

SECOND REGULAR SESSION

# SENATE BILL NO. 965

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR O'LAUGHLIN.

Read 1st time February 4, 2020, and ordered printed.

ADRIANE D. CROUSE, Secretary.

5280S.01I

## AN ACT

To repeal sections 190.098, 193.015, 195.070, 195.100, 208.152, 334.104, 334.108, 335.016, 335.019, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 338.010, 338.198, and 630.175, RSMo, and to enact in lieu thereof twenty new sections relating to advanced practice registered nurses.

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

Section A. Sections 190.098, 193.015, 195.070, 195.100, 208.152, 334.104, 334.108, 335.016, 335.019, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 338.010, 338.198, and 630.175, RSMo, are repealed and twenty new sections enacted in lieu thereof, to be known as sections 190.098, 193.015, 195.070, 195.100, 208.152, 334.104, 334.108, 335.016, 335.019, 335.046, 335.047, 335.048, 335.051, 335.056, 335.076, 335.086, 335.175, 338.010, 338.198, and 630.175, to read as follows:

190.098. 1. In order for a person to be eligible for certification by the department as a community paramedic, an individual shall:

(1) Be currently certified as a paramedic;

(2) Successfully complete or have successfully completed a community paramedic certification program from a college, university, or educational institution that has been approved by the department or accredited by a national accreditation organization approved by the department; and

(3) Complete an application form approved by the department.

2. A community paramedic shall practice in accordance with protocols and supervisory standards established by the medical director. A community paramedic shall provide services of a health care plan if the plan has been developed by the patient's physician or by an advanced practice registered nurse

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

13 [through a collaborative practice arrangement with a physician] or **by** a physician  
14 assistant through a collaborative practice arrangement with a physician and  
15 there is no duplication of services to the patient from another provider.

16 3. Any ambulance service shall enter into a written contract to provide  
17 community paramedic services in another ambulance service area, as that term  
18 is defined in section 190.100. The contract that is agreed upon may be for an  
19 indefinite period of time, as long as it includes at least a sixty-day cancellation  
20 notice by either ambulance service.

21 4. A community paramedic is subject to the provisions of sections 190.001  
22 to 190.245 and rules promulgated under sections 190.001 to 190.245.

23 5. No person shall hold himself or herself out as a community paramedic  
24 or provide the services of a community paramedic unless such person is certified  
25 by the department.

26 6. The medical director shall approve the implementation of the  
27 community paramedic program.

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

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

3 (1) "Advanced practice registered nurse" or **"APRN"**, a person **who is**  
4 licensed [to practice as an advanced practice registered nurse under chapter 335,  
5 and who has been delegated tasks outlined in section 193.145 by a physician with  
6 whom they have entered into a collaborative practice arrangement under chapter  
7 334] **under the provisions of chapter 335 to engage in the practice of**  
8 **advanced practice nursing;**

9 (2) "Assistant physician", as such term is defined in section 334.036, and  
10 who has been delegated tasks outlined in section 193.145 by a physician with  
11 whom they have entered into a collaborative practice arrangement under chapter  
12 334;

13 (3) "Dead body", a human body or such parts of such human body from the

14 condition of which it reasonably may be concluded that death recently occurred;

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

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

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

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

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

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

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

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

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

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

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

195.070. 1. A physician, podiatrist, dentist, a registered optometrist

2 certified to administer pharmaceutical agents as provided in section 336.220, or  
3 an assistant physician in accordance with section 334.037 or a physician assistant  
4 in accordance with section 334.747 in good faith and in the course of his or her  
5 professional practice only, may prescribe, administer, and dispense controlled  
6 substances or he or she may cause the same to be administered or dispensed by  
7 an individual as authorized by statute.

8         2. An advanced practice registered nurse, as defined in section 335.016,  
9 but not a certified registered nurse anesthetist as defined in subdivision (8) of  
10 section 335.016, who holds a certificate of controlled substance prescriptive  
11 authority from the board of nursing under section 335.019 [and who is delegated  
12 the authority to prescribe controlled substances under a collaborative practice  
13 arrangement under section 334.104] may prescribe any controlled substances  
14 listed in Schedules [III, IV, and] **II to V** of section 195.017[, and may have  
15 restricted authority in Schedule II. Prescriptions for Schedule II medications  
16 prescribed by an advanced practice registered nurse who has a certificate of  
17 controlled substance prescriptive authority are restricted to only those  
18 medications containing hydrocodone. However, no such certified advanced  
19 practice registered nurse shall prescribe controlled substance for his or her own  
20 self or family. Schedule III narcotic controlled substance and Schedule II -  
21 hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply  
22 without refill].

23         3. A veterinarian, in good faith and in the course of the veterinarian's  
24 professional practice only, and not for use by a human being, may prescribe,  
25 administer, and dispense controlled substances and the veterinarian may cause  
26 them to be administered by an assistant or orderly under his or her direction and  
27 supervision.

28         4. A practitioner shall not accept any portion of a controlled substance  
29 unused by a patient, for any reason, if such practitioner did not originally  
30 dispense the drug, except as provided in section 195.265.

31         5. An individual practitioner shall not prescribe or dispense a controlled  
32 substance for such practitioner's personal use except in a medical emergency.

195.100. 1. It shall be unlawful to distribute any controlled substance in  
2 a commercial container unless such container bears a label containing an  
3 identifying symbol for such substance in accordance with federal laws.

4         2. It shall be unlawful for any manufacturer of any controlled substance  
5 to distribute such substance unless the labeling thereof conforms to the

6 requirements of federal law and contains the identifying symbol required in  
7 subsection 1 of this section.

8         3. The label of a controlled substance in Schedule II, III or IV shall, when  
9 dispensed to or for a patient, contain a clear, concise warning that it is a criminal  
10 offense to transfer such narcotic or dangerous drug to any person other than the  
11 patient.

12         4. Whenever a manufacturer sells or dispenses a controlled substance and  
13 whenever a wholesaler sells or dispenses a controlled substance in a package  
14 prepared by him or her, the manufacturer or wholesaler shall securely affix to  
15 each package in which that drug is contained a label showing in legible English  
16 the name and address of the vendor and the quantity, kind, and form of  
17 controlled substance contained therein. No person except a pharmacist for the  
18 purpose of filling a prescription under this chapter, shall alter, deface, or remove  
19 any label so affixed.

20         5. Whenever a pharmacist or practitioner sells or dispenses any controlled  
21 substance on a prescription issued by a physician, physician assistant, dentist,  
22 podiatrist, veterinarian, or advanced practice registered nurse, the pharmacist or  
23 practitioner shall affix to the container in which such drug is sold or dispensed  
24 a label showing his or her own name and address of the pharmacy or practitioner  
25 for whom he or she is lawfully acting; the name of the patient or, if the patient  
26 is an animal, the name of the owner of the animal and the species of the animal;  
27 the name of the physician, physician assistant, dentist, podiatrist, advanced  
28 practice registered nurse, or veterinarian by whom the prescription was written;  
29 the name of [the collaborating physician if the prescription is written by an  
30 advanced practice registered nurse or] **the supervising physician if the**  
31 **prescription is written by** a physician assistant, and such directions as may  
32 be stated on the prescription. No person shall alter, deface, or remove any label  
33 so affixed.

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 **or her** plan of care. As used in this subdivision,  
47 the term "temporary leave of absence" shall include all periods of time during  
48 which a participant is away from the hospital or nursing home overnight because  
49 he **or she** is visiting a friend or relative;

50 (6) Physicians' **and advanced practice nurses'** services, whether  
51 furnished in the office, home, hospital, 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 **or**  
93 **advanced practice registered nurse** on an outpatient rather than on an  
94 inpatient or residential basis in a hospital, intermediate care facility, or skilled  
95 nursing facility. Personal care services shall be rendered by an individual not a  
96 member of the participant's family who is qualified to provide such services where  
97 the services are prescribed by a physician **or advanced practice registered**  
98 **nurse** in accordance with a plan of treatment and are supervised by a licensed  
99 nurse. Persons eligible to receive personal care services shall be those persons  
100 who would otherwise require placement in a hospital, intermediate care facility,  
101 or skilled nursing facility. Benefits payable for personal care services shall not  
102 exceed for any one participant one hundred percent of the average statewide  
103 charge for care and treatment in an intermediate care facility for a comparable  
104 period of time. Such services, when delivered in a residential care facility or  
105 assisted living facility licensed under chapter 198 shall be authorized on a tier  
106 level based on the services the resident requires and the frequency of the services.  
107 A resident of such facility who qualifies for assistance under section 208.030  
108 shall, at a minimum, if prescribed by a physician **or advanced practice**  
109 **registered nurse**, qualify for the tier level with the fewest services. The rate  
110 paid to providers for each tier of service shall be set subject to  
111 appropriations. Subject to appropriations, each resident of such facility who  
112 qualifies for assistance under section 208.030 and meets the level of care required  
113 in this section shall, at a minimum, if prescribed by a physician, be authorized  
114 up to one hour of personal care services per day. Authorized units of personal  
115 care services shall not be reduced or tier level lowered unless an order approving  
116 such reduction or lowering is obtained from the resident's personal physician **or**



117 **advanced practice registered nurse.** Such authorized units of personal care  
118 services or tier level shall be transferred with such resident if he or she transfers  
119 to another such facility. Such provision shall terminate upon receipt of relevant  
120 waivers from the federal Department of Health and Human Services. If the  
121 Centers for Medicare and Medicaid Services determines that such provision does  
122 not comply with the state plan, this provision shall be null and void. The MO  
123 HealthNet division shall notify the revisor of statutes as to whether the relevant  
124 waivers are approved or a determination of noncompliance is made;

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

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

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

148 (c) Rehabilitative mental health and alcohol and drug abuse services  
149 including home and community-based preventive, diagnostic, therapeutic,  
150 rehabilitative, and palliative interventions rendered to individuals in an  
151 individual or group setting by a mental health or alcohol and drug abuse  
152 professional in accordance with a plan of treatment appropriately established,

153 implemented, monitored, and revised under the auspices of a therapeutic team  
154 as a part of client services management. As used in this section, mental health  
155 professional and alcohol and drug abuse professional shall be defined by the  
156 department of mental health pursuant to duly promulgated rules. With respect  
157 to services established by this subdivision, the department of social services, MO  
158 HealthNet division, shall enter into an agreement with the department of mental  
159 health. Matching funds for outpatient mental health services, clinic mental  
160 health services, and rehabilitation services for mental health and alcohol and  
161 drug abuse shall be certified by the department of mental health to the MO  
162 HealthNet division. The agreement shall establish a mechanism for the joint  
163 implementation of the provisions of this subdivision. In addition, the agreement  
164 shall establish a mechanism by which rates for services may be jointly developed;

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

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

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

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

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

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

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

187 (c) For each day that nursing home costs are paid on behalf of a  
188 participant under this subdivision during any period of six consecutive months

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

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

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

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

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

223 (23) Prescribed medically necessary optometric services. Such services  
224 shall be subject to appropriations. An electronic web-based prior authorization

225 system using best medical evidence and care and treatment guidelines consistent  
226 with national standards shall be used to verify medical need;

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

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

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

235 (c) Assessments conducted in the participant's home by a pharmacist,  
236 nurse, or local home health care agency trained in bleeding disorders when  
237 deemed necessary by the participant's treating physician **or advanced practice**  
238 **registered nurse**;

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

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

254 (1) Dental services;

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

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

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

259 (5) Hospice care. As used in this subdivision, the term "hospice care"  
260 means a coordinated program of active professional medical attention within a

261 home, outpatient and inpatient care which treats the terminally ill patient and  
262 family as a unit, employing a [medically] **physician or advanced practice**  
263 **registered nurse** directed interdisciplinary team. The program provides relief  
264 of severe pain or other physical symptoms and supportive care to meet the special  
265 needs arising out of physical, psychological, spiritual, social, and economic  
266 stresses which are experienced during the final stages of illness, and during dying  
267 and bereavement and meets the Medicare requirements for participation as a  
268 hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by  
269 the MO HealthNet division to the hospice provider for room and board furnished  
270 by a nursing home to an eligible hospice patient shall not be less than ninety-five  
271 percent of the rate of reimbursement which would have been paid for facility  
272 services in that nursing home facility for that patient, in accordance with  
273 subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act  
274 of 1989);

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

292 3. The MO HealthNet division may require any participant receiving MO  
293 HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an  
294 additional payment after July 1, 2008, as defined by rule duly promulgated by the  
295 MO HealthNet division, for all covered services except for those services covered  
296 under subdivisions (15) and (16) of subsection 1 of this section and sections

297 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the  
298 federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations  
299 thereunder. When substitution of a generic drug is permitted by the prescriber  
300 according to section 338.056, and a generic drug is substituted for a name-brand  
301 drug, the MO HealthNet division may not lower or delete the requirement to  
302 make a co-payment pursuant to regulations of Title XIX of the federal Social  
303 Security Act. A provider of goods or services described under this section must  
304 collect from all participants the additional payment that may be required by the  
305 MO HealthNet division under authority granted herein, if the division exercises  
306 that authority, to remain eligible as a provider. Any payments made by  
307 participants under this section shall be in addition to and not in lieu of payments  
308 made by the state for goods or services described herein except the participant  
309 portion of the pharmacy professional dispensing fee shall be in addition to and  
310 not in lieu of payments to pharmacists. A provider may collect the co-payment  
311 at the time a service is provided or at a later date. A provider shall not refuse  
312 to provide a service if a participant is unable to pay a required payment. If it is  
313 the routine business practice of a provider to terminate future services to an  
314 individual with an unclaimed debt, the provider may include uncollected  
315 co-payments under this practice. Providers who elect not to undertake the  
316 provision of services based on a history of bad debt shall give participants  
317 advance notice and a reasonable opportunity for payment. A provider,  
318 representative, employee, independent contractor, or agent of a pharmaceutical  
319 manufacturer shall not make co-payment for a participant. This subsection shall  
320 not apply to other qualified children, pregnant women, or blind persons. If the  
321 Centers for Medicare and Medicaid Services does not approve the MO HealthNet  
322 state plan amendment submitted by the department of social services that would  
323 allow a provider to deny future services to an individual with uncollected  
324 co-payments, the denial of services shall not be allowed. The department of social  
325 services shall inform providers regarding the acceptability of denying services as  
326 the result of unpaid co-payments.

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

329 5. Reimbursement for obstetrical and pediatric services under subdivision  
330 (6) of subsection 1 of this section shall be timely and sufficient to enlist enough  
331 health care providers so that care and services are available under the state plan  
332 for MO HealthNet benefits at least to the extent that such care and services are

333 available to the general population in the geographic area, as required under  
334 subparagraph (a)(30)(A) of 42 U.S.C. Section 1396a and federal regulations  
335 promulgated thereunder.

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

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

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

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

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

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

363         12. If the Missouri Medicaid audit and compliance unit changes any  
364 interpretation or application of the requirements for reimbursement for MO  
365 HealthNet services from the interpretation or application that has been applied  
366 previously by the state in any audit of a MO HealthNet provider, the Missouri  
367 Medicaid audit and compliance unit shall notify all affected MO HealthNet  
368 providers five business days before such change shall take effect. Failure of the

369 Missouri Medicaid audit and compliance unit to notify a provider of such change  
370 shall entitle the provider to continue to receive and retain reimbursement until  
371 such notification is provided and shall waive any liability of such provider for  
372 recoupment or other loss of any payments previously made prior to the five  
373 business days after such notice has been sent. Each provider shall provide the  
374 Missouri Medicaid audit and compliance unit a valid email address and shall  
375 agree to receive communications electronically. The notification required under  
376 this section shall be delivered in writing by the United States Postal Service or  
377 electronic mail to each provider.

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

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

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

10         2. Collaborative practice arrangements, which shall be in writing, may  
11 delegate to a registered professional nurse the authority to administer, dispense  
12 or prescribe drugs and provide treatment if the registered professional nurse is  
13 an advanced practice registered nurse as defined in subdivision (2) of section  
14 335.016. [Collaborative practice arrangements may delegate to an advanced  
15 practice registered nurse, as defined in section 335.016, the authority to  
16 administer, dispense, or prescribe controlled substances listed in Schedules III,  
17 IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the  
18 collaborative practice arrangement shall not delegate the authority to administer  
19 any controlled substances listed in Schedules III, IV, and V of section 195.017, or



20 Schedule II - hydrocodone for the purpose of inducing sedation or general  
21 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III  
22 narcotic controlled substance and Schedule II - hydrocodone prescriptions shall  
23 be limited to a one hundred twenty-hour supply without refill.] **An advanced**  
24 **practice registered nurse shall not be required to enter into a**  
25 **collaborative practice arrangement if the advanced practice registered**  
26 **nurse has met the requirements of subdivision (2) or (3) of section**  
27 **335.047.** Such collaborative practice arrangements shall be in the form of written  
28 agreements, jointly agreed-upon protocols or standing orders for the delivery of  
29 health care services. [An advanced practice registered nurse may prescribe  
30 buprenorphine for up to a thirty-day supply without refill for patients receiving  
31 medication-assisted treatment for substance use disorders under the direction of  
32 the collaborating physician.]

33 3. The written collaborative practice arrangement shall contain at least  
34 the [following provisions:

35 (1)] complete names, home and business addresses, zip codes, [and]  
36 telephone numbers, **and license numbers** of the collaborating physician and the  
37 advanced practice registered nurse[;

38 (2) A list of all other offices or locations besides those listed in subdivision  
39 (1) of this subsection where the collaborating physician authorized the advanced  
40 practice registered nurse to prescribe;

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

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

48 (5) The manner of collaboration between the collaborating physician and  
49 the advanced practice registered nurse, including how the collaborating physician  
50 and the advanced practice registered nurse will:

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

53 (b) Maintain geographic proximity, except the collaborative practice  
54 arrangement may allow for geographic proximity to be waived for a maximum of  
55 twenty-eight days per calendar year for rural health clinics as defined by P.L.

56 95-210, as long as the collaborative practice arrangement includes alternative  
57 plans as required in paragraph (c) of this subdivision. This exception to  
58 geographic proximity shall apply only to independent rural health clinics,  
59 provider-based rural health clinics where the provider is a critical access hospital  
60 as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics  
61 where the main location of the hospital sponsor is greater than fifty miles from  
62 the clinic. The collaborating physician is required to maintain documentation  
63 related to this requirement and to present it to the state board of registration for  
64 the healing arts when requested; and

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

67 (6) A description of the advanced practice registered nurse's controlled  
68 substance prescriptive authority in collaboration with the physician, including a  
69 list of the controlled substances the physician authorizes the nurse to prescribe  
70 and documentation that it is consistent with each professional's education,  
71 knowledge, skill, and competence;

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

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

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

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

90 4. The state board of registration for the healing arts pursuant to section  
91 334.125 and the board of nursing pursuant to section 335.036 may jointly

92 promulgate rules regulating the use of collaborative practice arrangements. Such  
93 rules shall be limited to [specifying geographic areas to be covered, the methods  
94 of treatment that may be covered by collaborative practice arrangements and the  
95 requirements for review of services provided pursuant to collaborative practice  
96 arrangements including] delegating authority **to an advanced practice**  
97 **registered nurse** to prescribe controlled substances. **Any previously adopted**  
98 **rules regulating the use of collaborative practice arrangements that are**  
99 **not limited to delegating authority to prescribe controlled substances**  
100 **shall, from the effective date of this act, be null and void.** Any rules  
101 relating to dispensing or distribution of medications or devices by prescription or  
102 prescription drug orders under this section shall be subject to the approval of the  
103 state board of pharmacy. Any rules relating to dispensing or distribution of  
104 controlled substances by prescription or prescription drug orders under this  
105 section shall be subject to the approval of the department of health and senior  
106 services and the state board of pharmacy. In order to take effect, such rules shall  
107 be approved by a majority vote of a quorum of each board. Neither the state  
108 board of registration for the healing arts nor the board of nursing may separately  
109 promulgate rules relating to collaborative practice arrangements **between**  
110 **physicians and advanced practice registered nurses.** Such jointly  
111 promulgated rules shall be consistent with guidelines for federally funded  
112 clinics. The rulemaking authority granted in this subsection shall not extend to  
113 collaborative practice arrangements of hospital employees providing inpatient  
114 care within hospitals as defined pursuant to chapter 197 or population-based  
115 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

116 5. The state board of registration for the healing arts shall not deny,  
117 revoke, suspend or otherwise take disciplinary action against a physician for  
118 health care services delegated to a registered professional nurse provided the  
119 provisions of this section and the rules promulgated thereunder are  
120 satisfied. Upon the written request of a physician subject to a disciplinary action  
121 imposed as a result of an agreement between a physician and a registered  
122 professional nurse or registered physician assistant, whether written or not, prior  
123 to August 28, 1993, all records of such disciplinary licensure action and all  
124 records pertaining to the filing, investigation or review of an alleged violation of  
125 this chapter incurred as a result of such an agreement shall be removed from the  
126 records of the state board of registration for the healing arts and the division of  
127 professional registration and shall not be disclosed to any public or private entity

128 seeking such information from the board or the division. The state board of  
129 registration for the healing arts shall take action to correct reports of alleged  
130 violations and disciplinary actions as described in this section which have been  
131 submitted to the National Practitioner Data Bank. In subsequent applications  
132 or representations relating to his **or her** medical practice, a physician completing  
133 forms or documents shall not be required to report any actions of the state board  
134 of registration for the healing arts for which the records are subject to removal  
135 under this section.

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

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

157         8. [A collaborating physician shall not enter into a collaborative practice  
158 arrangement with more than six full-time equivalent advanced practice registered  
159 nurses, full-time equivalent licensed physician assistants, or full-time equivalent  
160 assistant physicians, or any combination thereof. This limitation shall not apply  
161 to collaborative arrangements of hospital employees providing inpatient care  
162 service in hospitals as defined in chapter 197 or population-based public health  
163 services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified

164 registered nurse anesthetist providing anesthesia services under the supervision  
165 of an anesthesiologist or other physician, dentist, or podiatrist who is  
166 immediately available if needed as set out in subsection 7 of this section.

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

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

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

190 12.] 9. No contract or other agreement shall require any advanced  
191 practice registered nurse to serve as a collaborating advanced practice registered  
192 nurse for any collaborating physician against the advanced practice registered  
193 nurse's will. An advanced practice registered nurse shall have the right to refuse  
194 to collaborate, without penalty, with a particular physician.

334.108. 1. Prior to prescribing any drug, controlled substance, or other  
2 treatment through telemedicine, as defined in section 191.1145, or the internet,  
3 a physician shall establish a valid physician-patient relationship as described in  
4 section 191.1146. This relationship shall include:

5 (1) Obtaining a reliable medical history and performing a physical

6 examination of the patient, adequate to establish the diagnosis for which the drug  
7 is being prescribed and to identify underlying conditions or contraindications to  
8 the treatment recommended or provided;

9 (2) Having sufficient dialogue with the patient regarding treatment  
10 options and the risks and benefits of treatment or treatments;

11 (3) If appropriate, following up with the patient to assess the therapeutic  
12 outcome;

13 (4) Maintaining a contemporaneous medical record that is readily  
14 available to the patient and, subject to the patient's consent, to the patient's other  
15 health care professionals; and

16 (5) Maintaining the electronic prescription information as part of the  
17 patient's medical record.

18 2. The requirements of subsection 1 of this section may be satisfied by the  
19 prescribing physician's designee when treatment is provided in:

20 (1) A hospital as defined in section 197.020;

21 (2) A hospice program as defined in section 197.250;

22 (3) Home health services provided by a home health agency as defined in  
23 section 197.400;

24 (4) Accordance with a collaborative practice **[agreement] arrangement**  
25 as **[defined] described** in section 334.104;

26 (5) Conjunction with a physician assistant licensed pursuant to section  
27 334.738;

28 (6) Conjunction with an assistant physician licensed under section  
29 334.036;

30 (7) Consultation with another physician who has an ongoing  
31 physician-patient relationship with the patient, and who has agreed to supervise  
32 the patient's treatment, including use of any prescribed medications; or

33 (8) On-call or cross-coverage situations.

34 3. No health care provider, as defined in section 376.1350, shall prescribe  
35 any drug, controlled substance, or other treatment to a patient based solely on an  
36 evaluation over the telephone; except that, a physician or such physician's on-call  
37 designee, **[or]** an advanced practice registered nurse, a physician assistant **in a**  
38 **supervision agreement with such physician**, or an assistant physician in a  
39 **[collaborative practice] supervision** arrangement with such physician, may  
40 prescribe any drug, controlled substance, or other treatment that is within his or  
41 her scope of practice to a patient based solely on a telephone evaluation if a

42 previously established and ongoing physician-patient relationship exists between  
43 such physician and the patient being treated.

44 4. No health care provider shall prescribe any drug, controlled substance,  
45 or other treatment to a patient based solely on an internet request or an internet  
46 questionnaire.

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" **or "APRN"**, a [nurse who has  
6 education beyond the basic nursing education and is certified by a nationally  
7 recognized professional organization as a certified nurse practitioner, certified  
8 nurse 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 **person who is licensed under section 335.047 to engage in the practice**  
14 **of advanced practice nursing as a certified clinical nurse specialist,**  
15 **certified nurse midwife, certified nurse practitioner, or certified**  
16 **registered nurse anesthetist;**

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

19 (4) "Board" or "state board", the state board of nursing;

20 (5) "Certified clinical nurse specialist", a registered nurse who is currently  
21 certified as a clinical nurse specialist by a nationally recognized certifying board  
22 approved by the board of nursing;

23 (6) "Certified nurse midwife", a registered nurse who is currently certified  
24 as a nurse midwife by the American [College of Nurse Midwives] **Midwifery**  
25 **Certification Board**, or other nationally recognized certifying body approved  
26 by the board of nursing;

27 (7) "Certified nurse practitioner", a registered nurse who is currently  
28 certified as a nurse practitioner by a nationally recognized certifying body  
29 approved by the board of nursing;

30 (8) "Certified registered nurse anesthetist", a registered nurse who is  
31 currently certified as a nurse anesthetist by the [Council on Certification of

32 Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists]  
33 **National Board of Certification and Recertification for Nurse**  
34 **Anesthetists**, or other nationally recognized certifying body approved by the  
35 board of nursing;

36 (9) **"Collaborative practice arrangement", an agreement between**  
37 **an advanced practice registered nurse who has not met the required**  
38 **six-month practice requirement and a physician or advanced practice**  
39 **registered nurse as described under section 335.048;**

40 (10) **"Executive director"**, a qualified individual employed by the board as  
41 executive secretary or otherwise to administer the provisions of this chapter  
42 under the board's direction. Such person employed as executive director shall not  
43 be a member of the board;

44 [(10)] (11) **"Inactive nurse"**, as defined by rule pursuant to section  
45 335.061;

46 [(11)] (12) **"Lapsed license status"**, as defined by rule under section  
47 335.061;

48 [(12)] (13) **"Licensed practical nurse" or "practical nurse"**, a person  
49 licensed pursuant to the provisions of this chapter to engage in the practice of  
50 practical nursing;

51 [(13)] (14) **"Licensure"**, the issuing of a license [to practice professional  
52 or practical nursing] to candidates who have met the [specified] requirements  
53 **specified under this chapter authorizing such person to engage in the**  
54 **practice of advanced practice nursing, professional nursing, or**  
55 **practical nursing**, and the recording of the names of those persons as holders  
56 of a license to practice **advanced practice**, professional, or practical nursing;

57 [(14)] (15) **"Practice of practical nursing"**, the performance for  
58 compensation of selected acts for the promotion of health and in the care of  
59 persons who are ill, injured, or experiencing alterations in normal health  
60 processes. Such performance requires substantial specialized skill, judgment and  
61 knowledge. All such nursing care shall be given under the direction of a person  
62 licensed by a state regulatory board to prescribe medications and treatments or  
63 under the direction of a registered professional nurse. For the purposes of this  
64 chapter, the term "direction" shall mean guidance or [supervision] **oversight**  
65 provided by a person licensed by a state regulatory board to prescribe medications  
66 and treatments or a registered professional nurse, including, but not limited to,  
67 oral, written, or otherwise communicated orders or directives for patient



68 care. When practical nursing care is delivered pursuant to the direction of a  
69 person licensed by a state regulatory board to prescribe medications and  
70 treatments or under the direction of a registered professional nurse, such care  
71 may be delivered by a licensed practical nurse without direct physical oversight;

72 [(15)] **(16) "Practice of professional nursing"**, the performance for  
73 compensation of any act **or function** which requires substantial specialized  
74 education, judgment and skill based on knowledge and application of principles  
75 derived from the biological, physical, social, **behavioral**, and nursing sciences,  
76 including, but not limited to:

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

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

82 (c) The administration of medications and treatments as prescribed by a  
83 person licensed by a state regulatory board to prescribe medications and  
84 treatments;

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

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

90 [(16)] **(17)** A "registered professional nurse" or "registered nurse", a  
91 person licensed pursuant to the provisions of this chapter to engage in the  
92 practice of professional nursing;

93 [(17)] **(18) "Practice of advanced practice nursing"**:

94 (a) **The practice of advanced practice nursing includes, but is not**  
95 **limited to:**

96 a. **The practice of professional nursing as defined in this section**  
97 **performed with or without compensation or personal profit;**

98 b. **Conducting an advanced assessment beyond a registered**  
99 **nurse's assessment;**

100 c. **Ordering and interpreting diagnostic procedures;**

101 d. **Establishing primary and differential diagnoses;**

102 e. **Prescribing, ordering, administering, dispensing, and**  
103 **furnishing therapeutic measures, including the authority to:**

104           (i) Diagnose, prescribe, and institute therapy or referrals of  
105 patients to health care agencies, health care providers, and community  
106 resources;

107           (ii) Prescribe, order, procure, administer, dispense, and furnish  
108 pharmacological agents, including over-the-counter, legend drugs, or  
109 controlled substances, if the advanced practice nurse has a certificate  
110 of controlled substances prescriptive authority from the board of  
111 nursing;

112           (iii) Prescribe, order, procure, administer, dispense, and furnish  
113 controlled substances listed in Schedules II, III, IV, and V of section  
114 195.017, with a certificate of controlled substance prescriptive  
115 authority from the board of nursing; and

116           (iv) Plan and initiate a therapeutic regimen that includes  
117 ordering and prescribing nonpharmacological interventions including,  
118 but not limited to, home health care, hospice, and physical and  
119 occupational therapy;

120           f. Delegating and assigning the performance of therapeutic  
121 measures to assistive personnel;

122           g. Consulting with other disciplines and providing referrals to  
123 health care agencies, health care providers, and community resources;  
124 and

125           h. Other acts that require education and training consistent with  
126 professional standards and commensurate with the advanced practice  
127 registered nurse's education, certification, demonstrated competencies,  
128 and experience;

129           (b) Advanced practice nursing shall be practiced in accordance  
130 with the APRN's graduate-level education as a:

131               a. Certified clinical nurse specialist;

132               b. Certified nurse midwife;

133               c. Certified nurse practitioner;

134               d. Certified registered nurse anesthetist;

135           (c) Nothing in this subdivision shall alter the definition of the  
136 practice of professional nursing;

137           (19) "Retired license status", any person licensed in this state under this  
138 chapter who retires from such practice. Such person shall file with the board an  
139 affidavit, on a form to be furnished by the board, which states the date on which  
140 the licensee retired from such practice, an intent to retire from the practice for

141 at least two years, and such other facts as tend to verify the retirement as the  
142 board may deem necessary; but if the licensee thereafter reengages in the  
143 practice, the licensee shall renew his or her license with the board as provided by  
144 this chapter and by rule and regulation.

335.019. 1. **An advanced practice registered nurse's prescriptive  
2 authority shall include authority to:**

3 (1) **Prescribe, dispense, and administer nonscheduled legend**  
4 **drugs as defined under section 338.330 within such APRN's practice and**  
5 **specialty; and**

6 (2) **Notwithstanding any other provision of this chapter, receive,**  
7 **prescribe, administer, and provide nonscheduled legend drug samples**  
8 **from pharmaceutical manufactures to patients at no charge to the**  
9 **patient or any other party.**

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

12 (1)], **as defined in section 335.016, who** submits proof of successful  
13 completion of an advanced pharmacology course that shall include [preceptorial  
14 experience] **instruction** in the prescription of drugs, medicines and therapeutic  
15 devices[; and

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

19 (3) Provides evidence of a minimum of one thousand hours of practice in  
20 an advanced practice nursing category prior to application for a certificate of  
21 prescriptive authority. The one thousand hours shall not include clinical hours  
22 obtained in the advanced practice nursing education program. The one thousand  
23 hours of practice in an advanced practice nursing category may include  
24 transmitting a prescription order orally or telephonically or to an inpatient  
25 medical record from protocols developed in collaboration with and signed by a  
26 licensed physician; and

27 (4) Has a controlled substance prescribing authority delegated in the  
28 collaborative practice arrangement under section 334.104 with a physician who  
29 has an unrestricted federal Drug Enforcement Administration registration  
30 number and who is actively engaged in a practice comparable in scope, specialty,  
31 or expertise to that of the advanced practice registered nurse].

32 3. **The board of nursing may grant a certificate of controlled**

33 **substance prescriptive authority to an advanced practice registered**  
34 **nurse to administer, dispense, or prescribe controlled substances listed**  
35 **in Schedules II, III, IV, and V of section 195.017, except that, such**  
36 **certification shall not delegate the authority to administer any**  
37 **controlled substances listed in Schedules II, III, IV, and V in section**  
38 **195.017 for purposes of inducing sedation or general anesthesia for**  
39 **therapeutic, diagnostic, or surgical procedures unless the APRN is a**  
40 **certified registered nurse anesthetist.**

335.046. 1. An applicant for a license to practice as a registered  
2 professional nurse shall submit to the board a written application on forms  
3 furnished to the applicant. The original application shall contain the applicant's  
4 statements showing the applicant's education and other such pertinent  
5 information as the board may require. The applicant shall be of good moral  
6 character and have completed at least the high school course of study, or the  
7 equivalent thereof as determined by the state board of education, and have  
8 successfully completed the basic professional curriculum in an accredited or  
9 approved school of nursing and earned a professional nursing degree or  
10 diploma. Each application shall contain a statement that it is made under oath  
11 or affirmation and that its representations are true and correct to the best  
12 knowledge and belief of the person signing same, subject to the penalties of  
13 making a false affidavit or declaration. Applicants from non-English-speaking  
14 lands shall be required to submit evidence of proficiency in the English  
15 language. The applicant must be approved by the board and shall pass an  
16 examination as required by the board. The board may require by rule as a  
17 requirement for licensure that each applicant shall pass an oral or practical  
18 examination. Upon successfully passing the examination, the board may issue  
19 to the applicant a license to practice nursing as a registered professional  
20 nurse. The applicant for a license to practice registered professional nursing  
21 shall pay a license fee in such amount as set by the board. The fee shall be  
22 uniform for all applicants. Applicants from foreign countries shall be licensed as  
23 prescribed by rule.

24 2. An applicant for license to practice as a licensed practical nurse shall  
25 submit to the board a written application on forms furnished to the  
26 applicant. The original application shall contain the applicant's statements  
27 showing the applicant's education and other such pertinent information as the  
28 board may require. Such applicant shall be of good moral character, and have

29 completed at least two years of high school, or its equivalent as established by the  
30 state board of education, and have successfully completed a basic prescribed  
31 curriculum in a state-accredited or approved school of nursing, earned a nursing  
32 degree, certificate or diploma and completed a course approved by the board on  
33 the role of the practical nurse. Each application shall contain a statement that  
34 it is made under oath or affirmation and that its representations are true and  
35 correct to the best knowledge and belief of the person signing same, subject to the  
36 penalties of making a false affidavit or declaration. Applicants from  
37 non-English-speaking countries shall be required to submit evidence of their  
38 proficiency in the English language. The applicant must be approved by the  
39 board and shall pass an examination as required by the board. The board may  
40 require by rule as a requirement for licensure that each applicant shall pass an  
41 oral or practical examination. Upon successfully passing the examination, the  
42 board may issue to the applicant a license to practice as a licensed practical  
43 nurse. The applicant for a license to practice licensed practical nursing shall pay  
44 a fee in such amount as may be set by the board. The fee shall be uniform for all  
45 applicants. Applicants from foreign countries shall be licensed as prescribed by  
46 rule.

47       **3. An applicant for license to practice as an advanced practice**  
48 **registered nurse shall submit to the board of nursing a written**  
49 **application on forms furnished to the applicant. The original**  
50 **application shall contain the applicant's statement showing the**  
51 **applicant's education and other such pertinent information as the**  
52 **board may require. The applicant shall hold a current registered**  
53 **professional nurse license or privilege to practice and shall not be**  
54 **currently subject to discipline or any restrictions and shall not hold an**  
55 **encumbered license or privilege to practice as a registered professional**  
56 **nurse or advanced practice registered nurse in any state or**  
57 **territory. The applicant shall have completed an accredited graduate-**  
58 **level advanced practice registered nurse program and achieved at least**  
59 **one certification as a clinical nurse specialist, nurse midwife, nurse**  
60 **practitioner, or registered nurse anesthetist. The applicant shall be**  
61 **currently certified as an advanced practice registered nurse by a**  
62 **national certifying body recognized by the board. Each application**  
63 **shall contain a statement that is made under oath or affirmation and**  
64 **that its representations are true and correct to the best knowledge and**

65 belief of the person signing the same, subject to the penalties of making  
66 a false affidavit or declaration. The applicant for a license to practice  
67 as an advanced practice registered nurse shall pay a license fee in such  
68 amount as set by the board. The fee shall be uniform for all applicants.

69 4. A person holding a document of recognition to practice  
70 nursing as an advanced practice registered nurse in this state that is  
71 current on August 28, 2020, shall be deemed to be licensed as an  
72 advanced practice registered nurse under the provisions of this section  
73 and shall be eligible for renewal of such license under the conditions  
74 and standards prescribed in this chapter and as prescribed by rule.

75 5. Upon refusal of the board to allow any applicant to sit for either the  
76 registered professional nurses' examination or the licensed practical nurses'  
77 examination, as the case may be, the board shall comply with the provisions of  
78 section 621.120 and advise the applicant of his or her right to have a hearing  
79 before the administrative hearing commission. The administrative hearing  
80 commission shall hear complaints taken pursuant to section 621.120.

81 [4.] 6. The board shall not deny a license because of sex, religion, race,  
82 ethnic origin, age or political affiliation.

335.047. 1. An advanced practice registered nurse who has less  
2 than six months of practice shall practice as part of a collaborative  
3 practice arrangement with a physician licensed under section 334.104  
4 or with an advanced practice registered nurse who has met the  
5 requirements of subsection 3 of this section.

6 2. The collaborative practice arrangement shall be in writing and  
7 may delegate to an advanced practice registered nurse the authority to  
8 administer, dispense, or prescribe drugs and provide  
9 treatment. Collaborative practice arrangements may delegate to an  
10 advanced practice registered nurse who has a certificate of controlled  
11 substance prescriptive authority under section 335.019 the authority to  
12 administer, dispense, or prescribe controlled substances listed in  
13 Schedules II, III, IV, and V of section 195.017, except that the  
14 collaborative practice arrangement shall not delegate the authority to  
15 administer any controlled substances for the purpose of sedation or  
16 anesthesia unless the advanced practice registered nurse is a certified  
17 registered nurse anesthetist.

18 3. An advanced practice registered nurse shall not be required  
19 to practice as part of a collaborative practice arrangement if the

20 **advanced practice registered nurse provides evidence to the board that**  
21 **he or she has:**

22 **(1) Been issued a license under section 335.046; and**

23 **(2) Practiced advanced practice nursing for at least six months.**

**335.048. 1. The board may promulgate rules under chapter 536**  
2 **establishing the licensure, renewal procedures, fees, and discipline of**  
3 **advanced practice registered nurses. An application for licensure may**  
4 **be denied or the license of an advanced practice registered nurse may**  
5 **be disciplined, suspended, or revoked by the board in the same manner**  
6 **and for violation of the standards as set forth by section 335.066, or**  
7 **such other standards of conduct established by the board by rule.**

8 **2. Any rule or portion of a rule, as that term is defined in section**  
9 **536.010, that is created under the authority delegated in this section**  
10 **shall become effective only if it complies with and is subject to all of**  
11 **the provisions of chapter 536 and, if applicable, section 536.028. This**  
12 **section and chapter 536 are nonseverable and if any of the powers**  
13 **vested with the general assembly pursuant to chapter 536 to review, to**  
14 **delay the effective date, or to disapprove and annul a rule are**  
15 **subsequently held unconstitutional, then the grant of rulemaking**  
16 **authority and any rule proposed or adopted after August 28, 2020, shall**  
17 **be invalid and void.**

**335.051. 1. The board shall issue a license to practice nursing as [either]**  
2 **an advanced practice registered nurse, a registered professional nurse, or**  
3 **a licensed practical nurse without examination to an applicant who has duly**  
4 **become licensed as an advanced practice registered nurse, a registered**  
5 **nurse, or licensed practical nurse pursuant to the laws of another state, territory,**  
6 **or foreign country if the applicant meets the qualifications required of advanced**  
7 **practice registered nurses, registered nurses, or licensed practical nurses in**  
8 **this state at the time the applicant was originally licensed in the other state,**  
9 **territory, or foreign country.**

10 **2. Applicants from foreign countries shall be licensed as prescribed by**  
11 **rule.**

12 **3. Upon application, the board shall issue a temporary permit to an**  
13 **applicant pursuant to subsection 1 of this section for a license as either a**  
14 **registered professional nurse or a licensed practical nurse who has made a prima**  
15 **facie showing that the applicant meets all of the requirements for such a**

16 license. The temporary permit shall be effective only until the board shall have  
17 had the opportunity to investigate his **or her** qualifications for licensure  
18 pursuant to subsection 1 of this section and to notify the applicant that his or her  
19 application for a license has been either granted or rejected. In no event shall  
20 such temporary permit be in effect for more than twelve months after the date of  
21 its issuance nor shall a permit be reissued to the same applicant. No fee shall be  
22 charged for such temporary permit. The holder of a temporary permit which has  
23 not expired, or been suspended or revoked, shall be deemed to be the holder of a  
24 license issued pursuant to section 335.046 until such temporary permit expires,  
25 is terminated or is suspended or revoked.

335.056. 1. The license of every person licensed under the provisions of  
2 [sections 335.011 to 335.096] **this chapter** shall be renewed as provided. An  
3 application for renewal of license shall be mailed to every person to whom a  
4 license was issued or renewed during the current licensing period. The applicant  
5 shall complete the application and return it to the board by the renewal date with  
6 a renewal fee in an amount to be set by the board. The fee shall be uniform for  
7 all applicants. The certificates of renewal shall render the holder thereof a legal  
8 practitioner of nursing for the period stated in the certificate of renewal. Any  
9 person who practices nursing as **an advanced practice registered nurse**, a  
10 registered professional nurse, or as a licensed practical nurse during the time his  
11 **or her** license has lapsed shall be considered an illegal practitioner and shall be  
12 subject to the penalties provided for violation of the provisions of sections 335.011  
13 to [335.096] **335.099**.

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

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", **the designations of "certified registered nurse anesthetist",**  
17 **"certified nurse midwife", "certified clinical nurse specialist", and**  
18 **"certified nurse practitioner",** and the [abbreviation] **abbreviations "APRN",**  
19 [and any other title designations appearing on his or her license] **"CRNA",**  
20 **"CNM", "CNS", and "NP" respectively.** No other person shall use the title  
21 "Advanced Practice Registered Nurse" or the abbreviation "APRN". No other  
22 person shall assume any title or use any abbreviation or any other words, letters,  
23 signs, or devices to indicate that the person using the same is an advanced  
24 practice registered nurse.

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

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

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

335.086. No person, firm, corporation or association shall:

- 2 (1) Sell or attempt to sell or fraudulently obtain or furnish or attempt to  
3 furnish any nursing diploma, license, renewal or record or aid or abet therein;
- 4 (2) Practice [professional or practical] nursing as defined by sections  
5 335.011 to [335.096] **335.099** under cover of any diploma, license, or record  
6 illegally or fraudulently obtained or signed or issued unlawfully or under  
7 fraudulent representation;
- 8 (3) Practice [professional nursing or practical] nursing as defined by  
9 sections 335.011 to [335.096] **335.099** unless duly licensed to do so under the  
10 provisions of sections 335.011 to [335.096] **335.099**;
- 11 (4) Use in connection with his **or her** name any designation tending to  
12 imply that he **or she** is a licensed **advanced practice registered nurse**,  
13 registered professional nurse, or a licensed practical nurse unless duly licensed  
14 so to practice under the provisions of sections 335.011 to [335.096] **335.099**;
- 15 (5) Practice [professional nursing or practical] nursing during the time his  
16 **or her** license issued under the provisions of sections 335.011 to [335.096]  
17 **335.099** shall be suspended or revoked; or
- 18 (6) Conduct a nursing education program for the preparation of  
19 professional or practical nurses unless the program has been accredited by the  
20 board.

335.175. 1. No later than January 1, 2014, there is hereby established  
2 within the state board of registration for the healing arts and the state board of  
3 nursing the "Utilization of Telehealth by Nurses". An advanced practice  
4 registered nurse (APRN) providing nursing services under a collaborative practice  
5 arrangement under section 334.104 **or 335.047** may provide such services outside  
6 the geographic proximity requirements of section 334.104 if the collaborating  
7 physician **or if the advanced practice registered nurse with more than**  
8 **six months of experience has met the requirements of subsection 3 of**  
9 **section 335.047**, and advanced practice registered nurse utilize telehealth in the  
10 care of the patient and if the services are provided in a rural area of  
11 need. Telehealth providers shall be required to obtain patient consent before  
12 telehealth services are initiated and ensure confidentiality of medical  
13 information.

14 2. As used in this section, "telehealth" shall have the same meaning as  
15 such term is defined in section 191.1145.

16 3. (1) The boards shall jointly promulgate rules governing the practice of  
17 telehealth under this section. Such rules shall address, but not be limited to,

18 appropriate standards for the use of telehealth.

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

28 4. For purposes of this section, "rural area of need" means any rural area  
29 of this state which is located in a health professional shortage area as defined in  
30 section 354.650.

338.010. 1. The "practice of pharmacy" means the interpretation,  
2 implementation, and evaluation of medical prescription orders, including any  
3 legend drugs under 21 U.S.C. Section 353; receipt, transmission, or handling of  
4 such orders or facilitating the dispensing of such orders; the designing, initiating,  
5 implementing, and monitoring of a medication therapeutic plan as defined by the  
6 prescription order so long as the prescription order is specific to each patient for  
7 care by a pharmacist; the compounding, dispensing, labeling, and administration  
8 of drugs and devices pursuant to medical prescription orders and administration  
9 of viral influenza, pneumonia, shingles, hepatitis A, hepatitis B, diphtheria,  
10 tetanus, pertussis, and meningitis vaccines by written protocol authorized by a  
11 physician, **or an advanced practice registered nurse pursuant to section**  
12 **335.047**, for persons at least seven years of age or the age recommended by the  
13 Centers for Disease Control and Prevention, whichever is higher, or the  
14 administration of pneumonia, shingles, hepatitis A, hepatitis B, diphtheria,  
15 tetanus, pertussis, meningitis, and viral influenza vaccines by written protocol  
16 authorized by a physician for a specific patient as authorized by rule; the  
17 participation in drug selection according to state law and participation in drug  
18 utilization reviews; the proper and safe storage of drugs and devices and the  
19 maintenance of proper records thereof; consultation with patients and other  
20 health care practitioners, and veterinarians and their clients about legend drugs,  
21 about the safe and effective use of drugs and devices; the prescribing and  
22 dispensing of any nicotine replacement therapy product under section 338.665;  
23 and the offering or performing of those acts, services, operations, or transactions

24 necessary in the conduct, operation, management and control of a pharmacy. No  
25 person shall engage in the practice of pharmacy unless he or she is licensed under  
26 the provisions of this chapter. This chapter shall not be construed to prohibit the  
27 use of auxiliary personnel under the direct supervision of a pharmacist from  
28 assisting the pharmacist in any of his or her duties. This assistance in no way  
29 is intended to relieve the pharmacist from his or her responsibilities for  
30 compliance with this chapter and he or she will be responsible for the actions of  
31 the auxiliary personnel acting in his or her assistance. This chapter shall also  
32 not be construed to prohibit or interfere with any legally registered practitioner  
33 of medicine, dentistry, or podiatry, or veterinary medicine only for use in animals,  
34 or the practice of optometry in accordance with and as provided in sections  
35 195.070 and 336.220 in the compounding, administering, prescribing, or  
36 dispensing of his or her own prescriptions.

37         2. Any pharmacist who accepts a prescription order for a medication  
38 therapeutic plan shall have a written protocol from the physician, **or an**  
39 **advanced practice registered nurse who meets the requirements of**  
40 **section 335.047**, who refers the patient for medication therapy services. The  
41 written protocol and the prescription order for a medication therapeutic plan  
42 shall come from the physician, **or an advanced practice registered nurse**  
43 **who meets the requirements of section 335.047**, only, and shall not come  
44 from a nurse engaged in a collaborative practice arrangement under section  
45 334.104, or from a physician assistant engaged in a collaborative practice  
46 arrangement under section 334.735.

47         3. Nothing in this section shall be construed as to prevent any person,  
48 firm or corporation from owning a pharmacy regulated by sections 338.210 to  
49 338.315, provided that a licensed pharmacist is in charge of such pharmacy.

50         4. Nothing in this section shall be construed to apply to or interfere with  
51 the sale of nonprescription drugs and the ordinary household remedies and such  
52 drugs or medicines as are normally sold by those engaged in the sale of general  
53 merchandise.

54         5. No health carrier as defined in chapter 376 shall require any physician  
55 with which they contract to enter into a written protocol with a pharmacist for  
56 medication therapeutic services.

57         6. This section shall not be construed to allow a pharmacist to diagnose  
58 or independently prescribe pharmaceuticals.

59         7. The state board of registration for the healing arts, under section

60 334.125, and the state board of pharmacy, under section 338.140, shall jointly  
61 promulgate rules regulating the use of protocols for prescription orders for  
62 medication therapy services and administration of viral influenza vaccines. Such  
63 rules shall require protocols to include provisions allowing for timely  
64 communication between the pharmacist and the referring physician, and any  
65 other patient protection provisions deemed appropriate by both boards. In order  
66 to take effect, such rules shall be approved by a majority vote of a quorum of each  
67 board. Neither board shall separately promulgate rules regulating the use of  
68 protocols for prescription orders for medication therapy services and  
69 administration of viral influenza vaccines. Any rule or portion of a rule, as that  
70 term is defined in section 536.010, that is created under the authority delegated  
71 in this section shall become effective only if it complies with and is subject to all  
72 of the provisions of chapter 536 and, if applicable, section 536.028. This section  
73 and chapter 536 are nonseverable and if any of the powers vested with the  
74 general assembly pursuant to chapter 536 to review, to delay the effective date,  
75 or to disapprove and annul a rule are subsequently held unconstitutional, then  
76 the grant of rulemaking authority and any rule proposed or adopted after August  
77 28, 2007, shall be invalid and void.

78 8. The state board of pharmacy may grant a certificate of medication  
79 therapeutic plan authority to a licensed pharmacist who submits proof of  
80 successful completion of a board-approved course of academic clinical study  
81 beyond a bachelor of science in pharmacy, including but not limited to clinical  
82 assessment skills, from a nationally accredited college or university, or a  
83 certification of equivalence issued by a nationally recognized professional  
84 organization and approved by the board of pharmacy.

85 9. Any pharmacist who has received a certificate of medication therapeutic  
86 plan authority may engage in the designing, initiating, implementing, and  
87 monitoring of a medication therapeutic plan as defined by a prescription order  
88 from a physician that is specific to each patient for care by a pharmacist.

89 10. Nothing in this section shall be construed to allow a pharmacist to  
90 make a therapeutic substitution of a pharmaceutical prescribed by a physician,  
91 **or an advanced practice registered nurse who meets the requirements**  
92 **of section 335.047**, unless authorized by the written protocol or the physician's  
93 **or APRN's** prescription order.

94 11. "Veterinarian", "doctor of veterinary medicine", "practitioner of  
95 veterinary medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)",

96 "VMB", "MRCVS", or an equivalent title means a person who has received a  
97 doctor's degree in veterinary medicine from an accredited school of veterinary  
98 medicine or holds an Educational Commission for Foreign Veterinary Graduates  
99 (EDFVG) certificate issued by the American Veterinary Medical Association  
100 (AVMA).

101 12. In addition to other requirements established by the joint  
102 promulgation of rules by the board of pharmacy and the state board of  
103 registration for the healing arts:

104 (1) A pharmacist shall administer vaccines by protocol in accordance with  
105 treatment guidelines established by the Centers for Disease Control and  
106 Prevention (CDC);

107 (2) A pharmacist who is administering a vaccine shall request a patient  
108 to remain in the pharmacy a safe amount of time after administering the vaccine  
109 to observe any adverse reactions. Such pharmacist shall have adopted emergency  
110 treatment protocols;

111 (3) In addition to other requirements by the board, a pharmacist shall  
112 receive additional training as required by the board and evidenced by receiving  
113 a certificate from the board upon completion, and shall display the certification  
114 in his or her pharmacy where vaccines are delivered.

115 13. A pharmacist shall inform the patient that the administration of the  
116 vaccine will be entered into the ShowMeVax system, as administered by the  
117 department of health and senior services. The patient shall attest to the  
118 inclusion of such information in the system by signing a form provided by the  
119 pharmacist. If the patient indicates that he or she does not want such  
120 information entered into the ShowMeVax system, the pharmacist shall provide  
121 a written report within fourteen days of administration of a vaccine to the  
122 patient's primary health care provider, if provided by the patient, containing:

- 123 (1) The identity of the patient;  
124 (2) The identity of the vaccine or vaccines administered;  
125 (3) The route of administration;  
126 (4) The anatomic site of the administration;  
127 (5) The dose administered; and  
128 (6) The date of administration.

338.198. Other provisions of law to the contrary notwithstanding, a  
2 pharmacist may fill a physician's prescription, **an advanced practice**  
3 **registered nurse's prescription provided such APRN has met the**

4 **requirements of section 335.047**, or the prescription of an advanced practice  
5 nurse working under a collaborative practice arrangement with a physician, when  
6 it is forwarded to the pharmacist by a registered professional nurse or registered  
7 physician's assistant or other authorized agent. The written collaborative  
8 practice arrangement shall specifically state that the registered professional  
9 nurse or registered physician assistant is permitted to authorize a pharmacist to  
10 fill a prescription on behalf of the physician.

630.175. 1. No person admitted on a voluntary or involuntary basis to  
2 any mental health facility or mental health program in which people are civilly  
3 detained pursuant to chapter 632 and no patient, resident or client of a  
4 residential facility or day program operated, funded or licensed by the department  
5 shall be subject to physical or chemical restraint, isolation or seclusion unless it  
6 is determined by the head of the facility, the attending licensed physician, or in  
7 the circumstances specifically set forth in this section, by an advanced practice  
8 registered nurse [in a collaborative practice arrangement], **an advanced**  
9 **practice nurse with less than six months of experience in practice in a**  
10 **collaborative practice arrangement with a physician or an APRN who**  
11 **has met the requirements of section 335.047**, or a physician assistant or an  
12 assistant physician with a collaborative practice arrangement, with the attending  
13 licensed physician that the chosen intervention is imminently necessary to protect  
14 the health and safety of the patient, resident, client or others and that it provides  
15 the least restrictive environment. An advanced practice registered nurse [in a  
16 collaborative practice arrangement], **an advanced practice nurse with less**  
17 **than six months of experience in practice in a collaborative practice**  
18 **arrangement with a physician or an APRN who has met the**  
19 **requirements of section 335.047**, or a physician assistant or an assistant  
20 physician with a collaborative practice arrangement, with the attending licensed  
21 physician may make a determination that the chosen intervention is necessary  
22 for patients, residents, or clients of facilities or programs operated by the  
23 department, in hospitals as defined in section 197.020 that only provide  
24 psychiatric care and in dedicated psychiatric units of general acute care hospitals  
25 as hospitals are defined in section 197.020. Any determination made by the  
26 advanced practice registered nurse, physician assistant, or assistant physician  
27 shall be documented as required in subsection 2 of this section and reviewed in  
28 person by the attending licensed physician if the episode of restraint is to extend  
29 beyond:

30 (1) Four hours duration in the case of a person under eighteen years of  
31 age;

32 (2) Eight hours duration in the case of a person eighteen years of age or  
33 older; or

34 (3) For any total length of restraint lasting more than four hours duration  
35 in a twenty-four-hour period in the case of a person under eighteen years of age  
36 or beyond eight hours duration in the case of a person eighteen years of age or  
37 older in a twenty-four-hour period.

38 The review shall occur prior to the time limit specified under subsection 6 of this  
39 section and shall be documented by the licensed physician under subsection 2 of  
40 this section.

41 2. Every use of physical or chemical restraint, isolation or seclusion and  
42 the reasons therefor shall be made a part of the clinical record of the patient,  
43 resident or client under the signature of the head of the facility, or the attending  
44 licensed physician, or the advanced practice registered nurse [in a collaborative  
45 practice arrangement], **an advanced practice nurse with less than six**  
46 **months of experience in practice in a collaborative practice**  
47 **arrangement with a physician or an APRN who has met the**  
48 **requirements of section 335.047**, or a physician assistant or an assistant  
49 physician with a collaborative practice arrangement, with the attending licensed  
50 physician.

51 3. Physical or chemical restraint, isolation or seclusion shall not be  
52 considered standard treatment or habilitation and shall cease as soon as the  
53 circumstances causing the need for such action have ended.

54 4. The use of security escort devices, including devices designed to restrict  
55 physical movement, which are used to maintain safety and security and to  
56 prevent escape during transport outside of a facility shall not be considered  
57 physical restraint within the meaning of this section. Individuals who have been  
58 civilly detained under sections 632.300 to 632.475 may be placed in security  
59 escort devices when transported outside of the facility if it is determined by the  
60 head of the facility, or the attending licensed physician, or the advanced practice  
61 registered nurse [in a collaborative practice arrangement], or a physician  
62 assistant or an assistant physician with a collaborative practice arrangement,  
63 with the attending licensed physician that the use of security escort devices is  
64 necessary to protect the health and safety of the patient, resident, client, or other  
65 persons or is necessary to prevent escape. Individuals who have been civilly



66 detained under sections 632.480 to 632.513 or committed under chapter 552 shall  
67 be placed in security escort devices when transported outside of the facility unless  
68 it is determined by the head of the facility, or the attending licensed physician,  
69 or the advanced practice registered nurse [in a collaborative practice  
70 arrangement], or a physician assistant or an assistant physician with a  
71 collaborative practice arrangement, with the attending licensed physician that  
72 security escort devices are not necessary to protect the health and safety of the  
73 patient, resident, client, or other persons or is not necessary to prevent escape.

74 5. Extraordinary measures employed by the head of the facility to ensure  
75 the safety and security of patients, residents, clients, and other persons during  
76 times of natural or man-made disasters shall not be considered restraint,  
77 isolation, or seclusion within the meaning of this section.

78 6. Orders issued under this section by [the advanced practice registered  
79 nurse in a collaborative practice arrangement, or] a physician assistant or an  
80 assistant physician with a collaborative practice arrangement, with the attending  
81 licensed physician shall be reviewed in person by the attending licensed physician  
82 of the facility within twenty-four hours or the next regular working day of the  
83 order being issued, and such review shall be documented in the clinical record of  
84 the patient, resident, or client.

85 7. For purposes of this subsection, "division" shall mean the division of  
86 developmental disabilities. Restraint or seclusion shall not be used in  
87 habilitation centers or community programs that serve persons with  
88 developmental disabilities that are operated or funded by the division unless such  
89 procedure is part of an emergency intervention system approved by the division  
90 and is identified in such person's individual support plan. Direct-care staff that  
91 serve persons with developmental disabilities in habilitation centers or  
92 community programs operated or funded by the division shall be trained in an  
93 emergency intervention system approved by the division when such emergency  
94 intervention system is identified in a consumer's individual support plan.

✓