

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 815
99TH GENERAL ASSEMBLY

Reported from the Committee on Professional Registration, April 27, 2017, with recommendation that the Senate Committee Substitute do pass.

1514S.04C

ADRIANE D. CROUSE, Secretary.

AN ACT

To repeal sections 327.313, 327.321, 332.011, 332.081, 332.321, 334.010, 334.037, 334.104, 334.735, 335.021, 335.099, 336.080, 337.020, 337.315, 337.320, 337.507, 337.510, 337.612, 337.618, 337.662, 337.712, 337.718, and 345.051, RSMo, and to enact in lieu thereof twenty-nine new sections relating to the regulation of certain professions.

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

Section A. Sections 327.313, 327.321, 332.011, 332.081, 332.321, 334.010, 334.037, 334.104, 334.735, 335.021, 335.099, 336.080, 337.020, 337.315, 337.320, 337.507, 337.510, 337.612, 337.618, 337.662, 337.712, 337.718, and 345.051, RSMo, are repealed and twenty-nine new sections enacted in lieu thereof, to be known as sections 192.500, 324.005, 324.046, 327.313, 327.321, 328.025, 329.033, 332.011, 332.081, 332.183, 332.321, 334.010, 334.037, 334.104, 334.735, 335.021, 335.099, 336.080, 337.020, 337.315, 337.320, 337.507, 337.510, 337.612, 337.618, 337.662, 337.712, 337.718, and 345.051, to read as follows:

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

(1) "Cone beam computed tomography system", a medical imaging device using x-ray computed tomography to capture data using a cone-shaped x-ray beam;

(2) "Panoramic x-ray system", an imaging device that captures the entire mouth in a single, two-dimensional image including the teeth, upper and lower jaws, and surrounding structures and tissues.

2. Cone beam computed tomography systems and panoramic x-

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

10 ray systems that cannot produce radiation intensity greater than thirty
11 milligrays shall not be required to be inspected more frequently than
12 every three years.

13 3. Cone beam computed tomography systems that can produce
14 radiation intensity of greater than thirty milligrays shall be inspected
15 annually.

16 4. In addition to the requirements of subsections 2 and 3 of this
17 section, all cone beam computed tomography systems and panoramic
18 x-ray systems shall be inspected within thirty days of installation and
19 whenever moved within an office.

20 5. Notwithstanding any law to the contrary, inspections of
21 conventional x-ray equipment used exclusively on animals by a licensed
22 veterinarian or veterinary facility under chapter 340 shall not be
23 required to be inspected more frequently than every four years.

324.005. The division of professional registration and its
2 component boards, committees, offices, and commissions shall permit:

3 (1) Any licensee or holder of a permit, certificate, or registration
4 under this chapter to submit payment for fees so established in the
5 form of personal check, money order, cashier's check, credit card, or
6 electronic check;

7 (2) Any applicant for licensure, licensee, or holder of a permit,
8 certificate, or registration under this chapter to apply for, replace, or
9 renew his or her license, permit, certificate, or registration in writing
10 or electronically;

11 (3) Any licensee or holder of a permit, certificate, or registration
12 under this chapter to make requests of his or her license-granting,
13 permit-granting, certificate-granting, or registration-granting board or
14 commission for extensions of time to complete continuing education;
15 notify his or her license-granting, permit-granting, certificate-granting,
16 or registration-granting board or commission of changes to name,
17 business name, home address, or work address; and provide any other
18 items required as part of licensure, certification, or registration or any
19 items required as part of a permit to his or her licensure, permitting,
20 certification, or registration board in writing or electronically.

324.046. 1. For the purposes of this section, the term "health care
2 professional" shall mean a physician, other health care practitioner, or
3 mental health professional licensed, accredited, or certified by the state

4 of Missouri to perform specified health services.

5 **2. Any health care professional in the state of Missouri may**
6 **annually complete up to two hours of suicide assessment, referral,**
7 **treatment, and management training which shall qualify as part of the**
8 **continuing education requirements for his or her licensure.**

327.313. Applications for enrollment as a land surveyor-in-training shall
2 be typewritten on prescribed forms furnished to the applicant. The application
3 shall contain applicant's statements showing the applicant's education, experience
4 and such other pertinent information as the board may require[, including but
5 not limited to three letters of reference, one of which shall be from a professional
6 land surveyor who has personal knowledge of the applicant's land surveying
7 education or experience]. Each application shall contain a statement that it is
8 made under oath or affirmation and that the representations are true and correct
9 to the best knowledge and belief of the applicant, subject to the penalties of
10 making a false affidavit or declaration and shall be accompanied by the required
11 fee.

327.321. Applications for licensure as a professional land surveyor shall
2 be typewritten on prescribed forms furnished to the applicant. The application
3 shall contain the applicant's statements showing the applicant's education,
4 experience, results of prior land surveying examinations, if any, and such other
5 pertinent information as the board may require[, including but not limited to
6 three letters of reference from professional land surveyors with personal
7 knowledge of the experience of the applicant's land surveying education or
8 experience]. Each application shall contain a statement that it is made under
9 oath or affirmation and that its representations are true and correct to the best
10 knowledge and belief of the person signing same, subject to the penalties of
11 making a false affidavit or declaration and shall be accompanied by the required
12 fee.

328.025. If a license issued under this chapter has been
2 **destroyed, lost, mutilated beyond practical usage, or was never**
3 **received, the board shall issue a duplicate license, by mail, upon**
4 **request. A request form shall be available online and may be submitted**
5 **electronically or by mail.**

329.033. If a license issued under this chapter has been
2 **destroyed, lost, mutilated beyond practical usage, or was never**
3 **received, the board shall issue a duplicate license, by mail, upon**

4 **request. A request form shall be available online and may be submitted**
5 **electronically or by mail.**

332.011. As used in this chapter, the following words and terms mean:

2 (1) "Accredited dental hygiene school", any program which teaches a
3 course in dental hygiene which is accredited by the Commission on Dental
4 Accreditation of the American Dental Association and which shall have a
5 minimum of two academic years of curriculum provided in a college or institution
6 of higher education;

7 (2) "Accredited dental school", any college, university, school, or other
8 institution which teaches dentistry which has been certified by the American
9 Dental Association;

10 (3) "Board", the Missouri dental board;

11 (4) "Certified dental assistant", a dental assistant who is currently
12 certified by the Dental Assisting National Board, Inc.;

13 (5) "Dental assistant", an employee of a duly registered and currently
14 licensed dentist in Missouri, other than either a dental hygienist or a certified
15 dental assistant;

16 (6) "Dental franchisor", any person or entity, pursuant to a valid
17 franchise agreement, who provides a licensed dentist any dental
18 practice management services, which may include billing services,
19 marketing or advertising services, providing a license of a valid
20 trademark, signage or branding consulting, or places in possession of
21 a licensed dentist, such dental material or equipment as may be
22 necessary for the management of a dental office on the basis of a lease,
23 or any other agreement for compensation. A dental support
24 organization shall not be considered a dental franchisor. A person or
25 entity is not a dental franchisor if the agreement with the dentist:

26 (a) Permits the person or entity to interfere with the
27 professional judgment of the dentist, including, but not limited to, any
28 production quotas, thresholds, or any other minimum requirements;

29 (b) Contains terms that would constitute a violation of this
30 chapter, any rules and regulations promulgated by the board, any
31 orders and directives issued by the board, or any other applicable law;

32 (7) "Dental support organization", any person or entity, under
33 any agreement, who enables a licensed dentist to outsource any dental
34 nonclinical support services, which may include bookkeeping,

35 accounting and tax preparation, collections and compliance services,
36 human resources, advertising and marketing services, payroll
37 administration and processing, financial, information technology, risk
38 management, and places in possession of a licensed dentist material,
39 equipment, and real property as may be necessary for a dental office,
40 on the basis of a lease or any other agreement for compensation. The
41 board may not adopt rules, regulations, orders, or directives to prohibit
42 or otherwise restrict a dentist's right to contract with a dental support
43 organization. A person or entity is not a dental support organization
44 if the agreement with the dentist:

45 (a) Permits the person or entity to interfere with the
46 professional judgment of the dentist, including, but not limited to, any
47 production quotas, thresholds, or any other minimum requirements;

48 (b) Contains terms that would constitute a violation of this
49 chapter, any rules and regulations promulgated by the board, any
50 orders and directives issued by the board, or any other applicable law;

51 (8) "Expanded-functions dental assistant", any dental assistant who has
52 passed a basic dental assisting skills mastery examination or a certified dental
53 assistant, either of whom has successfully completed a board-approved
54 expanded-functions course, passed a competency examination, and has obtained
55 a permit authorizing them to perform expanded-functions duties from the
56 Missouri dental board;

57 [(7)] (9) "Expanded-functions duties", reversible acts that would be
58 considered the practice of dentistry as defined in section 332.071 that the board
59 specifies by rule may be delegated to a dental assistant or dental hygienist who
60 possesses an expanded-functions permit.

332.081. 1. Notwithstanding any other provision of law, hospitals
2 licensed under chapter 197 shall be authorized to employ any or all of
3 the following oral health care providers:

4 (1) A dentist licensed under chapter 332 for the purpose of
5 treating on hospital premises those patients who present with a dental
6 condition and such treatment is necessary to ameliorate the condition
7 for which they presented such as severe pain or tooth abscesses;

8 (2) An oral and maxillofacial surgeon licensed under chapter 332
9 for the purpose of treating oral conditions that need to be ameliorated
10 as part of treating the underlying cause of the patient's medical needs
11 including, but not limited to, head and neck cancer, HIV AIDS, severe

12 trauma resulting in admission to the hospital, organ transplant,
13 diabetes, or seizure disorders. It shall be a condition of treatment that
14 such patients are admitted to the hospital on either an in- or out-
15 patient basis;

16 (3) A maxillofacial prosthodontist licensed under chapter 332 for
17 the purpose of treating and supporting patients of a head and neck
18 cancer team or other complex care or surgical team for the fabrication
19 of appliances following ablative surgery, surgery to correct birth
20 anomalies, extensive radiation treatment of the head or neck, or
21 trauma-related surgery.

22 2. No person or other entity shall practice dentistry in Missouri or provide
23 dental services as defined in section 332.071 unless and until the board has
24 issued to the person a certificate certifying that the person has been duly
25 registered as a dentist in Missouri or **the board has issued such certificate**
26 to an entity that has been duly registered to provide dental services by licensed
27 dentists and dental hygienists and unless and until the board has issued to the
28 person a license, to be renewed each period, as provided in this chapter, to
29 practice dentistry or as a dental hygienist, or has issued to the person or entity
30 a permit, to be renewed each period, to provide dental services in
31 Missouri. Nothing in this chapter shall be so construed as to make it unlawful
32 for:

33 (1) A legally qualified physician or surgeon, who does not practice
34 dentistry as a specialty, from extracting teeth;

35 (2) A dentist licensed in a state other than Missouri from making a
36 clinical demonstration before a meeting of dentists in Missouri;

37 (3) Dental students in any accredited dental school to practice dentistry
38 under the personal direction of instructors;

39 (4) Dental hygiene students in any accredited dental hygiene school to
40 practice dental hygiene under the personal direction of instructors;

41 (5) A duly registered and licensed dental hygienist in Missouri to practice
42 dental hygiene as defined in section 332.091;

43 (6) A dental assistant, certified dental assistant, or expanded functions
44 dental assistant to be delegated duties as defined in section 332.093;

45 (7) A duly registered dentist or dental hygienist to teach in an accredited
46 dental or dental hygiene school;

47 (8) A person who has been granted a dental faculty permit under

48 **section 332.183 to practice dentistry in the scope of his or her**
49 **employment at an accredited dental school, college, or program in**
50 **Missouri;**

51 **(9)** A duly qualified anesthesiologist or nurse anesthetist to administer
52 an anesthetic in connection with dental services or dental surgery; [or]

53 **[(9)] (10)** A person to practice dentistry in or for:

54 (a) The United States Armed Forces;

55 (b) The United States Public Health Service;

56 (c) Migrant, community, or health care for the homeless health centers
57 provided in Section 330 of the Public Health Service Act (42 U.S.C. 254(b));

58 (d) Federally qualified health centers as defined in Section 1905(l) (42
59 U.S.C. 1396d(l)) of the Social Security Act;

60 (e) Governmental entities, including county health departments; or

61 (f) The United States Veterans Bureau; or

62 **[(10)] (11)** A dentist licensed in a state other than Missouri to evaluate
63 a patient or render an oral, written, or otherwise documented dental opinion
64 when providing testimony or records for the purpose of a civil or criminal action
65 before any judicial or administrative proceeding of this state or other forum in
66 this state.

67 **[2.] 3.** No corporation shall practice dentistry as defined in section
68 332.071 unless that corporation is organized under the provisions of chapter 355
69 or 356 provided that a corporation organized under the provisions of chapter 355
70 and qualifying as an organization under 26 U.S.C. Section 501(c)(3) may only
71 employ dentists and dental hygienists licensed in this state to render dental
72 services to Medicaid recipients, low-income individuals who have available income
73 below two hundred percent of the federal poverty level, and all participants in the
74 SCHIP program, unless such limitation is contrary to or inconsistent with federal
75 or state law or regulation. This subsection shall not apply to:

76 (1) A hospital licensed under chapter 197 that provides care and
77 treatment only to children under the age of eighteen at which a person regulated
78 under this chapter provides dental care within the scope of his or her license or
79 registration;

80 (2) A federally qualified health center as defined in Section 1905(l) of the
81 Social Security Act (42 U.S.C. 1396(d)(l)), or a migrant, community, or health care
82 for the homeless health center provided for in Section 330 of the Public Health
83 Services Act (42 U.S.C. 254(b)) at which a person regulated under this chapter

84 provides dental care within the scope of his or her license or registration;

85 (3) A city or county health department organized under chapter 192 or
86 chapter 205 at which a person regulated under this chapter provides dental care
87 within the scope of his or her license or registration;

88 (4) A social welfare board organized under section 205.770, a city health
89 department operating under a city charter, or a city-county health department at
90 which a person regulated under this chapter provides dental care within the
91 scope of his or her license or registration;

92 (5) Any entity that has received a permit from the dental board and does
93 not receive compensation from the patient or from any third party on the patient's
94 behalf at which a person regulated under this chapter provides dental care within
95 the scope of his or her license or registration;

96 (6) Any hospital nonprofit corporation exempt from taxation under Section
97 501(c)(3) of the Internal Revenue Code, as amended, that engages in its
98 operations and provides dental services at facilities owned by a city, county, or
99 other political subdivision of the state at which a person regulated under this
100 chapter provides dental care within the scope of his or her license or registration.
101 If any of the entities exempted from the requirements of this subsection are
102 unable to provide services to a patient due to the lack of a qualified provider and
103 a referral to another entity is made, the exemption shall extend to the person or
104 entity that subsequently provides services to the patient.

105 [3.] 4. No unincorporated organization shall practice dentistry as defined
106 in section 332.071 unless such organization is exempt from federal taxation under
107 Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and provides
108 dental treatment without compensation from the patient or any third party on
109 their behalf as a part of a broader program of social services including food
110 distribution. Nothing in this chapter shall prohibit organizations under this
111 subsection from employing any person regulated by this chapter.

112 [4.] 5. A dentist shall not enter into a contract that allows a person who
113 is not a dentist to influence or interfere with the exercise of the dentist's
114 independent professional judgment.

115 [5.] 6. A not-for-profit corporation organized under the provisions of
116 chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3),
117 an unincorporated organization operating pursuant to subsection 3 of this section,
118 or any other person should not direct or interfere or attempt to direct or interfere
119 with a licensed dentist's professional judgment and competent practice of

120 dentistry. Nothing in this subsection shall be so construed as to make it unlawful
121 for not-for-profit organizations to enforce employment contracts, corporate policy
122 and procedure manuals, or quality improvement or assurance requirements.

123 **[6.] 7.** All entities defined in subsection 2 of this section and those
124 exempted under subsection 3 of this section shall apply for a permit to employ
125 dentists and dental hygienists licensed in this state to render dental services, and
126 the entity shall apply for the permit in writing on forms provided by the Missouri
127 dental board. The board shall not charge a fee of any kind for the issuance or
128 renewal of such permit. The provisions of this subsection shall not apply to a
129 federally qualified health center as defined in Section 1905(l) of the Social
130 Security Act (42 U.S.C. 1396d(l)).

131 **[7.] 8.** Any entity that obtains a permit to render dental services in this
132 state is subject to discipline pursuant to section 332.321. If the board concludes
133 that the person or entity has committed an act or is engaging in a course of
134 conduct that would be grounds for disciplinary action, the board may file a
135 complaint before the administrative hearing commission. The board may refuse
136 to issue or renew the permit of any entity for one or any combination of causes
137 stated in subsection 2 of section 332.321. The board shall notify the applicant in
138 writing of the reasons for the refusal and shall advise the applicant of his or her
139 right to file a complaint with the administrative hearing commission as provided
140 by chapter 621.

141 **[8.] 9.** A federally qualified health center as defined in Section 1905(l) of
142 the Social Security Act (42 U.S.C. 1396d(l)) shall register with the board. The
143 information provided to the board as part of the registration shall include the
144 name of the health center, the nonprofit status of the health center, sites where
145 dental services will be provided, and the names of all persons employed by, or
146 contracting with, the health center who are required to hold a license pursuant
147 to this chapter. The registration shall be renewed every twenty-four
148 months. The board shall not charge a fee of any kind for the issuance or renewal
149 of the registration. The registration of the health center shall not be subject to
150 discipline pursuant to section 332.321. Nothing in this subsection shall prohibit
151 disciplinary action against a licensee of this chapter who is employed by, or
152 contracts with, such health center for the actions of the licensee in connection
153 with such employment or contract. All licensed persons employed by, or
154 contracting with, the health center shall certify in writing to the board at the
155 time of issuance and renewal of the registration that the facility of the health

156 center meets the same operating standards regarding cleanliness, sanitation, and
157 professionalism as would the facility of a dentist licensed by this chapter. The
158 board shall promulgate rules regarding such standards.

159 [9.] 10. The board may promulgate rules and regulations to ensure not-
160 for-profit corporations are rendering care to the patient populations as set forth
161 herein, including requirements for covered not-for-profit corporations to report
162 patient census data to the board. The provisions of this subsection shall not
163 apply to a federally qualified health center as defined in Section 1905(l) of the
164 Social Security Act (42 U.S.C. 1396d(l)).

165 [10.] 11. All not-for-profit corporations organized or operated pursuant
166 to the provisions of chapter 355 and qualifying as an organization under 26
167 U.S.C. Section 501(c)(3), or the requirements relating to migrant, community, or
168 health care for the homeless health centers provided in Section 330 of the Public
169 Health Service Act (42 U.S.C. 254(b)) and federally qualified health centers as
170 defined in Section 1905(l) (42 U.S.C. 1396d(l)) of the Social Security Act, that
171 employ persons who practice dentistry or dental hygiene in this state shall do so
172 in accordance with the relevant laws of this state except to the extent that such
173 laws are contrary to, or inconsistent with, federal statute or regulation.

332.183. 1. The board may issue a dental faculty permit to an
2 individual who is employed by an accredited dental school, college, or
3 program in Missouri. The holder of a dental faculty permit shall be
4 authorized to practice dentistry in accordance with section 332.071 only
5 within accredited dental school programs and only while engaged in
6 teaching didactic courses, preclinical laboratories, and supervising
7 student-delivered patient care at an accredited Missouri dental school,
8 college, or program.

9 2. The holder of a dental faculty permit shall not receive any fee
10 or compensation for the practice of dentistry, other than any salary or
11 benefits received as part of his or her employment with the accredited
12 Missouri dental school, college, or program, and shall not engage in the
13 private practice of dentistry for any fee or compensation.

14 3. To qualify for a dental faculty permit, an applicant shall:

15 (1) Be a graduate of and hold a degree from a dental school. An
16 applicant shall not be required to be a graduate of an accredited dental
17 school as defined in section 332.011;

18 (2) Submit to the board an affidavit from the dean of the

19 accredited Missouri dental school, college, or program confirming the
20 individual's employment as a teacher or instructor at the accredited
21 Missouri dental school, college, or program;

22 (3) Submit to the board an affidavit stating that he or she shall
23 only practice dentistry within the course and scope of his or her
24 teaching responsibilities and shall not practice dentistry for any fee or
25 compensation other than any salary or benefits received as part of his
26 or her employment with the accredited Missouri dental school, college,
27 or program;

28 (4) Pass a written jurisprudence examination given by the board
29 on the Missouri dental laws and rules with a grade of at least eighty
30 percent;

31 (5) Submit to the board a completed application on forms
32 provided by the board and the applicable fees as determined by the
33 board;

34 (6) Document satisfactory completion of an American Dental
35 Association-accredited postdoctoral training program that is a
36 minimum of twelve continuous months in length; or

37 (7) Have passed the National Board Examination in accordance
38 with the criteria established by the sponsoring body.

39 4. The board may waive the requirements under subdivisions (6)
40 and (7) of subsection 3 of this section, at the request of the applicant,
41 based on the applicant's portfolio of cases completed and
42 documentation that the applicant held a license to teach dentistry in
43 another state within a year of applying to teach dentistry in
44 Missouri. The board shall only waive the requirements under this
45 subsection if the board determines, based on the information provided
46 in this subsection, that the applicant has a similar level of knowledge
47 and experience as persons who have met the requirements under
48 subdivisions (6) or (7) of subsection 3 of this section.

49 5. A dental faculty permit shall be renewed every two years and
50 shall be subject to the same renewal requirements contained in section
51 332.181.

52 6. A dental faculty permit shall be subject to discipline in
53 accordance with section 332.321 and shall be automatically cancelled
54 and nullified if the holder ceases to be employed by the accredited
55 Missouri dental school, college, or program.

56 **7. The board shall promulgate rules to implement the provisions**
57 **of this section. Any rule or portion of a rule, as that term is defined in**
58 **section 536.010, that is created under the authority delegated in this**
59 **section shall become effective only if it complies with and is subject to**
60 **all of the provisions of chapter 536 and, if applicable, section**
61 **536.028. This section and chapter 536 are nonseverable, and if any of**
62 **the powers vested with the general assembly pursuant to chapter 536**
63 **to review, to delay the effective date, or to disapprove and annul a rule**
64 **are subsequently held unconstitutional, then the grant of rulemaking**
65 **authority and any rule proposed or adopted after August 28, 2017, shall**
66 **be invalid and void.**

332.321. 1. The board may refuse to issue or renew a permit or license
2 required pursuant to this chapter for one or any combination of causes stated in
3 subsection 2 of this section or the board may, as a condition to issuing or
4 renewing any such permit or license, require a person to submit himself or herself
5 for identification, intervention, treatment or rehabilitation by the well-being
6 committee as provided in section 332.327. The board shall notify the applicant
7 in writing of the reasons for the refusal and shall advise the applicant of his or
8 her right to file a complaint with the administrative hearing commission as
9 provided by chapter 621.

10 2. The board may cause a complaint to be filed with the administrative
11 hearing commission as provided by chapter 621 against any holder of any permit
12 or license required by this chapter or any person who has failed to renew or has
13 surrendered his or her permit or license for any one or any combination of the
14 following causes:

15 (1) Use of any controlled substance, as defined in chapter 195, or alcoholic
16 beverage to an extent that such use impairs a person's ability to perform the work
17 of any profession licensed or regulated by this chapter;

18 (2) The person has been finally adjudicated and found guilty, or entered
19 a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws
20 of any state or of the United States, for any offense reasonably related to the
21 qualifications, functions or duties of any profession licensed or regulated
22 pursuant to this chapter, for any offense an essential element of which is fraud,
23 dishonesty or an act of violence, or any offense involving moral turpitude,
24 whether or not sentence is imposed;

25 (3) Use of fraud, deception, misrepresentation or bribery in securing any

26 permit or license issued pursuant to this chapter or in obtaining permission to
27 take any examination given or required pursuant to this chapter;

28 (4) Obtaining or attempting to obtain any fee, charge, tuition or other
29 compensation by fraud, deception or misrepresentation; or increasing charges
30 when a patient utilizes a third-party payment program; or for repeated
31 irregularities in billing a third party for services rendered to a patient. For the
32 purposes of this subdivision, irregularities in billing shall include:

33 (a) Reporting charges for the purpose of obtaining a total payment in
34 excess of that usually received by the dentist for the services rendered;

35 (b) Reporting incorrect treatment dates for the purpose of obtaining
36 payment;

37 (c) Reporting charges for services not rendered;

38 (d) Incorrectly reporting services rendered for the purpose of obtaining
39 payment that is greater than that to which the person is entitled;

40 (e) Abrogating the co-payment or deductible provisions of a third-party
41 payment contract. Provided, however, that this paragraph shall not prohibit a
42 discount, credit or reduction of charges provided under an agreement between the
43 licensee and an insurance company, health service corporation or health
44 maintenance organization licensed pursuant to the laws of this state; or
45 governmental third-party payment program; or self-insurance program organized,
46 managed or funded by a business entity for its own employees or labor
47 organization for its members;

48 (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation
49 or dishonesty in the performance of, or relating to one's ability to perform, the
50 functions or duties of any profession licensed or regulated by this chapter;

51 (6) Violation of, or assisting or enabling any person to violate, any
52 provision of this chapter, or any lawful rule or regulation adopted pursuant to
53 this chapter;

54 (7) Impersonation of any person holding a permit or license or allowing
55 any person to use his or her permit, license or diploma from any school;

56 (8) Disciplinary action against the holder of a license or other right to
57 practice any profession regulated by this chapter imposed by another state,
58 province, territory, federal agency or country upon grounds for which discipline
59 is authorized in this state;

60 (9) A person is finally adjudicated incapacitated or disabled by a court of
61 competent jurisdiction;

62 (10) Assisting or enabling any person to practice or offer to practice, by
63 lack of supervision or in any other manner, any profession licensed or regulated
64 by this chapter who is not registered and currently eligible to practice pursuant
65 to this chapter;

66 (11) Issuance of a permit or license based upon a material mistake of fact;

67 (12) Failure to display a valid certificate, permit or license if so required
68 by this chapter or by any rule promulgated hereunder;

69 (13) Violation of any professional trust or confidence;

70 (14) Use of any advertisement or solicitation that is false, misleading or
71 deceptive to the general public or persons to whom the advertisement or
72 solicitation is primarily directed. False, misleading or deceptive advertisements
73 or solicitations shall include, but not be limited to:

74 (a) Promises of cure, relief from pain or other physical or mental
75 condition, or improved physical or mental health;

76 (b) Any misleading or deceptive statement offering or promising a free
77 service. Nothing herein shall be construed to make it unlawful to offer a service
78 for no charge if the offer is announced as part of a full disclosure of routine fees
79 including consultation fees;

80 (c) Any misleading or deceptive claims of patient cure, relief or improved
81 condition; superiority in service, treatment or materials; new or improved service,
82 treatment or material; or reduced costs or greater savings. Nothing herein shall
83 be construed to make it unlawful to use any such claim if it is readily verifiable
84 by existing documentation, data or other substantial evidence. Any claim that
85 exceeds or exaggerates the scope of its supporting documentation, data or
86 evidence is misleading or deceptive;

87 (d) Any announced fee for a specified service where that fee does not
88 include the charges for necessary related or incidental services, or where the
89 actual fee charged for that specified service may exceed the announced fee, but
90 it shall not be unlawful to announce only the maximum fee that can be charged
91 for the specified service, including all related or incidental services, modified by
92 the term "up to" if desired;

93 (e) Any announcement in any form including the term "specialist" or the
94 phrase "limited to the specialty of" unless each person named in conjunction with
95 the term or phrase, or responsible for the announcement, holds a valid Missouri
96 certificate and license evidencing that the person is a specialist in that area;

97 (f) Any announcement containing any of the terms denoting recognized

98 specialties, or other descriptive terms carrying the same meaning, unless the
99 announcement clearly designates by list each dentist not licensed as a specialist
100 in Missouri who is sponsoring or named in the announcement, or employed by the
101 entity sponsoring the announcement, after the following clearly legible or audible
102 statement: "Notice: the following dentist(s) in this practice is (are) not licensed
103 in Missouri as specialists in the advertised dental specialty(s) of _____";

104 (g) Any announcement containing any terms denoting or implying
105 specialty areas that are not recognized by the American Dental Association;

106 (15) Violation of the drug laws or rules and regulations of this state, any
107 other state or the federal government;

108 (16) Failure or refusal to properly guard against contagious, infectious or
109 communicable diseases or the spread thereof;

110 (17) Failing to maintain his or her office or offices, laboratory, equipment
111 and instruments in a safe and sanitary condition;

112 (18) Accepting, tendering or paying "rebates" to or "splitting fees" with
113 any other person; provided, however, that nothing herein shall be so construed
114 as to make it unlawful for a dentist [practicing]:

115 **(a) To make payment of fees or royalties, pursuant to a valid**
116 **franchise agreement, which payment may be a percentage based on**
117 **collections, for services to a dental franchisor; or**

118 **(b) To practice** in a partnership or as a corporation organized pursuant
119 to the provisions of chapter 356 to distribute profits in accordance with his or her
120 stated agreement;

121 (19) Administering, or causing or permitting to be administered, nitrous
122 oxide gas in any amount to himself or herself, or to another unless as an
123 adjunctive measure to patient management;

124 (20) Being unable to practice as a dentist, specialist or hygienist with
125 reasonable skill and safety to patients by reasons of professional incompetency,
126 or because of illness, drunkenness, excessive use of drugs, narcotics, chemicals,
127 or as a result of any mental or physical condition. In enforcing this subdivision
128 the board shall, after a hearing before the board, upon a finding of probable
129 cause, require the dentist or specialist or hygienist to submit to a reexamination
130 for the purpose of establishing his or her competency to practice as a dentist,
131 specialist or hygienist, which reexamination shall be conducted in accordance
132 with rules adopted for this purpose by the board, including rules to allow the
133 examination of the dentist's, specialist's or hygienist's professional competence

134 by at least three dentists or fellow specialists, or to submit to a mental or
135 physical examination or combination thereof by at least three physicians. One
136 examiner shall be selected by the dentist, specialist or hygienist compelled to take
137 examination, one selected by the board, and one shall be selected by the two
138 examiners so selected. Notice of the physical or mental examination shall be
139 given by personal service or registered mail. Failure of the dentist, specialist or
140 hygienist to submit to the examination when directed shall constitute an
141 admission of the allegations against him or her, unless the failure was due to
142 circumstances beyond his or her control. A dentist, specialist or hygienist whose
143 right to practice has been affected pursuant to this subdivision shall, at
144 reasonable intervals, be afforded an opportunity to demonstrate that he or she
145 can resume competent practice with reasonable skill and safety to patients.

146 (a) In any proceeding pursuant to this subdivision, neither the record of
147 proceedings nor the orders entered by the board shall be used against a dentist,
148 specialist or hygienist in any other proceeding. Proceedings pursuant to this
149 subdivision shall be conducted by the board without the filing of a complaint with
150 the administrative hearing commission;

151 (b) When the board finds any person unqualified because of any of the
152 grounds set forth in this subdivision, it may enter an order imposing one or more
153 of the following: denying his or her application for a license; permanently
154 withholding issuance of a license; administering a public or private reprimand;
155 placing on probation, suspending or limiting or restricting his or her license to
156 practice as a dentist, specialist or hygienist for a period of not more than five
157 years; revoking his or her license to practice as a dentist, specialist or hygienist;
158 requiring him or her to submit to the care, counseling or treatment of physicians
159 designated by the dentist, specialist or hygienist compelled to be treated; or
160 requiring such person to submit to identification, intervention, treatment or
161 rehabilitation by the well-being committee as provided in section 332.327. For
162 the purpose of this subdivision, "license" includes the certificate of registration,
163 or license, or both, issued by the board.

164 3. After the filing of such complaint, the proceedings shall be conducted
165 in accordance with the provisions of chapter 621. Upon a finding by the
166 administrative hearing commission that the grounds, provided in subsection 2,
167 for disciplinary action are met, the board may, singly or in combination:

168 (1) Censure or place the person or firm named in the complaint on
169 probation on such terms and conditions as the board deems appropriate for a

170 period not to exceed five years; or

171 (2) Suspend the license, certificate or permit for a period not to exceed
172 three years; or

173 (3) Revoke the license, certificate, or permit. In any order of revocation,
174 the board may provide that the person shall not apply for licensure for a period
175 of not less than one year following the date of the order of revocation; or

176 (4) Cause the person or firm named in the complaint to make restitution
177 to any patient, or any insurer or third-party payer who shall have paid in whole
178 or in part a claim or payment for which they should be reimbursed, where
179 restitution would be an appropriate remedy, including the reasonable cost of
180 follow-up care to correct or complete a procedure performed or one that was to be
181 performed by the person or firm named in the complaint; or

182 (5) Request the attorney general to bring an action in the circuit court of
183 competent jurisdiction to recover a civil penalty on behalf of the state in an
184 amount to be assessed by the court.

185 4. If the board concludes that a dentist or dental hygienist has committed
186 an act or is engaging in a course of conduct that would be grounds for disciplinary
187 action and constitutes a clear and present danger to the public health and safety,
188 the board may file a complaint before the administrative hearing commission
189 requesting an expedited hearing and specifying the conduct that gives rise to the
190 danger and the nature of the proposed restriction or suspension of the dentist's
191 or dental hygienist's license. Within fifteen days after service of the complaint
192 on the dentist or dental hygienist, the administrative hearing commission shall
193 conduct a preliminary hearing to determine whether the alleged conduct of the
194 dentist or dental hygienist appears to constitute a clear and present danger to the
195 public health and safety that justifies that the dentist's or dental hygienist's
196 license be immediately restricted or suspended. The burden of proving that a
197 dentist or dental hygienist is a clear and present danger to the public health and
198 safety shall be upon the Missouri dental board. The administrative hearing
199 commission shall issue its decision immediately after the hearing and shall either
200 grant to the board the authority to suspend or restrict the license or dismiss the
201 action.

202 5. If the administrative hearing commission grants temporary authority
203 to the board to restrict or suspend a dentist's or dental hygienist's license, the
204 dentist or dental hygienist named in the complaint may request a full hearing
205 before the administrative hearing commission. A request for a full hearing shall

206 be made within thirty days after the administrative hearing commission issues
207 a decision. The administrative hearing commission shall, if requested by a
208 dentist or dental hygienist named in the complaint, set a date to hold a full
209 hearing under chapter 621 regarding the activities alleged in the initial complaint
210 filed by the board. The administrative hearing commission shall set the date for
211 full hearing within ninety days from the date its decision was issued. Either
212 party may request continuances, which shall be granted by the administrative
213 hearing commission upon a showing of good cause by either party or consent of
214 both parties. If a request for a full hearing is not made within thirty days, the
215 authority to impose discipline becomes final and the board shall set the matter
216 for hearing in accordance with section 621.110.

217 6. If the administrative hearing commission dismisses without prejudice
218 the complaint filed by the board under subsection 4 of this section or dismisses
219 the action based on a finding that the board did not meet its burden of proof
220 establishing a clear and present danger, such dismissal shall not bar the board
221 from initiating a subsequent action on the same grounds in accordance with this
222 chapter and chapters 536 and 621.

223 7. Notwithstanding any other provisions of section 332.071 or of this
224 section, a currently licensed dentist in Missouri may enter into an agreement
225 with individuals and organizations to provide dental health care, provided such
226 agreement does not permit or compel practices that violate any provision of this
227 chapter.

228 8. At all proceedings for the enforcement of these or any other provisions
229 of this chapter the board shall, as it deems necessary, select, in its discretion,
230 either the attorney general or one of the attorney general's assistants designated
231 by the attorney general or other legal counsel to appear and represent the board
232 at each stage of such proceeding or trial until its conclusion.

233 9. If at any time when any discipline has been imposed pursuant to this
234 section or pursuant to any provision of this chapter, the licensee removes himself
235 or herself from the state of Missouri, ceases to be currently licensed pursuant to
236 the provisions of this chapter, or fails to keep the Missouri dental board advised
237 of his or her current place of business and residence, the time of his or her
238 absence, or unlicensed status, or unknown whereabouts shall not be deemed or
239 taken as any part of the time of discipline so imposed.

334.010. 1. It shall be unlawful for any person not now a registered
2 physician within the meaning of the law to practice medicine or surgery in any

3 of its departments, to engage in the practice of medicine across state lines or to
4 profess to cure and attempt to treat the sick and others afflicted with bodily or
5 mental infirmities, or engage in the practice of midwifery in this state, except as
6 herein provided.

7 2. For the purposes of this chapter, the "practice of medicine across state
8 lines" shall mean:

9 (1) The rendering of a written or otherwise documented medical opinion
10 concerning the diagnosis or treatment of a patient within this state by a
11 physician located outside this state as a result of transmission of individual
12 patient data by electronic or other means from within this state to such physician
13 or physician's agent; or

14 (2) The rendering of treatment to a patient within this state by a
15 physician located outside this state as a result of transmission of individual
16 patient data by electronic or other means from within this state to such physician
17 or physician's agent.

18 3. A physician located outside of this state shall not be required to obtain
19 a license when:

20 (1) In consultation with a physician licensed to practice medicine in this
21 state; and

22 (2) The physician licensed in this state retains ultimate authority and
23 responsibility for the diagnosis or diagnoses and treatment in the care of the
24 patient located within this state; or

25 (3) Evaluating a patient or rendering an oral, written or otherwise
26 documented medical opinion, or when providing testimony or records for the
27 purpose of any civil or criminal action before any judicial or administrative
28 proceeding of this state or other forum in this state; or

29 (4) Participating in a utilization review pursuant to section 376.1350.

30 **4. This section shall not apply to a person who holds a current,**
31 **unrestricted license to practice medicine in another state when the**
32 **person, under a written agreement with an athletic team located in the**
33 **state in which the person is licensed, provides sports-related medical**
34 **services to any of the following individuals if the team is traveling to**
35 **or from, or participating in, a sporting event in this state:**

36 **(1) A member of an athletic team;**

37 **(2) A member of an athletic team's coaching, communications,**
38 **equipment, or sports medicine staff;**

39 **(3) A member of a band, dance team, or cheerleading squad**
40 **accompanying an athletic team; or**

41 **(4) An athletic team's mascot.**

42 **5. In providing sports-related medical services under subsection**
43 **4 of this section, the person shall not provide medical services at a**
44 **health care facility, including a hospital, ambulatory surgical center,**
45 **or any other facility in which medical care, diagnosis, or treatment is**
46 **provided on an inpatient or outpatient basis.**

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

11 2. The written collaborative practice arrangement shall contain at least
12 the following provisions:

13 (1) Complete names, home and business addresses, zip codes, and
14 telephone numbers of the collaborating physician and the assistant physician;

15 (2) A list of all other offices or locations besides those listed in subdivision
16 (1) of this subsection where the collaborating physician authorized the assistant
17 physician to prescribe;

18 (3) A requirement that there shall be posted at every office where the
19 assistant physician is authorized to prescribe, in collaboration with a physician,
20 a prominently displayed disclosure statement informing patients that they may
21 be seen by an assistant physician and have the right to see the collaborating
22 physician;

23 (4) All specialty or board certifications of the collaborating physician and
24 all certifications of the assistant physician;

25 (5) The manner of collaboration between the collaborating physician and
26 the assistant physician, including how the collaborating physician and the
27 assistant physician shall:

28 (a) Engage in collaborative practice consistent with each professional's

29 skill, training, education, and competence;

30 (b) Maintain **a geographic proximity of no further than seventy-five**
31 **miles by road if the assistant physician is practicing in a federally-**
32 **designated health professional shortage area. Otherwise, an assistant**
33 **physician shall maintain a geographic proximity of thirty miles by**
34 **road**; except, the collaborative practice arrangement may allow for geographic
35 proximity to be waived for a maximum of twenty-eight days per calendar year for
36 rural health clinics as defined by P.L. 95-210, as long as the collaborative practice
37 arrangement includes alternative plans as required in paragraph (c) of this
38 subdivision. Such exception to geographic proximity shall apply only to
39 independent rural health clinics, provider-based rural health clinics if the
40 provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and
41 provider-based rural health clinics if the main location of the hospital sponsor is
42 greater than fifty miles from the clinic. The collaborating physician shall
43 maintain documentation related to such requirement and present it to the state
44 board of registration for the healing arts when requested; and

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

47 (6) A description of the assistant physician's controlled substance
48 prescriptive authority in collaboration with the physician, including a list of the
49 controlled substances the physician authorizes the assistant physician to
50 prescribe and documentation that it is consistent with each professional's
51 education, knowledge, skill, and competence;

52 (7) A list of all other written practice agreements of the collaborating
53 physician and the assistant physician;

54 (8) The duration of the written practice agreement between the
55 collaborating physician and the assistant physician;

56 (9) A description of the time and manner of the collaborating physician's
57 review of the assistant physician's delivery of health care services. The
58 description shall include provisions that the assistant physician shall submit a
59 minimum of ten percent of the charts documenting the assistant physician's
60 delivery of health care services to the collaborating physician for review by the
61 collaborating physician, or any other physician designated in the collaborative
62 practice arrangement, every fourteen days; and

63 (10) The collaborating physician, or any other physician designated in the
64 collaborative practice arrangement, shall review every fourteen days a minimum

65 of twenty percent of the charts in which the assistant physician prescribes
66 controlled substances. The charts reviewed under this subdivision may be
67 counted in the number of charts required to be reviewed under subdivision (9) of
68 this subsection.

69 3. The state board of registration for the healing arts under section
70 334.125 shall promulgate rules regulating the use of collaborative practice
71 arrangements for assistant physicians. Such rules shall specify:

72 (1) Geographic areas to be covered;

73 (2) The methods of treatment that may be covered by collaborative
74 practice arrangements;

75 (3) In conjunction with deans of medical schools and primary care
76 residency program directors in the state, the development and implementation of
77 educational methods and programs undertaken during the collaborative practice
78 service which shall facilitate the advancement of the assistant physician's medical
79 knowledge and capabilities, and which may lead to credit toward a future
80 residency program for programs that deem such documented educational
81 achievements acceptable; and

82 (4) The requirements for review of services provided under collaborative
83 practice arrangements, including delegating authority to prescribe controlled
84 substances.

85 Any rules relating to dispensing or distribution of medications or devices by
86 prescription or prescription drug orders under this section shall be subject to the
87 approval of the state board of pharmacy. Any rules relating to dispensing or
88 distribution of controlled substances by prescription or prescription drug orders
89 under this section shall be subject to the approval of the department of health
90 and senior services and the state board of pharmacy. The state board of
91 registration for the healing arts shall promulgate rules applicable to assistant
92 physicians that shall be consistent with guidelines for federally funded
93 clinics. The rulemaking authority granted in this subsection shall not extend to
94 collaborative practice arrangements of hospital employees providing inpatient
95 care within hospitals as defined in chapter 197 or population-based public health
96 services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

97 4. The state board of registration for the healing arts shall not deny,
98 revoke, suspend, or otherwise take disciplinary action against a collaborating
99 physician for health care services delegated to an assistant physician provided
100 the provisions of this section and the rules promulgated thereunder are satisfied.

101 5. Within thirty days of any change and on each renewal, the state board
102 of registration for the healing arts shall require every physician to identify
103 whether the physician is engaged in any collaborative practice arrangement,
104 including collaborative practice arrangements delegating the authority to
105 prescribe controlled substances, and also report to the board the name of each
106 assistant physician with whom the physician has entered into such
107 arrangement. The board may make such information available to the public. The
108 board shall track the reported information and may routinely conduct random
109 reviews of such arrangements to ensure that arrangements are carried out for
110 compliance under this chapter.

111 6. A collaborating physician shall not enter into a collaborative practice
112 arrangement with more than three full-time equivalent assistant
113 physicians. Such limitation shall not apply to collaborative arrangements of
114 hospital employees providing inpatient care service in hospitals as defined in
115 chapter 197 or population-based public health services as defined by 20 CSR
116 2150-5.100 as of April 30, 2008.

117 7. The collaborating physician shall determine and document the
118 completion of at least a one-month period of time during which the assistant
119 physician shall practice with the collaborating physician continuously present
120 before practicing in a setting where the collaborating physician is not
121 continuously present. Such limitation shall not apply to collaborative
122 arrangements of providers of population-based public health services as defined
123 by 20 CSR 2150-5.100 as of April 30, 2008.

124 8. No agreement made under this section shall supersede current hospital
125 licensing regulations governing hospital medication orders under protocols or
126 standing orders for the purpose of delivering inpatient or emergency care within
127 a hospital as defined in section 197.020 if such protocols or standing orders have
128 been approved by the hospital's medical staff and pharmaceutical therapeutics
129 committee.

130 9. No contract or other agreement shall require a physician to act as a
131 collaborating physician for an assistant physician against the physician's will. A
132 physician shall have the right to refuse to act as a collaborating physician,
133 without penalty, for a particular assistant physician. No contract or other
134 agreement shall limit the collaborating physician's ultimate authority over any
135 protocols or standing orders or in the delegation of the physician's authority to
136 any assistant physician, but such requirement shall not authorize a physician in

137 implementing such protocols, standing orders, or delegation to violate applicable
138 standards for safe medical practice established by a hospital's medical staff.

139 10. No contract or other agreement shall require any assistant physician
140 to serve as a collaborating assistant physician for any collaborating physician
141 against the assistant physician's will. An assistant physician shall have the right
142 to refuse to collaborate, without penalty, with a particular physician.

143 11. All collaborating physicians and assistant physicians in collaborative
144 practice arrangements shall wear identification badges while acting within the
145 scope of their collaborative practice arrangement. The identification badges shall
146 prominently display the licensure status of such collaborating physicians and
147 assistant physicians.

148 12. (1) An assistant physician with a certificate of controlled substance
149 prescriptive authority as provided in this section may prescribe any controlled
150 substance listed in Schedule III, IV, or V of section 195.017, and may have
151 restricted authority in Schedule II, when delegated the authority to prescribe
152 controlled substances in a collaborative practice arrangement. Prescriptions for
153 Schedule II medications prescribed by an assistant physician who has a
154 certificate of controlled substance prescriptive authority are restricted to only
155 those medications containing hydrocodone. Such authority shall be filed with the
156 state board of registration for the healing arts. The collaborating physician shall
157 maintain the right to limit a specific scheduled drug or scheduled drug category
158 that the assistant physician is permitted to prescribe. Any limitations shall be
159 listed in the collaborative practice arrangement. Assistant physicians shall not
160 prescribe controlled substances for themselves or members of their
161 families. Schedule III controlled substances and Schedule II - hydrocodone
162 prescriptions shall be limited to a five-day supply without refill. Assistant
163 physicians who are authorized to prescribe controlled substances under this
164 section shall register with the federal Drug Enforcement Administration and the
165 state bureau of narcotics and dangerous drugs, and shall include the Drug
166 Enforcement Administration registration number on prescriptions for controlled
167 substances.

168 (2) The collaborating physician shall be responsible to determine and
169 document the completion of at least one hundred twenty hours in a four-month
170 period by the assistant physician during which the assistant physician shall
171 practice with the collaborating physician on-site prior to prescribing controlled
172 substances when the collaborating physician is not on-site. Such limitation shall

173 not apply to assistant physicians of population-based public health services as
174 defined in 20 CSR 2150-5.100 as of April 30, 2009.

175 (3) An assistant physician shall receive a certificate of controlled
176 substance prescriptive authority from the state board of registration for the
177 healing arts upon verification of licensure under section 334.036.

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

10 2. Collaborative practice arrangements, which shall be in writing, may
11 delegate to a registered professional nurse the authority to administer, dispense
12 or prescribe drugs and provide treatment if the registered professional nurse is
13 an advanced practice registered nurse as defined in subdivision (2) of section
14 335.016. Collaborative practice arrangements may delegate to an advanced
15 practice registered nurse, as defined in section 335.016, the authority to
16 administer, dispense, or prescribe controlled substances listed in Schedules III,
17 IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the
18 collaborative practice arrangement shall not delegate the authority to administer
19 any controlled substances listed in Schedules III, IV, and V of section 195.017, or
20 Schedule II - hydrocodone for the purpose of inducing sedation or general
21 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III
22 narcotic controlled substance and Schedule II - hydrocodone prescriptions shall
23 be limited to a one hundred twenty-hour supply without refill. Such collaborative
24 practice arrangements shall be in the form of written agreements, jointly
25 agreed-upon protocols or standing orders for the delivery of health care services.

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

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

31 (2) A list of all other offices or locations besides those listed in subdivision

32 (1) of this subsection where the collaborating physician authorized the advanced
33 practice registered nurse to prescribe;

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

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

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

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

46 (b) Maintain geographic proximity **of no further than seventy-five**
47 **miles by road, if the advanced practice registered nurse is practicing**
48 **in a federally-designated health professional shortage area. Otherwise,**
49 **an advanced practice registered nurse shall maintain a geographic**
50 **proximity of thirty miles by road,** except the collaborative practice
51 arrangement may allow for geographic proximity to be waived for a maximum of
52 twenty-eight days per calendar year for rural health clinics as defined by P.L.
53 95-210, as long as the collaborative practice arrangement includes alternative
54 plans as required in paragraph (c) of this subdivision. This exception to
55 geographic proximity shall apply only to independent rural health clinics,
56 provider-based rural health clinics where the provider is a critical access hospital
57 as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics
58 where the main location of the hospital sponsor is greater than fifty miles from
59 the clinic. The collaborating physician is required to maintain documentation
60 related to this requirement and to present it to the state board of registration for
61 the healing arts when requested; and

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

64 (6) A description of the advanced practice registered nurse's controlled
65 substance prescriptive authority in collaboration with the physician, including a
66 list of the controlled substances the physician authorizes the nurse to prescribe
67 and documentation that it is consistent with each professional's education,

68 knowledge, skill, and competence;

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

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

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

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

87 4. The state board of registration for the healing arts pursuant to section
88 334.125 and the board of nursing pursuant to section 335.036 may jointly
89 promulgate rules regulating the use of collaborative practice arrangements. Such
90 rules shall be limited to specifying geographic areas to be covered, the methods
91 of treatment that may be covered by collaborative practice arrangements and the
92 requirements for review of services provided pursuant to collaborative practice
93 arrangements including delegating authority to prescribe controlled
94 substances. Any rules relating to dispensing or distribution of medications or
95 devices by prescription or prescription drug orders under this section shall be
96 subject to the approval of the state board of pharmacy. Any rules relating to
97 dispensing or distribution of controlled substances by prescription or prescription
98 drug orders under this section shall be subject to the approval of the department
99 of health and senior services and the state board of pharmacy. In order to take
100 effect, such rules shall be approved by a majority vote of a quorum of each
101 board. Neither the state board of registration for the healing arts nor the board
102 of nursing may separately promulgate rules relating to collaborative practice
103 arrangements. Such jointly promulgated rules shall be consistent with guidelines

104 for federally funded clinics. The rulemaking authority granted in this subsection
105 shall not extend to collaborative practice arrangements of hospital employees
106 providing inpatient care within hospitals as defined pursuant to chapter 197 or
107 population-based public health services as defined by 20 CSR 2150-5.100 as of
108 April 30, 2008.

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

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

139 7. Notwithstanding any law to the contrary, a certified registered nurse

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

150 8. A collaborating physician shall not enter into a collaborative practice
151 arrangement with more than three full-time equivalent advanced practice
152 registered nurses. This limitation shall not apply to collaborative arrangements
153 of hospital employees providing inpatient care service in hospitals as defined in
154 chapter 197 or population-based public health services as defined by 20 CSR
155 2150-5.100 as of April 30, 2008.

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

163 10. No agreement made under this section shall supersede current
164 hospital licensing regulations governing hospital medication orders under
165 protocols or standing orders for the purpose of delivering inpatient or emergency
166 care within a hospital as defined in section 197.020 if such protocols or standing
167 orders have been approved by the hospital's medical staff and pharmaceutical
168 therapeutics committee.

169 11. No contract or other agreement shall require a physician to act as a
170 collaborating physician for an advanced practice registered nurse against the
171 physician's will. A physician shall have the right to refuse to act as a
172 collaborating physician, without penalty, for a particular advanced practice
173 registered nurse. No contract or other agreement shall limit the collaborating
174 physician's ultimate authority over any protocols or standing orders or in the
175 delegation of the physician's authority to any advanced practice registered nurse,

176 but this requirement shall not authorize a physician in implementing such
177 protocols, standing orders, or delegation to violate applicable standards for safe
178 medical practice established by hospital's medical staff.

179 12. No contract or other agreement shall require any advanced practice
180 registered nurse to serve as a collaborating advanced practice registered nurse
181 for any collaborating physician against the advanced practice registered nurse's
182 will. An advanced practice registered nurse shall have the right to refuse to
183 collaborate, without penalty, with a particular physician.

 334.735. 1. As used in sections 334.735 to 334.749, the following terms
2 mean:

3 (1) "Applicant", any individual who seeks to become licensed as a
4 physician assistant;

5 (2) "Certification" or "registration", a process by a certifying entity that
6 grants recognition to applicants meeting predetermined qualifications specified
7 by such certifying entity;

8 (3) "Certifying entity", the nongovernmental agency or association which
9 certifies or registers individuals who have completed academic and training
10 requirements;

11 (4) "Department", the department of insurance, financial institutions and
12 professional registration or a designated agency thereof;

13 (5) "License", a document issued to an applicant by the board
14 acknowledging that the applicant is entitled to practice as a physician assistant;

15 (6) "Physician assistant", a person who has graduated from a physician
16 assistant program accredited by the American Medical Association's Committee
17 on Allied Health Education and Accreditation or by its successor agency, who has
18 passed the certifying examination administered by the National Commission on
19 Certification of Physician Assistants and has active certification by the National
20 Commission on Certification of Physician Assistants who provides health care
21 services delegated by a licensed physician. A person who has been employed as
22 a physician assistant for three years prior to August 28, 1989, who has passed the
23 National Commission on Certification of Physician Assistants examination, and
24 has active certification of the National Commission on Certification of Physician
25 Assistants;

26 (7) "Recognition", the formal process of becoming a certifying entity as
27 required by the provisions of sections 334.735 to 334.749;

28 (8) "Supervision", control exercised over a physician assistant working

29 with a supervising physician and oversight of the activities of and accepting
30 responsibility for the physician assistant's delivery of care. The physician
31 assistant shall only practice at a location where the physician routinely provides
32 patient care, except existing patients of the supervising physician in the patient's
33 home and correctional facilities. The supervising physician must be immediately
34 available in person or via telecommunication during the time the physician
35 assistant is providing patient care. Prior to commencing practice, the supervising
36 physician and physician assistant shall attest on a form provided by the board
37 that the physician shall provide supervision appropriate to the physician
38 assistant's training and that the physician assistant shall not practice beyond the
39 physician assistant's training and experience. Appropriate supervision shall
40 require the supervising physician to be working within the same facility as the
41 physician assistant for at least four hours within one calendar day for every
42 fourteen days on which the physician assistant provides patient care as described
43 in subsection 3 of this section. Only days in which the physician assistant
44 provides patient care as described in subsection 3 of this section shall be counted
45 toward the fourteen-day period. The requirement of appropriate supervision shall
46 be applied so that no more than thirteen calendar days in which a physician
47 assistant provides patient care shall pass between the physician's four hours
48 working within the same facility. The board shall promulgate rules pursuant to
49 chapter 536 for documentation of joint review of the physician assistant activity
50 by the supervising physician and the physician assistant.

51 2. (1) A supervision agreement shall limit the physician assistant to
52 practice only at locations described in subdivision (8) of subsection 1 of this
53 section, where the supervising physician is no further than **[fifty] seventy-five**
54 miles by road using the most direct route available and where the location is not
55 so situated as to create an impediment to effective intervention and supervision
56 of patient care or adequate review of services.

57 (2) For a physician-physician assistant team working in a rural health
58 clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as
59 amended, no supervision requirements in addition to the minimum federal law
60 shall be required.

61 3. The scope of practice of a physician assistant shall consist only of the
62 following services and procedures:

63 (1) Taking patient histories;

64 (2) Performing physical examinations of a patient;

- 65 (3) Performing or assisting in the performance of routine office laboratory
66 and patient screening procedures;
- 67 (4) Performing routine therapeutic procedures;
- 68 (5) Recording diagnostic impressions and evaluating situations calling for
69 attention of a physician to institute treatment procedures;
- 70 (6) Instructing and counseling patients regarding mental and physical
71 health using procedures reviewed and approved by a licensed physician;
- 72 (7) Assisting the supervising physician in institutional settings, including
73 reviewing of treatment plans, ordering of tests and diagnostic laboratory and
74 radiological services, and ordering of therapies, using procedures reviewed and
75 approved by a licensed physician;
- 76 (8) Assisting in surgery;
- 77 (9) Performing such other tasks not prohibited by law under the
78 supervision of a licensed physician as the physician's assistant has been trained
79 and is proficient to perform; and
- 80 (10) Physician assistants shall not perform or prescribe abortions.

81 4. Physician assistants shall not prescribe [nor dispense] any drug,
82 medicine, device or therapy unless pursuant to a physician supervision agreement
83 in accordance with the law, nor prescribe lenses, prisms or contact lenses for the
84 aid, relief or correction of vision or the measurement of visual power or visual
85 efficiency of the human eye, nor administer or monitor general or regional block
86 anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing
87 [and dispensing] of drugs, medications, devices or therapies by a physician
88 assistant shall be pursuant to a physician assistant supervision agreement which
89 is specific to the clinical conditions treated by the supervising physician and the
90 physician assistant shall be subject to the following:

- 91 (1) A physician assistant shall only prescribe controlled substances in
92 accordance with section 334.747;
- 93 (2) The types of drugs, medications, devices or therapies prescribed [or
94 dispensed] by a physician assistant shall be consistent with the scopes of practice
95 of the physician assistant and the supervising physician;
- 96 (3) All prescriptions shall conform with state and federal laws and
97 regulations and shall include the name, address and telephone number of the
98 physician assistant and the supervising physician;
- 99 (4) A physician assistant, or advanced practice registered nurse as defined
100 in section 335.016 may request, receive and sign for noncontrolled professional

101 samples and may distribute professional samples to patients;

102 (5) A physician assistant shall not prescribe any drugs, medicines, devices
103 or therapies the supervising physician is not qualified or authorized to prescribe[;
104 and

105 (6) A physician assistant may only dispense starter doses of medication
106 to cover a period of time for seventy-two hours or less].

107 5. A physician assistant shall clearly identify himself or herself as a
108 physician assistant and shall not use or permit to be used in the physician
109 assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out
110 in any way to be a physician or surgeon. No physician assistant shall practice or
111 attempt to practice without physician supervision or in any location where the
112 supervising physician is not immediately available for consultation, assistance
113 and intervention, except as otherwise provided in this section, and in an
114 emergency situation, nor shall any physician assistant bill a patient
115 independently or directly for any services or procedure by the physician assistant;
116 except that, nothing in this subsection shall be construed to prohibit a physician
117 assistant from enrolling with the department of social services as a MO
118 HealthNet or Medicaid provider while acting under a supervision agreement
119 between the physician and physician assistant.

120 6. For purposes of this section, the licensing of physician assistants shall
121 take place within processes established by the state board of registration for the
122 healing arts through rule and regulation. The board of healing arts is authorized
123 to establish rules pursuant to chapter 536 establishing licensing and renewal
124 procedures, supervision, supervision agreements, fees, and addressing such other
125 matters as are necessary to protect the public and discipline the profession. An
126 application for licensing may be denied or the license of a physician assistant may
127 be suspended or revoked by the board in the same manner and for violation of the
128 standards as set forth by section 334.100, or such other standards of conduct set
129 by the board by rule or regulation. Persons licensed pursuant to the provisions
130 of chapter 335 shall not be required to be licensed as physician assistants. All
131 applicants for physician assistant licensure who complete a physician assistant
132 training program after January 1, 2008, shall have a master's degree from a
133 physician assistant program.

134 7. "Physician assistant supervision agreement" means a written
135 agreement, jointly agreed-upon protocols or standing order between a supervising
136 physician and a physician assistant, which provides for the delegation of health

137 care services from a supervising physician to a physician assistant and the review
138 of such services. The agreement shall contain at least the following provisions:

139 (1) Complete names, home and business addresses, zip codes, telephone
140 numbers, and state license numbers of the supervising physician and the
141 physician assistant;

142 (2) A list of all offices or locations where the physician routinely provides
143 patient care, and in which of such offices or locations the supervising physician
144 has authorized the physician assistant to practice;

145 (3) All specialty or board certifications of the supervising physician;

146 (4) The manner of supervision between the supervising physician and the
147 physician assistant, including how the supervising physician and the physician
148 assistant shall:

149 (a) Attest on a form provided by the board that the physician shall provide
150 supervision appropriate to the physician assistant's training and experience and
151 that the physician assistant shall not practice beyond the scope of the physician
152 assistant's training and experience nor the supervising physician's capabilities
153 and training; and

154 (b) Provide coverage during absence, incapacity, infirmity, or emergency
155 by the supervising physician;

156 (5) The duration of the supervision agreement between the supervising
157 physician and physician assistant; and

158 (6) A description of the time and manner of the supervising physician's
159 review of the physician assistant's delivery of health care services. Such
160 description shall include provisions that the supervising physician, or a
161 designated supervising physician listed in the supervision agreement review a
162 minimum of ten percent of the charts of the physician assistant's delivery of
163 health care services every fourteen days.

164 8. When a physician assistant supervision agreement is utilized to provide
165 health care services for conditions other than acute self-limited or well-defined
166 problems, the supervising physician or other physician designated in the
167 supervision agreement shall see the patient for evaluation and approve or
168 formulate the plan of treatment for new or significantly changed conditions as
169 soon as practical, but in no case more than two weeks after the patient has been
170 seen by the physician assistant.

171 9. At all times the physician is responsible for the oversight of the
172 activities of, and accepts responsibility for, health care services rendered by the

173 physician assistant.

174 10. It is the responsibility of the supervising physician to determine and
175 document the completion of at least a one-month period of time during which the
176 licensed physician assistant shall practice with a supervising physician
177 continuously present before practicing in a setting where a supervising physician
178 is not continuously present.

179 11. No contract or other agreement shall require a physician to act as a
180 supervising physician for a physician assistant against the physician's will. A
181 physician shall have the right to refuse to act as a supervising physician, without
182 penalty, for a particular physician assistant. No contract or other agreement
183 shall limit the supervising physician's ultimate authority over any protocols or
184 standing orders or in the delegation of the physician's authority to any physician
185 assistant, but this requirement shall not authorize a physician in implementing
186 such protocols, standing orders, or delegation to violate applicable standards for
187 safe medical practice established by the hospital's medical staff.

188 12. Physician assistants shall file with the board a copy of their
189 supervising physician form.

190 13. No physician shall be designated to serve as supervising physician for
191 more than three full-time equivalent licensed physician assistants. This
192 limitation shall not apply to physician assistant agreements of hospital employees
193 providing inpatient care service in hospitals as defined in chapter 197.

335.021. 1. "The Missouri State Board of Nursing" shall consist of nine
2 members, five of whom must be registered professional nurses. [Two members]
3 **One member** of the board must be a licensed practical [nurses] **nurse** and one
4 member a voting public member. Two of the five registered professional nurses
5 shall hold a graduate degree in nursing, and at least one of the professional nurse
6 members shall represent nursing practice **and at least one member shall be**
7 **an advanced practice registered nurse**. Any person, other than the public
8 member, appointed to the board as hereinafter provided shall be a citizen of the
9 United States and a resident of this state for a period of at least one year, a
10 licensed nurse in this state, and shall have been actively engaged in nursing for
11 at least three years immediately preceding the appointment or
12 reappointment. Membership on the board shall include representatives with
13 expertise in each level of educational programs the graduates of which are eligible
14 to apply for licensure such as practical, diploma, associate degree, and
15 baccalaureate.

16 2. The governor shall appoint members to the board by and with the
17 advice and consent of the senate when a vacancy thereon occurs either by the
18 expiration of a term or otherwise; provided, however, that any board member
19 shall serve until his or her successor is appointed and qualified. Every
20 appointment except to fulfill an unexpired term shall be for a term of four years,
21 but no person shall be appointed to more than two consecutive terms.

22 3. At least ninety days before the expiration of a term of a board member,
23 and as soon as feasible after the occurrence of a vacancy on the board for reasons
24 other than the expiration of a term, a list of three licensed and qualified nurses
25 shall be submitted to the director of the division of professional registration. The
26 list shall be submitted by **the Association of Missouri Nurse Practitioners**
27 **if the vacancy is for an advanced practice registered nurse**, the Missouri
28 Nurses Association if the vacancy is for a registered professional nurse, and by
29 the Missouri State Association of Licensed Practical Nurses if the vacancy is for
30 a licensed practical nurse. The governor may appoint a board member to fill the
31 vacancy from the list submitted, or may appoint some other qualified licensed
32 nurse. This subsection shall not apply to public member vacancies.

33 4. The public member shall be at the time of his or her appointment a
34 citizen of the United States; a resident of this state for a period of one year and
35 a registered voter; a person who is not and never was a member of any profession
36 licensed or regulated pursuant to this chapter or the spouse of such person; and
37 a person who does not have and never has had a material, financial interest in
38 either the providing of the professional services regulated by this chapter, or an
39 activity or organization directly related to any profession licensed or regulated
40 pursuant to this chapter. All members, including public members, shall be
41 chosen from lists submitted by the director of the division of professional
42 registration. The duties of the public member shall not include the determination
43 of the technical requirements to be met for licensure or whether any person meets
44 such technical requirements or of the technical competence or technical judgment
45 of a licensee or a candidate for licensure.

335.099. 1. Any licensed practical nurse, as defined in section 335.016:

2 (1) Who is an approved instructor for the level 1 medication aid program
3 shall be qualified to teach the insulin administration course under chapter 198;

4 (2) Shall be qualified to perform diabetic nail care and monthly onsite
5 reviews of basic personal care recipients, as required by the department of social
6 services, of a resident of a residential care facility or assisted living facility, as

7 defined in chapter 198;

8 (3) Shall be qualified to perform dietary oversight, as required by the
9 department of health and senior services, of a resident of a residential care
10 facility or assisted living facility, as defined in chapter 198.

11 **2. A licensed practical nurse, as defined in section 335.016, may**
12 **perform the monthly onsite visits of basic personal care recipients**
13 **required by MO HealthNet division regulations without the supervision**
14 **of a registered nurse and may provide nail care for a diabetic or person**
15 **with other medically contraindicating conditions without the direction**
16 **of a registered nurse, pursuant to the MO HealthNet personal care**
17 **program, and the lack of supervision or directed by a registered nurse**
18 **of such tasks shall not, directly or indirectly, affect the eligibility of a**
19 **residential care facility or assisted living facility to participate in such**
20 **program as a provider or to receive reimbursement for services.**

336.080. 1. Every licensed optometrist who continues in active practice
2 or service shall, on or before the renewal date, renew his or her license and pay
3 the required renewal fee and present satisfactory evidence to the board of his or
4 her attendance for a minimum of thirty-two hours of board-approved continuing
5 education, or their equivalent during the preceding two-year continuing education
6 reporting period as established by rule and regulation. **As part of the thirty-**
7 **two hours of continuing education, a licensed optometrist shall be**
8 **required to obtain two hours in the area of Missouri jurisprudence, as**
9 **approved by the board.** The continuing education requirement may be waived
10 by the board upon presentation to it of satisfactory evidence of the illness of the
11 optometrist or for other good cause as defined by rule and regulation. The board
12 shall not reject any such application if approved programs are not available
13 within the state of Missouri. Every license which has not been renewed on or
14 before the renewal date shall expire.

15 2. Any licensed optometrist who permits his or her license to expire may
16 renew it within five years of expiration upon payment of the required reactivation
17 fee and presentation of satisfactory evidence to the board of his or her attendance
18 for a minimum of forty-eight hours of board-approved continuing education, or
19 their equivalent, during the five years.

337.020. 1. Each person desiring to obtain a license, whether temporary,
2 provisional or permanent, as a psychologist shall make application to the
3 committee upon such forms and in such manner as may be prescribed by the

4 committee and shall pay the required application fee. **The form shall include**
5 **a statement that the applicant has completed two hours of suicide**
6 **assessment, referral, treatment, and management training that meets**
7 **the guidelines developed by the committee.** The application fee shall not
8 be refundable. Each application shall contain a statement that it is made under
9 oath or affirmation and that its representations are true and correct to the best
10 knowledge and belief of the person signing the application, subject to the
11 penalties of making a false affidavit or declaration.

12 2. Each applicant, whether for temporary, provisional or permanent
13 licensure, shall submit evidence satisfactory to the committee that the applicant
14 is at least twenty-one years of age, is of good moral character, and meets the
15 appropriate educational requirements as set forth in either section 337.021 or
16 337.025, or is qualified for licensure without examination pursuant to section
17 337.029. In determining the acceptability of the applicant's qualifications, the
18 committee may require evidence that it deems reasonable and proper, in
19 accordance with law, and the applicant shall furnish the evidence in the manner
20 required by the committee.

21 3. The committee with assistance from the division shall issue a
22 permanent license to and register as a psychologist any applicant who, in
23 addition to having fulfilled the other requirements of sections 337.010 to 337.090,
24 passes the examination for professional practice in psychology and such other
25 examinations in psychology which may be adopted by the committee, except that
26 an applicant fulfilling the requirement of section 337.029 shall upon successful
27 completion of the jurisprudence examination and completion of the oral
28 examination be permanently licensed without having to retake the examination
29 for professional practice in psychology.

30 4. The committee, with assistance from the division, shall issue a
31 provisional license to, and register as being a provisionally licensed psychologist,
32 any applicant who is a graduate of a recognized educational institution with a
33 doctoral degree in psychology as defined in section 337.025, and who otherwise
34 meets all requirements to become a licensed psychologist, except for passage of
35 the national and state licensing exams, oral examination and completion of the
36 required period of postdegree supervised experience as specified in subsection 2
37 of section 337.025.

38 5. A provisional license issued pursuant to subsection 4 of this section
39 shall only authorize and permit the applicant to render those psychological

40 services which are under the supervision and the full professional responsibility
41 and control of such person's postdoctoral degree licensed supervisor. A
42 provisional license shall automatically terminate upon issuance of a permanent
43 license, upon a finding of cause to discipline after notice and hearing pursuant
44 to section 337.035, upon the expiration of one year from the date of issuance
45 whichever event first occurs, or upon termination of supervision by the licensed
46 supervisor. The provisional license may be renewed after one year with a
47 maximum issuance of two years total per provisional licensee. The committee by
48 rule shall provide procedures for exceptions and variances from the requirement
49 of a maximum issuance of two years due to vacations, illness, pregnancy and
50 other good causes.

51 6. The committee, with assistance from the division, shall immediately
52 issue a temporary license to any applicant for licensure either by reciprocity
53 pursuant to section 337.029, or by endorsement of the score from the examination
54 for professional practice in psychology upon receipt of an application for such
55 licensure and upon proof that the applicant is either licensed as a psychologist
56 in another jurisdiction, is a diplomate of the American Board of Professional
57 Psychology, or is a member of the National Register of Health Services Providers
58 in Psychology.

59 7. A temporary license issued pursuant to subsection 6 of this section
60 shall authorize the applicant to practice psychology in this state, the same as if
61 a permanent license had been issued. Such temporary license shall be issued
62 without payment of an additional fee and shall remain in full force and effect
63 until the earlier of the following events:

64 (1) A permanent license has been issued to the applicant following
65 successful completion of the jurisprudence examination and the oral interview
66 examination;

67 (2) In cases where the committee has found the applicant ineligible for
68 licensure and no appeal has been taken to the administrative hearing
69 commission, then at the expiration of such appeal time; or

70 (3) In cases where the committee has found the applicant ineligible for
71 licensure and the applicant has taken an appeal to the administrative hearing
72 commission and the administrative hearing commission has also found the
73 applicant ineligible, then upon the rendition by the administrative hearing
74 commission of its findings of fact and conclusions of law to such effect.

75 8. Written and oral examinations pursuant to sections 337.010 to 337.090

76 shall be administered by the committee at least twice each year to any applicant
77 who meets the educational requirements set forth in either section 337.021 or
78 337.025 or to any applicant who is seeking licensure either by reciprocity
79 pursuant to section 337.029, or by endorsement of the score from the examination
80 of professional practice in psychology. The committee shall examine in the areas
81 of professional knowledge, techniques and applications, research and its
82 interpretation, professional affairs, ethics, and Missouri law and regulations
83 governing the practice of psychology. The committee may use, in whole or in part,
84 the examination for professional practice in psychology national examination in
85 psychology or such other national examination in psychology which may be
86 available.

87 9. If an applicant fails any examination, the applicant shall be permitted
88 to take a subsequent examination, upon the payment of an additional
89 reexamination fee. This reexamination fee shall not be refundable.

337.315. 1. An applied behavior analysis intervention shall produce
2 socially significant improvements in human behavior through skill acquisition,
3 increase or decrease in behaviors under specific environmental conditions and the
4 reduction of problematic behavior. An applied behavior analysis intervention
5 shall:

6 (1) Be based on empirical research and the identification of functional
7 relations between behavior and environment, contextual factors, antecedent
8 stimuli and reinforcement operations through the direct observation and
9 measurement of behavior, arrangement of events and observation of effects on
10 behavior, as well as other information gathering methods such as record review
11 and interviews; and

12 (2) Utilize changes and arrangements of contextual factors, antecedent
13 stimuli, positive reinforcement, and other consequences to produce behavior
14 change.

15 2. Each person wishing to practice as a licensed behavior analyst shall:

16 (1) Submit a complete application on a form approved by the committee
17 **which shall include a statement that the applicant has completed two**
18 **hours of suicide assessment, referral, treatment, and management**
19 **training;**

20 (2) Pay all necessary fees as set by the committee;

21 (3) Submit a two-inch or three-inch photograph or passport photograph
22 taken no more than six months prior to the application date;

23 (4) Provide two classified sets of fingerprints for processing by the
24 Missouri state highway patrol under section 43.543. One set of fingerprints shall
25 be used by the highway patrol to search the criminal history repository and the
26 second set shall be forwarded to the Federal Bureau of Investigation for searching
27 the federal criminal history files;

28 (5) Have passed an examination and been certified as a board-certified
29 behavior analyst by a certifying entity, as defined in section 337.300;

30 (6) Provide evidence of active status as a board-certified behavior analyst;
31 and

32 (7) If the applicant holds a license as a behavior analyst in another state,
33 a statement from all issuing states verifying licensure and identifying any
34 disciplinary action taken against the license holder by that state.

35 3. Each person wishing to practice as a licensed assistant behavior
36 analyst shall:

37 (1) Submit a complete application on a form approved by the committee;

38 (2) Pay all necessary fees as set by the committee;

39 (3) Submit a two-inch or three-inch photograph or passport photograph
40 taken no more than six months prior to the application date;

41 (4) Provide two classified sets of fingerprints for processing by the
42 Missouri state highway patrol under section 43.543. One set of fingerprints shall
43 be used by the highway patrol to search the criminal history repository and the
44 second set shall be forwarded to the Federal Bureau of Investigation for searching
45 the federal criminal history files;

46 (5) Have passed an examination and been certified as a board-certified
47 assistant behavior analyst by a certifying entity, as defined in section 337.300;

48 (6) Provide evidence of active status as a board-certified assistant
49 behavior analyst;

50 (7) If the applicant holds a license as an assistant behavior analyst in
51 another state, a statement from all issuing states verifying licensure and
52 identifying any disciplinary action taken against the license holder by that state;
53 and

54 (8) Submit documentation satisfactory to the committee that the applicant
55 will be directly supervised by a licensed behavior analyst in a manner consistent
56 with the certifying entity.

57 4. The committee shall be authorized to issue a temporary license to an
58 applicant for a behavior analyst license or assistant behavior analyst license upon

59 receipt of a complete application, submission of a fee as set by the committee by
60 rule for behavior analyst or assistant behavior analyst, and a showing of valid
61 licensure as a behavior analyst or assistant behavior analyst in another state,
62 only if the applicant has submitted fingerprints and no disqualifying criminal
63 history appears on the family care safety registry. The temporary license shall
64 expire upon issuance of a license or denial of the application but no later than
65 ninety days from issuance of the temporary license. Upon written request to the
66 committee, the holder of a temporary license shall be entitled to one extension of
67 ninety days of the temporary license.

68 5. (1) The committee shall, in accordance with rules promulgated by the
69 committee, issue a provisional behavior analyst license or a provisional assistant
70 behavior analyst license upon receipt by the committee of a complete application,
71 appropriate fee as set by the committee by rule, and proof of satisfaction of
72 requirements under subsections 2 and 3 of this section, respectively, and other
73 requirements established by the committee by rule, except that applicants for a
74 provisional license as either a behavior analyst or assistant behavior analyst need
75 not have passed an examination and been certified as a board-certified behavior
76 analyst or a board-certified assistant behavior analyst to obtain a provisional
77 behavior analyst or provisional assistant behavior analyst license.

78 (2) A provisional license issued under this subsection shall only authorize
79 and permit the licensee to render behavior analysis under the supervision and the
80 full professional responsibility and control of such licensee's licensed supervisor.

81 (3) A provisional license shall automatically terminate upon issuance of
82 a permanent license, upon a finding of cause to discipline after notice and hearing
83 under section 337.330, upon termination of supervision by a licensed supervisor,
84 or upon the expiration of one year from the date of issuance of the provisional
85 license, whichever first occurs. The provisional license may be renewed after one
86 year, with a maximum issuance of two years. Upon a showing of good cause, the
87 committee by rule shall provide procedures for exceptions and variances from the
88 requirement of a maximum issuance of two years.

89 6. No person shall hold himself or herself out to be licensed behavior
90 analysts or LBA, provisionally licensed behavior analyst or PLBA, provisionally
91 licensed assistant behavior analyst or PLABA, temporary licensed behavior
92 analyst or TLBA, or temporary licensed assistant behavior analyst or TLaBA,
93 licensed assistant behavior analysts or LaBA in the state of Missouri unless they
94 meet the applicable requirements.

- 95 7. No persons shall practice applied behavior analysis unless they are:
96 (1) Licensed behavior analysts;
97 (2) Licensed assistant behavior analysts working under the supervision
98 of a licensed behavior analyst;
99 (3) An individual who has a bachelor's or graduate degree and completed
100 course work for licensure as a behavior analyst and is obtaining supervised field
101 experience under a licensed behavior analyst pursuant to required supervised
102 work experience for licensure at the behavior analyst or assistant behavior
103 analyst level;
104 (4) Licensed psychologists practicing within the rules and standards of
105 practice for psychologists in the state of Missouri and whose practice is
106 commensurate with their level of training and experience;
107 (5) Provisionally licensed behavior analysts;
108 (6) Provisionally licensed assistant behavior analysts;
109 (7) Temporary licensed behavior analysts; or
110 (8) Temporary licensed assistant behavior analysts.
111 8. Notwithstanding the provisions in subsection 6 of this section, any
112 licensed or certified professional may practice components of applied behavior
113 analysis, as defined in section 337.300 if he or she is acting within his or her
114 applicable scope of practice and ethical guidelines.
115 9. All licensed behavior analysts and licensed assistant behavior analysts
116 shall be bound by the code of conduct adopted by the committee by rule.
117 10. Licensed assistant behavior analysts shall work under the direct
118 supervision of a licensed behavior analyst as established by committee rule.
119 11. Persons who provide services under the Individuals with Disabilities
120 Education Act (IDEA), 20 U.S.C. Section 1400, et seq., or Section 504 of the
121 federal Rehabilitation Act of 1973, 29 U.S.C. Section 794, or are enrolled in a
122 course of study at a recognized educational institution through which the person
123 provides applied behavior analysis as part of supervised clinical experience shall
124 be exempt from the requirements of this section.
125 12. A violation of this section shall be punishable by probation,
126 suspension, or loss of any license held by the violator.

337.320. 1. The division shall mail a renewal notice to the last known
2 address of each licensee or registrant prior to the renewal date.

3 2. Each person wishing to renew the behavior analyst license or the
4 assistant behavior analyst license shall:

5 (1) Submit a complete application on a form approved by the committee
6 **which shall include a statement that the applicant has completed two**
7 **hours of suicide assessment, referral, treatment, and management**
8 **training;**

9 (2) Pay all necessary fees as set by the committee; and

10 (3) Submit proof of active certification and fulfillment of all requirements
11 for renewal and recertification with the certifying entity.

12 3. Failure to provide the division with documentation required by
13 subsection 2 of this section or other information required for renewal shall effect
14 a revocation of the license after a period of sixty days from the renewal date.

15 4. Each person wishing to restore the license, within two years of the
16 renewal date, shall:

17 (1) Submit a complete application on a form approved by the committee;

18 (2) Pay the renewal fee and a delinquency fee as set by the committee;
19 and

20 (3) Submit proof of current certification from a certifying body approved
21 by the committee.

22 5. A new license to replace any certificate lost, destroyed, or mutilated
23 may be issued subject to the rules of the committee, upon payment of a fee
24 established by the committee.

25 6. The committee shall set the amount of the fees authorized by sections
26 337.300 to 337.345 and required by rules promulgated under section
27 536.021. The fees shall be set at a level to produce revenue which shall not
28 substantially exceed the cost and expense of administering sections 337.300 to
29 337.345.

30 7. The committee is authorized to issue an inactive license to any licensee
31 who makes written application for such license on a form provided by the
32 committee and remits the fee for an inactive license established by the committee.
33 An inactive license may be issued only to a person who has previously been
34 issued a license to practice as a licensed behavior analyst or a licensed assistant
35 behavior analyst who is no longer regularly engaged in such practice and who
36 does not hold himself or herself out to the public as being professionally engaged
37 in such practice in this state. Each inactive license shall be subject to all
38 provisions of this chapter, except as otherwise specifically provided. Each
39 inactive license may be renewed by the committee subject to all provisions of this
40 section and all other provisions of this chapter. The inactive licensee shall not

41 be required to submit evidence of completion of continuing education as required
42 by this chapter.

43 8. An inactive licensee may apply for a license to regularly engage in the
44 practice of behavioral analysis by:

45 (1) Submitting a complete application on a form approved by the
46 committee;

47 (2) Paying the reactivation fee as set by the committee; and

48 (3) Submitting proof of current certification from a certifying body
49 approved by the committee.

337.507. 1. Applications for examination and licensure as a professional
2 counselor shall be in writing, submitted to the division on forms prescribed by the
3 division and furnished to the applicant. **The form shall include a statement**
4 **that the applicant has completed two hours of suicide assessment,**
5 **referral, treatment, and management training.** The application shall
6 contain the applicant's statements showing his education, experience and such
7 other information as the division may require. Each application shall contain a
8 statement that it is made under oath or affirmation and that the information
9 contained therein is true and correct to the best knowledge and belief of the
10 applicant, subject to the penalties provided for the making of a false affidavit or
11 declaration. Each application shall be accompanied by the fees required by the
12 committee.

13 2. The division shall mail a renewal notice to the last known address of
14 each licensee prior to the registration renewal date. Failure to provide the
15 division with the information required for registration, or to pay the registration
16 fee after such notice shall effect a revocation of the license after a period of sixty
17 days from the registration renewal date. The license shall be restored if, within
18 two years of the registration date, the applicant provides written application and
19 the payment of the registration fee and a delinquency fee.

20 3. A new certificate to replace any certificate lost, destroyed or mutilated
21 may be issued subject to the rules of the committee, upon payment of a fee.

22 4. The committee shall set the amount of the fees which sections 337.500
23 to 337.540 authorize and require by rules and regulations promulgated pursuant
24 to section 536.021. The fees shall be set at a level to produce revenue which shall
25 not substantially exceed the cost and expense of administering the provisions of
26 sections 337.500 to 337.540. All fees provided for in sections 337.500 to 337.540
27 shall be collected by the director who shall deposit the same with the state

28 treasurer in a fund to be known as the "Committee of Professional Counselors
29 Fund".

30 5. The provisions of section 33.080 to the contrary notwithstanding, money
31 in this fund shall not be transferred and placed to the credit of general revenue
32 until the amount in the fund at the end of the biennium exceeds two times the
33 amount of the appropriation from the committee's fund for the preceding fiscal
34 year or, if the committee requires by rule renewal less frequently than yearly
35 then three times the appropriation from the committee's fund for the preceding
36 fiscal year. The amount, if any, in the fund which shall lapse is that amount in
37 the fund which exceeds the appropriate multiple of the appropriations from the
38 committee's fund for the preceding fiscal year.

39 6. The committee shall hold public examinations at least two times per
40 year, at such times and places as may be fixed by the committee, notice of such
41 examinations to be given to each applicant at least ten days prior thereto.

337.510. 1. Each applicant for licensure as a professional counselor shall
2 furnish evidence to the committee that the applicant is at least eighteen years of
3 age, is of good moral character, is a United States citizen or is legally present in
4 the United States; and

5 (1) The applicant has completed a course of study as defined by the board
6 rule leading to a master's, specialist's, or doctoral degree with a major in
7 counseling; and

8 (2) The applicant has completed acceptable supervised counseling as
9 defined by board rule. If the applicant has a master's degree with a major in
10 counseling as defined by board rule, the applicant shall complete at least two
11 years of acceptable supervised counseling experience subsequent to the receipt of
12 the master's degree. The composition and number of hours comprising the
13 acceptable supervised counseling experience shall be defined by board rule. An
14 applicant may substitute thirty semester hours of post master's graduate study
15 for one of the two required years of acceptable supervised counseling experience
16 if such hours are clearly related to counseling;

17 (3) After August 28, 2007, each applicant shall have completed a
18 minimum of three hours of graduate level coursework in diagnostic systems either
19 in the curriculum leading to a degree or as post master's graduate level course
20 work;

21 (4) Upon examination, the applicant is possessed of requisite knowledge
22 of the profession, including techniques and applications, research and its

23 interpretation, and professional affairs and ethics.

24 2. Any person who previously held a valid unrevoked, unsuspended license
25 as a professional counselor in this state and who held a valid license as a
26 professional counselor in another state at the time of application to the committee
27 shall be granted a license to engage in professional counseling in this state upon
28 application to the committee accompanied by the appropriate fee as established
29 by the committee pursuant to section 337.507.

30 3. Any person holding a current license, certificate of registration, or
31 permit from another state or territory of the United States to practice as a
32 professional counselor who is at least eighteen years of age, is of good moral
33 character, and is a United States citizen or is legally present in the United States
34 may be granted a license without examination to engage in the practice of
35 professional counseling in this state upon the application to the board, payment
36 of the required fee as established by the board, and satisfying one of the following
37 requirements:

38 (1) Approval by the American Association of State Counseling Boards
39 (AASCB) or its successor organization according to the eligibility criteria
40 established by AASCB. The successor organization shall be defined by board
41 rule; or

42 (2) In good standing and currently certified by the National Board for
43 Certified Counselors or its successor organization and has completed acceptable
44 supervised counseling experience as defined by board rule. The successor
45 organization shall be defined by board rule; or

46 (3) Determination by the board that the requirements of the other state
47 or territory are substantially the same as Missouri and certified by the
48 applicant's current licensing entity that the applicant has a current license. The
49 applicant shall also consent to examination of any disciplinary history.

50 4. The committee shall issue a license to each person who files an
51 application and fee and who furnishes evidence satisfactory to the committee that
52 the applicant has complied with the provisions of this act and has taken and
53 passed a written, open-book examination on Missouri laws and regulations
54 governing the practice of professional counseling as defined in section
55 337.500. The division shall issue a provisional professional counselor license to
56 any applicant who meets all requirements of this section, but who has not
57 completed the required acceptable supervised counseling experience and such
58 applicant may reapply for licensure as a professional counselor upon completion

59 of such acceptable supervised counseling experience.

60 5. All persons licensed to practice professional counseling in this state
61 shall pay on or before the license renewal date a renewal license fee and shall
62 furnish to the committee satisfactory evidence of the completion of the requisite
63 number of hours of continuing education as required by rule, **including two**
64 **hours of suicide assessment, referral, treatment, and management**
65 **training**, which shall be no more than forty hours biennially. The continuing
66 education requirements may be waived by the committee upon presentation to the
67 committee of satisfactory evidence of the illness of the licensee or for other good
68 cause.

337.612. 1. Applications for licensure as a clinical social worker,
2 baccalaureate social worker, advanced macro social worker or master social
3 worker shall be in writing, submitted to the committee on forms prescribed by the
4 committee and furnished to the applicant. **The form shall include a**
5 **statement that the applicant has completed two hours of suicide**
6 **assessment, referral, treatment, and management training.** The
7 application shall contain the applicant's statements showing the applicant's
8 education, experience, and such other information as the committee may
9 require. Each application shall contain a statement that it is made under oath
10 or affirmation and that the information contained therein is true and correct to
11 the best knowledge and belief of the applicant, subject to the penalties provided
12 for the making of a false affidavit or declaration. Each application shall be
13 accompanied by the fees required by the committee.

14 2. The committee shall mail a renewal notice to the last known address
15 of each licensee prior to the licensure renewal date. Failure to provide the
16 committee with the information required for licensure, or to pay the licensure fee
17 after such notice shall effect a revocation of the license after a period of sixty days
18 from the licensure renewal date. The license shall be restored if, within two
19 years of the licensure date, the applicant provides written application and the
20 payment of the licensure fee and a delinquency fee.

21 3. A new certificate to replace any certificate lost, destroyed or mutilated
22 may be issued subject to the rules of the committee, upon payment of a fee.

23 4. The committee shall set the amount of the fees which sections 337.600
24 to 337.689 authorize and require by rules and regulations promulgated pursuant
25 to section 536.021. The fees shall be set at a level to produce revenue which shall
26 not substantially exceed the cost and expense of administering the provisions of

27 sections 337.600 to 337.689. All fees provided for in sections 337.600 to 337.689
28 shall be collected by the director who shall deposit the same with the state
29 treasurer in a fund to be known as the "Clinical Social Workers Fund". After
30 August 28, 2007, the clinical social workers fund shall be called the "Licensed
31 Social Workers Fund" and after such date all references in state law to the
32 clinical social workers fund shall be considered references to the licensed social
33 workers fund.

34 5. The provisions of section 33.080 to the contrary notwithstanding, money
35 in this fund shall not be transferred and placed to the credit of general revenue
36 until the amount in the fund at the end of the biennium exceeds two times the
37 amount of the appropriations from the clinical social workers fund for the
38 preceding fiscal year or, if the committee requires by rule renewal less frequently
39 than yearly, then three times the appropriation from the committee's fund for the
40 preceding fiscal year. The amount, if any, in the fund which shall lapse is that
41 amount in the fund which exceeds the appropriate multiple of the appropriations
42 from the clinical social workers fund for the preceding fiscal year.

337.618. Each license issued pursuant to the provisions of sections
2 337.600 to 337.689 shall expire on a renewal date established by the
3 director. The term of licensure shall be twenty-four months. The committee shall
4 require a minimum number of thirty clock hours of continuing education for
5 renewal of a license issued pursuant to sections 337.600 to 337.689, **including**
6 **two hours of suicide assessment, referral, treatment, and management**
7 **training.** The committee shall renew any license upon application for a renewal,
8 completion of the required continuing education hours and upon payment of the
9 fee established by the committee pursuant to the provisions of section 337.612.
10 As provided by rule, the board may waive or extend the time requirements for
11 completion of continuing education for reasons related to health, military service,
12 foreign residency, or for other good cause. All requests for waivers or extensions
13 of time shall be made in writing and submitted to the board before the renewal
14 date.

337.662. 1. Applications for licensure as a baccalaureate social worker
2 shall be in writing, submitted to the committee on forms prescribed by the
3 committee and furnished to the applicant. **The form shall include a**
4 **statement that the applicant has completed two hours of suicide**
5 **assessment, referral, treatment, and management training.** The
6 application shall contain the applicant's statements showing the applicant's

7 education, experience and such other information as the committee may
8 require. Each application shall contain a statement that it is made under oath
9 or affirmation and that the information contained therein is true and correct to
10 the best knowledge and belief of the applicant, subject to the penalties provided
11 for the making of a false affidavit or declaration. Each application shall be
12 accompanied by the fees required by the committee.

13 2. The committee shall mail a renewal notice to the last known address
14 of each licensee prior to the licensure renewal date. Failure to provide the
15 committee with the information required for licensure **as provided in**
16 **subsection 1 of this section**, or to pay the licensure fee after such notice shall
17 effect a revocation of the license after a period of sixty days from the licensure
18 renewal date. The license shall be restored if, within two years of the licensure
19 date, the applicant provides written application and the payment of the licensure
20 fee and a delinquency fee.

21 3. A new certificate to replace any certificate lost, destroyed or mutilated
22 may be issued subject to the rules of the committee, upon payment of a fee.

23 4. The committee shall set the amount of the fees which sections 337.650
24 to 337.689 authorize and require by rules and regulations promulgated pursuant
25 to chapter 536. The fees shall be set at a level to produce revenue which shall
26 not substantially exceed the cost and expense of administering the provisions of
27 sections 337.650 to 337.689. All fees provided for in sections 337.650 to 337.689
28 shall be collected by the director who shall deposit the same with the state
29 treasurer in the clinical social workers fund established in section 337.612.

337.712. 1. Applications for licensure as a marital and family therapist
2 shall be in writing, submitted to the committee on forms prescribed by the
3 committee and furnished to the applicant. **The form shall include a**
4 **statement that the applicant has completed two hours of suicide**
5 **assessment, referral, treatment, and management training.** The
6 application shall contain the applicant's statements showing the applicant's
7 education, experience and such other information as the committee may
8 require. Each application shall contain a statement that it is made under oath
9 or affirmation and that the information contained therein is true and correct to
10 the best knowledge and belief of the applicant, subject to the penalties provided
11 for the making of a false affidavit or declaration. Each application shall be
12 accompanied by the fees required by the division.

13 2. The division shall mail a renewal notice to the last known address of

14 each licensee prior to the licensure renewal date. Failure to provide the division
15 with the information required for license, or to pay the licensure fee after such
16 notice shall effect a revocation of the license after a period of sixty days from the
17 license renewal date. The license shall be restored if, within two years of the
18 licensure date, the applicant provides written application and the payment of the
19 licensure fee and a delinquency fee.

20 3. A new certificate to replace any certificate lost, destroyed or mutilated
21 may be issued subject to the rules of the division upon payment of a fee.

22 4. The committee shall set the amount of the fees authorized. The fees
23 shall be set at a level to produce revenue which shall not substantially exceed the
24 cost and expense of administering the provisions of sections 337.700 to 337.739.
25 All fees provided for in sections 337.700 to 337.739 shall be collected by the
26 director who shall deposit the same with the state treasurer to a fund to be
27 known as the "Marital and Family Therapists' Fund".

28 5. The provisions of section 33.080 to the contrary notwithstanding, money
29 in this fund shall not be transferred and placed to the credit of general revenue
30 until the amount in the fund at the end of the biennium exceeds two times the
31 amount of the appropriations from the marital and family therapists' fund for the
32 preceding fiscal year or, if the division requires by rule renewal less frequently
33 than yearly then three times the appropriation from the fund for the preceding
34 fiscal year. The amount, if any, in the fund which shall lapse is that amount in
35 the fund which exceeds the appropriate multiple of the appropriations from the
36 marital and family therapists' fund for the preceding fiscal year.

337.718. 1. Each license issued pursuant to the provisions of sections
2 337.700 to 337.739 shall expire on a renewal date established by the
3 director. The term of licensure shall be twenty-four months; however, the director
4 may establish a shorter term for the first licenses issued pursuant to sections
5 337.700 to 337.739. The division shall renew any license upon application for a
6 renewal and upon payment of the fee established by the division pursuant to the
7 provisions of section 337.712. Effective August 28, 2008, as a prerequisite for
8 renewal, each licensed marital and family therapist shall furnish to the
9 committee satisfactory evidence of the completion of the requisite number of
10 hours of continuing education as defined by rule, which shall be no more than
11 forty contact hours biennially. **At least two hours of continuing education**
12 **shall be in suicide assessment, referral, treatment, and management**
13 **training.** The continuing education requirements may be waived by the

14 committee upon presentation to the committee of satisfactory evidence of illness
15 or for other good cause.

16 2. The committee may issue temporary permits to practice under
17 extenuating circumstances as determined by the committee and defined by rule.

345.051. 1. Every person licensed or registered pursuant to the provisions
2 of sections 345.010 to 345.080 shall renew the license or registration on or before
3 the renewal date. Such renewal date shall be determined by the board, **but shall**
4 **be no less than three years.** The application shall be made on a form
5 furnished by the board. The application shall include, but not be limited to,
6 disclosure of the applicant's full name and the applicant's office and residence
7 addresses and the date and number of the applicant's license or registration, all
8 final disciplinary actions taken against the applicant by any speech-language-
9 hearing association or society, state, territory or federal agency or country and
10 information concerning the applicant's current physical and mental fitness to
11 practice.

12 2. A blank form for application for license or registration renewal shall be
13 mailed to each person licensed or registered in this state at the person's last
14 known office or residence address. The failure to mail the form of application or
15 the failure to receive it does not, however, relieve any person of the duty to renew
16 the license or registration and pay the fee required by sections 345.010 to 345.080
17 for failure to renew the license or registration.

18 3. An applicant for renewal of a license or registration under this section
19 shall:

20 (1) Submit an amount established by the board; and

21 (2) Meet any other requirements the board establishes as conditions for
22 license or registration renewal, including the demonstration of continued
23 competence to practice the profession for which the license or registration is
24 issued. A requirement of continued competence may include, but is not limited
25 to, **up to thirty hours triennially of** continuing education, examination, self-
26 evaluation, peer review, performance appraisal or practical simulation.

27 4. If a license or registration is suspended pursuant to section 345.065,
28 the license or registration expires on the expiration date as established by the
29 board for all licenses and registrations issued pursuant to sections 345.010 to
30 345.080. Such license or registration may be renewed but does not entitle the
31 licensee to engage in the licensed or registered activity or in any other conduct
32 or activity which violates the order of judgment by which the license or

33 registration was suspended until such license or registration has been reinstated.
34 5. If a license or registration is revoked on disciplinary grounds pursuant
35 to section 345.065, the license or registration expires on the expiration date as
36 established by the board for all licenses and registrations issued pursuant to
37 sections 345.010 to 345.080. Such license or registration may not be renewed. If
38 a license or registration is reinstated after its expiration, the licensee, as a
39 condition of reinstatement, shall pay a reinstatement fee that is equal to the
40 renewal fee in effect on the last regular renewal date immediately preceding the
41 date of reinstatement plus any late fee established by the board.

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