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:


167.638. The department of health and senior services shall develop an informational brochure relating to meningococcal disease that states that immunizations against meningococcal disease are available. The department shall make the brochure available on its website and 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.
availability of the brochure. Each public institution of higher education shall
provide a copy of the brochure to all students and if the student is under eighteen
years of age, to the student's parent or guardian. Such information in the
brochure shall include:

(1) The risk factors for and symptoms of meningococcal disease, how it
may be diagnosed, and its possible consequences if untreated;
(2) How meningococcal disease is transmitted;
(3) The latest scientific information on meningococcal disease
immunization and its effectiveness, including information on all
meningococcal vaccines receiving a Category A or B recommendation
from the Advisory Committee on Immunization Practices; [and]
(4) A statement that any questions or concerns regarding immunization
against meningococcal disease may be answered by contacting the individuals's
health care provider; and
(5) A recommendation that the current student or entering
student receive meningococcal vaccines in accordance with current
Advisory Committee on Immunization Practices of the Centers for
Disease Control and Prevention guidelines.

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

2. Each public university or college in this state shall maintain records
on the meningococcal vaccination status of every student residing in on-campus
housing at the university or college.
3. Nothing in this section shall be construed as requiring any institution of higher education to provide or pay for vaccinations against meningococcal disease.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) "Hospital":

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

191.1085. 1. There is hereby established the "Palliative Care Consumer and Professional Information and Education Program"
2. The purpose of the program is to maximize the effectiveness of palliative care in this state by ensuring that comprehensive and accurate information and education about palliative care is available to the public, health care providers, and health care facilities.

3. The department shall publish on its website information and resources, including links to external resources, about palliative care for the public, health care providers, and health care facilities including, but not limited to:
   (1) Continuing education opportunities for health care providers;
   (2) Information about palliative care delivery in the home, primary, secondary, and tertiary environments; and
   (3) Consumer educational materials and referral information for palliative care, including hospice.

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

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

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

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

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

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

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

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

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

   or

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

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

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

197.315. 1. Any person who proposes to develop or offer a new
institutional health service within the state must obtain a certificate of need from
the committee prior to the time such services are offered.
2 2. Only those new institutional health services which are found by the
committee to be needed shall be granted a certificate of need. Only those new
institutional health services which are granted certificates of need shall be
offered or developed within the state. No expenditures for new institutional
health services in excess of the applicable expenditure minimum shall be made
by any person unless a certificate of need has been granted.
3 3. After October 1, 1980, no state agency charged by statute to license or
certify health care facilities shall issue a license to or certify any such facility, or
distinct part of such facility, that is developed without obtaining a certificate of
need.
4 4. If any person proposes to develop any new institutional health care
service without a certificate of need as required by sections 197.300 to 197.366,
the committee shall notify the attorney general, and he shall apply for an
injunction or other appropriate legal action in any court of this state against that
person.
5 5. After October 1, 1980, no agency of state government may appropriate
or grant funds to or make payment of any funds to any person or health care
facility which has not first obtained every certificate of need required pursuant
to sections 197.300 to 197.366.
6 6. A certificate of need shall be issued only for the premises and persons
named in the application and is not transferable except by consent of the
committee.
7 7. Project cost increases, due to changes in the project application as
approved or due to project change orders, exceeding the initial estimate by more
than ten percent shall not be incurred without consent of the committee.
8 8. Periodic reports to the committee shall be required of any applicant
who has been granted a certificate of need until the project has been
completed. The committee may order the forfeiture of the certificate of need upon
failure of the applicant to file any such report.
9. A certificate of need shall be subject to forfeiture for failure to incur a capital expenditure on any approved project within six months after the date of the order. The applicant may request an extension from the committee of not more than six additional months based upon substantial expenditure made.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Serious impairment to bodily functions; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) All outpatient hospital services, payments therefor to be in amounts which represent no more than eighty percent of the lesser of reasonable costs or
customary charges for such services, determined in accordance with the principles set forth in Title XVIII A and B, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.), but the MO HealthNet division may evaluate outpatient hospital services rendered under this section and deny payment for services which are determined by the MO HealthNet division not to be medically necessary, in accordance with federal law and regulations;

(3) Laboratory and X-ray services;

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

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

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

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

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

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

(10) Home health care services;

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

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

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

(14) Personal care services which are medically oriented tasks having to
do with a person's physical requirements, as opposed to housekeeping
requirements, which enable a person to be treated by his or her physician on an
outpatient rather than on an inpatient or residential basis in a hospital,
intermediate care facility, or skilled nursing facility. Personal care services shall
be rendered by an individual not a member of the participant's family who is
qualified to provide such services where the services are prescribed by a physician in accordance with a plan of treatment and are supervised by a licensed nurse. Persons eligible to receive personal care services shall be those persons who would otherwise require placement in a hospital, intermediate care facility, or skilled nursing facility. Benefits payable for personal care services shall not exceed for any one participant one hundred percent of the average statewide charge for care and treatment in an intermediate care facility for a comparable period of time. Such services, when delivered in a residential care facility or assisted living facility licensed under chapter 198 shall be authorized on a tier level based on the services the resident requires and the frequency of the services. A resident of such facility who qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the fewest services. The rate paid to providers for each tier of service shall be set subject to appropriations. Subject to appropriations, each resident of such facility who qualifies for assistance under section 208.030 and meets the level of care required in this section shall, at a minimum, if prescribed by a physician, be authorized up to one hour of personal care services per day. Authorized units of personal care services shall not be reduced or tier level lowered unless an order approving such reduction or lowering is obtained from the resident's personal physician. Such authorized units of personal care services or tier level shall be transferred with such resident if he or she transfers to another such facility. Such provision shall terminate upon receipt of relevant waivers from the federal Department of Health and Human Services. If the Centers for Medicare and Medicaid Services determines that such provision does not comply with the state plan, this provision shall be null and void. The MO HealthNet division shall notify the revisor of statutes as to whether the relevant waivers are approved or a determination of noncompliance is made;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

   (1) Dental services;
   (2) Services of podiatrists as defined in section 330.010;
   (3) Optometric services as defined described in section 336.010;
   (4) Orthopedic devices or other prosthetics, including eye glasses,
dentures, hearing aids, and wheelchairs;
   (5) Hospice care. As used in this subdivision, the term "hospice care"
means a coordinated program of active professional medical attention within a
home, outpatient and inpatient care which treats the terminally ill patient and
family as a unit, employing a medically directed interdisciplinary team. The
program provides relief of severe pain or other physical symptoms and supportive
care to meet the special needs arising out of physical, psychological, spiritual,
social, and economic stresses which are experienced during the final stages of
illness, and during dying and bereavement and meets the Medicare requirements
for participation as a hospice as are provided in 42 CFR Part 418. The rate of
reimbursement paid by the MO HealthNet division to the hospice provider for
room and board furnished by a nursing home to an eligible hospice patient shall
not be less than ninety-five percent of the rate of reimbursement which would
have been paid for facility services in that nursing home facility for that patient,
in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus
Budget Reconciliation Act of 1989);

   (6) Comprehensive day rehabilitation services beginning early posttrauma
as part of a coordinated system of care for individuals with disabling
impairments. Rehabilitation services must be based on an individualized, goal-
oriented, comprehensive and coordinated treatment plan developed, implemented,
and monitored through an interdisciplinary assessment designed to restore an
individual to optimal level of physical, cognitive, and behavioral function. The
MO HealthNet division shall establish by administrative rule the definition and
criteria for designation of a comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this subdivision shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

3. The MO HealthNet division may require any participant receiving MO HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services except for those services covered under subdivisions (14) and (15) of subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When substitution of a generic drug is permitted by the prescriber according to section 338.056, and a generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods or services described under this section must collect from all participants the additional payment that may be required by the MO HealthNet division under authority granted herein, if the division exercises that authority, to remain eligible as a provider. Any payments made by participants under this section shall be in addition to and not in lieu of payments made by the state for goods or services described herein except the participant portion of the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists. A provider may collect the co-payment at the time a service is provided or at a later date. A provider shall not refuse to provide a service if a participant is unable to pay a required payment. If it is the routine business practice of a provider to terminate future services to an individual with an unclaimed debt, the provider may include uncollected co-payments under this practice. Providers who elect not to undertake the provision of services based on a history of bad debt shall give participants advance notice and a reasonable opportunity for payment. A provider, representative, employee,
independent contractor, or agent of a pharmaceutical manufacturer shall not make co-payment for a participant. This subsection shall not apply to other qualified children, pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not approve the MO HealthNet state plan amendment submitted by the department of social services that would allow a provider to deny future services to an individual with uncollected co-payments, the denial of services shall not be allowed. The department of social services shall inform providers regarding the acceptability of denying services as the result of unpaid co-payments.

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

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

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

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

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

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

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

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

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

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

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

208.952. 1. There is hereby established [the] a permanent "Joint Committee on [MO HealthNet] Public Assistance". The committee shall have [as its purpose the study of] the following purposes:
(1) Studying, monitoring, and reviewing the efficacy of the public assistance programs within the state;

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

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

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

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

3. The committee shall consist of ten members:

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

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

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

   (4) The chair and the ranking minority member of the standing senate committee [on health and mental health] designated to consider public assistance legislation and matters;
(5) A representative chosen by the speaker of the house of representatives; and

(6) A senator chosen by the president pro tempore of the senate.

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

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

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

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

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

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

7. The committee shall annually conduct a rolling five-year forecast of the public assistance programs within the state and make recommendations in a report to the general assembly by January first each year, beginning in [2008] 2018, on anticipated growth [in the MO HealthNet program] of the public assistance programs within the state, needed improvements, anticipated needed appropriations, and suggested strategies on ways to structure the state budget in order to satisfy the future needs of [the program] such programs.
334.1200. PURPOSE

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

This compact is designed to achieve the following objectives:

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

334.1203. DEFINITIONS

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

1. "Active Duty Military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Section 1209 and 1211.
2. "Adverse Action" means disciplinary action taken by a physical therapy licensing board based upon misconduct, unacceptable performance, or a combination of both.
3. "Alternative Program" means a nondisciplinary monitoring or practice remediation process approved by a physical therapy licensing board. This includes, but is not limited to, substance abuse issues.
4. "Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as a physical therapist or work as a physical therapist assistant in the
remote state under its laws and rules. The practice of physical therapy
occurs in the member state where the patient/client is located at the
time of the patient/client encounter.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

334.1206. STATE PARTICIPATION IN THE COMPACT

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

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

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

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

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

5. Comply with the rules of the commission;

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

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

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

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

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

334.1209. COMPACT PRIVILEGE

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

1. Hold a license in the home state;

2. Have no encumbrance on any state license;

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

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

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

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

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

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

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

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

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

E. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:
   1. The home state license is no longer encumbered; and
   2. Two years have elapsed from the date of the adverse action.

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

G. If a licensee's compact privilege in any remote state is removed, the individual shall lose the compact privilege in any remote state until the following occur:
   1. The specific period of time for which the compact privilege was removed has ended;
   2. All fines have been paid; and
   3. Two years have elapsed from the date of the adverse action.

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

334.1212. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

A licensee who is active duty military or is the spouse of an individual who is active duty military may designate one of the following as the home state:
   A. Home of record;
   B. Permanent change of station (PCS); or
   C. State of current residence if it is different than the PCS state or home of record.

334.1215. ADVERSE ACTIONS

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

B. A home state may take adverse action based on the investigative information of a remote state, so long as the home state follows its own procedures for imposing adverse action.
C. Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the member state's laws. Member states must require licensees who enter any alternative programs in lieu of discipline to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

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

E. A remote state shall have the authority to:
   1. Take adverse actions as set forth in section 334.1209.D. against a licensee's compact privilege in the state;
   2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a physical therapy licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and
   3. If otherwise permitted by state law, recover from the licensee the costs of investigations and disposition of cases resulting from any adverse action taken against that licensee.

F. Joint Investigations
   1. In addition to the authority granted to a member state by its respective physical therapy practice act or other applicable state law, a member state may participate with other member states in joint investigations of licensees.
   2. Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the compact.
334.1218. ESTABLISHMENT OF THE PHYSICAL THERAPY

COMPACT COMMISSION.

A. The compact member states hereby create and establish a
joint public agency known as the physical therapy compact commission:
1. The commission is an instrumentality of the compact states.
2. Venue is proper and judicial proceedings by or against the
commission shall be brought solely and exclusively in a court of
competent jurisdiction where the principal office of the commission is
located. The commission may waive venue and jurisdictional defenses
to the extent it adopts or consents to participate in alternative dispute
resolution proceedings.
3. Nothing in this compact shall be construed to be a waiver of
sovereign immunity.

B. Membership, Voting, and Meetings
1. Each member state shall have and be limited to one delegate
selected by that member state's licensing board.
2. The delegate shall be a current member of the licensing board,
who is a physical therapist, physical therapist assistant, public
member, or the board administrator.
3. Any delegate may be removed or suspended from office as
provided by the law of the state from which the delegate is appointed.
4. The member state board shall fill any vacancy occurring in the
commission.
5. Each delegate shall be entitled to one vote with regard to the
promulgation of rules and creation of bylaws and shall otherwise have
an opportunity to participate in the business and affairs of the
commission.
6. A delegate shall vote in person or by such other means as
provided in the bylaws. The bylaws may provide for delegates'
participation in meetings by telephone or other means of
communication.
7. The commission shall meet at least once during each calendar
year. Additional meetings shall be held as set forth in the bylaws.

C. The commission shall have the following powers and duties:
1. Establish the fiscal year of the commission;
2. Establish bylaws;
3. Maintain its financial records in accordance with the bylaws;
4. Meet and take such actions as are consistent with the provisions of this compact and the bylaws;

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

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

7. Purchase and maintain insurance and bonds;

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

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

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

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

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

13. Establish a budget and make expenditures;

14. Borrow money;

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

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

17. Establish and elect an executive board; and

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

D. The Executive Board

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

1. The executive board shall be comprised of nine members:
   a. Seven voting members who are elected by the commission from the current membership of the commission;
   b. One ex officio, nonvoting member from the recognized national physical therapy professional association; and
   c. One ex officio, nonvoting member from the recognized membership organization of the physical therapy licensing boards.

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

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

4. The executive board shall meet at least annually.

5. The executive board shall have the following duties and responsibilities:
   a. Recommend to the entire commission changes to the rules or bylaws, changes to this compact legislation, fees paid by compact member states such as annual dues, and any commission compact fee charged to licensees for the compact privilege;
   b. Ensure compact administration services are appropriately provided, contractual or otherwise;
   c. Prepare and recommend the budget;
   d. Maintain financial records on behalf of the commission;
   e. Monitor compact compliance of member states and provide compliance reports to the commission;
   f. Establish additional committees as necessary; and
   g. Other duties as provided in rules or bylaws.

E. Meetings of the Commission

1. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the
2. The commission or the executive board or other committees of the commission may convene in a closed, nonpublic meeting if the commission or executive board or other committees of the commission must discuss:

   a. Noncompliance of a member state with its obligations under the compact;
   
   b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures;
   
   c. Current, threatened, or reasonably anticipated litigation;
   
   d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;
   
   e. Accusing any person of a crime or formally censuring any person;
   
   f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
   
   g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
   
   h. Disclosure of investigative records compiled for law enforcement purposes;
   
   i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or
   
   j. Matters specifically exempted from disclosure by federal or member state statute.

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

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

F. Financing of the Commission

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

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

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

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

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

G. Qualified Immunity, Defense, and Indemnification

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

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

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

334.1221. DATA SYSTEM

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

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

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

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

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

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

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

334.1224. RULEMAKING

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

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

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

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

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

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

E. The notice of proposed rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
2. The text of the proposed rule or amendment and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and
4. The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

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

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

1. At least twenty-five persons;
2. A state or federal governmental subdivision or agency; or
3. An association having at least twenty-five members.

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

1. All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.
2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
3. All hearings will be recorded. A copy of the recording will be made available on request.
4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this section.

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

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

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

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

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

M. The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the
revision is challenged, the revision may not take effect without the
approval of the commission.

334.1227. OVERSIGHT, DISPUTE RESOLUTION, AND
ENFORCEMENT

A. Oversight

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

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

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

B. Default, Technical Assistance, and Termination

1. If the commission determines that a member state has
defaulted in the performance of its obligations or responsibilities under
this compact or the promulgated rules, the commission shall:
   a. Provide written notice to the defaulting state and other
      member states of the nature of the default, the proposed means of
curing the default and/or any other action to be taken by the
      commission; and
   b. Provide remedial training and specific technical assistance
      regarding the default.

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

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

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

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

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

C. Dispute Resolution

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

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

D. Enforcement

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

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

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

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

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

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

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

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

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

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

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

334.1233. CONSTRUCTION AND SEVERABILITY

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

335.360. 1. The party states find that:

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

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

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

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

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

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

2. The general purposes of this compact are to:

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

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

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

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

(5) Invest all party states with the authority to hold a nurse
accountable for meeting all state practice laws in the state in which the
patient is located at the time care is rendered through the mutual
recognition of party state licenses;
(6) Decrease redundancies in the consideration and issuance of nurse licenses; and

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

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

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

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

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

(4) "Current significant investigative information":
   (a) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
   (b) Investigative information that indicates that the nurse represents an immediate threat to public health and safety, regardless of whether the nurse has been notified and had an opportunity to respond;

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

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

(7) "Licensing board", a party state's regulatory body responsible for issuing nurse licenses;
(8) "Multistate license", a license to practice as a registered nurse, "RN", or a licensed practical or vocational nurse, "LPN" or "VN", issued by a home state licensing board that authorizes the licensed nurse to practice in all party states under a multistate licensure privilege;

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

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

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

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

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

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

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

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

2. A state must implement procedures for considering the criminal history records of applicants for initial multistate license or licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.
3. Each party state shall require the following for an applicant to obtain or retain a multistate license in the home state:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) A nurse who fails to satisfy the multistate licensure
requirements in subsection 3 of this section due to a disqualifying
event occurring after this compact's effective date shall be ineligible to
retain or renew a multistate license, and the nurse's multistate license
shall be revoked or deactivated in accordance with applicable rules
adopted by the Interstate Commission of Nurse Licensure Compact
Administrators, commission.
335.375. 1. Upon application for a multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant, and whether the applicant is currently participating in an alternative program.

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

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

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

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

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

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

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

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

   (b) For purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action;
(2) Issue cease and desist orders or impose an encumbrance on a nurse’s authority to practice within that party state;

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

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

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

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

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

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

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

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

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

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

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

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

6. Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board shall not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the
7. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

8. The compact administrator of each party state shall furnish a uniform data set to the compact administrator of each other party state, which shall include, at a minimum:
   (1) Identifying information;
   (2) Licensure data;
   (3) Information related to alternative program participation; and
   (4) Other information that may facilitate the administration of this compact, as determined by commission rules.

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

335.390. 1. The party states hereby create and establish a joint public entity known as the "Interstate Commission of Nurse Licensure Compact Administrators".
   (1) The commission is an instrumentality of the party states.
   (2) Venue is proper, and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
   (3) Nothing in this compact shall be construed to be a waiver of sovereign immunity.

2. (1) Each party state shall have and be limited to one administrator. The head of the state licensing board or designee shall be the administrator of this compact for each party state. Any administrator may be removed or suspended from office as provided by the law of the state from which the administrator is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the party state in which the vacancy exists.
   (2) Each administrator shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise
have an opportunity to participate in the business and affairs of the
commission. An administrator shall vote in person or by such other
means as provided in the bylaws. The bylaws may provide for an
administrator's participation in meetings by telephone or other means
of communication.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Establishing the fiscal year of the commission;
(2) Providing reasonable standards and procedures:
   (a) For the establishment and meetings of other committees; and
   (b) Governing any general or specific delegation of any authority
        or function of the commission;
(3) Providing reasonable procedures for calling and conducting
    meetings of the commission, ensuring reasonable advance notice of all
    meetings and providing an opportunity for attendance of such meetings
    by interested parties, with enumerated exceptions designed to protect
    the public's interest, the privacy of individuals, and proprietary
    information, including trade secrets. The commission may meet in
    closed session only after a majority of the administrators vote to close
    a meeting in whole or in part. As soon as practicable, the commission
    must make public a copy of the vote to close the meeting revealing the
    vote of each administrator, with no proxy votes allowed;
(4) Establishing the titles, duties, and authority and reasonable
    procedures for the election of the officers of the commission;
(5) Providing reasonable standards and procedures for the
    establishment of the personnel policies and programs of the
    commission. Notwithstanding any civil service or other similar laws of
    any party state, the bylaws shall exclusively govern the personnel
    policies and programs of the commission; and
(6) Providing a mechanism for winding up the operations of the
commission and the equitable disposition of any surplus funds that may exist after the termination of this compact after the payment or reserving of all of its debts and obligations.

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

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

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

7. The commission shall have the following powers:

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

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

   (3) To purchase and maintain insurance and bonds;

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

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

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

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

   (8) To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve, or use, any property, whether real,
personal, or mixed; provided that, at all times the commission shall
avoid any appearance of impropriety;
(9) To sell, convey, mortgage, pledge, lease, exchange, abandon,
or otherwise dispose of any property, whether real, personal, or mixed;
(10) To establish a budget and make expenditures;
(11) To borrow money;
(12) To appoint committees, including advisory committees
comprised of administrators, state nursing regulators, state legislators
or their representatives, consumer representatives, and other such
interested persons;
(13) To provide and receive information from, and to cooperate
with, law enforcement agencies;
(14) To adopt and use an official seal; and
(15) To perform such other functions as may be necessary or
appropriate to achieve the purposes of this compact consistent with the
state regulation of nurse licensure and practice.
8. (1) The commission shall pay, or provide for the payment of,
the reasonable expenses of its establishment, organization, and ongoing
activities.
(2) The commission may also levy on and collect an annual
assessment from each party state to cover the cost of its operations,
activities, and staff in its annual budget as approved each year. The
aggregate annual assessment amount, if any, shall be allocated based
upon a formula to be determined by the commission, which shall
promulgate a rule that is binding upon all party states.
(3) The commission shall not incur obligations of any kind prior
to securing the funds adequate to meet the same; nor shall the
commission pledge the credit of any of the party states, except by and
with the authority of such party state.
(4) The commission shall keep accurate accounts of all receipts
and disbursements. The receipts and disbursements of the commission
shall be subject to the audit and accounting procedures established
under its bylaws. However, all receipts and disbursements of funds
handled by the commission shall be audited yearly by a certified or
licensed public accountant, and the report of the audit shall be
included in and become part of the annual report of the commission.
9. (1) The administrators, officers, executive director, employees,
and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property, personal injury, or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of commission employment, duties, or responsibilities; provided that, nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional, willful, or wanton misconduct of that person.

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

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

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

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

3. Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty days in advance of the meeting at which the rule shall be considered and voted upon, the commission shall file a notice of proposed rulemaking:
   (1) On the website of the commission; and
   (2) On the website of each licensing board or the publication in which each state would otherwise publish proposed rules.

4. The notice of proposed rulemaking shall include:
   (1) The proposed time, date, and location of the meeting in which the rule shall be considered and voted upon;
   (2) The text of the proposed rule or amendment, and the reason for the proposed rule;
   (3) A request for comments on the proposed rule from any interested person;
   (4) The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

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

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

7. The commission shall publish the place, time, and date of the scheduled public hearing.
   (1) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing. All hearings shall be recorded, and a copy shall be made available upon request.
   (2) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this section.

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

9. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.
10. The commission shall, by majority vote of all administrators, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

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

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

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

335.400. 1. (1) Each party state shall enforce this compact and take all actions necessary and appropriate to effectuate this compact's purposes and intent.
(2) The commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities, or actions of the commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process in such proceeding to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.
2. (1) If the commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:
   (a) Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default, or any other action to be taken by the commission; and
   (b) Provide remedial training and specific technical assistance regarding the default.

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

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

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

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

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

3. (1) Upon request by a party state, the commission shall attempt to resolve disputes related to the compact that arise among party states and between party and non-party states.
(2) The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Provide a full dispensing fee to the pharmacy that dispenses the prescription drug to the covered person.
3. For purposes of this section, the terms "health carrier", "managed care plan", "health benefit plan", "enrollee", and "participating provider" shall have the same meanings given to such terms under section 376.1350.

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

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

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

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

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

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

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

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

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

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

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

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

5. All contracts between a pharmacy benefits manager and a
contracted pharmacy or between a pharmacy benefits manager and a
pharmacy's contracting representative or agent, such as a pharmacy
services administrative organization, shall include a process to
internally appeal, investigate, and resolve disputes regarding maximum
allowable cost pricing. The process shall include the following:
   (1) The right to appeal shall be limited to fourteen calendar days
following the reimbursement of the initial claim; and
   (2) A requirement that the pharmacy benefits manager shall
respond to an appeal described in this subsection no later than
fourteen calendar days after the date the appeal was received by such
pharmacy benefits manager.

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

7. If the appeal is successful, the pharmacy benefits manager
shall:
   (1) Adjust the maximum allowable cost price that is the subject
of the appeal effective on the day after the date the appeal is decided;
   (2) Apply the adjusted maximum allowable cost price to all
similarly situated pharmacies as determined by the pharmacy benefits
manager; and
(3) Allow the pharmacy that succeeded in the appeal to reverse
and rebill the pharmacy benefits claim giving rise to the appeal.

8. Appeals shall be upheld if:
(1) The pharmacy being reimbursed for the drug subject to the
maximum allowable cost pricing in question was not reimbursed as
required under subsection 3 of this section; or
(2) The drug subject to the maximum allowable cost pricing in
question does not meet the requirements set forth under subsection 4
of this section.

376.1235. 1. No health carrier or health benefit plan, as defined in
section 376.1350, shall impose a co-payment or coinsurance percentage charged
to the insured for services rendered for each date of service by a physical
therapist licensed under chapter 334 or an occupational therapist licensed
under chapter 324, for services that require a prescription, that is greater than
the co-payment or coinsurance percentage charged to the insured for the services
of a primary care physician licensed under chapter 334 for an office visit.
2. A health carrier or health benefit plan shall clearly state the
availability of physical therapy and occupational therapy coverage under its
plan and all related limitations, conditions, and exclusions.
3. Beginning September 1, [2013] 2016, the oversight division of the joint
committee on legislative research shall perform an actuarial analysis of the cost
impact to health carriers, insureds with a health benefit plan, and other private
and public payers if the provisions of this section regarding occupational
therapy coverage were enacted. By December 31, [2013] 2016, the director
of the oversight division of the joint committee on legislative research shall
submit a report of the actuarial findings prescribed by this section to the speaker,
the president pro tem, and the chairpersons of both the house of representatives
and senate standing committees having jurisdiction over health insurance
matters. If the fiscal note cost estimation is less than the cost of an actuarial
analysis, the actuarial analysis requirement shall be waived.

376.1237. 1. Each health carrier or health benefit plan that offers or
issues health benefit plans which are delivered, issued for delivery, continued, or
renewed in this state on or after January 1, 2014, and that provides coverage for
prescription eye drops shall provide coverage for the refilling of an eye drop
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
carrier or the health benefit plan is notified.

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

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

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


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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) Projected financial need going forward.

2. In preparing the forecast required in subsection 1 of this section, where the MO HealthNet program overlaps more than one department or agency, the legislative budget office may provide for review and investigation of the program or service level on an interagency or interdepartmental basis in an effort to review all aspects of the program.]
The party states find that:

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

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

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

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

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

The general purposes of this compact are to:

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

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

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

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

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

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

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

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

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

(4) "Current significant investigative information":

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

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

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

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

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

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

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

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

(11) "Remote state", a party state, other than the home
state:
(a) Where a patient is located at the time nursing care is provided; or
(b) In the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located;

(12) "Remote state action":
(a) Any administrative, civil, equitable, or criminal action permitted by a remote state's laws which are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multistate licensure privilege to practice in the remote state; and
(b) Cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof;

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

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

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

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

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

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

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

However, the license granted to these individuals will not be
recognized as granting the privilege to practice nursing in any
other party state unless explicitly agreed to by that party state.[335.315.

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

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

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

4. When a nurse changes primary state of residence by:
   (1) Moving between two party states, and obtains a license from the new home state, the license from the former home state is no longer valid;
   (2) Moving from a nonparty state to a party state, and obtains a license from the new home state, the individual state license issued by the nonparty state is not affected and will remain in full force if so provided by the laws of the nonparty state;
   (3) Moving from a party state to a nonparty state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.

[335.320. In addition to the general provisions described in article III of this compact, the following provisions apply:
   (1) The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions including the factual and legal basis for such action, if known. The licensing board of a remote state shall also promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports;
   (2) The licensing board of a party state shall have the authority to complete any pending investigations for a nurse who changes primary state of residence during the course of such investigations. It shall also have the authority to take appropriate actions, and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure 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
decision that participation in an alternative program may be used
in lieu of licensure action and that such participation shall remain
nonpublic if required by the party state’s laws. Party states must
require nurses who enter any alternative programs to agree not to
practice in any other party state during the term of the alternative
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
affected nurse the costs of investigations and disposition of cases
resulting from any adverse action taken against that nurse;
6
(2) Issue subpoenas for both hearings and investigations
which require the attendance and testimony of witnesses, and the
production of evidence. Subpoenas issued by a nurse licensing
board in a party state for the attendance and testimony of
witnesses, and/or the production of evidence from another party
state, shall be enforced in the latter state by any court of
competent jurisdiction, according to the practice and procedure of
that court applicable to subpoenas issued in proceedings pending
before it. The issuing authority shall pay any witness fees, travel
expenses, mileage, and other fees required by the service statutes
of the state where the witnesses and evidence are located;
(3) Issue cease and desist orders to limit or revoke a nurse's authority to practice in their state;

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

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

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

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

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

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

6. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.
7. The compact administrators, acting jointly with each other and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.

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

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

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

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

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

2. No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the compact of any report of adverse action occurring prior to the withdrawal.
3. Nothing contained in this compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this compact.

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

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

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

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

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

[335.355. 1. The term "head of the nurse licensing board" as referred to in article VIII of this compact shall mean the executive director of the Missouri state board of nursing.
2. A person who is extended the privilege to practice in this state pursuant to the nurse licensure compact is subject to discipline by the board, as set forth in this chapter, for violation of this chapter or the rules and regulations promulgated herein. A person extended the privilege to practice in this state pursuant to the nurse licensure compact shall be subject to adhere to all requirements of this chapter, as if such person were originally licensed in this state.

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

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

5. This compact does not supercede existing state labor laws.

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