

SECOND REGULAR SESSION

SENATE BILL NO. 1078

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR ONDER.

Read 1st time February 27, 2020, and ordered printed.

ADRIANE D. CROUSE, Secretary.

5687S.011

AN ACT

To repeal sections 193.015, 193.145, 208.152, 334.100, 334.506, 334.613, 334.735, 335.016, 335.019, 335.075, and 335.076, RSMo, and to enact in lieu thereof sixteen new sections relating to advanced practice registered nurses, with penalty provisions.

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

Section A. Sections 193.015, 193.145, 208.152, 334.100, 334.506, 334.613, 334.735, 335.016, 335.019, 335.075, and 335.076, RSMo, are repealed and sixteen new sections enacted in lieu thereof, to be known as sections 193.015, 193.145, 208.152, 334.100, 334.305, 334.310, 334.315, 334.320, 334.325, 334.330, 334.506, 334.613, 334.735, 335.016, 335.075, and 335.076, to read as follows:

193.015. As used in sections 193.005 to 193.325, unless the context clearly indicates otherwise, the following terms shall mean:

(1) "Advanced practice registered nurse", a person licensed to practice as an advanced practice registered nurse under [chapter 335] sections 334.305 to 334.330, and who has been delegated tasks outlined in section 193.145 by a physician with whom they have entered into a collaborative practice arrangement under chapter 334;

(2) "Assistant physician", as such term is defined in section 334.036, and who has been delegated tasks outlined in section 193.145 by a physician with whom they have entered into a collaborative practice arrangement under chapter 334;

(3) "Dead body", a human body or such parts of such human body from the condition of which it reasonably may be concluded that death recently occurred;

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

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

15 (5) "Final disposition", the burial, interment, cremation, removal from the
16 state, or other authorized disposition of a dead body or fetus;

17 (6) "Institution", any establishment, public or private, which provides
18 inpatient or outpatient medical, surgical, or diagnostic care or treatment or
19 nursing, custodian, or domiciliary care, or to which persons are committed by law;

20 (7) "Live birth", the complete expulsion or extraction from its mother of
21 a child, irrespective of the duration of pregnancy, which after such expulsion or
22 extraction, breathes or shows any other evidence of life such as beating of the
23 heart, pulsation of the umbilical cord, or definite movement of voluntary muscles,
24 whether or not the umbilical cord has been cut or the placenta is attached;

25 (8) "Physician", a person authorized or licensed to practice medicine or
26 osteopathy pursuant to chapter 334;

27 (9) "Physician assistant", a person licensed to practice as a physician
28 assistant pursuant to chapter 334, and who has been delegated tasks outlined in
29 section 193.145 by a physician with whom they have entered into a collaborative
30 practice arrangement under chapter 334;

31 (10) "Spontaneous fetal death", a noninduced death prior to the complete
32 expulsion or extraction from its mother of a fetus, irrespective of the duration of
33 pregnancy; the death is indicated by the fact that after such expulsion or
34 extraction the fetus does not breathe or show any other evidence of life such as
35 beating of the heart, pulsation of the umbilical cord, or definite movement of
36 voluntary muscles;

37 (11) "State registrar", state registrar of vital statistics of the state of
38 Missouri;

39 (12) "System of vital statistics", the registration, collection, preservation,
40 amendment and certification of vital records; the collection of other reports
41 required by sections 193.005 to 193.325 and section 194.060; and activities related
42 thereto including the tabulation, analysis and publication of vital statistics;

43 (13) "Vital records", certificates or reports of birth, death, marriage,
44 dissolution of marriage and data related thereto;

45 (14) "Vital statistics", the data derived from certificates and reports of
46 birth, death, spontaneous fetal death, marriage, dissolution of marriage and
47 related reports.

193.145. 1. A certificate of death for each death which occurs in this state
2 shall be filed with the local registrar, or as otherwise directed by the state
3 registrar, within five days after death and shall be registered if such certificate

4 has been completed and filed pursuant to this section. All data providers in the
5 death registration process, including, but not limited to, the state registrar, local
6 registrars, the state medical examiner, county medical examiners, coroners,
7 funeral directors or persons acting as such, embalmers, sheriffs, attending
8 physicians and resident physicians, physician assistants, assistant physicians,
9 advanced practice registered nurses, and the chief medical officers of licensed
10 health care facilities, and other public or private institutions providing medical
11 care, treatment, or confinement to persons, shall be required to use and utilize
12 any electronic death registration system required and adopted under subsection
13 1 of section 193.265 within six months of the system being certified by the
14 director of the department of health and senior services, or the director's
15 designee, to be operational and available to all data providers in the death
16 registration process. However, should the person or entity that certifies the cause
17 of death not be part of, or does not use, the electronic death registration system,
18 the funeral director or person acting as such may enter the required personal
19 data into the electronic death registration system and then complete the filing by
20 presenting the signed cause of death certification to the local registrar, in which
21 case the local registrar shall issue death certificates as set out in subsection 2 of
22 section 193.265. Nothing in this section shall prevent the state registrar from
23 adopting pilot programs or voluntary electronic death registration programs until
24 such time as the system can be certified; however, no such pilot or voluntary
25 electronic death registration program shall prevent the filing of a death certificate
26 with the local registrar or the ability to obtain certified copies of death
27 certificates under subsection 2 of section 193.265 until six months after such
28 certification that the system is operational.

29 2. If the place of death is unknown but the dead body is found in this
30 state, the certificate of death shall be completed and filed pursuant to the
31 provisions of this section. The place where the body is found shall be shown as
32 the place of death. The date of death shall be the date on which the remains
33 were found.

34 3. When death occurs in a moving conveyance in the United States and
35 the body is first removed from the conveyance in this state, the death shall be
36 registered in this state and the place where the body is first removed shall be
37 considered the place of death. When a death occurs on a moving conveyance
38 while in international waters or air space or in a foreign country or its air space
39 and the body is first removed from the conveyance in this state, the death shall

40 be registered in this state but the certificate shall show the actual place of death
41 if such place may be determined.

42 4. The funeral director or person in charge of final disposition of the dead
43 body shall file the certificate of death. The funeral director or person in charge
44 of the final disposition of the dead body shall obtain or verify and enter into the
45 electronic death registration system:

46 (1) The personal data from the next of kin or the best qualified person or
47 source available;

48 (2) The medical certification from the person responsible for such
49 certification if designated to do so under subsection 5 of this section; and

50 (3) Any other information or data that may be required to be placed on a
51 death certificate or entered into the electronic death certificate system including,
52 but not limited to, the name and license number of the embalmer.

53 5. The medical certification shall be completed, attested to its accuracy
54 either by signature or an electronic process approved by the department, and
55 returned to the funeral director or person in charge of final disposition within
56 seventy-two hours after death by the physician, physician assistant, assistant
57 physician, advanced practice registered nurse in charge of the patient's care for
58 the illness or condition which resulted in death. In the absence of the physician,
59 physician assistant, assistant physician, advanced practice registered nurse or
60 with the physician's, physician assistant's, assistant physician's, or advanced
61 practice registered nurse's approval the certificate may be completed and attested
62 to its accuracy either by signature or an approved electronic process by the
63 physician's associate physician, the chief medical officer of the institution in
64 which death occurred, or the physician who performed an autopsy upon the
65 decedent, provided such individual has access to the medical history of the case,
66 views the deceased at or after death and death is due to natural causes. The
67 person authorized to complete the medical certification may, in writing, designate
68 any other person to enter the medical certification information into the electronic
69 death registration system if the person authorized to complete the medical
70 certificate has physically or by electronic process signed a statement stating the
71 cause of death. Any persons completing the medical certification or entering data
72 into the electronic death registration system shall be immune from civil liability
73 for such certification completion, data entry, or determination of the cause of
74 death, absent gross negligence or willful misconduct. The state registrar may
75 approve alternate methods of obtaining and processing the medical certification

76 and filing the death certificate. The Social Security number of any individual
77 who has died shall be placed in the records relating to the death and recorded on
78 the death certificate.

79 6. When death occurs from natural causes more than thirty-six hours after
80 the decedent was last treated by a physician, physician assistant, assistant
81 physician, advanced practice registered nurse, the case shall be referred to the
82 county medical examiner or coroner or physician or local registrar for
83 investigation to determine and certify the cause of death. If the death is
84 determined to be of a natural cause, the medical examiner or coroner or local
85 registrar shall refer the certificate of death to the attending physician, physician
86 assistant, assistant physician, advanced practice registered nurse for such
87 certification. If the attending physician, physician assistant, assistant physician,
88 advanced practice registered nurse refuses or is otherwise unavailable, the
89 medical examiner or coroner or local registrar shall attest to the accuracy of the
90 certificate of death either by signature or an approved electronic process within
91 thirty-six hours.

92 7. If the circumstances suggest that the death was caused by other than
93 natural causes, the medical examiner or coroner shall determine the cause of
94 death and shall complete and attest to the accuracy either by signature or an
95 approved electronic process the medical certification within seventy-two hours
96 after taking charge of the case.

97 8. If the cause of death cannot be determined within seventy-two hours
98 after death, the attending medical examiner, coroner, attending physician,
99 physician assistant, assistant physician, advanced practice registered nurse, or
100 local registrar shall give the funeral director, or person in charge of final
101 disposition of the dead body, notice of the reason for the delay, and final
102 disposition of the body shall not be made until authorized by the medical
103 examiner, coroner, attending physician, physician assistant, assistant physician,
104 advanced practice registered nurse, or local registrar.

105 9. When a death is presumed to have occurred within this state but the
106 body cannot be located, a death certificate may be prepared by the state registrar
107 upon receipt of an order of a court of competent jurisdiction which shall include
108 the finding of facts required to complete the death certificate. Such a death
109 certificate shall be marked "Presumptive", show on its face the date of
110 registration, and identify the court and the date of decree.

111 10. (1) The department of health and senior services shall notify all

112 physicians, physician assistants, assistant physicians, and advanced practice
113 registered nurses licensed under [chapters] **chapter** 334 [and 335] of the
114 requirements regarding the use of the electronic vital records system provided for
115 in this section.

116 (2) On or before August 30, 2015, the department of health and senior
117 services, division of community and public health shall create a working group
118 comprised of representation from the Missouri electronic vital records system
119 users and recipients of death certificates used for professional purposes to
120 evaluate the Missouri electronic vital records system, develop recommendations
121 to improve the efficiency and usability of the system, and to report such findings
122 and recommendations to the general assembly no later than January 1, 2016.

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

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

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

25 (3) Laboratory and X-ray services;

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

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

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

52 (7) Subject to appropriation, up to twenty visits per year for services
53 limited to examinations, diagnoses, adjustments, and manipulations and
54 treatments of malpositioned articulations and structures of the body provided by
55 licensed chiropractic physicians practicing within their scope of practice. Nothing
56 in this subdivision shall be interpreted to otherwise expand MO HealthNet
57 services;

58 (8) Drugs and medicines when prescribed by a licensed physician, dentist,
59 podiatrist, or an advanced practice registered nurse; except that no payment for
60 drugs and medicines prescribed on and after January 1, 2006, by a licensed
61 physician, dentist, podiatrist, or an advanced practice registered nurse may be

62 made on behalf of any person who qualifies for prescription drug coverage under
63 the provisions of P.L. 108-173;

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

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

73 (11) Home health care services;

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

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

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

90 (15) Personal care services which are medically oriented tasks having to
91 do with a person's physical requirements, as opposed to housekeeping
92 requirements, which enable a person to be treated by his or her physician on an
93 outpatient rather than on an inpatient or residential basis in a hospital,
94 intermediate care facility, or skilled nursing facility. Personal care services shall
95 be rendered by an individual not a member of the participant's family who is
96 qualified to provide such services where the services are prescribed by a physician
97 in accordance with a plan of treatment and are supervised by a licensed

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

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

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

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

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

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

167 (18) The services of an advanced practice registered nurse with a
168 collaborative practice agreement to the extent that such services are provided in
169 accordance with [chapters] **chapter 334 [and 335]**, and regulations promulgated

170 thereunder;

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

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

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

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

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

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

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

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

201 (21) Hospice care. As used in this subdivision, the term "hospice care"
202 means a coordinated program of active professional medical attention within a
203 home, outpatient and inpatient care which treats the terminally ill patient and
204 family as a unit, employing a medically directed interdisciplinary team. The
205 program provides relief of severe pain or other physical symptoms and supportive

206 care to meet the special needs arising out of physical, psychological, spiritual,
207 social, and economic stresses which are experienced during the final stages of
208 illness, and during dying and bereavement and meets the Medicare requirements
209 for participation as a hospice as are provided in 42 CFR Part 418. The rate of
210 reimbursement paid by the MO HealthNet division to the hospice provider for
211 room and board furnished by a nursing home to an eligible hospice patient shall
212 not be less than ninety-five percent of the rate of reimbursement which would
213 have been paid for facility services in that nursing home facility for that patient,
214 in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus
215 Budget Reconciliation Act of 1989);

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

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

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

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

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

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

235 (25) The MO HealthNet division shall, by January 1, 2008, and annually
236 thereafter, report the status of MO HealthNet provider reimbursement rates as
237 compared to one hundred percent of the Medicare reimbursement rates and
238 compared to the average dental reimbursement rates paid by third-party payors
239 licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide
240 to the general assembly a four-year plan to achieve parity with Medicare
241 reimbursement rates and for third-party payor average dental reimbursement

242 rates. Such plan shall be subject to appropriation and the division shall include
243 in its annual budget request to the governor the necessary funding needed to
244 complete the four-year plan developed under this subdivision.

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

250 (1) Dental services;

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

252 (3) Optometric services as described in section 336.010;

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

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

270 (6) Comprehensive day rehabilitation services beginning early posttrauma
271 as part of a coordinated system of care for individuals with disabling
272 impairments. Rehabilitation services must be based on an individualized,
273 goal-oriented, comprehensive and coordinated treatment plan developed,
274 implemented, and monitored through an interdisciplinary assessment designed
275 to restore an individual to optimal level of physical, cognitive, and behavioral
276 function. The MO HealthNet division shall establish by administrative rule the
277 definition and criteria for designation of a comprehensive day rehabilitation

278 service facility, benefit limitations and payment mechanism. Any rule or portion
279 of a rule, as that term is defined in section 536.010, that is created under the
280 authority delegated in this subdivision shall become effective only if it complies
281 with and is subject to all of the provisions of chapter 536 and, if applicable,
282 section 536.028. This section and chapter 536 are nonseverable and if any of the
283 powers vested with the general assembly pursuant to chapter 536 to review, to
284 delay the effective date, or to disapprove and annul a rule are subsequently held
285 unconstitutional, then the grant of rulemaking authority and any rule proposed
286 or adopted after August 28, 2005, shall be invalid and void.

287 3. The MO HealthNet division may require any participant receiving MO
288 HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an
289 additional payment after July 1, 2008, as defined by rule duly promulgated by the
290 MO HealthNet division, for all covered services except for those services covered
291 under subdivisions (15) and (16) of subsection 1 of this section and sections
292 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the
293 federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations
294 thereunder. When substitution of a generic drug is permitted by the prescriber
295 according to section 338.056, and a generic drug is substituted for a name-brand
296 drug, the MO HealthNet division may not lower or delete the requirement to
297 make a co-payment pursuant to regulations of Title XIX of the federal Social
298 Security Act. A provider of goods or services described under this section must
299 collect from all participants the additional payment that may be required by the
300 MO HealthNet division under authority granted herein, if the division exercises
301 that authority, to remain eligible as a provider. Any payments made by
302 participants under this section shall be in addition to and not in lieu of payments
303 made by the state for goods or services described herein except the participant
304 portion of the pharmacy professional dispensing fee shall be in addition to and
305 not in lieu of payments to pharmacists. A provider may collect the co-payment
306 at the time a service is provided or at a later date. A provider shall not refuse
307 to provide a service if a participant is unable to pay a required payment. If it is
308 the routine business practice of a provider to terminate future services to an
309 individual with an unclaimed debt, the provider may include uncollected
310 co-payments under this practice. Providers who elect not to undertake the
311 provision of services based on a history of bad debt shall give participants
312 advance notice and a reasonable opportunity for payment. A provider,
313 representative, employee, independent contractor, or agent of a pharmaceutical

314 manufacturer shall not make co-payment for a participant. This subsection shall
315 not apply to other qualified children, pregnant women, or blind persons. If the
316 Centers for Medicare and Medicaid Services does not approve the MO HealthNet
317 state plan amendment submitted by the department of social services that would
318 allow a provider to deny future services to an individual with uncollected
319 co-payments, the denial of services shall not be allowed. The department of social
320 services shall inform providers regarding the acceptability of denying services as
321 the result of unpaid co-payments.

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

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

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

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

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

346 9. Reimbursement rates to long-term care providers with respect to a total
347 change in ownership, at arm's length, for any facility previously licensed and
348 certified for participation in the MO HealthNet program shall not increase
349 payments in excess of the increase that would result from the application of

350 Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. Section 1396a
351 (a)(13)(C).

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

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

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

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

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

334.100. 1. The board may refuse to issue or renew any certificate of
2 registration or authority, permit or license required pursuant to this chapter for
3 one or any combination of causes stated in subsection 2 of this section. The board
4 shall notify the applicant in writing of the reasons for the refusal and shall advise
5 the applicant of the applicant's right to file a complaint with the administrative

6 hearing commission as provided by chapter 621. As an alternative to a refusal
7 to issue or renew any certificate, registration or authority, the board may, at its
8 discretion, issue a license which is subject to probation, restriction or limitation
9 to an applicant for licensure for any one or any combination of causes stated in
10 subsection 2 of this section. The board's order of probation, limitation or
11 restriction shall contain a statement of the discipline imposed, the basis therefor,
12 the date such action shall become effective, and a statement that the applicant
13 has thirty days to request in writing a hearing before the administrative hearing
14 commission. If the board issues a probationary, limited or restricted license to
15 an applicant for licensure, either party may file a written petition with the
16 administrative hearing commission within thirty days of the effective date of the
17 probationary, limited or restricted license seeking review of the board's
18 determination. If no written request for a hearing is received by the
19 administrative hearing commission within the thirty-day period, the right to seek
20 review of the board's decision shall be considered as waived.

21 2. The board may cause a complaint to be filed with the administrative
22 hearing commission as provided by chapter 621 against any holder of any
23 certificate of registration or authority, permit or license required by this chapter
24 or any person who has failed to renew or has surrendered the person's certificate
25 of registration or authority, permit or license for any one or any combination of
26 the following causes:

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

30 (2) The person has been finally adjudicated and found guilty, or entered
31 a plea of guilty or nolo contendere, in a criminal prosecution under the laws of
32 any state or of the United States, for any offense reasonably related to the
33 qualifications, functions or duties of any profession licensed or regulated
34 pursuant to this chapter, for any offense involving fraud, dishonesty or an act of
35 violence, or for any offense involving moral turpitude, whether or not sentence is
36 imposed;

37 (3) Use of fraud, deception, misrepresentation or bribery in securing any
38 certificate of registration or authority, permit or license issued pursuant to this
39 chapter or in obtaining permission to take any examination given or required
40 pursuant to this chapter;

41 (4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct

42 or unprofessional conduct in the performance of the functions or duties of any
43 profession licensed or regulated by this chapter, including, but not limited to, the
44 following:

45 (a) Obtaining or attempting to obtain any fee, charge, tuition or other
46 compensation by fraud, deception or misrepresentation; willfully and continually
47 overcharging or overtreating patients; or charging for visits to the physician's
48 office which did not occur unless the services were contracted for in advance, or
49 for services which were not rendered or documented in the patient's records;

50 (b) Attempting, directly or indirectly, by way of intimidation, coercion or
51 deception, to obtain or retain a patient or discourage the use of a second opinion
52 or consultation;

53 (c) Willfully and continually performing inappropriate or unnecessary
54 treatment, diagnostic tests or medical or surgical services;

55 (d) Delegating professional responsibilities to a person who is not
56 qualified by training, skill, competency, age, experience or licensure to perform
57 such responsibilities;

58 (e) Misrepresenting that any disease, ailment or infirmity can be cured
59 by a method, procedure, treatment, medicine or device;

60 (f) Performing or prescribing medical services which have been declared
61 by board rule to be of no medical or osteopathic value;

62 (g) Final disciplinary action by any professional medical or osteopathic
63 association or society or licensed hospital or medical staff of such hospital in this
64 or any other state or territory, whether agreed to voluntarily or not, and
65 including, but not limited to, any removal, suspension, limitation, or restriction
66 of the person's license or staff or hospital privileges, failure to renew such
67 privileges or license for cause, or other final disciplinary action, if the action was
68 in any way related to unprofessional conduct, professional incompetence,
69 malpractice or any other violation of any provision of this chapter;

70 (h) Signing a blank prescription form; or dispensing, prescribing,
71 administering or otherwise distributing any drug, controlled substance or other
72 treatment without sufficient examination including failing to establish a valid
73 physician-patient relationship pursuant to section 334.108, or for other than
74 medically accepted therapeutic or experimental or investigative purposes duly
75 authorized by a state or federal agency, or not in the course of professional
76 practice, or not in good faith to relieve pain and suffering, or not to cure an
77 ailment, physical infirmity or disease, except as authorized in section 334.104;

- 78 (i) Exercising influence within a physician-patient relationship for
79 purposes of engaging a patient in sexual activity;
- 80 (j) Being listed on any state or federal sexual offender registry;
- 81 (k) Terminating the medical care of a patient without adequate notice or
82 without making other arrangements for the continued care of the patient;
- 83 (l) Failing to furnish details of a patient's medical records to other
84 treating physicians or hospitals upon proper request; or failing to comply with
85 any other law relating to medical records;
- 86 (m) Failure of any applicant or licensee to cooperate with the board during
87 any investigation;
- 88 (n) Failure to comply with any subpoena or subpoena duces tecum from
89 the board or an order of the board;
- 90 (o) Failure to timely pay license renewal fees specified in this chapter;
- 91 (p) Violating a probation agreement, order, or other settlement agreement
92 with this board or any other licensing agency;
- 93 (q) Failing to inform the board of the physician's current residence and
94 business address;
- 95 (r) Advertising by an applicant or licensee which is false or misleading,
96 or which violates any rule of the board, or which claims without substantiation
97 the positive cure of any disease, or professional superiority to or greater skill
98 than that possessed by any other physician. An applicant or licensee shall also
99 be in violation of this provision if the applicant or licensee has a financial interest
100 in any organization, corporation or association which issues or conducts such
101 advertising;
- 102 (s) Any other conduct that is unethical or unprofessional involving a
103 minor;
- 104 (5) Any conduct or practice which is or might be harmful or dangerous to
105 the mental or physical health of a patient or the public; or incompetency, gross
106 negligence or repeated negligence in the performance of the functions or duties
107 of any profession licensed or regulated by this chapter. For the purposes of this
108 subdivision, "repeated negligence" means the failure, on more than one occasion,
109 to use that degree of skill and learning ordinarily used under the same or similar
110 circumstances by the member of the applicant's or licensee's profession;
- 111 (6) Violation of, or attempting to violate, directly or indirectly, or assisting
112 or enabling any person to violate, any provision of this chapter or chapter 324, or
113 of any lawful rule or regulation adopted pursuant to this chapter or chapter 324;

114 (7) Impersonation of any person holding a certificate of registration or
115 authority, permit or license or allowing any person to use his or her certificate of
116 registration or authority, permit, license or diploma from any school;

117 (8) Revocation, suspension, restriction, modification, limitation,
118 reprimand, warning, censure, probation or other final disciplinary action against
119 the holder of or applicant for a license or other right to practice any profession
120 regulated by this chapter by another state, territory, federal agency or country,
121 whether or not voluntarily agreed to by the licensee or applicant, including, but
122 not limited to, the denial of licensure, surrender of the license, allowing the
123 license to expire or lapse, or discontinuing or limiting the practice of medicine
124 while subject to an investigation or while actually under investigation by any
125 licensing authority, medical facility, branch of the Armed Forces of the United
126 States of America, insurance company, court, agency of the state or federal
127 government, or employer;

128 (9) A person is finally adjudged incapacitated or disabled by a court of
129 competent jurisdiction;

130 (10) Assisting or enabling any person to practice or offer to practice any
131 profession licensed or regulated by this chapter who is not registered and
132 currently eligible to practice pursuant to this chapter; or knowingly performing
133 any act which in any way aids, assists, procures, advises, or encourages any
134 person to practice medicine who is not registered and currently eligible to practice
135 pursuant to this chapter. A physician who works in accordance with standing
136 orders or protocols or in accordance with the provisions of section 334.104 shall
137 not be in violation of this subdivision;

138 (11) Issuance of a certificate of registration or authority, permit or license
139 based upon a material mistake of fact;

140 (12) Failure to display a valid certificate or license if so required by this
141 chapter or any rule promulgated pursuant to this chapter;

142 (13) Violation of the drug laws or rules and regulations of this state,
143 including but not limited to any provision of chapter 195, any other state, or the
144 federal government;

145 (14) Knowingly making, or causing to be made, or aiding, or abetting in
146 the making of, a false statement in any birth, death or other certificate or
147 document executed in connection with the practice of the person's profession;

148 (15) Knowingly making a false statement, orally or in writing to the
149 board;

150 (16) Soliciting patronage in person or by agents or representatives, or by
151 any other means or manner, under the person's own name or under the name of
152 another person or concern, actual or pretended, in such a manner as to confuse,
153 deceive, or mislead the public as to the need or necessity for or appropriateness
154 of health care services for all patients, or the qualifications of an individual
155 person or persons to diagnose, render, or perform health care services;

156 (17) Using, or permitting the use of, the person's name under the
157 designation of "Doctor", "Dr.", "M.D.", or "D.O.", or any similar designation with
158 reference to the commercial exploitation of any goods, wares or merchandise;

159 (18) Knowingly making or causing to be made a false statement or
160 misrepresentation of a material fact, with intent to defraud, for payment
161 pursuant to the provisions of chapter 208 or chapter 630 or for payment from
162 Title XVIII or Title XIX of the Social Security Act;

163 (19) Failure or refusal to properly guard against contagious, infectious or
164 communicable diseases or the spread thereof; maintaining an unsanitary office
165 or performing professional services under unsanitary conditions; or failure to
166 report the existence of an unsanitary condition in the office of a physician or in
167 any health care facility to the board, in writing, within thirty days after the
168 discovery thereof;

169 (20) Any candidate for licensure or person licensed to practice as a
170 physical therapist, paying or offering to pay a referral fee or, notwithstanding
171 section 334.010 to the contrary, practicing or offering to practice professional
172 physical therapy independent of the prescription and direction of a person
173 licensed and registered as a physician and surgeon pursuant to this chapter, as
174 a dentist pursuant to chapter 332, as a podiatrist pursuant to chapter 330, as an
175 advanced practice registered nurse under [chapter 335] **sections 334.305 to**
176 **334.330**, or any licensed and registered physician, dentist, podiatrist, or advanced
177 practice registered nurse practicing in another jurisdiction, whose license is in
178 good standing;

179 (21) Any candidate for licensure or person licensed to practice as a
180 physical therapist, treating or attempting to treat ailments or other health
181 conditions of human beings other than by professional physical therapy and as
182 authorized by sections 334.500 to 334.620;

183 (22) Any person licensed to practice as a physician or surgeon, requiring,
184 as a condition of the physician-patient relationship, that the patient receive
185 prescribed drugs, devices or other professional services directly from facilities of

186 that physician's office or other entities under that physician's ownership or
187 control. A physician shall provide the patient with a prescription which may be
188 taken to the facility selected by the patient and a physician knowingly failing to
189 disclose to a patient on a form approved by the advisory commission for
190 professional physical therapists as established by section 334.625 which is dated
191 and signed by a patient or guardian acknowledging that the patient or guardian
192 has read and understands that the physician has a pecuniary interest in a
193 physical therapy or rehabilitation service providing prescribed treatment and that
194 the prescribed treatment is available on a competitive basis. This subdivision
195 shall not apply to a referral by one physician to another physician within a group
196 of physicians practicing together;

197 (23) A pattern of personal use or consumption of any controlled substance
198 unless it is prescribed, dispensed or administered by another physician who is
199 authorized by law to do so;

200 (24) Habitual intoxication or dependence on alcohol, evidence of which
201 may include more than one alcohol-related enforcement contact as defined by
202 section 302.525;

203 (25) Failure to comply with a treatment program or an aftercare program
204 entered into as part of a board order, settlement agreement or licensee's
205 professional health program;

206 (26) Revocation, suspension, limitation, probation, or restriction of any
207 kind whatsoever of any controlled substance authority, whether agreed to
208 voluntarily or not, or voluntary termination of a controlled substance authority
209 while under investigation;

210 (27) For a physician to operate, conduct, manage, or establish an abortion
211 facility, or for a physician to perform an abortion in an abortion facility, if such
212 facility comes under the definition of an ambulatory surgical center pursuant to
213 sections 197.200 to 197.240, and such facility has failed to obtain or renew a
214 license as an ambulatory surgical center.

215 3. Collaborative practice arrangements, protocols and standing orders
216 shall be in writing and signed and dated by a physician prior to their
217 implementation.

218 4. After the filing of such complaint before the administrative hearing
219 commission, the proceedings shall be conducted in accordance with the provisions
220 of chapter 621. Upon a finding by the administrative hearing commission that
221 the grounds, provided in subsection 2 of this section, for disciplinary action are

222 met, the board may, singly or in combination, warn, censure or place the person
223 named in the complaint on probation on such terms and conditions as the board
224 deems appropriate for a period not to exceed ten years, or may suspend the
225 person's license, certificate or permit for a period not to exceed three years, or
226 restrict or limit the person's license, certificate or permit for an indefinite period
227 of time, or revoke the person's license, certificate, or permit, or administer a
228 public or private reprimand, or deny the person's application for a license, or
229 permanently withhold issuance of a license or require the person to submit to the
230 care, counseling or treatment of physicians designated by the board at the
231 expense of the individual to be examined, or require the person to attend such
232 continuing educational courses and pass such examinations as the board may
233 direct.

234 5. In any order of revocation, the board may provide that the person may
235 not apply for reinstatement of the person's license for a period of time ranging
236 from two to seven years following the date of the order of revocation. All stay
237 orders shall toll this time period.

238 6. Before restoring to good standing a license, certificate or permit issued
239 pursuant to this chapter which has been in a revoked, suspended or inactive state
240 for any cause for more than two years, the board may require the applicant to
241 attend such continuing medical education courses and pass such examinations as
242 the board may direct.

243 7. In any investigation, hearing or other proceeding to determine a
244 licensee's or applicant's fitness to practice, any record relating to any patient of
245 the licensee or applicant shall be discoverable by the board and admissible into
246 evidence, regardless of any statutory or common law privilege which such
247 licensee, applicant, record custodian or patient might otherwise invoke. In
248 addition, no such licensee, applicant, or record custodian may withhold records
249 or testimony bearing upon a licensee's or applicant's fitness to practice on the
250 ground of privilege between such licensee, applicant or record custodian and a
251 patient.

**334.305. 1. As used in sections 334.305 to 334.330, the term
2 "advanced practice registered nurse" or "APRN" shall mean a person
3 who is licensed under the provisions of sections 334.305 to 334.330 to
4 engage in the practice of advanced practice nursing as a certified
5 clinical nurse specialist, certified nurse midwife, certified nurse
6 practitioner, or certified registered nurse anesthetist, as such terms are**

7 defined in section 335.016.

8 2. An applicant for licensure to practice as an advanced practice
9 registered nurse shall submit to the board a written application on
10 forms furnished to the applicant. The original application shall
11 contain:

12 (1) Statements showing the applicant's education and other such
13 pertinent information as the board may require; and

14 (2) A statement that it is made under oath or affirmation and
15 that its representatives are true and correct to the best knowledge and
16 belief of the person signing, subject to the same penalties of making a
17 false affidavit or declaration.

18 3. The applicant for licensure to practice as an advanced
19 practice registered nurse shall pay a fee in such amount as may be set
20 by the board. The fee shall be uniform for all applicants.

21 4. An applicant shall:

22 (1) Hold a current registered professional nurse license or
23 privilege to practice under chapter 335, and shall not be currently
24 subject to discipline or restrictions and shall not hold an encumbered
25 license or privilege to practice as a registered professional nurse or
26 advanced practice registered nurse in any state or territory;

27 (2) Have completed an accredited graduate-level advanced
28 practice registered nurse program and achieved at least one
29 certification as a clinical nurse specialist, nurse midwife, nurse
30 practitioner, or registered nurse anesthetist, with at least one
31 population focus as prescribed by rule of the board;

32 (3) Be currently certified by a national certifying body
33 recognized by the Missouri state board of nursing and the state board
34 of registration for the healing arts in the advanced practice registered
35 nurse role; and

36 (4) Have a population focus on his or her certification
37 corresponding with his or her educational advanced practice registered
38 nurse program.

39 5. Any person holding a document of recognition to practice
40 nursing as an advanced practice registered nurse in this state that is
41 current on August 28, 2020, shall be deemed to be licensed as an
42 advanced practice registered nurse under the provisions of this section
43 and shall be eligible for renewal of such license under the conditions

44 and standards prescribed in this chapter and as prescribed by rule.

45 6. Upon refusal of the board to issue an advanced practice
46 registered nurse license, the board shall comply with the provisions of
47 section 621.120 and advise the applicant of his or her right to have a
48 hearing before the administrative hearing commission. The
49 administrative hearing commission shall hear complaints taken
50 pursuant to section 621.120.

51 7. The board shall not deny a license because of sex, religion,
52 race, ethnic origin, age, or political affiliation.

 334.310. 1. The board shall issue a license to practice as an
2 advanced practice registered nurse pursuant to the laws of another
3 state, territory, or foreign country if the applicant meets the
4 qualifications required of advanced practice registered nurses in this
5 state at the time the applicant was originally licensed in the other
6 state, territory or foreign country.

7 2. Applications from foreign countries shall be licensed as
8 prescribed by rule.

9 3. Upon application, the board shall issue a temporary permit to
10 an applicant, pursuant to subsection 1 of this section, for license as an
11 advanced practice registered nurse, to an applicant who has made a
12 prima facia showing that the applicant meets all of the requirements
13 for such a license. The temporary permit shall be effective only until
14 the board shall have had the opportunity to investigate his or her
15 qualifications for licensure pursuant to subsection 1 of this section and
16 to notify the applicant that his or her application for a license has been
17 either granted or rejected. In no event shall such temporary permit be
18 in effect for more than twelve months after the date of its issuance nor
19 shall a permit be reissued to the same applicant. No fee shall be
20 charged for such temporary permit. The holder of a temporary permit
21 which has not expired, or been suspended or revoked, shall be deemed
22 to be the holder of a license issued pursuant to section 334.305 until
23 such temporary permit expires, is terminated, or is suspended or
24 revoked.

 334.315. 1. The license of an advanced practice registered nurse
2 licensed under the provisions of sections 334.305 to 334.330 shall be
3 renewed as provided in this section. An application for renewal of
4 license shall be mailed to every person to whom a license was issued or

5 renewed during the current licensing period. The applicant shall
6 complete the application and return it to the board by the renewal date
7 with a renewal fee in an amount to be set by the board. The fee shall
8 be uniform for all applicants. The certificates of renewal shall render
9 the holder thereof a legal practitioner of nursing for the period stated
10 in the certificate of renewal. Any person who practices as an advanced
11 practice registered nurse during the time his or her license has lapsed
12 shall be considered an illegal practitioner and shall be subject to the
13 penalties provided for in section 334.330.

14 2. The renewal of advanced practice registered nurse licenses
15 and registered professional nurse licenses set forth in sections 335.011
16 to 335.099 shall occur at the same time as prescribed by rule. Failure
17 to renew and maintain the registered professional nurse license under
18 sections 335.011 to 335.099, or privilege to practice, or to provide the
19 required fee and evidence of active certification or maintenance of
20 certification as prescribed by rules and regulations shall result in
21 expiration of the advanced practice registered nurse license.

 334.320. The board may grant a certificate of controlled
2 substance prescriptive authority to an advanced practice registered
3 nurse who:

4 (1) Submits proof of successful completion of an advanced
5 pharmacology course that shall include preceptorial experience in the
6 prescription of drugs, medicines and therapeutic devices;

7 (2) Provides documentation of a minimum of three hundred clock
8 hours of preceptorial experience in the prescription of drugs,
9 medicines, and therapeutic devices with a qualified preceptor;

10 (3) Provides evidence of a minimum of one thousand hours of
11 practice in an advanced practice nursing category prior to application
12 for a certificate of prescriptive authority. The one thousand hours
13 shall not include clinical hours obtained in the advanced practice
14 nursing education program. The one thousand hours of practice in an
15 advanced practice nursing category may include transmitting a
16 prescription order orally or telephonically or to an inpatient medical
17 record from protocols developed in collaboration with and signed by a
18 licensed physician; and

19 (4) Has a controlled substance prescribing authority delegated
20 in the collaborative practice arrangement under section 334.104 with

21 a physician who has an unrestricted federal Drug Enforcement
22 Administration registration number and who is actively engaged in a
23 practice comparable in scope, specialty, or expertise to that of the
24 advanced practice registered nurse.

334.325. Any person who holds a license to practice advanced
2 practice registered nursing in this state may use the title "advanced
3 practice registered nurse", the designations of "certified registered
4 nurse anesthetist", "certified nurse midwife", "certified clinical nurse
5 specialist", and "certified nurse practitioner", and the abbreviations
6 "APRN", "CRNA", "CNM", "CNS", and "NP" respectively. No other person
7 shall use the title "advanced practice registered nurse" or the
8 abbreviation "APRN". No other person shall assume any title or use any
9 abbreviation or any other words, letters, signs, or devices to indicate
10 that the person using the same is an advanced practice registered
11 nurse.

334.330. Any person who violates any of the provisions of
2 sections 334.305 to 334.330 is guilty of a class E felony and, upon
3 conviction, shall be punished as provided by law.

334.506. 1. As used in this section, "approved health care provider"
2 means a person holding a current and active license as a physician and surgeon
3 under this chapter, a chiropractor under chapter 331, a dentist under chapter
4 332, a podiatrist under chapter 330, a physician assistant under this chapter, an
5 advanced practice registered nurse under [chapter 335] sections 334.305 to
6 334.330, or any licensed and registered physician, chiropractor, dentist, or
7 podiatrist practicing in another jurisdiction whose license is in good standing.

8 2. A physical therapist shall not initiate treatment for a new injury or
9 illness without a prescription from an approved health care provider.

10 3. A physical therapist may provide educational resources and training,
11 develop fitness or wellness programs for asymptomatic persons, or provide
12 screening or consultative services within the scope of physical therapy practice
13 without the prescription and direction of an approved health care provider.

14 4. A physical therapist may examine and treat without the prescription
15 and direction of an approved health care provider any person with a recurring
16 self-limited injury within one year of diagnosis by an approved health care
17 provider or a chronic illness that has been previously diagnosed by an approved
18 health care provider. The physical therapist shall:

19 (1) Contact the patient's current approved health care provider within
20 seven days of initiating physical therapy services under this subsection;

21 (2) Not change an existing physical therapy referral available to the
22 physical therapist without approval of the patient's current approved health care
23 provider;

24 (3) Refer to an approved health care provider any patient whose medical
25 condition at the time of examination or treatment is determined to be beyond the
26 scope of practice of physical therapy;

27 (4) Refer to an approved health care provider any patient whose condition
28 for which physical therapy services are rendered under this subsection has not
29 been documented to be progressing toward documented treatment goals after six
30 visits or fourteen days, whichever first occurs;

31 (5) Notify the patient's current approved health care provider prior to the
32 continuation of treatment if treatment rendered under this subsection is to
33 continue beyond thirty days. The physical therapist shall provide such
34 notification for each successive period of thirty days.

35 5. The provision of physical therapy services of evaluation and screening
36 pursuant to this section shall be limited to a physical therapist, and any
37 authority for evaluation and screening granted within this section may not be
38 delegated. Upon each reinitiation of physical therapy services, a physical
39 therapist shall provide a full physical therapy evaluation prior to the reinitiation
40 of physical therapy treatment. Physical therapy treatment provided pursuant to
41 the provisions of subsection 4 of this section may be delegated by physical
42 therapists to physical therapist assistants only if the patient's current approved
43 health care provider has been so informed as part of the physical therapist's
44 seven-day notification upon reinitiation of physical therapy services as required
45 in subsection 4 of this section. Nothing in this subsection shall be construed as
46 to limit the ability of physical therapists or physical therapist assistants to
47 provide physical therapy services in accordance with the provisions of this
48 chapter, and upon the referral of an approved health care provider. Nothing in
49 this subsection shall prohibit an approved health care provider from acting within
50 the scope of their practice as defined by the applicable chapters of RSMo.

51 6. No person licensed to practice, or applicant for licensure, as a physical
52 therapist or physical therapist assistant shall make a medical diagnosis.

53 7. A physical therapist shall only delegate physical therapy treatment to
54 a physical therapist assistant or to a person in an entry level of a professional

55 education program approved by the Commission on Accreditation in Physical
56 Therapy Education (CAPTE) who satisfies supervised clinical education
57 requirements related to the person's physical therapist or physical therapist
58 assistant education. The entry-level person shall be under the supervision of a
59 physical therapist.

334.613. 1. The board may refuse to issue or renew a license to practice
2 as a physical therapist or physical therapist assistant for one or any combination
3 of causes stated in subsection 2 of this section. The board shall notify the
4 applicant in writing of the reasons for the refusal and shall advise the applicant
5 of the applicant's right to file a complaint with the administrative hearing
6 commission as provided by chapter 621. As an alternative to a refusal to issue
7 or renew a license to practice as a physical therapist or physical therapist
8 assistant, the board may, at its discretion, issue a license which is subject to
9 probation, restriction, or limitation to an applicant for licensure for any one or
10 any combination of causes stated in subsection 2 of this section. The board's
11 order of probation, limitation, or restriction shall contain a statement of the
12 discipline imposed, the basis therefor, the date such action shall become effective,
13 and a statement that the applicant has thirty days to request in writing a hearing
14 before the administrative hearing commission. If the board issues a probationary,
15 limited, or restricted license to an applicant for licensure, either party may file
16 a written petition with the administrative hearing commission within thirty days
17 of the effective date of the probationary, limited, or restricted license seeking
18 review of the board's determination. If no written request for a hearing is
19 received by the administrative hearing commission within the thirty-day period,
20 the right to seek review of the board's decision shall be considered as waived.

21 2. The board may cause a complaint to be filed with the administrative
22 hearing commission as provided by chapter 621 against any holder of a license to
23 practice as a physical therapist or physical therapist assistant who has failed to
24 renew or has surrendered his or her license for any one or any combination of the
25 following causes:

26 (1) Use of any controlled substance, as defined in chapter 195, or alcoholic
27 beverage to an extent that such use impairs a person's ability to perform the work
28 of a physical therapist or physical therapist assistant;

29 (2) The person has been finally adjudicated and found guilty, or entered
30 a plea of guilty or nolo contendere, in a criminal prosecution under the laws of
31 any state or of the United States, for any offense reasonably related to the

32 qualifications, functions, or duties of a physical therapist or physical therapist
33 assistant, for any offense an essential element of which is fraud, dishonesty, or
34 an act of violence, or for any offense involving moral turpitude, whether or not
35 sentence is imposed;

36 (3) Use of fraud, deception, misrepresentation, or bribery in securing any
37 certificate of registration or authority, permit, or license issued under this
38 chapter or in obtaining permission to take any examination given or required
39 under this chapter;

40 (4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct,
41 or unprofessional conduct in the performance of the functions or duties of a
42 physical therapist or physical therapist assistant, including but not limited to the
43 following:

44 (a) Obtaining or attempting to obtain any fee, charge, tuition, or other
45 compensation by fraud, deception, or misrepresentation; willfully and continually
46 overcharging or overtreating patients; or charging for sessions of physical therapy
47 which did not occur unless the services were contracted for in advance, or for
48 services which were not rendered or documented in the patient's records;

49 (b) Attempting, directly or indirectly, by way of intimidation, coercion, or
50 deception, to obtain or retain a patient or discourage the use of a second opinion
51 or consultation;

52 (c) Willfully and continually performing inappropriate or unnecessary
53 treatment or services;

54 (d) Delegating professional responsibilities to a person who is not
55 qualified by training, skill, competency, age, experience, or licensure to perform
56 such responsibilities;

57 (e) Misrepresenting that any disease, ailment, or infirmity can be cured
58 by a method, procedure, treatment, medicine, or device;

59 (f) Performing services which have been declared by board rule to be of no
60 physical therapy value;

61 (g) Final disciplinary action by any professional association, professional
62 society, licensed hospital or medical staff of the hospital, or physical therapy
63 facility in this or any other state or territory, whether agreed to voluntarily or
64 not, and including but not limited to any removal, suspension, limitation, or
65 restriction of the person's professional employment, malpractice, or any other
66 violation of any provision of this chapter;

67 (h) Administering treatment without sufficient examination, or for other

68 than medically accepted therapeutic or experimental or investigative purposes
69 duly authorized by a state or federal agency, or not in the course of professional
70 physical therapy practice;

71 (i) Engaging in or soliciting sexual relationships, whether consensual or
72 nonconsensual, while a physical therapist or physical therapist assistant/patient
73 relationship exists; making sexual advances, requesting sexual favors, or
74 engaging in other verbal conduct or physical contact of a sexual nature with
75 patients or clients;

76 (j) Terminating the care of a patient without adequate notice or without
77 making other arrangements for the continued care of the patient;

78 (k) Failing to furnish details of a patient's physical therapy records to
79 treating physicians, other physical therapists, or hospitals upon proper request;
80 or failing to comply with any other law relating to physical therapy records;

81 (l) Failure of any applicant or licensee, other than the licensee subject to
82 the investigation, to cooperate with the board during any investigation;

83 (m) Failure to comply with any subpoena or subpoena duces tecum from
84 the board or an order of the board;

85 (n) Failure to timely pay license renewal fees specified in this chapter;

86 (o) Violating a probation agreement with this board or any other licensing
87 agency;

88 (p) Failing to inform the board of the physical therapist's or physical
89 therapist assistant's current telephone number, residence, and business address;

90 (q) Advertising by an applicant or licensee which is false or misleading,
91 or which violates any rule of the board, or which claims without substantiation
92 the positive cure of any disease, or professional superiority to or greater skill
93 than that possessed by any other physical therapist or physical therapist
94 assistant. An applicant or licensee shall also be in violation of this provision if
95 the applicant or licensee has a financial interest in any organization, corporation,
96 or association which issues or conducts such advertising;

97 (5) Any conduct or practice which is or might be harmful or dangerous to
98 the mental or physical health of a patient or the public; or incompetency, gross
99 negligence, or repeated negligence in the performance of the functions or duties
100 of a physical therapist or physical therapist assistant. For the purposes of this
101 subdivision, "repeated negligence" means the failure, on more than one occasion,
102 to use that degree of skill and learning ordinarily used under the same or similar
103 circumstances by the member of the applicant's or licensee's profession;

104 (6) Violation of, or attempting to violate, directly or indirectly, or assisting
105 or enabling any person to violate, any provision of this chapter, or of any lawful
106 rule adopted under this chapter;

107 (7) Impersonation of any person licensed as a physical therapist or
108 physical therapist assistant or allowing any person to use his or her license or
109 diploma from any school;

110 (8) Revocation, suspension, restriction, modification, limitation,
111 reprimand, warning, censure, probation, or other final disciplinary action against
112 a physical therapist or physical therapist assistant for a license or other right to
113 practice as a physical therapist or physical therapist assistant by another state,
114 territory, federal agency or country, whether or not voluntarily agreed to by the
115 licensee or applicant, including but not limited to the denial of licensure,
116 surrender of the license, allowing the license to expire or lapse, or discontinuing
117 or limiting the practice of physical therapy while subject to an investigation or
118 while actually under investigation by any licensing authority, medical facility,
119 branch of the Armed Forces of the United States of America, insurance company,
120 court, agency of the state or federal government, or employer;

121 (9) A person is finally adjudged incapacitated or disabled by a court of
122 competent jurisdiction;

123 (10) Assisting or enabling any person to practice or offer to practice who
124 is not licensed and currently eligible to practice under this chapter; or knowingly
125 performing any act which in any way aids, assists, procures, advises, or
126 encourages any person to practice physical therapy who is not licensed and
127 currently eligible to practice under this chapter;

128 (11) Issuance of a license to practice as a physical therapist or physical
129 therapist assistant based upon a material mistake of fact;

130 (12) Failure to display a valid license pursuant to practice as a physical
131 therapist or physical therapist assistant;

132 (13) Knowingly making, or causing to be made, or aiding, or abetting in
133 the making of, a false statement in any document executed in connection with the
134 practice of physical therapy;

135 (14) Soliciting patronage in person or by agents or representatives, or by
136 any other means or manner, under the person's own name or under the name of
137 another person or concern, actual or pretended, in such a manner as to confuse,
138 deceive, or mislead the public as to the need or necessity for or appropriateness
139 of physical therapy services for all patients, or the qualifications of an individual

140 person or persons to render, or perform physical therapy services;

141 (15) Using, or permitting the use of, the person's name under the
142 designation of "physical therapist", "physiotherapist", "registered physical
143 therapist", "P.T.", "Ph.T.", "P.T.T.", "D.P.T.", "M.P.T." or "R.P.T.", "physical
144 therapist assistant", "P.T.A.", "L.P.T.A.", "C.P.T.A.", or any similar designation
145 with reference to the commercial exploitation of any goods, wares or merchandise;

146 (16) Knowingly making or causing to be made a false statement or
147 misrepresentation of a material fact, with intent to defraud, for payment under
148 chapter 208 or chapter 630 or for payment from Title XVIII or Title XIX of the
149 Social Security Act;

150 (17) Failure or refusal to properly guard against contagious, infectious,
151 or communicable diseases or the spread thereof; maintaining an unsanitary
152 facility or performing professional services under unsanitary conditions; or failure
153 to report the existence of an unsanitary condition in any physical therapy facility
154 to the board, in writing, within thirty days after the discovery thereof;

155 (18) Any candidate for licensure or person licensed to practice as a
156 physical therapist or physical therapist assistant paying or offering to pay a
157 referral fee or, notwithstanding section 334.010 to the contrary, practicing or
158 offering to practice professional physical therapy independent of the prescription
159 and direction of a person licensed and registered as a physician and surgeon
160 under this chapter, as a physician assistant under this chapter, as a chiropractor
161 under chapter 331, as a dentist under chapter 332, as a podiatrist under chapter
162 330, as an advanced practice registered nurse under [chapter 335] **sections**
163 **334.305 to 334.330**, or any licensed and registered physician, chiropractor,
164 dentist, podiatrist, or advanced practice registered nurse practicing in another
165 jurisdiction, whose license is in good standing;

166 (19) Any candidate for licensure or person licensed to practice as a
167 physical therapist or physical therapist assistant treating or attempting to treat
168 ailments or other health conditions of human beings other than by professional
169 physical therapy and as authorized by sections 334.500 to 334.685;

170 (20) A pattern of personal use or consumption of any controlled substance
171 unless it is prescribed, dispensed, or administered by a physician who is
172 authorized by law to do so;

173 (21) Failing to maintain adequate patient records under section 334.602;

174 (22) Attempting to engage in conduct that subverts or undermines the
175 integrity of the licensing examination or the licensing examination process,

176 including but not limited to utilizing in any manner recalled or memorized
177 licensing examination questions from or with any person or entity, failing to
178 comply with all test center security procedures, communicating or attempting to
179 communicate with any other examinees during the test, or copying or sharing
180 licensing examination questions or portions of questions;

181 (23) Any candidate for licensure or person licensed to practice as a
182 physical therapist or physical therapist assistant who requests, receives,
183 participates or engages directly or indirectly in the division, transferring,
184 assigning, rebating or refunding of fees received for professional services or
185 profits by means of a credit or other valuable consideration such as wages, an
186 unearned commission, discount or gratuity with any person who referred a
187 patient, or with any relative or business associate of the referring person;

188 (24) Being unable to practice as a physical therapist or physical therapist
189 assistant with reasonable skill and safety to patients by reasons of incompetency,
190 or because of illness, drunkenness, excessive use of drugs, narcotics, chemicals,
191 or as a result of any mental or physical condition. The following shall apply to
192 this subdivision:

193 (a) In enforcing this subdivision the board shall, after a hearing by the
194 board, upon a finding of probable cause, require a physical therapist or physical
195 therapist assistant to submit to a reexamination for the purpose of establishing
196 his or her competency to practice as a physical therapist or physical therapist
197 assistant conducted in accordance with rules adopted for this purpose by the
198 board, including rules to allow the examination of the pattern and practice of
199 such physical therapist's or physical therapist assistant's professional conduct,
200 or to submit to a mental or physical examination or combination thereof by a
201 facility or professional approved by the board;

202 (b) For the purpose of this subdivision, every physical therapist and
203 physical therapist assistant licensed under this chapter is deemed to have
204 consented to submit to a mental or physical examination when directed in writing
205 by the board;

206 (c) In addition to ordering a physical or mental examination to determine
207 competency, the board may, notwithstanding any other law limiting access to
208 medical or other health data, obtain medical data and health records relating to
209 a physical therapist, physical therapist assistant or applicant without the
210 physical therapist's, physical therapist assistant's or applicant's consent;

211 (d) Written notice of the reexamination or the physical or mental

212 examination shall be sent to the physical therapist or physical therapist
213 assistant, by registered mail, addressed to the physical therapist or physical
214 therapist assistant at the physical therapist's or physical therapist assistant's
215 last known address. Failure of a physical therapist or physical therapist
216 assistant to submit to the examination when directed shall constitute an
217 admission of the allegations against the physical therapist or physical therapist
218 assistant, in which case the board may enter a final order without the
219 presentation of evidence, unless the failure was due to circumstances beyond the
220 physical therapist's or physical therapist assistant's control. A physical therapist
221 or physical therapist assistant whose right to practice has been affected under
222 this subdivision shall, at reasonable intervals, be afforded an opportunity to
223 demonstrate that the physical therapist or physical therapist assistant can
224 resume the competent practice as a physical therapist or physical therapist
225 assistant with reasonable skill and safety to patients;

226 (e) In any proceeding under this subdivision neither the record of
227 proceedings nor the orders entered by the board shall be used against a physical
228 therapist or physical therapist assistant in any other proceeding. Proceedings
229 under this subdivision shall be conducted by the board without the filing of a
230 complaint with the administrative hearing commission;

231 (f) When the board finds any person unqualified because of any of the
232 grounds set forth in this subdivision, it may enter an order imposing one or more
233 of the disciplinary measures set forth in subsection 3 of this section.

234 3. After the filing of such complaint before the administrative hearing
235 commission, the proceedings shall be conducted in accordance with the provisions
236 of chapter 621. Upon a finding by the administrative hearing commission that
237 the grounds provided in subsection 2 of this section for disciplinary action are
238 met, the board may, singly or in combination:

239 (1) Warn, censure or place the physical therapist or physical therapist
240 assistant named in the complaint on probation on such terms and conditions as
241 the board deems appropriate for a period not to exceed ten years;

242 (2) Suspend the physical therapist's or physical therapist assistant's
243 license for a period not to exceed three years;

244 (3) Restrict or limit the physical therapist's or physical therapist
245 assistant's license for an indefinite period of time;

246 (4) Revoke the physical therapist's or physical therapist assistant's
247 license;

- 248 (5) Administer a public or private reprimand;
- 249 (6) Deny the physical therapist's or physical therapist assistant's
250 application for a license;
- 251 (7) Permanently withhold issuance of a license;
- 252 (8) Require the physical therapist or physical therapist assistant to
253 submit to the care, counseling or treatment of physicians designated by the board
254 at the expense of the physical therapist or physical therapist assistant to be
255 examined;
- 256 (9) Require the physical therapist or physical therapist assistant to attend
257 such continuing educational courses and pass such examinations as the board
258 may direct.
- 259 4. In any order of revocation, the board may provide that the physical
260 therapist or physical therapist assistant shall not apply for reinstatement of the
261 physical therapist's or physical therapist assistant's license for a period of time
262 ranging from two to seven years following the date of the order of revocation. All
263 stay orders shall toll this time period.
- 264 5. Before restoring to good standing a license issued under this chapter
265 which has been in a revoked, suspended, or inactive state for any cause for more
266 than two years, the board may require the applicant to attend such continuing
267 medical education courses and pass such examinations as the board may direct.
- 268 6. In any investigation, hearing or other proceeding to determine a
269 physical therapist's, physical therapist assistant's or applicant's fitness to
270 practice, any record relating to any patient of the physical therapist, physical
271 therapist assistant, or applicant shall be discoverable by the board and
272 admissible into evidence, regardless of any statutory or common law privilege
273 which such physical therapist, physical therapist assistant, applicant, record
274 custodian, or patient might otherwise invoke. In addition, no such physical
275 therapist, physical therapist assistant, applicant, or record custodian may
276 withhold records or testimony bearing upon a physical therapist's, physical
277 therapist assistant's, or applicant's fitness to practice on the grounds of privilege
278 between such physical therapist, physical therapist assistant, applicant, or record
279 custodian and a patient.

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) "Collaborative practice arrangement", written agreements, jointly
12 agreed upon protocols, or standing orders, all of which shall be in writing, for the
13 delivery of health care services;

14 (5) "Department", the department of commerce and insurance or a
15 designated agency thereof;

16 (6) "License", a document issued to an applicant by the board
17 acknowledging that the applicant is entitled to practice as a physician assistant;

18 (7) "Physician assistant", a person who has graduated from a physician
19 assistant program accredited by the Accreditation Review Commission on
20 Education for the Physician Assistant or its successor agency, prior to 2001, or
21 the Committee on Allied Health Education and Accreditation or the Commission
22 on Accreditation of Allied Health Education Programs, who has passed the
23 certifying examination administered by the National Commission on Certification
24 of Physician Assistants and has active certification by the National Commission
25 on Certification of Physician Assistants who provides health care services
26 delegated by a licensed physician. A person who has been employed as a
27 physician assistant for three years prior to August 28, 1989, who has passed the
28 National Commission on Certification of Physician Assistants examination, and
29 has active certification of the National Commission on Certification of Physician
30 Assistants;

31 (8) "Recognition", the formal process of becoming a certifying entity as
32 required by the provisions of sections 334.735 to 334.749.

33 2. The scope of practice of a physician assistant shall consist only of the
34 following services and procedures:

35 (1) Taking patient histories;

36 (2) Performing physical examinations of a patient;

37 (3) Performing or assisting in the performance of routine office laboratory
38 and patient screening procedures;

39 (4) Performing routine therapeutic procedures;

40 (5) Recording diagnostic impressions and evaluating situations calling for

41 attention of a physician to institute treatment procedures;

42 (6) Instructing and counseling patients regarding mental and physical
43 health using procedures reviewed and approved by a collaborating physician;

44 (7) Assisting the supervising physician in institutional settings, including
45 reviewing of treatment plans, ordering of tests and diagnostic laboratory and
46 radiological services, and ordering of therapies, using procedures reviewed and
47 approved by a licensed physician;

48 (8) Assisting in surgery; and

49 (9) Performing such other tasks not prohibited by law under the
50 collaborative practice arrangement with a licensed physician as the physician
51 assistant has been trained and is proficient to perform.

52 3. Physician assistants shall not perform or prescribe abortions.

53 4. Physician assistants shall not prescribe any drug, medicine, device or
54 therapy unless pursuant to a collaborative practice arrangement in accordance
55 with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or
56 correction of vision or the measurement of visual power or visual efficiency of the
57 human eye, nor administer or monitor general or regional block anesthesia during
58 diagnostic tests, surgery or obstetric procedures. Prescribing of drugs,
59 medications, devices or therapies by a physician assistant shall be pursuant to
60 a collaborative practice arrangement which is specific to the clinical conditions
61 treated by the supervising physician and the physician assistant shall be subject
62 to the following:

63 (1) A physician assistant shall only prescribe controlled substances in
64 accordance with section 334.747;

65 (2) The types of drugs, medications, devices or therapies prescribed by a
66 physician assistant shall be consistent with the scopes of practice of the physician
67 assistant and the collaborating physician;

68 (3) All prescriptions shall conform with state and federal laws and
69 regulations and shall include the name, address and telephone number of the
70 physician assistant and the supervising physician;

71 (4) A physician assistant, or advanced practice registered nurse as defined
72 in section [335.016] **334.305** may request, receive and sign for noncontrolled
73 professional samples and may distribute professional samples to patients; and

74 (5) A physician assistant shall not prescribe any drugs, medicines, devices
75 or therapies the collaborating physician is not qualified or authorized to
76 prescribe.

77 5. A physician assistant shall clearly identify himself or herself as a
78 physician assistant and shall not use or permit to be used in the physician
79 assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out
80 in any way to be a physician or surgeon. No physician assistant shall practice or
81 attempt to practice without physician collaboration or in any location where the
82 collaborating physician is not immediately available for consultation, assistance
83 and intervention, except as otherwise provided in this section, and in an
84 emergency situation, nor shall any physician assistant bill a patient
85 independently or directly for any services or procedure by the physician assistant;
86 except that, nothing in this subsection shall be construed to prohibit a physician
87 assistant from enrolling with a third-party plan or the department of social
88 services as a MO HealthNet or Medicaid provider while acting under a
89 collaborative practice arrangement between the physician and physician
90 assistant.

91 6. The licensing of physician assistants shall take place within processes
92 established by the state board of registration for the healing arts through rule
93 and regulation. The board of healing arts is authorized to establish rules
94 pursuant to chapter 536 establishing licensing and renewal procedures,
95 collaboration, collaborative practice arrangements, fees, and addressing such
96 other matters as are necessary to protect the public and discipline the profession.
97 An application for licensing may be denied or the license of a physician assistant
98 may be suspended or revoked by the board in the same manner and for violation
99 of the standards as set forth by section 334.100, or such other standards of
100 conduct set by the board by rule or regulation. Persons licensed pursuant to the
101 provisions of chapter 335 shall not be required to be licensed as physician
102 assistants. All applicants for physician assistant licensure who complete a
103 physician assistant training program after January 1, 2008, shall have a master's
104 degree from a physician assistant program.

105 7. At all times the physician is responsible for the oversight of the
106 activities of, and accepts responsibility for, health care services rendered by the
107 physician assistant.

108 8. A physician may enter into collaborative practice arrangements with
109 physician assistants. Collaborative practice arrangements, which shall be in
110 writing, may delegate to a physician assistant the authority to prescribe,
111 administer, or dispense drugs and provide treatment which is within the skill,
112 training, and competence of the physician assistant. Collaborative practice

113 arrangements may delegate to a physician assistant, as defined in section
114 334.735, the authority to administer, dispense, or prescribe controlled substances
115 listed in Schedules III, IV, and V of section 195.017, and Schedule II -
116 hydrocodone. Schedule III narcotic controlled substances and Schedule II -
117 hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply
118 without refill. Such collaborative practice arrangements shall be in the form of
119 a written arrangement, jointly agreed-upon protocols, or standing orders for the
120 delivery of health care services.

121 9. The written collaborative practice arrangement shall contain at least
122 the following provisions:

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

125 (2) A list of all other offices or locations, other than those listed in
126 subdivision (1) of this subsection, where the collaborating physician has
127 authorized the physician assistant to prescribe;

128 (3) A requirement that there shall be posted at every office where the
129 physician assistant is authorized to prescribe, in collaboration with a physician,
130 a prominently displayed disclosure statement informing patients that they may
131 be seen by a physician assistant and have the right to see the collaborating
132 physician;

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

135 (5) The manner of collaboration between the collaborating physician and
136 the physician assistant, including how the collaborating physician and the
137 physician assistant will:

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

140 (b) Maintain geographic proximity, as determined by the board of
141 registration for the healing arts; and

142 (c) Provide coverage during absence, incapacity, infirmity, or emergency
143 of the collaborating physician;

144 (6) A list of all other written collaborative practice arrangements of the
145 collaborating physician and the physician assistant;

146 (7) The duration of the written practice arrangement between the
147 collaborating physician and the physician assistant;

148 (8) A description of the time and manner of the collaborating physician's

149 review of the physician assistant's delivery of health care services. The
150 description shall include provisions that the physician assistant shall submit a
151 minimum of ten percent of the charts documenting the physician assistant's
152 delivery of health care services to the collaborating physician for review by the
153 collaborating physician, or any other physician designated in the collaborative
154 practice arrangement, every fourteen days. Reviews may be conducted
155 electronically;

156 (9) The collaborating physician, or any other physician designated in the
157 collaborative practice arrangement, shall review every fourteen days a minimum
158 of twenty percent of the charts in which the physician assistant prescribes
159 controlled substances. The charts reviewed under this subdivision may be
160 counted in the number of charts required to be reviewed under subdivision (8) of
161 this subsection; and

162 (10) A statement that no collaboration requirements in addition to the
163 federal law shall be required for a physician-physician assistant team working in
164 a certified community behavioral health clinic as defined by Pub.L. 113-93, or a
165 rural health clinic under the federal Rural Health Services Act, Pub.L. 95-210,
166 as amended, or a federally qualified health center as defined in 42 U.S.C. Section
167 1395 of the Public Health Service Act, as amended.

168 10. The state board of registration for the healing arts under section
169 334.125 may promulgate rules regulating the use of collaborative practice
170 arrangements.

171 11. The state board of registration for the healing arts shall not deny,
172 revoke, suspend, or otherwise take disciplinary action against a collaborating
173 physician for health care services delegated to a physician assistant, provided
174 that the provisions of this section and the rules promulgated thereunder are
175 satisfied.

176 12. Within thirty days of any change and on each renewal, the state board
177 of registration for the healing arts shall require every physician to identify
178 whether the physician is engaged in any collaborative practice arrangement,
179 including collaborative practice arrangements delegating the authority to
180 prescribe controlled substances, and also report to the board the name of each
181 physician assistant with whom the physician has entered into such
182 arrangement. The board may make such information available to the public. The
183 board shall track the reported information and may routinely conduct random
184 reviews of such arrangements to ensure that the arrangements are carried out in

185 compliance with this chapter.

186 13. The collaborating physician shall determine and document the
187 completion of a period of time during which the physician assistant shall practice
188 with the collaborating physician continuously present before practicing in a
189 setting where the collaborating physician is not continuously present. This
190 limitation shall not apply to collaborative arrangements of providers of
191 population-based public health services as defined by 20 CSR 2150-5.100 as of
192 April 30, 2009.

193 14. No contract or other arrangement shall require a physician to act as
194 a collaborating physician for a physician assistant against the physician's will.
195 A physician shall have the right to refuse to act as a supervising physician,
196 without penalty, for a particular physician assistant. No contract or other
197 agreement shall limit the collaborating physician's ultimate authority over any
198 protocols or standing orders or in the delegation of the physician's authority to
199 any physician assistant. No contract or other arrangement shall require any
200 physician assistant to collaborate with any physician against the physician
201 assistant's will. A physician assistant shall have the right to refuse to
202 collaborate, without penalty, with a particular physician.

203 15. Physician assistants shall file with the board a copy of their
204 collaborating physician form.

205 16. No physician shall be designated to serve as a collaborating physician
206 for more than six full-time equivalent licensed physician assistants, full-time
207 equivalent advanced practice registered nurses, or full-time equivalent assistant
208 physicians, or any combination thereof. This limitation shall not apply to
209 physician assistant collaborative practice arrangements of hospital employees
210 providing inpatient care service in hospitals as defined in chapter 197, or to a
211 certified registered nurse anesthetist providing anesthesia services under the
212 supervision of an anesthesiologist or other physician, dentist, or podiatrist who
213 is immediately available if needed as set out in subsection 7 of section 334.104.

214 17. No arrangement made under this section shall supercede current
215 hospital licensing regulations governing hospital medication orders under
216 protocols or standing orders for the purpose of delivering inpatient or emergency
217 care within a hospital, as defined in section 197.020, if such protocols or standing
218 orders have been approved by the hospital's medical staff and pharmaceutical
219 therapeutics committee.

335.016. As used in this chapter, unless the context clearly requires

2 otherwise, the following words and terms mean:

3 (1) "Accredited", the official authorization or status granted by an agency
4 for a program through a voluntary process;

5 (2) [Advanced practice registered nurse", a nurse who has education
6 beyond the basic nursing education and is certified by a nationally recognized
7 professional organization as a certified nurse practitioner, certified nurse
8 midwife, certified registered nurse anesthetist, or a certified clinical nurse
9 specialist. The board shall promulgate rules specifying which nationally
10 recognized professional organization certifications are to be recognized for the
11 purposes of this section. Advanced practice nurses and only such individuals may
12 use the title "Advanced Practice Registered Nurse" and the abbreviation "APRN";

13 (3) "Approval", official recognition of nursing education programs which
14 meet standards established by the board of nursing;

15 [(4)] (3) "Board" or "state board", the state board of nursing;

16 [(5)] (4) "Certified clinical nurse specialist", a registered nurse who is
17 currently certified as a clinical nurse specialist by a nationally recognized
18 certifying board approved by the board of nursing;

19 [(6)] (5) "Certified nurse midwife", a registered nurse who is currently
20 certified as a nurse midwife by the American [College of Nurse Midwives]
21 **Midwifery certification board**, or other nationally recognized certifying body
22 approved by the board of nursing;

23 [(7)] (6) "Certified nurse practitioner", a registered nurse who is
24 currently certified as a nurse practitioner by a nationally recognized certifying
25 body approved by the board of nursing;

26 [(8)] (7) "Certified registered nurse anesthetist", a registered nurse who
27 is currently certified as a nurse anesthetist by the [Council on Certification of]
28 **National Board of Certification and Recertification for Nurse**
29 **Anesthetists**, the Council on Recertification of Nurse Anesthetists, or other
30 nationally recognized certifying body approved by the board of nursing;

31 [(9)] (8) "Executive director", a qualified individual employed by the
32 board as executive secretary or otherwise to administer the provisions of this
33 chapter under the board's direction. Such person employed as executive director
34 shall not be a member of the board;

35 [(10)] (9) "Inactive nurse", as defined by rule pursuant to section
36 335.061;

37 [(11)] (10) "Lapsed license status", as defined by rule under section

38 335.061;

39 [(12)] (11) "Licensed practical nurse" or "practical nurse", a person
40 licensed pursuant to the provisions of this chapter to engage in the practice of
41 practical nursing;

42 [(13)] (12) "Licensure", the issuing of a license to practice professional
43 or practical nursing to candidates who have met the specified requirements and
44 the recording of the names of those persons as holders of a license to practice
45 professional or practical nursing;

46 [(14)] (13) "**Practice of** practical nursing", the performance for
47 compensation of selected acts for the promotion of health and in the care of
48 persons who are ill, injured, or experiencing alterations in normal health
49 processes. Such performance requires substantial specialized skill, judgment and
50 knowledge. All such nursing care shall be given under the direction of a person
51 licensed by a state regulatory board to prescribe medications and treatments or
52 under the direction of a registered professional nurse. For the purposes of this
53 chapter, the term "direction" shall mean guidance or supervision provided by a
54 person licensed by a state regulatory board to prescribe medications and
55 treatments or a registered professional nurse, including, but not limited to, oral,
56 written, or otherwise communicated orders or directives for patient care. When
57 practical nursing care is delivered pursuant to the direction of a person licensed
58 by a state regulatory board to prescribe medications and treatments or under the
59 direction of a registered professional nurse, such care may be delivered by a
60 licensed practical nurse without direct physical oversight;

61 [(15)] (14) "**Practice of** professional nursing", the performance for
62 compensation of any act **or action** which requires substantial specialized
63 education, judgment and skill based on knowledge and application of principles
64 derived from the biological, physical, social, **behavioral**, and nursing sciences,
65 including, but not limited to:

66 (a) Responsibility for the **promotion and** teaching of health care and the
67 prevention of illness to the patient and his or her family;

68 (b) Assessment, **data collection**, nursing diagnosis, nursing care,
69 **evaluation**, and counsel of persons who are ill, injured or experiencing
70 alterations in normal health processes;

71 (c) The administration of medications and treatments as prescribed by a
72 person licensed by a state regulatory board to prescribe medications and
73 treatments;

74 (d) The coordination, **initiation, performance**, and assistance in the
75 **determination and** delivery of a plan of health care with all members of a
76 health team;

77 (e) The teaching and supervision of other persons in the performance of
78 any of the foregoing;

79 [(16) A] **(15)** "Registered professional nurse" or "registered nurse", a
80 person licensed pursuant to the provisions of this chapter to engage in the
81 practice of professional nursing;

82 [(17)] **(16)** "Retired license status", any person licensed in this state
83 under this chapter who retires from such practice. Such person shall file with the
84 board an affidavit, on a form to be furnished by the board, which states the date
85 on which the licensee retired from such practice, an intent to retire from the
86 practice for at least two years, and such other facts as tend to verify the
87 retirement as the board may deem necessary; but if the licensee thereafter
88 reengages in the practice, the licensee shall renew his or her license with the
89 board as provided by this chapter and by rule and regulation.

335.075. 1. Before hiring a registered nurse, licensed practical nurse, or
2 advanced practice registered nurse in Missouri, an employer shall verify that the
3 applicant has a current, valid license to practice nursing under chapter 335 **or**
4 **as an advanced practice registered nurse under sections 334.305 to**
5 **334.330**. This section shall not apply for employment which does not require the
6 possession of a current, valid license to practice nursing.

7 2. Employers shall have a process in place to verify licensure status of
8 each registered nurse, licensed practical nurse, or advanced practice registered
9 nurse coinciding with the license renewal.

335.076. 1. Any person who holds a license to practice professional
2 nursing in this state may use the title "Registered Professional Nurse" and the
3 abbreviation "[R.N.] **RN**". No other person shall use the title "Registered
4 Professional Nurse" or the abbreviation [R.N.] **RN**". No other person shall
5 assume any title or use any abbreviation or any other words, letters, signs, or
6 devices to indicate that the person using the same is a registered professional
7 nurse.

8 2. Any person who holds a license to practice practical nursing in this
9 state may use the title "Licensed Practical Nurse" and the abbreviation "[L.P.N.]
10 **LPN**". No other person shall use the title "Licensed Practical Nurse" or the
11 abbreviation "[L.P.N.] **LPN**". No other person shall assume any title or use any

12 abbreviation or any other words, letters, signs, or devices to indicate that the
13 person using the same is a licensed practical nurse.

14 3. [Any person who holds a license or recognition to practice advanced
15 practice nursing in this state may use the title "Advanced Practice Registered
16 Nurse", and the abbreviation "APRN", and any other title designations appearing
17 on his or her license. No other person shall use the title "Advanced Practice
18 Registered Nurse" or the abbreviation "APRN". No other person shall assume
19 any title or use any abbreviation or any other words, letters, signs, or devices to
20 indicate that the person using the same is an advanced practice registered nurse.

21 4.] No person shall practice or offer to practice professional nursing,
22 practical nursing, or advanced practice nursing in this state or use any title, sign,
23 abbreviation, card, or device to indicate that such person is a practicing
24 professional nurse, practical nurse, or advanced practice nurse unless he or she
25 has been duly licensed under the provisions of this chapter.

26 [5.] 4. In the interest of public safety and consumer awareness, it is
27 unlawful for any person to use the title "nurse" in reference to himself or herself
28 in any capacity, except individuals who are or have been licensed as a registered
29 nurse, licensed practical nurse, or advanced practice registered nurse under this
30 chapter.

31 [6.] 5. Notwithstanding any law to the contrary, nothing in this chapter
32 shall prohibit a Christian Science nurse from using the title "Christian Science
33 nurse", so long as such person provides only religious nonmedical services when
34 offering or providing such services to those who choose to rely upon healing by
35 spiritual means alone and does not hold his or her own religious organization and
36 does not hold himself or herself out as a registered nurse, advanced practice
37 registered nurse, nurse practitioner, licensed practical nurse, nurse midwife,
38 clinical nurse specialist, or nurse anesthetist, unless otherwise authorized by law
39 to do so.

[335.019. The board of nursing may grant a certificate of
2 controlled substance prescriptive authority to an advanced practice
3 registered nurse who:

4 (1) Submits proof of successful completion of an advanced
5 pharmacology course that shall include preceptorial experience in
6 the prescription of drugs, medicines and therapeutic devices; and

7 (2) Provides documentation of a minimum of three hundred
8 clock hours preceptorial experience in the prescription of drugs,

9 medicines, and therapeutic devices with a qualified preceptor; and
10 (3) Provides evidence of a minimum of one thousand hours
11 of practice in an advanced practice nursing category prior to
12 application for a certificate of prescriptive authority. The one
13 thousand hours shall not include clinical hours obtained in the
14 advanced practice nursing education program. The one thousand
15 hours of practice in an advanced practice nursing category may
16 include transmitting a prescription order orally or telephonically
17 or to an inpatient medical record from protocols developed in
18 collaboration with and signed by a licensed physician; and
19 (4) Has a controlled substance prescribing authority
20 delegated in the collaborative practice arrangement under section
21 334.104 with a physician who has an unrestricted federal Drug
22 Enforcement Administration registration number and who is
23 actively engaged in a practice comparable in scope, specialty, or
24 expertise to that of the advanced practice registered nurse.]

Bill ✓

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