigative reports**
136 **prepared by or on behalf of or for use of the commission or other**
137 **committee charged with responsibility of investigation or**
138 **determination of compliance issues pursuant to the compact; or**

139 **j. Matters specifically exempted from disclosure by federal or**
140 **member state statute.**

141 **3. If a meeting, or portion of a meeting, is closed pursuant to this**
142 **provision, the commission's legal counsel or designee shall certify that**
143 **the meeting may be closed and shall reference each relevant exempting**
144 **provision.**

145 **4. The commission shall keep minutes that fully and clearly**
146 **describe all matters discussed in a meeting and shall provide a full and**
147 **accurate summary of actions taken, and the reasons therefore,**
148 **including a description of the views expressed. All documents**

149 considered in connection with an action shall be identified in such
150 minutes. All minutes and documents of a closed meeting shall remain
151 under seal, subject to release by a majority vote of the commission or
152 order of a court of competent jurisdiction.

153 **F. Financing of the Commission**

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

157 2. The commission may accept any and all appropriate revenue
158 sources, donations, and grants of money, equipment, supplies,
159 materials, and services.

160 3. The commission may levy on and collect an annual assessment
161 from each member state or impose fees on other parties to cover the
162 cost of the operations and activities of the commission and its staff,
163 which must be in a total amount sufficient to cover its annual budget
164 as approved each year for which revenue is not provided by other
165 sources. The aggregate annual assessment amount shall be allocated
166 based upon a formula to be determined by the commission, which shall
167 promulgate a rule binding upon all member states.

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

172 5. The commission shall keep accurate accounts of all receipts
173 and disbursements. The receipts and disbursements of the commission
174 shall be subject to the audit and accounting procedures established
175 under its bylaws. However, all receipts and disbursements of funds
176 handled by the commission shall be audited yearly by a certified or
177 licensed public accountant, and the report of the audit shall be
178 included in and become part of the annual report of the commission.

179 **G. Qualified Immunity, Defense, and Indemnification**

180 1. The members, officers, executive director, employees and
181 representatives of the commission shall be immune from suit and
182 liability, either personally or in their official capacity, for any claim for
183 damage to or loss of property or personal injury or other civil liability
184 caused by or arising out of any actual or alleged act, error or omission
185 that occurred, or that the person against whom the claim is made had

186 a reasonable basis for believing occurred within the scope of
187 commission employment, duties or responsibilities; provided that
188 nothing in this paragraph shall be construed to protect any such person
189 from suit and/or liability for any damage, loss, injury, or liability
190 caused by the intentional or willful or wanton misconduct of that
191 person.

192 2. The commission shall defend any member, officer, executive
193 director, employee or representative of the commission in any civil
194 action seeking to impose liability arising out of any actual or alleged
195 act, error, or omission that occurred within the scope of commission
196 employment, duties, or responsibilities, or that the person against
197 whom the claim is made had a reasonable basis for believing occurred
198 within the scope of commission employment, duties, or responsibilities;
199 provided that nothing herein shall be construed to prohibit that person
200 from retaining his or her own counsel; and provided further, that the
201 actual or alleged act, error, or omission did not result from that
202 person's intentional or willful or wanton misconduct.

203 3. The commission shall indemnify and hold harmless any
204 member, officer, executive director, employee, or representative of the
205 commission for the amount of any settlement or judgment obtained
206 against that person arising out of any actual or alleged act, error or
207 omission that occurred within the scope of commission employment,
208 duties, or responsibilities, or that such person had a reasonable basis
209 for believing occurred within the scope of commission employment,
210 duties, or responsibilities, provided that the actual or alleged act,
211 error, or omission did not result from the intentional or willful or
212 wanton misconduct of that person.

334.1221. DATA SYSTEM

2 A. The commission shall provide for the development,
3 maintenance, and utilization of a coordinated database and reporting
4 system containing licensure, adverse action, and investigative
5 information on all licensed individuals in member states.

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

10 1. Identifying information;

- 11 **2. Licensure data;**
- 12 **3. Adverse actions against a license or compact privilege;**
- 13 **4. Nonconfidential information related to alternative program**
14 **participation;**
- 15 **5. Any denial of application for licensure, and the reason(s) for**
16 **such denial; and**
- 17 **6. Other information that may facilitate the administration of**
18 **this compact, as determined by the rules of the commission.**

19 **C. Investigative information pertaining to a licensee in any**
20 **member state will only be available to other party states.**

21 **D. The commission shall promptly notify all member states of**
22 **any adverse action taken against a licensee or an individual applying**
23 **for a license. Adverse action information pertaining to a licensee in**
24 **any member state will be available to any other member state.**

25 **E. Member states contributing information to the data system**
26 **may designate information that may not be shared with the public**
27 **without the express permission of the contributing state.**

28 **F. Any information submitted to the data system that is**
29 **subsequently required to be expunged by the laws of the member state**
30 **contributing the information shall be removed from the data system.**

334.1224. RULEMAKING

2 **A. The commission shall exercise its rulemaking powers**
3 **pursuant to the criteria set forth in this section and the rules adopted**
4 **thereunder. Rules and amendments shall become binding as of the date**
5 **specified in each rule or amendment.**

6 **B. If a majority of the legislatures of the member states rejects**
7 **a rule, by enactment of a statute or resolution in the same manner used**
8 **to adopt the compact within four years of the date of adoption of the**
9 **rule, then such rule shall have no further force and effect in any**
10 **member state.**

11 **C. Rules or amendments to the rules shall be adopted at a**
12 **regular or special meeting of the commission.**

13 **D. Prior to promulgation and adoption of a final rule or rules by**
14 **the commission, and at least thirty days in advance of the meeting at**
15 **which the rule will be considered and voted upon, the commission shall**
16 **file a notice of proposed rulemaking:**

17 **1. On the website of the commission or other publicly accessible**

18 **platform; and**

19 **2. On the website of each member state physical therapy**
20 **licensing board or other publicly accessible platform or the publication**
21 **in which each state would otherwise publish proposed rules.**

22 **E. The notice of proposed rulemaking shall include:**

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

25 **2. The text of the proposed rule or amendment and the reason for**
26 **the proposed rule;**

27 **3. A request for comments on the proposed rule from any**
28 **interested person; and**

29 **4. The manner in which interested persons may submit notice to**
30 **the commission of their intention to attend the public hearing and any**
31 **written comments.**

32 **F. Prior to adoption of a proposed rule, the commission shall**
33 **allow persons to submit written data, facts, opinions, and arguments,**
34 **which shall be made available to the public.**

35 **G. The commission shall grant an opportunity for a public**
36 **hearing before it adopts a rule or amendment if a hearing is requested**
37 **by:**

38 **1. At least twenty-five persons;**

39 **2. A state or federal governmental subdivision or agency; or**

40 **3. An association having at least twenty-five members.**

41 **H. If a hearing is held on the proposed rule or amendment, the**
42 **commission shall publish the place, time, and date of the scheduled**
43 **public hearing. If the hearing is held via electronic means, the**
44 **commission shall publish the mechanism for access to the electronic**
45 **hearing.**

46 **1. All persons wishing to be heard at the hearing shall notify the**
47 **executive director of the commission or other designated member in**
48 **writing of their desire to appear and testify at the hearing not less than**
49 **five business days before the scheduled date of the hearing.**

50 **2. Hearings shall be conducted in a manner providing each**
51 **person who wishes to comment a fair and reasonable opportunity to**
52 **comment orally or in writing.**

53 **3. All hearings will be recorded. A copy of the recording will be**
54 **made available on request.**

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

58 I. Following the scheduled hearing date, or by the close of
59 business on the scheduled hearing date if the hearing was not held, the
60 commission shall consider all written and oral comments received.

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

64 K. The commission shall, by majority vote of all members, take
65 final action on the proposed rule and shall determine the effective date
66 of the rule, if any, based on the rulemaking record and the full text of
67 the rule.

68 L. Upon determination that an emergency exists, the commission
69 may consider and adopt an emergency rule without prior notice,
70 opportunity for comment, or hearing, provided that the usual
71 rulemaking procedures provided in the compact and in this section
72 shall be retroactively applied to the rule as soon as reasonably possible,
73 in no event later than ninety days after the effective date of the
74 rule. For the purposes of this provision, an emergency rule is one that
75 must be adopted immediately in order to:

- 76 1. Meet an imminent threat to public health, safety, or welfare;
- 77 2. Prevent a loss of commission or member state funds;
- 78 3. Meet a deadline for the promulgation of an administrative rule
79 that is established by federal law or rule; or
- 80 4. Protect public health and safety.

81 M. The commission or an authorized committee of the
82 commission may direct revisions to a previously adopted rule or
83 amendment for purposes of correcting typographical errors, errors in
84 format, errors in consistency, or grammatical errors. Public notice of
85 any revisions shall be posted on the website of the commission. The
86 revision shall be subject to challenge by any person for a period of
87 thirty days after posting. The revision may be challenged only on
88 grounds that the revision results in a material change to a rule. A
89 challenge shall be made in writing, and delivered to the chair of the
90 commission prior to the end of the notice period. If no challenge is
91 made, the revision will take effect without further action. If the

92 revision is challenged, the revision may not take effect without the
93 approval of the commission.

334.1227. OVERSIGHT, DISPUTE RESOLUTION, AND
2 ENFORCEMENT

3 A. Oversight

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

9 2. All courts shall take judicial notice of the compact and the
10 rules in any judicial or administrative proceeding in a member state
11 pertaining to the subject matter of this compact which may affect the
12 powers, responsibilities or actions of the commission.

13 3. The commission shall be entitled to receive service of process
14 in any such proceeding, and shall have standing to intervene in such
15 a proceeding for all purposes. Failure to provide service of process to
16 the commission shall render a judgment or order void as to the
17 commission, this compact, or promulgated rules.

18 B. Default, Technical Assistance, and Termination

19 1. If the commission determines that a member state has
20 defaulted in the performance of its obligations or responsibilities under
21 this compact or the promulgated rules, the commission shall:

22 a. Provide written notice to the defaulting state and other
23 member states of the nature of the default, the proposed means of
24 curing the default and/or any other action to be taken by the
25 commission; and

26 b. Provide remedial training and specific technical assistance
27 regarding the default.

28 2. If a state in default fails to cure the default, the defaulting
29 state may be terminated from the compact upon an affirmative vote of
30 a majority of the member states, and all rights, privileges and benefits
31 conferred by this compact may be terminated on the effective date of
32 termination. A cure of the default does not relieve the offending state
33 of obligations or liabilities incurred during the period of default.

34 3. Termination of membership in the compact shall be imposed
35 only after all other means of securing compliance have been

36 exhausted. Notice of intent to suspend or terminate shall be given by
37 the commission to the governor, the majority and minority leaders of
38 the defaulting state's legislature, and each of the member states.

39 4. A state that has been terminated is responsible for all
40 assessments, obligations, and liabilities incurred through the effective
41 date of termination, including obligations that extend beyond the
42 effective date of termination.

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

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

52 C. Dispute Resolution

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

56 2. The commission shall promulgate a rule providing for both
57 mediation and binding dispute resolution for disputes as appropriate.

58 D. Enforcement

59 1. The commission, in the reasonable exercise of its discretion,
60 shall enforce the provisions and rules of this compact.

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

69 3. The remedies herein shall not be the exclusive remedies of the
70 commission. The commission may pursue any other remedies available
71 under federal or state law.

334.1230. DATE OF IMPLEMENTATION OF THE INTERSTATE

**2 COMMISSION FOR PHYSICAL THERAPY PRACTICE AND ASSOCIATED
3 RULES, WITHDRAWAL, AND AMENDMENT**

4 **A. The compact shall come into effect on the date on which the
5 compact statute is enacted into law in the tenth member state. The
6 provisions, which become effective at that time, shall be limited to the
7 powers granted to the commission relating to assembly and the
8 promulgation of rules. Thereafter, the commission shall meet and
9 exercise rulemaking powers necessary to the implementation and
10 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 the rules
13 as they exist on the date on which the compact becomes law in that
14 state. Any rule that has been previously adopted by the commission
15 shall have the full force and effect of law on the day the compact
16 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 six
20 months after enactment of the repealing statute.**

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

25 **D. Nothing contained in this compact shall be construed to
26 invalidate or prevent any physical therapy licensure agreement or
27 other cooperative arrangement between a member state and a
28 nonmember state that does not conflict with the provisions of this
29 compact.**

30 **E. This compact may be amended by the member states. No
31 amendment to this compact shall become effective and binding upon
32 any member state until it is enacted into the laws of all member states.**

334.1233. CONSTRUCTION AND SEVERABILITY

2 **This compact shall be liberally construed so as to effectuate the
3 purposes thereof. The provisions of this compact shall be severable and
4 if any phrase, clause, sentence or provision of this compact is declared
5 to be contrary to the constitution of any party state or of the United
6 States or the applicability thereof to any government, agency, person**

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

335.360. 1. The party states find that:

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

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

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

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

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

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

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

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

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

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

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

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

31 **(6) Decrease redundancies in the consideration and issuance of**
32 **nurse licenses; and**

33 **(7) Provide opportunities for interstate practice by nurses who**
34 **meet uniform licensure requirements.**

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

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

10 **(2) "Alternative program", a nondisciplinary monitoring program**
11 **approved by a licensing board;**

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

17 **(4) "Current significant investigative information":**

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

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

27 **(5) "Encumbrance", a revocation or suspension of, or any**
28 **limitation on, the full and unrestricted practice of nursing imposed by**
29 **a licensing board;**

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

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

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

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

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

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

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

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

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

52 (15) "State practice laws", a party state's laws, rules, and
53 regulations that govern the practice of nursing, define the scope of
54 nursing practice, and create the methods and grounds for imposing
55 discipline. State practice laws do not include requirements necessary
56 to obtain and retain a license, except for qualifications or requirements
57 of the home state.

335.370. 1. A multistate license to practice registered or licensed
2 practical or vocational nursing issued by a home state to a resident in
3 that state shall be recognized by each party state as authorizing a
4 nurse to practice as a registered nurse, "RN", or as a licensed practical
5 or vocational nurse, "LPN" or "VN", under a multistate licensure
6 privilege, in each party state.

7 2. A state must implement procedures for considering the
8 criminal history records of applicants for initial multistate license or
9 licensure by endorsement. Such procedures shall include the
10 submission of fingerprints or other biometric-based information by
11 applicants for the purpose of obtaining an applicant's criminal history
12 record information from the Federal Bureau of Investigation and the
13 agency responsible for retaining that state's criminal records.

14 **3. Each party state shall require the following for an applicant**
15 **to obtain or retain a multistate license in the home state:**

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

18 **(2) (a) Has graduated or is eligible to graduate from a licensing**
19 **board-approved RN or LPN or VN prelicensure education program; or**

20 **(b) Has graduated from a foreign RN or LPN or VN prelicensure**
21 **education program that has been approved by the authorized**
22 **accrediting body in the applicable country and has been verified by an**
23 **independent credentials review agency to be comparable to a licensing**
24 **board-approved prelicensure education program;**

25 **(3) Has, if a graduate of a foreign prelicensure education**
26 **program not taught in English or if English is not the individual's**
27 **native language, successfully passed an English proficiency**
28 **examination that includes the components of reading, speaking,**
29 **writing, and listening;**

30 **(4) Has successfully passed an NCLEX-RN or NCLEX-PN**
31 **examination or recognized predecessor, as applicable;**

32 **(5) Is eligible for or holds an active, unencumbered license;**

33 **(6) Has submitted, in connection with an application for initial**
34 **licensure or licensure by endorsement, fingerprints or other biometric**
35 **data for the purpose of obtaining criminal history record information**
36 **from the Federal Bureau of Investigation and the agency responsible**
37 **for retaining that state's criminal records;**

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

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

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

45 **(10) Is subject to self-disclosure requirements regarding current**
46 **participation in an alternative program; and**

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

48 **4. All party states shall be authorized, in accordance with**
49 **existing state due process law, to take adverse action against a nurse's**
50 **multistate licensure privilege such as revocation, suspension,**

51 probation, or any other action that affects a nurse's authorization to
52 practice under a multistate licensure privilege, including cease and
53 desist actions. If a party state takes such action, it shall promptly
54 notify the administrator of the coordinated licensure information
55 system. The administrator of the coordinated licensure information
56 system shall promptly notify the home state of any such actions by
57 remote states.

58 5. A nurse practicing in a party state shall comply with the state
59 practice laws of the state in which the client is located at the time
60 service is provided. The practice of nursing is not limited to patient
61 care, but shall include all nursing practice as defined by the state
62 practice laws of the party state in which the client is located. The
63 practice of nursing in a party state under a multistate licensure
64 privilege shall subject a nurse to the jurisdiction of the licensing board,
65 the courts, and the laws of the party state in which the client is located
66 at the time service is provided.

67 6. Individuals not residing in a party state shall continue to be
68 able to apply for a party state's single-state license as provided under
69 the laws of each party state. However, the single-state license granted
70 to these individuals shall not be recognized as granting the privilege
71 to practice nursing in any other party state. Nothing in this compact
72 shall affect the requirements established by a party state for the
73 issuance of a single-state license.

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

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

81 (2) A nurse who fails to satisfy the multistate licensure
82 requirements in subsection 3 of this section due to a disqualifying
83 event occurring after this compact's effective date shall be ineligible to
84 retain or renew a multistate license, and the nurse's multistate license
85 shall be revoked or deactivated in accordance with applicable rules
86 adopted by the Interstate Commission of Nurse Licensure Compact
87 Administrators, commission.

335.375. 1. Upon application for a multistate license, the
2 licensing board in the issuing party state shall ascertain, through the
3 coordinated licensure information system, whether the applicant has
4 ever held, or is the holder of, a license issued by any other state,
5 whether there are any encumbrances on any license or multistate
6 licensure privilege held by the applicant, whether any adverse action
7 has been taken against any license or multistate licensure privilege
8 held by the applicant, and whether the applicant is currently
9 participating in an alternative program.

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

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

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

19 (2) A multistate license shall not be issued by the new home state
20 until the nurse provides satisfactory evidence of a change in primary
21 state of residence to the new home state and satisfies all applicable
22 requirements to obtain a multistate license from the new home state.

23 4. If a nurse changes primary state of residence by moving from
24 a party state to a non-party state, the multistate license issued by the
25 prior home state shall convert to a single-state license, valid only in the
26 former home state.

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

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

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

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

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

14 **(3) Complete any pending investigations of a nurse who changes**
15 **primary state of residence during the course of such**
16 **investigations. The licensing board shall also have the authority to**
17 **take appropriate action and shall promptly report the conclusions of**
18 **such investigations to the administrator of the coordinated licensure**
19 **information system. The administrator of the coordinated licensure**
20 **information system shall promptly notify the new home state of any**
21 **such actions;**

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

33 **(5) Obtain and submit, for each nurse licensure applicant,**
34 **fingerprint or other biometric based information to the Federal Bureau**
35 **of Investigation for criminal background checks, receive the results of**
36 **the Federal Bureau of Investigation record search on criminal**
37 **background checks, and use the results in making licensure decisions;**

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

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

44 **2. If adverse action is taken by the home state against a nurse's**
45 **multistate license, the nurse's multistate licensure privilege to practice**
46 **in all other party states shall be deactivated until all encumbrances**
47 **have been removed from the multistate license. All home state**
48 **disciplinary orders that impose adverse action against a nurse's**

49 multistate license shall include a statement that the nurse's multistate
50 licensure privilege is deactivated in all party states during the
51 pendency of the order.

52 3. Nothing in this compact shall override a party state's decision
53 that participation in an alternative program may be used in lieu of
54 adverse action. The home state licensing board shall deactivate the
55 multistate licensure privilege under the multistate license of any nurse
56 for the duration of the nurse's participation in an alternative program.

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

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

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

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

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

26 6. Any personally identifiable information obtained from the
27 coordinated licensure information system by a party state licensing
28 board shall not be shared with non-party states or disclosed to other
29 entities or individuals except to the extent permitted by the laws of the

30 party state contributing the information.

31 7. Any information contributed to the coordinated licensure
32 information system that is subsequently required to be expunged by the
33 laws of the party state contributing that information shall also be
34 expunged from the coordinated licensure information system.

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

38 (1) Identifying information;

39 (2) Licensure data;

40 (3) Information related to alternative program participation; and

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

43 9. The compact administrator of a party state shall provide all
44 investigative documents and information requested by another party
45 state.

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

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

5 (2) Venue is proper, and judicial proceedings by or against the
6 commission shall be brought solely and exclusively in a court of
7 competent jurisdiction where the principal office of the commission is
8 located. The commission may waive venue and jurisdictional defenses
9 to the extent it adopts or consents to participate in alternative dispute
10 resolution proceedings.

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

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

20 (2) Each administrator shall be entitled to one vote with regard
21 to the promulgation of rules and creation of bylaws and shall otherwise

22 have an opportunity to participate in the business and affairs of the
23 commission. An administrator shall vote in person or by such other
24 means as provided in the bylaws. The bylaws may provide for an
25 administrator's participation in meetings by telephone or other means
26 of communication.

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

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

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

35 (a) Noncompliance of a party state with its obligations under this
36 compact;

37 (b) The employment, compensation, discipline, or other
38 personnel matters, practices, or procedures related to specific
39 employees, or other matters related to the commission's internal
40 personnel practices and procedures;

41 (c) Current, threatened, or reasonably anticipated litigation;

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

44 (e) Accusing any person of a crime or formally censuring any
45 person;

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

48 (g) Disclosure of information of a personal nature where
49 disclosure would constitute a clearly unwarranted invasion of personal
50 privacy;

51 (h) Disclosure of investigatory records compiled for law
52 enforcement purposes;

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

56 (j) Matters specifically exempted from disclosure by federal or
57 state statute.

58 (6) If a meeting, or portion of a meeting, is closed pursuant to

59 subdivision (5) of this subsection, the commission's legal counsel or
60 designee shall certify that the meeting shall be closed and shall
61 reference each relevant exempting provision. The commission shall
62 keep minutes that fully and clearly describe all matters discussed in a
63 meeting and shall provide a full and accurate summary of actions
64 taken, and the reasons therefor, including a description of the views
65 expressed. All documents considered in connection with an action shall
66 be identified in such minutes. All minutes and documents of a closed
67 meeting shall remain under seal, subject to release by a majority vote
68 of the commission or order of a court of competent jurisdiction.

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

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

74 (2) Providing reasonable standards and procedures:

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

76 (b) Governing any general or specific delegation of any authority
77 or function of the commission;

78 (3) Providing reasonable procedures for calling and conducting
79 meetings of the commission, ensuring reasonable advance notice of all
80 meetings and providing an opportunity for attendance of such meetings
81 by interested parties, with enumerated exceptions designed to protect
82 the public's interest, the privacy of individuals, and proprietary
83 information, including trade secrets. The commission may meet in
84 closed session only after a majority of the administrators vote to close
85 a meeting in whole or in part. As soon as practicable, the commission
86 must make public a copy of the vote to close the meeting revealing the
87 vote of each administrator, with no proxy votes allowed;

88 (4) Establishing the titles, duties, and authority and reasonable
89 procedures for the election of the officers of the commission;

90 (5) Providing reasonable standards and procedures for the
91 establishment of the personnel policies and programs of the
92 commission. Notwithstanding any civil service or other similar laws of
93 any party state, the bylaws shall exclusively govern the personnel
94 policies and programs of the commission; and

95 (6) Providing a mechanism for winding up the operations of the

96 commission and the equitable disposition of any surplus funds that may
97 exist after the termination of this compact after the payment or
98 reserving of all of its debts and obligations.

99 4. The commission shall publish its bylaws and rules, and any
100 amendments thereto, in a convenient form on the website of the
101 commission.

102 5. The commission shall maintain its financial records in
103 accordance with the bylaws.

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

106 7. The commission shall have the following powers:

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

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

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

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

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

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

126 (7) To accept any and all appropriate donations, grants and gifts
127 of money, equipment, supplies, materials, and services, and to receive,
128 utilize, and dispose of the same; provided that, at all times the
129 commission shall avoid any appearance of impropriety or conflict of
130 interest;

131 (8) To lease, purchase, accept appropriate gifts or donations of,
132 or otherwise to own, hold, improve, or use, any property, whether real,

133 **personal, or mixed; provided that, at all times the commission shall**
134 **avoid any appearance of impropriety;**

135 **(9) To sell, convey, mortgage, pledge, lease, exchange, abandon,**
136 **or otherwise dispose of any property, whether real, personal, or mixed;**

137 **(10) To establish a budget and make expenditures;**

138 **(11) To borrow money;**

139 **(12) To appoint committees, including advisory committees**
140 **comprised of administrators, state nursing regulators, state legislators**
141 **or their representatives, consumer representatives, and other such**
142 **interested persons;**

143 **(13) To provide and receive information from, and to cooperate**
144 **with, law enforcement agencies;**

145 **(14) To adopt and use an official seal; and**

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

149 **8. (1) The commission shall pay, or provide for the payment of,**
150 **the reasonable expenses of its establishment, organization, and ongoing**
151 **activities.**

152 **(2) The commission may also levy on and collect an annual**
153 **assessment from each party state to cover the cost of its operations,**
154 **activities, and staff in its annual budget as approved each year. The**
155 **aggregate annual assessment amount, if any, shall be allocated based**
156 **upon a formula to be determined by the commission, which shall**
157 **promulgate a rule that is binding upon all party states.**

158 **(3) The commission shall not incur obligations of any kind prior**
159 **to securing the funds adequate to meet the same; nor shall the**
160 **commission pledge the credit of any of the party states, except by and**
161 **with the authority of such party state.**

162 **(4) The commission shall keep accurate accounts of all receipts**
163 **and disbursements. The receipts and disbursements of the commission**
164 **shall be subject to the audit and accounting procedures established**
165 **under its bylaws. However, all receipts and disbursements of funds**
166 **handled by the commission shall be audited yearly by a certified or**
167 **licensed public accountant, and the report of the audit shall be**
168 **included in and become part of the annual report of the commission.**

169 **9. (1) The administrators, officers, executive director, employees,**

170 and representatives of the commission shall be immune from suit and
171 liability, either personally or in their official capacity, for any claim for
172 damage to or loss of property, personal injury, or other civil liability
173 caused by or arising out of any actual or alleged act, error, or omission
174 that occurred, or that the person against whom the claim is made had
175 a reasonable basis for believing occurred, within the scope of
176 commission employment, duties, or responsibilities; provided that,
177 nothing in this paragraph shall be construed to protect any such person
178 from suit or liability for any damage, loss, injury, or liability caused by
179 the intentional, willful, or wanton misconduct of that person.

180 (2) The commission shall defend any administrator, officer,
181 executive director, employee, or representative of the commission in
182 any civil action seeking to impose liability arising out of any actual or
183 alleged act, error, or omission that occurred within the scope of
184 commission employment, duties, or responsibilities, or that the person
185 against whom the claim is made had a reasonable basis for believing
186 occurred within the scope of commission employment, duties, or
187 responsibilities; provided that, nothing herein shall be construed to
188 prohibit that person from retaining his or her own counsel; and
189 provided further that the actual or alleged act, error, or omission did
190 not result from that person's intentional, willful, or wanton misconduct.

191 (3) The commission shall indemnify and hold harmless any
192 administrator, officer, executive director, employee, or representative
193 of the commission for the amount of any settlement or judgment
194 obtained against that person arising out of any actual or alleged act,
195 error, or omission that occurred within the scope of commission
196 employment, duties, or responsibilities, or that such person had a
197 reasonable basis for believing occurred within the scope of commission
198 employment, duties, or responsibilities; provided that, the actual or
199 alleged act, error, or omission did not result from the intentional,
200 willful, or wanton misconduct of that person.

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

6 2. Rules or amendments to the rules shall be adopted at a regular

7 or special meeting of the commission.

8 3. Prior to promulgation and adoption of a final rule or rules by
9 the commission, and at least sixty days in advance of the meeting at
10 which the rule shall be considered and voted upon, the commission
11 shall file a notice of proposed rulemaking:

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

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

15 4. The notice of proposed rulemaking shall include:

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

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

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

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

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

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

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

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

36 (2) Nothing in this section shall be construed as requiring a
37 separate hearing on each rule. Rules may be grouped for the
38 convenience of the commission at hearings required by this section.

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

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

44 **10. The commission shall, by majority vote of all administrators,**
45 **take final action on the proposed rule and shall determine the effective**
46 **date of the rule, if any, based on the rulemaking record and the full**
47 **text of the rule.**

48 **11. Upon determination that an emergency exists, the**
49 **commission may consider and adopt an emergency rule without prior**
50 **notice, opportunity for comment, or hearing; provided that, the usual**
51 **rulemaking procedures provided in this compact and in this section**
52 **shall be retroactively applied to the rule as soon as reasonably possible,**
53 **in no event later than ninety days after the effective date of the**
54 **rule. For the purposes of this provision, an emergency rule is one that**
55 **shall be adopted immediately in order to:**

- 56 **(1) Meet an imminent threat to public health, safety, or welfare;**
57 **(2) Prevent a loss of commission or party state funds; or**
58 **(3) Meet a deadline for the promulgation of an administrative**
59 **rule that is required by federal law or rule.**

60 **12. The commission may direct revisions to a previously adopted**
61 **rule or amendment for purposes of correcting typographical errors,**
62 **errors in format, errors in consistency, or grammatical errors. Public**
63 **notice of any revisions shall be posted on the website of the**
64 **commission. The revision shall be subject to challenge by any person**
65 **for a period of thirty days after posting. The revision shall be**
66 **challenged only on grounds that the revision results in a material**
67 **change to a rule. A challenge shall be made in writing and delivered**
68 **to the commission prior to the end of the notice period. If no challenge**
69 **is made, the revision shall take effect without further action. If the**
70 **revision is challenged, the revision shall not take effect without the**
71 **approval of the commission.**

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

4 **(2) The commission shall be entitled to receive service of process**
5 **in any proceeding that may affect the powers, responsibilities, or**
6 **actions of the commission, and shall have standing to intervene in such**
7 **a proceeding for all purposes. Failure to provide service of process in**
8 **such proceeding to the commission shall render a judgment or order**
9 **void as to the commission, this compact, or promulgated rules.**

10 **2. (1) If the commission determines that a party state has**
11 **defaulted in the performance of its obligations or responsibilities under**
12 **this compact or the promulgated rules, the commission shall:**

13 **(a) Provide written notice to the defaulting state and other party**
14 **states of the nature of the default, the proposed means of curing the**
15 **default, or any other action to be taken by the commission; and**

16 **(b) Provide remedial training and specific technical assistance**
17 **regarding the default.**

18 **(2) If a state in default fails to cure the default, the defaulting**
19 **state's membership in this compact shall be terminated upon an**
20 **affirmative vote of a majority of the administrators, and all rights,**
21 **privileges, and benefits conferred by this compact shall be terminated**
22 **on the effective date of termination. A cure of the default does not**
23 **relieve the offending state of obligations or liabilities incurred during**
24 **the period of default.**

25 **(3) Termination of membership in this compact shall be imposed**
26 **only after all other means of securing compliance have been**
27 **exhausted. Notice of intent to suspend or terminate shall be given by**
28 **the commission to the governor of the defaulting state, to the executive**
29 **officer of the defaulting state's licensing board, and each of the party**
30 **states.**

31 **(4) A state whose membership in this compact has been**
32 **terminated is responsible for all assessments, obligations, and**
33 **liabilities incurred through the effective date of termination, including**
34 **obligations that extend beyond the effective date of termination.**

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

39 **(6) The defaulting state may appeal the action of the commission**
40 **by petitioning the United States District Court for the District of**
41 **Columbia or the federal district in which the commission has its**
42 **principal offices. The prevailing party shall be awarded all costs of**
43 **such litigation, including reasonable attorneys' fees.**

44 **3. (1) Upon request by a party state, the commission shall**
45 **attempt to resolve disputes related to the compact that arise among**
46 **party states and between party and non-party states.**

47 **(2) The commission shall promulgate a rule providing for both**
48 **mediation and binding dispute resolution for disputes, as appropriate.**

49 **(3) In the event the commission cannot resolve disputes among**
50 **party states arising under this compact:**

51 **(a) The party states shall submit the issues in dispute to an**
52 **arbitration panel, which shall be comprised of individuals appointed by**
53 **the compact administrator in each of the affected party states and an**
54 **individual mutually agreed upon by the compact administrators of all**
55 **the party states involved in the dispute.**

56 **(b) The decision of a majority of the arbitrators shall be final**
57 **and binding.**

58 **4. (1) The commission, in the reasonable exercise of its**
59 **discretion, shall enforce the provisions and rules of this compact.**

60 **(2) By majority vote, the commission may initiate legal action in**
61 **the United States District Court for the District of Columbia or the**
62 **federal district in which the commission has its principal offices**
63 **against a party state that is in default to enforce compliance with the**
64 **provisions of this compact and its promulgated rules and bylaws. The**
65 **relief sought may include both injunctive relief and damages. In the**
66 **event judicial enforcement is necessary, the prevailing party shall be**
67 **awarded all costs of such litigation, including reasonable attorneys'**
68 **fees.**

69 **(3) The remedies herein shall not be the exclusive remedies of**
70 **the commission. The commission may pursue any other remedies**
71 **available under federal or state law.**

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

8 **2. Each party state to this compact shall continue to recognize**
9 **a nurse's multistate licensure privilege to practice in that party state**
10 **issued under the prior compact until such party state has withdrawn**
11 **from the prior compact.**

12 **3. Any party state may withdraw from this compact by enacting**

13 a statute repealing the same. A party state's withdrawal shall not take
14 effect until six months after enactment of the repealing statute.

15 4. A party state's withdrawal or termination shall not affect the
16 continuing requirement of the withdrawing or terminated state's
17 licensing board to report adverse actions and significant investigations
18 occurring prior to the effective date of such withdrawal or termination.

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

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

27 7. Representatives of non-party states to this compact shall be
28 invited to participate in the activities of the commission on a nonvoting
29 basis prior to the adoption of this compact by all states.

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

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

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

7 3. This compact does not supersede existing state labor laws.

338.200. 1. In the event a pharmacist is unable to obtain refill

2 authorization from the prescriber due to death, incapacity, or when the
3 pharmacist is unable to obtain refill authorization from the prescriber, a
4 pharmacist may dispense an emergency supply of medication if:

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

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

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

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

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

15 2. (1) If the pharmacist is unable to obtain refill authorization from the
16 prescriber, the amount dispensed shall be limited to the amount determined by
17 the pharmacist within his or her professional judgment as needed for the
18 emergency period, provided the amount dispensed shall not exceed a seven-day
19 supply.

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

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

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

29 **5. The determination to dispense an emergency supply of**
30 **medication under this section shall only be made by a pharmacist**
31 **licensed by the board.**

32 **6.** The board shall promulgate rules to implement the provisions of this
33 section. Any rule or portion of a rule, as that term is defined in section 536.010,
34 that is created under the authority delegated in this section shall become effective
35 only if it complies with and is subject to all of the provisions of chapter 536 and,
36 if applicable, section 536.028. This section and chapter 536 are nonseverable and
37 if any of the powers vested with the general assembly pursuant to chapter 536 to

38 review, to delay the effective date, or to disapprove and annul a rule are
39 subsequently held unconstitutional, then the grant of rulemaking authority and
40 any rule proposed or adopted after August 28, 2013, shall be invalid and void.

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

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

**376.379. 1. A health carrier or managed care plan offering a
2 health benefit plan in this state that provides prescription drug
3 coverage shall offer, as part of the plan, medication synchronization
4 services developed by the health carrier or managed care plan that
5 allow for the alignment of refill dates for an enrollee's prescription
6 drugs that are covered benefits.**

7 **2. Under its medication synchronization services, a health
8 carrier or managed care plan shall:**

9 **(1) Not charge an amount in excess of the otherwise applicable
10 co-payment amount under the health benefit plan for dispensing a
11 prescription drug in a quantity that is less than the prescribed amount
12 if:**

13 **(a) The pharmacy dispenses the prescription drug in accordance
14 with the medication synchronization services offered under the health
15 benefit plan; and**

16 **(b) A participating provider dispenses the prescription drug; and**

17 **(2) Provide a full dispensing fee to the pharmacy that dispenses
18 the prescription drug to the covered person.**

19 **3. For purposes of this section, the terms "health carrier",**
20 **"managed care plan", "health benefit plan", "enrollee", and "participating**
21 **provider" shall have the same meanings given to such terms under**
22 **section 376.1350.**

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

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

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

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

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

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

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

25 **2. Upon each contract execution or renewal between a pharmacy**
26 **benefits manager and a pharmacy or between a pharmacy benefits**
27 **manager and a pharmacy's contracting representative or agent, such as**
28 **a pharmacy services administrative organization, a pharmacy benefits**
29 **manager shall, with respect to such contract or renewal:**

30 **(1) Include in such contract or renewal the sources utilized to**
31 **determine maximum allowable cost and update such pricing**
32 **information at least every seven days; and**

33 **(2) Maintain a procedure to eliminate products from the**

34 maximum allowable cost list of drugs subject to such pricing or modify
35 maximum allowable cost pricing at least every seven days, if such drugs
36 do not meet the standards and requirements of this section, in order to
37 remain consistent with pricing changes in the marketplace.

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

42 4. A pharmacy benefits manager shall not place a drug on a
43 maximum allowable cost list unless there are at least two
44 therapeutically equivalent multisource generic drugs, or at least one
45 generic drug available from at least one manufacturer, generally
46 available for purchase by network pharmacies from national or
47 regional wholesalers.

48 5. All contracts between a pharmacy benefits manager and a
49 contracted pharmacy or between a pharmacy benefits manager and a
50 pharmacy's contracting representative or agent, such as a pharmacy
51 services administrative organization, shall include a process to
52 internally appeal, investigate, and resolve disputes regarding maximum
53 allowable cost pricing. The process shall include the following:

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

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

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

65 7. If the appeal is successful, the pharmacy benefits manager
66 shall:

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

69 (2) Apply the adjusted maximum allowable cost price to all
70 similarly situated pharmacies as determined by the pharmacy benefits

71 **manager; and**

72 **(3) Allow the pharmacy that succeeded in the appeal to reverse**
73 **and rebill the pharmacy benefits claim giving rise to the appeal.**

74 **8. Appeals shall be upheld if:**

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

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

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

8 2. A health carrier or health benefit plan shall clearly state the
9 availability of physical therapy **and occupational therapy** coverage under its
10 plan and all related limitations, conditions, and exclusions.

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

376.1237. 1. Each health carrier or health benefit plan that offers or
2 issues health benefit plans which are delivered, issued for delivery, continued, or
3 renewed in this state on or after January 1, 2014, and that provides coverage for
4 prescription eye drops shall provide coverage for the refilling of an eye drop
5 prescription prior to the last day of the prescribed dosage period without regard

6 to a coverage restriction for early refill of prescription renewals as long as the
7 prescribing health care provider authorizes such early refill, and the health
8 carrier or the health benefit plan is notified.

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

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

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

21 5. The provisions of this section shall terminate on January 1, [2017]
22 **2020.**

**376.2020. 1. For purposes of this section, the following terms
2 shall mean:**

3 **(1) "Contractual payment amount" or "payment amount", shall
4 mean the total amount a health care provider is to be paid for
5 providing a given health care service pursuant to a contract with a
6 health carrier, and includes both the portions to be paid by the patient
7 and by the health carrier. It is commonly referred to as the allowable
8 amount;**

9 **(2) "Enrollee", shall have the same meaning ascribed to it in
10 section 376.1350;**

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

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

15 **(5) "Health carrier", shall have the same meaning ascribed to it
16 in section 376.1350.**

17 **2. No provision in a contract in existence or entered into,
18 amended, or renewed on or after August 28, 2016, between a health
19 carrier and a health care provider shall be enforceable if such**

20 **contractual provision prohibits, conditions, or in any way restricts any**
21 **party to such contract from disclosing to an enrollee, or such person's**
22 **parent or legal guardian, the contractual payment amount for a health**
23 **care service if such payment amount is less than the health care**
24 **provider's usual charge for the health care service, and if such**
25 **contractual provision prevents the determination of the potential out-**
26 **of-pocket cost for the health care service by the enrollee, parent, or**
27 **legal guardian.**

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

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

16 3. The code of state regulations shall be published in looseleaf form in one
17 or more volumes upon request and a format and medium as prescribed by the
18 secretary of state with an appropriate index, and revisions in the text and index
19 may be made by the secretary of state as necessary and provided in written
20 format upon request.

21 4. An agency may incorporate by reference rules, regulations, standards,
22 and guidelines of an agency of the United States or a nationally or state-
23 recognized organization or association without publishing the material in
24 full. The reference in the agency rules shall fully identify the incorporated
25 material by publisher, address, and date in order to specify how a copy of the
26 material may be obtained, and shall state that the referenced rule, regulation,
27 standard, or guideline does not include any later amendments or additions;
28 **except that, hospital licensure regulations governing life safety code**

29 **standards promulgated under this chapter and chapter 197 to**
30 **implement section 197.065 may incorporate, by reference, later**
31 **additions or amendments to such rules, regulations, standards, or**
32 **guidelines as needed to consistently apply current standards of safety**
33 **and practice.** The agency adopting a rule, regulation, standard, or guideline
34 under this section shall maintain a copy of the referenced rule, regulation,
35 standard, or guideline at the headquarters of the agency and shall make it
36 available to the public for inspection and copying at no more than the actual cost
37 of reproduction. The secretary of state may omit from the code of state
38 regulations such material incorporated by reference in any rule the publication
39 of which would be unduly cumbersome or expensive.

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

[208.985. 1. Pursuant to section 33.803, by January 1,
2 2008, and each January first thereafter, the legislative budget
3 office shall annually conduct a rolling five-year MO HealthNet
4 forecast. The forecast shall be issued to the general assembly, the
5 governor, the joint committee on MO HealthNet, and the oversight
6 committee established in section 208.955. The forecast shall
7 include, but not be limited to, the following, with additional items
8 as determined by the legislative budget office:

9 (1) The projected budget of the entire MO HealthNet
10 program;

11 (2) The projected budgets of selected programs within MO
12 HealthNet;

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

15 (4) Projected required reimbursement rates for MO
16 HealthNet providers; and

17 (5) Projected financial need going forward.

18 2. In preparing the forecast required in subsection 1 of this
19 section, where the MO HealthNet program overlaps more than one
20 department or agency, the legislative budget office may provide for
21 review and investigation of the program or service level on an
22 interagency or interdepartmental basis in an effort to
23 review all aspects of the program.]

[335.300. 1. The party states find that:

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

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

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

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

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

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

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

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

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

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

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

[335.305. As used in this compact, the following terms shall
2 mean:

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

4 (2) "Alternative program", a voluntary, nondisciplinary
5 monitoring program approved by a nurse licensing board;

6 (3) "Coordinated licensure information system", an

7 integrated process for collecting, storing, and sharing information
8 on nurse licensure and enforcement activities related to nurse
9 licensure laws, which is administered by a nonprofit organization
10 composed of and controlled by state nurse licensing boards;

11 (4) "Current significant investigative information":

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

17 (b) Investigative information that indicates that the nurse
18 represents an immediate threat to public health and safety
19 regardless of whether the nurse has been notified and had an
20 opportunity to respond;

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

23 (6) "Home state action", any administrative, civil, equitable,
24 or criminal action permitted by the home state's laws that are
25 imposed on a nurse by the home state's licensing board or other
26 authority including actions against an individual's license such as:
27 revocation, suspension, probation, or any other action affecting a
28 nurse's authorization to practice;

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

31 (8) "Multistate licensing privilege", current, official
32 authority from a remote state permitting the practice of nursing as
33 either a registered nurse or a licensed practical/vocational nurse in
34 such party state. All party states have the authority, in accordance
35 with existing state due process law, to take actions against the
36 nurse's privilege such as: revocation, suspension, probation, or any
37 other action that affects a nurse's authorization to practice;

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

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

41 (11) "Remote state", a party state, other than the home
42 state;

43 (a) Where a patient is located at the time nursing care is
44 provided; or

45 (b) In the case of the practice of nursing not involving a
46 patient, in such party state where the recipient of nursing practice
47 is located;

48 (12) "Remote state action":

49 (a) Any administrative, civil, equitable, or criminal action
50 permitted by a remote state's laws which are imposed on a nurse
51 by the remote state's licensing board or other authority including
52 actions against an individual's multistate licensure privilege to
53 practice in the remote state; and

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

56 (13) "State", a state, territory, or possession of the United
57 States, the District of Columbia, or the Commonwealth of Puerto
58 Rico;

59 (14) "State practice laws", those individual party's state
60 laws and regulations that govern the practice of nursing, define the
61 scope of nursing practice, and create the methods and grounds for
62 imposing discipline. State practice laws does not include the initial
63 qualifications for licensure or requirements necessary to obtain and
64 retain a license, except for qualifications or requirements of the
65 home state.]

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

12 2. Party states may, in accordance with state due process
13 laws, limit or revoke the multistate licensure privilege of any nurse

14 to practice in their state and may take any other actions under
15 their applicable state laws necessary to protect the health and
16 safety of their citizens. If a party state takes such action, it shall
17 promptly notify the administrator of the coordinated licensure
18 information system. The administrator of the coordinated licensure
19 information system shall promptly notify the home state of any
20 such actions by remote states.

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

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

36 5. Individuals not residing in a party state shall continue
37 to be able to apply for nurse licensure as provided for under the
38 laws of each party state.

39 However, the license granted to these individuals will not be
40 recognized as granting the privilege to practice nursing in any
41 other party state unless explicitly agreed to by that party state.]

2 [335.315. 1. Upon application for a license, the licensing
3 board in a party state shall ascertain, through the coordinated
4 licensure information system, whether the applicant has ever held,
5 or is the holder of, a license issued by any other state, whether
6 there are any restrictions on the multistate licensure privilege, and
7 whether any other adverse action by any state has been taken
8 against the license.

2. A nurse in a party state shall hold licensure in only one

9 party state at a time, issued by the home state.

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

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

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

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

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

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

3 (1) The licensing board of a remote state shall promptly
4 report to the administrator of the coordinated licensure information
5 system any remote state actions including the factual and legal
6 basis for such action, if known. The licensing board of a remote
7 state shall also promptly report any significant current
8 investigative information yet to result in a remote state
9 action. The administrator of the coordinated licensure information
10 system shall promptly notify the home state of any such reports;

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

19 such actions;

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

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

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

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

[335.325. Notwithstanding any other powers, party state
2 nurse licensing boards shall have the authority to:

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

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

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

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

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

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

 3. Current significant investigative information shall be
13 transmitted through the coordinated licensure information system
14 only to party state licensing boards.
15

 4. Notwithstanding any other provision of law, all party
16 states' licensing boards contributing information to the coordinated
17 licensure information system may designate information that may
18 not be shared with nonparty states or disclosed to other entities or
19 individuals without the express permission of the contributing
20 state.
21

 5. Any personally identifiable information obtained by a
22 party state's licensing board from the coordinated licensure
23 information system may not be shared with nonparty states or
24 disclosed to other entities or individuals except to the extent
25 permitted by the laws of the party state contributing the
26 information.
27

 6. Any information contributed to the coordinated licensure
28 information system that is subsequently required to be expunged
29 by the laws of the party state contributing that information shall
30 also be expunged from the coordinated licensure information
31 system.
32

33 7. The compact administrators, acting jointly with each
34 other and in consultation with the administrator of the coordinated
35 licensure information system, shall formulate necessary and proper
36 procedures for the identification, collection, and exchange of
37 information under this compact.]

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

 2. The compact administrator of each party shall furnish to
4 the compact administrator of each other party state any
5 information and documents including, but not limited to, a uniform
6 data set of investigations, identifying information, licensure data,
7 and disclosable alternative program participation information to
8 facilitate the administration of this compact.
9

10 3. Compact administrators shall have the authority to
11 develop uniform rules to facilitate and coordinate implementation
12 of this compact. These uniform rules shall be adopted by party
13 states, under the authority invested under subsection 4 of section
14 335.325.]

 [335.340. No party state or the officers or employees or
2 agents of a party state's nurse licensing board who acts in
3 accordance with the provisions of this compact shall be liable on
4 account of any act or omission in good faith while engaged in the
5 performance of their duties under this compact. Good faith in this
6 article shall not include willful misconduct, gross negligence, or
7 recklessness.]

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

8 2. No withdrawal shall affect the validity or applicability by
9 the licensing boards of states remaining party to the compact of
10 any report of adverse action occurring prior to the withdrawal.

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

16 4. This compact may be amended by the party states. No
17 amendment to this compact shall become effective and binding
18 upon the party states unless and until it is enacted into the laws
19 of all party states.]

 [335.350. 1. This compact shall be liberally construed so as
2 to effectuate the purposes thereof. The provisions of this compact
3 shall be severable and if any phrase, clause, sentence, or provision
4 of this compact is declared to be contrary to the constitution of any
5 party state or of the United States or the applicability thereof to
6 any government, agency, person, or circumstance is held invalid,
7 the validity of the remainder of this compact and the applicability
8 thereof to any government, agency, person, or circumstance shall
9 not be affected thereby. If this compact shall be held contrary to
10 the constitution of any state party thereto, the compact shall
11 remain in full force and effect as to the remaining party states and
12 in full force and effect as to the party state affected as to all
13 severable matters.

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

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

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

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

4 2. A person who is extended the privilege to practice in this
5 state pursuant to the nurse licensure compact is subject to
6 discipline by the board, as set forth in this chapter, for violation of
7 this chapter or the rules and regulations promulgated herein. A
8 person extended the privilege to practice in this state pursuant to
9 the nurse licensure compact shall be subject to adhere to all
10 requirements of this chapter, as if such person were originally
11 licensed in this state.

12 3. Sections 335.300 to 335.355 are applicable only to nurses
13 whose home states are determined by the Missouri state board of
14 nursing to have licensure requirements that are substantially
15 equivalent or more stringent than those of Missouri.

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

19 5. This compact does not supercede existing state labor
20 laws.]

 Section B. The repeal of sections 335.300, 335.305, 335.310, 335.315,
2 335.320, 335.325, 335.330, 335.335, 335.340, 335.345, 335.350, and 335.355 and
3 the enactment of sections 335.360, 335.365, 335.370, 335.375, 335.380, 335.385,
4 335.390, 335.395, 335.400, 335.405, 335.410, 335.415, of this act shall become
5 effective on December 31, 2018, or upon the enactment of sections 335.360,
6 335.365, 335.370, 335.375, 335.380, 335.385, 335.390, 335.395, 335.400, 335.405,
7 335.410, 335.415, of this act by no less than twenty-six states and notification of
8 such enactment to the revisor of statutes by the Interstate Commission of Nurse
9 Licensure Compact Administrators, whichever occurs first.