

Journal of the Senate

FIRST REGULAR SESSION

FORTY-FIRST DAY - MONDAY, MARCH 27, 2023

The Senate met pursuant to adjournment.

Senator Rowden in the Chair.

Senator Black offered the following prayer:

Gracious God, we give thanks for this day and the many people you have assembled to perform our work in this body. 1 Corinthians 12:12; "The body is a unit, though it is made up of many parts; and though all its parts are many, they form one body. So it is with Christ." We ask You not to bless and give wisdom to the 34, but bless and provide wisdom for all the parts of our body: office staff, senate staff, Capitol caretakers, advocates, and also our friends and family that provide so much support for our Senate body. As each part of our body work to serve the people of Missouri, give us the strength to persevere for Your good and humility to recognize all parts of the body are indispensable; irrelevant of their duty. We must have concern for all the parts to allow us to be successful for our State. God, we ask You to continue to be near those whom are especially struggling now, use each of us this week to provide comfort, love, and friendship to someone in need of Your gracious touch. Please provide strength and blessing to those who serve each day trying to keep us safe both here and abroad. We ask these things in Jesus' Holy name. Amen.

The Pledge of Allegiance to the Flag was recited.

A quorum being established, the Senate proceeded with its business.

The Journal for Thursday, March 23, 2023, was read and approved.

The following Senators were present during the day's proceedings:

Present—Senators

Arthur	Bean	Beck	Bernskoetter	Black	Brown (16th Dist.)	Brown (26th Dist.)
Carter	Cierpiot	Crawford	Eigel	Eslinger	Fitzwater	Gannon
Hoskins	Koenig	Luetkemeyer	May	McCreery	Moon	Mosley
O'Laughlin	Razer	Rizzo	Roberts	Rowden	Schroer	Thompson Rehder
Trent	Washington	Williams—31				

Absent—Senators—None

Absent with leave—Senators

Brattin	Coleman	Hough—3
---------	---------	---------

Vacancies—None

RESOLUTIONS

Senator Mosley and Senator Washington offered Senate Resolution No. 289, regarding the death of Nikel Cleaves, Florissant, which was adopted.

Senator Bernskoetter offered Senate Resolution No. 290, regarding Barbara Turnage, Jefferson City, which was adopted.

Senator Bean offered Senate Resolution No. 291, regarding the New Madrid County Central High School Eagles boys' basketball team, New Madrid, which was adopted.

Senator Cierpiot offered Senate Resolution No. 292, regarding Eagle Scout James Edward Theiss, Lee's Summit, which was adopted.

Senator Arthur offered Senate Resolution No. 293, regarding Tinh Nim, Kansas City, which was adopted.

Senator Williams offered Senate Resolution No. 294, regarding Education and Sharing Day, which was adopted.

On behalf of Senator Hough, Senator O'Laughlin offered Senate Resolution No. 295, regarding Lindsey Sanderson, Springfield, which was adopted.

On behalf of Senator Hough, Senator O'Laughlin offered Senate Resolution No. 296, regarding Milana Hainline, Springfield, which was adopted.

On behalf of Senator Hough, Senator O'Laughlin offered Senate Resolution No. 297, regarding Samara Mizutani Cesar, Springfield, which was adopted.

Senator Razer and Senator Washington offered Senate Resolution No. 298, regarding the death of Marjorie Elizabeth Washington, Kansas City, which was adopted.

MESSAGES FROM THE GOVERNOR

The following messages were received from the Governor, reading of which was waived:

GOVERNOR
STATE OF MISSOURI
March 27, 2023

To the Senate of the 102nd General Assembly of the State of Missouri:

I have the honor to transmit to you herewith for your advice and consent the following appointment:

Gilbert (Gib) G. Adkins, Independent, 1524 Woodhill Drive, Lebanon, Laclede County, Missouri 65536, as a member of the Missouri Community Service Commission, for a term ending December 15, 2025, and until his successor is duly appointed and qualified; vice, Daniel Kappel, resigned.

Respectfully submitted,
Michael L. Parson
Governor

Also,

GOVERNOR
STATE OF MISSOURI
March 27, 2023

To the Senate of the 102nd General Assembly of the State of Missouri:

I have the honor to transmit to you herewith for your advice and consent the following appointment:

Brad Belk, 1914 Laura Lane, Joplin, Jasper County, Missouri 64801, as a member of the Missouri Advisory Council on Historic Preservation, for a term ending March 26, 2025, and until his successor is duly appointed and qualified; vice, RSMO 253.408.

Respectfully submitted,
Michael L. Parson
Governor

Also,

GOVERNOR
STATE OF MISSOURI
March 27, 2023

To the Senate of the 102nd General Assembly of the State of Missouri:

I have the honor to transmit to you herewith for your advice and consent the following appointment:

Kasey W. Griffin, Democrat, 201 South Daniel Avenue, Ash Grove, Greene County, Missouri 65604, as a member of the State Board of Embalmers and Funeral Directors, for a term ending April 1, 2027, and until his successor is duly appointed and qualified; vice, Kasey W. Griffin, withdrawn.

Respectfully submitted,
Michael L. Parson
Governor

Also,

GOVERNOR
STATE OF MISSOURI
March 27, 2023

To the Senate of the 102nd General Assembly of the State of Missouri:

I have the honor to transmit to you herewith for your advice and consent the following appointment:

Christopher Howard, Republican, 1325 Grace Lane, Boonville, Cooper County, Missouri 65233, as a member of the State Board of Embalmers and Funeral Directors, for a term ending April 1, 2026, and until his successor is duly appointed and qualified; vice, Courtney P. McGhee, withdrawn.

Respectfully submitted,
Michael L. Parson
Governor

Also,

GOVERNOR
STATE OF MISSOURI
March 27, 2023

To the Senate of the 102nd General Assembly of the State of Missouri:

I have the honor to transmit to you herewith for your advice and consent the following appointment:

Marie Laseter, 14786 Highway 63, Licking, Texas County, Missouri 65542, as a member of the Coroner Standards and Training Commission, for a term ending September 6, 2023, and until her successor is duly appointed and qualified; vice, Sidney W. Conklin, resigned.

Respectfully submitted,
Michael L. Parson
Governor

Also,

GOVERNOR
STATE OF MISSOURI
March 27, 2023

To the Senate of the 102nd General Assembly of the State of Missouri:

I have the honor to transmit to you herewith for your advice and consent the following appointment:

Scott Michael Meierhoffer, Republican, 3402 Stanford Court, Saint Joseph, Buchanan County, Missouri 64506, as a member of the State Board of Embalmers and Funeral Directors, for a term ending April 1, 2024, and until his successor is duly appointed and qualified; vice, Gregory D. Russell, withdrawn.

Respectfully submitted,
Michael L. Parson
Governor

REPORTS OF STANDING COMMITTEES

Senator Thompson Rehder, Chair of the Committee on Fiscal Oversight, submitted the following reports:

Mr. President: Your Committee on Fiscal Oversight, to which were referred **HCS** for **HJR 43** and **SB 247**, begs leave to report that it has considered the same and recommends that the joint resolution and bill do pass.

SENATE BILLS FOR PERFECTION

Senator Bernskoetter moved that **SB 22**, with **SS**, and **SA 1** (pending), be called from the Informal Calendar and again taken up for perfection, which motion prevailed.

At the request of Senator Bernskoetter, **SS** for **SB 22** was withdrawn, rendering **SA 1** moot.

Senator Bernskoetter offered **SS No. 2** for **SB 22**, entitled:

SENATE SUBSTITUTE NO. 2 FOR SENATE BILL NO. 22

An Act to repeal sections 211.031, 211.071, 217.345, and 217.690, RSMo, and to enact in lieu thereof five new sections relating to criminal procedures involving juveniles, with an emergency clause for certain sections.

Senator Bernskoetter moved that **SS No. 2** for **SB 22** be adopted.

Senator May offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute No. 2 for Senate Bill No. 22, Page 13, Section 217.690, Lines 70-75, by striking all of said lines and inserting in lieu thereof the following:

“shall not apply to an offender found guilty of:

(1) Murder in the first degree;

(2) **Murder in the second degree where, at the time of the offense, the victim was under the age of thirteen and the offender was over the age of fourteen;** or

(3) Capital murder

who was under eighteen years of age when the offender committed the offense or offenses who may be found ineligible for parole or whose parole eligibility may be controlled by section 558.047 or 565.033.”.

Senator May moved that the above amendment be adopted.

Senator Bean assumed the Chair.

Senator Thompson Rehder assumed the Chair.

Senator May moved that the above amendment be adopted, which motion failed.

At the request of Senator Bernskoetter, **SB 22**, with **SS No. 2** (pending), was placed on the Informal Calendar.

Senator Brown (16) moved that **SB 115** be called from the Informal Calendar and taken up for perfection, which motion prevailed.

Senator Brown (16) offered **SS** for **SB 115**, entitled:

SENATE SUBSTITUTE FOR
SENATE BILL NO. 115

An Act to amend chapter 340, RSMo, by adding thereto one new section relating to entities authorized to regulate the practice of veterinary medicine.

Senator Brown (16) moved that **SS** for **SB 115** be adopted.

Senator Moon offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Bill No. 115, Page 1, Section A, Line 3, by inserting after all of said line the following:

“173.2600. 1. Any public university or college, or private university or college, that receives state funds and uses animals in research shall post on its website a written report on such animal research prior to December thirty-first of each year. This report shall be posted on the internet in a conspicuous and easily accessible location so that the members of the general assembly and the public can access a copy of the report electronically. The written report shall contain the following:

(1) An accounting of the total amount of funding expended for animal research by the college or university during the preceding state fiscal year. This shall include amounts of state, federal, private, and other revenue sources;

(2) A list of active animal research projects, including project titles, the university or college department, animal species, number and source of animals, fiscal year cost, total cost to date, funding source, and the start and end dates;

(3) A review of compliance with the federal Animal Welfare Act, 7 U.S.C. Section 2116 et seq., as amended, the United States Public Health Policy on Humane Care and Use of Laboratory Animals, and other applicable local, state, and federal laws, regulations, and policies governing animal research. This shall include an explanation of any animal research noncompliance documented during the preceding state fiscal year and corrective actions taken in each case;

(4) An accounting of the number of animals by species adopted out from research laboratories during the preceding state fiscal year to animal shelters, as defined in section 273.325, and the number of animals euthanized;

(5) Current rosters for all Institutional Animal Care and Use Committees within the college or university; and

(6) A detailed explanation of specific efforts by the college or university to refine, reduce, and replace the use of animals in research during the preceding state fiscal year. This shall include the number of animals by species used in research each year for the past three state fiscal years and anticipated numbers in the next fiscal year.

2. The use of animals in research shall include animals used in scientific research, in testing, and for experimentation purposes.”; and

Further amend said bill, page 2, Section 340.201, line 26, by inserting after all of said line the following:

“578.012. 1. A person commits the offense of animal abuse if he or she:

(1) Intentionally or purposely kills an animal in any manner not allowed by or expressly exempted from the provisions of sections 578.005 to 578.023 and 273.030;

(2) Purposely or intentionally causes injury or suffering to an animal; [or]

(3) Having ownership or custody of an animal knowingly fails to provide adequate care which results in substantial harm to the animal; **or**

(4) Causes injury to the sexual organs of a female dog or needlessly causes pain to a female dog during artificial insemination.

2. Animal abuse is a class A misdemeanor, unless the defendant has previously been found guilty of animal abuse or the suffering involved in subdivision (2) of subsection 1 of this section is the result of torture or mutilation consciously inflicted while the animal was alive, in which case it is a class E felony.”;

and

Further amend the title and enacting clause accordingly.

Senator Moon moved that the above amendment be adopted, which motion failed.

Senator Brown (16) moved that **SS** for **SB 115** be adopted, which motion prevailed.

On motion of Senator Brown (16), **SS** for **SB 115** was declared perfected and ordered printed.

Senator Trent moved that **SB 222** be taken up for perfection, which motion prevailed.

Senator Trent offered **SS** for **SB 222**, entitled:

**SENATE SUBSTITUTE FOR
SENATE BILL NO. 222**

An Act to amend chapter 67, RSMo, by adding thereto one new section relating to moratoriums on eviction proceedings.

Senator Trent moved that **SS** for **SB 222** be adopted.

Senator Washington offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Bill No. 222, Page 1, In the Title, Lines 3-4, by striking “moratoriums on eviction proceedings” and inserting in lieu thereof the following: “landlord-tenant proceedings”; and

Further amend said bill and page, section 67.137, line 4, by inserting after all of said line the following:

“534.157. All transfers of title of real property for rental properties with outstanding collectible judgments shall be filed in the circuit court within thirty days after transfer of title.”; and

Further amend the title and enacting clause accordingly.

Senator Washington moved that the above amendment be adopted, which motion prevailed.

Senator Trent moved that **SS** for **SB 222**, as amended, be adopted, which motion prevailed.

On motion of Senator Trent, **SS** for **SB 222**, as amended, was declared perfected and ordered printed.

Senator Black moved that **SB 157**, with **SCS**, be taken up for perfection, which motion prevailed.

SCS for **SB 157**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 157

An Act to repeal section 334.104, RSMo, and to enact in lieu thereof one new section relating to collaborative practice arrangements with nurses.

Was taken up.

Senator Black moved that **SCS** for **SB 157** be adopted.

Senator Black offered **SS** for **SCS** for **SB 157**, entitled:

SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 157

An Act to repeal section 334.104, RSMo, and to enact in lieu thereof one new section relating to collaborative practice arrangements with nurses.

Senator Black moved that **SS** for **SCS** for **SB 157** be adopted.

Senator Schroer offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Committee Substitute for Senate Bill No. 157, Page 1, In the Title, Lines 3-4, by striking “collaborative practice arrangements with”; and

Further amend said bill and page, section A, line 3, by inserting after all of said line the following:

“195.070. 1. A physician, podiatrist, dentist, a registered optometrist certified to administer pharmaceutical agents as provided in section 336.220, or an assistant physician in accordance with section 334.037 or a physician assistant in accordance with section 334.747 in good faith and in the course of his or her professional practice only, may prescribe, administer, and dispense controlled substances or he or she may cause the same to be administered or dispensed by an individual as authorized by statute.

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

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

4. A practitioner shall not accept any portion of a controlled substance unused by a patient, for any reason, if such practitioner did not originally dispense the drug, except:

(1) When the controlled substance is delivered to the practitioner to administer to the patient for whom the medication is prescribed as authorized by federal law. Practitioners shall maintain records and secure the medication as required by this chapter and regulations promulgated pursuant to this chapter; or

(2) As provided in section 195.265.

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

Further amend said bill, pages 1-9, section 334.104, by striking all of said section and inserting in lieu thereof the following:

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

2. (1) Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill.

(2) Notwithstanding any other provision of this section to the contrary, a collaborative practice arrangement may delegate to an advanced practice registered nurse the authority to administer, dispense, or prescribe Schedule II controlled substances for hospice patients; provided, that the advanced practice registered nurse is employed by a hospice provider certified pursuant to chapter 197 and the advanced practice registered nurse is providing care to hospice patients pursuant to a collaborative practice arrangement that designates the certified hospice as a location where the advanced practice registered nurse is authorized to practice and prescribe.

(3) Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.

(4) An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician.

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

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

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

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

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

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

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

(b) Maintain geographic proximity, except as **specified in this paragraph**. **The following provisions shall apply with respect to this requirement:**

a. **Until August 28, 2025, an advanced practice registered nurse providing services in a correctional center, as defined in section 217.010, and his or her collaborating physician shall satisfy the geographic proximity requirement if they practice within two hundred miles by road of one another. An incarcerated patient who requests or requires a physician consultation shall be treated by a physician as soon as appropriate;**

b. The collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210 (**42 U.S.C. Section 1395x, as amended**), as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic. **The collaborative practice arrangement may allow for geographic proximity to be waived when the arrangement outlines the use of telehealth, as defined in section 191.1145; and**

c. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested; and

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

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

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

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

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

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

(11) If a collaborative practice arrangement is used in clinical situations where a collaborating advanced practice registered nurse provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician or any other physician designated in the collaborative practice arrangement shall be present for sufficient periods of time, at least once every two weeks, except in extraordinary circumstances that shall be documented, to participate in a chart review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff.

4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to [specifying geographic areas to be covered,] the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements including delegating authority to prescribe controlled substances. **Any rules relating to geographic proximity shall allow a collaborating physician and a collaborating advanced practice registered nurse to practice within two hundred miles by road of one another until August 28, 2025, if the nurse is providing services in a correctional center, as defined in section 217.010.** Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

8. A collaborating physician shall not enter into a collaborative practice arrangement with more than six full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of this section.

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

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

11. No contract or other [agreement] **arrangement** shall require a physician to act as a collaborating physician for an advanced practice registered nurse against the physician's will. A physician shall have the right to refuse to act as a collaborating physician, without penalty, for a particular advanced practice registered nurse. No contract or other agreement shall limit the collaborating physician's ultimate

authority over any protocols or standing orders or in the delegation of the physician's authority to any advanced practice registered nurse, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by hospital's medical staff.

12. No contract or other [agreement] **arrangement** shall require any [advanced practice] registered nurse to serve as a collaborating [advanced practice] registered nurse for any collaborating physician against the [advanced practice] registered nurse's will. [An advanced practice] **A** registered nurse shall have the right to refuse to collaborate, without penalty, with a particular physician.

335.016. As used in this chapter, unless the context clearly requires otherwise, the following words and terms mean:

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

(2) “Advanced practice registered nurse” or “**APRN**”, a [nurse who has education beyond the basic nursing education and is certified by a nationally recognized professional organization as a certified nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or a certified clinical nurse specialist. The board shall promulgate rules specifying which nationally recognized professional organization certifications are to be recognized for the purposes of this section. Advanced practice nurses and only such individuals may use the title “Advanced Practice Registered Nurse” and the abbreviation “**APRN**”] **person who is licensed under the provisions of this chapter to engage in the practice of advanced practice nursing as a certified clinical nurse specialist, certified nurse midwife, certified nurse practitioner, or certified registered nurse anesthetist;**

(3) “Approval”, official recognition of nursing education programs which meet standards established by the board of nursing;

(4) “Board” or “state board”, the state board of nursing;

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

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

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

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

(9) “Executive director”, a qualified individual employed by the board as executive secretary or otherwise to administer the provisions of this chapter under the board's direction. Such person employed as executive director shall not be a member of the board;

(10) “Inactive [nurse] **license status**”, as defined by rule pursuant to section 335.061;

(11) “Lapsed license status”, as defined by rule under section 335.061;

(12) “Licensed practical nurse” or “practical nurse”, a person licensed pursuant to the provisions of this chapter to engage in the practice of practical nursing;

(13) “Licensure”, the issuing of a license [to practice professional or practical nursing] to candidates who have met the [specified] requirements **specified under this chapter, authorizing the person to engage in the practice of advanced practice, professional, or practical nursing**, and the recording of the names of those persons as holders of a license to practice **advanced practice**, professional, or practical nursing;

(14) “**Practice of advanced practice nursing**”, the performance for compensation of activities and services consistent with the required education, training, certification, demonstrated competencies, and experiences of an advanced practice registered nurse;

(15) “**Practice of practical nursing**”, the performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be given under the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse. For the purposes of this chapter, the term “direction” shall mean guidance or supervision provided by a person licensed by a state regulatory board to prescribe medications and treatments or a registered professional nurse, including, but not limited to, oral, written, or otherwise communicated orders or directives for patient care. When practical nursing care is delivered pursuant to the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse, such care may be delivered by a licensed practical nurse without direct physical oversight;

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

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

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

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

(d) The coordination and assistance in the **determination and** delivery of a plan of health care with all members of a health team;

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

[(16) A] (17) “Registered professional nurse” or “registered nurse”, a person licensed pursuant to the provisions of this chapter to engage in the practice of professional nursing;

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

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

(1) Prescribe, dispense, and administer medications and nonscheduled legend drugs, as defined in section 338.330, within such APRN's practice and specialty; and

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

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

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

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

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

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

335.036. 1. The board shall:

(1) Elect for a one-year term a president and a secretary, who shall also be treasurer, and the board may appoint, employ and fix the compensation of a legal counsel and such board personnel as defined in subdivision (4) of subsection 11 of section 324.001 as are necessary to administer the provisions of sections 335.011 to [335.096] **335.099**;

(2) Adopt and revise such rules and regulations as may be necessary to enable it to carry into effect the provisions of sections 335.011 to [335.096] **335.099**;

(3) Prescribe minimum standards for educational programs preparing persons for licensure **as a registered nurse or licensed practical nurse** pursuant to the provisions of sections 335.011 to [335.096] **335.099**;

(4) Provide for surveys of such programs every five years and in addition at such times as it may deem necessary;

(5) Designate as “approved” such programs as meet the requirements of sections 335.011 to [335.096] **335.099** and the rules and regulations enacted pursuant to such sections; and the board shall annually publish a list of such programs;

(6) Deny or withdraw approval from educational programs for failure to meet prescribed minimum standards;

(7) Examine, license, and cause to be renewed the licenses of duly qualified applicants;

(8) Cause the prosecution of all persons violating provisions of sections 335.011 to [335.096] **335.099**, and may incur such necessary expenses therefor;

(9) Keep a record of all the proceedings; and make an annual report to the governor and to the director of the department of commerce and insurance.

2. The board shall set the amount of the fees which this chapter authorizes and requires by rules and regulations. The fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter.

3. All fees received by the board pursuant to the provisions of sections 335.011 to [335.096] **335.099** shall be deposited in the state treasury and be placed to the credit of the state board of nursing fund. All administrative costs and expenses of the board shall be paid from appropriations made for those purposes. The board is authorized to provide funding for the nursing education incentive program established in sections 335.200 to 335.203.

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

5. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this chapter shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. All rulemaking authority delegated prior to August 28, 1999, is of no force and effect and repealed. Nothing in this section shall be interpreted to repeal or affect the validity of any rule filed or adopted prior to August 28, 1999, if it fully complied with all applicable provisions of law. This section and chapter 536 are nonseverable and if any of the powers

vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 1999, shall be invalid and void.

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

2. An applicant for license to practice as a licensed practical nurse shall submit to the board a written application on forms furnished to the applicant. The original application shall contain the applicant's statements showing the applicant's education and other such pertinent information as the board may require. Such applicant shall be of good moral character, and have completed at least two years of high school, or its equivalent as established by the state board of education, and have successfully completed a basic prescribed curriculum in a state-accredited or approved school of nursing, earned a nursing degree, certificate or diploma and completed a course approved by the board on the role of the practical nurse. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false affidavit or declaration. Applicants from non-English-speaking countries shall be required to submit evidence of their proficiency in the English language. The applicant must be approved by the board and shall pass an examination as required by the board. The board may require by rule as a requirement for licensure that each applicant shall pass an oral or practical examination. Upon successfully passing the examination, the board may issue to the applicant a license to practice as a licensed practical nurse. The applicant for a license to practice licensed practical nursing shall pay a fee in such amount as may be set by the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by rule.

3. (1) An applicant for a license to practice as an advanced practice registered nurse shall submit to the board a written application on forms furnished to the applicant. The original application shall contain:

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

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

(2) The applicant for a license to practice as an advanced practice registered nurse shall pay a fee in such amount as may be set by the board. The fee shall be uniform for all applicants.

(3) An applicant shall:

(a) Hold a current registered professional nurse license or privilege to practice, shall not be currently subject to discipline or any restrictions, and shall not hold an encumbered license or privilege to practice as a registered professional nurse or advanced practice registered nurse in any state or territory;

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

(c) Be currently certified by a national certifying body recognized by the Missouri state board of nursing in the advanced practice registered nurse role; and

(d) Have a population focus on his or her certification, corresponding with his or her educational advanced practice registered nurse program.

(4) Any person holding a document of recognition to practice nursing as an advanced practice registered nurse in this state that is current on August 28, 2023, shall be deemed to be licensed as an advanced practice registered nurse under the provisions of this section and shall be eligible for renewal of such license under the conditions and standards prescribed in this chapter and as prescribed by rule.

4. Upon refusal of the board to allow any applicant to [sit for] **take** either the registered professional nurses' examination or the licensed practical nurses' examination, [as the case may be,] **or upon refusal to issue an advanced practice registered nurse license**, the board shall comply with the provisions of section 621.120 and advise the applicant of his or her right to have a hearing before the administrative hearing commission. The administrative hearing commission shall hear complaints taken pursuant to section 621.120.

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

335.049. 1. Any advanced practice registered nurse actively practicing in a direct or indirect patient care setting shall:

(1) Report to the board the mailing address or addresses of his or her current practice location or locations;

(2) Notify the board within thirty days of any change in practice setting; and

(3) Notify the board within thirty days of any change in a mailing address of any of his or her practice locations.

2. Advanced practice registered nurses shall maintain an adequate and complete patient record for each patient that is retained on paper, microfilm, electronic media, or other media that is capable of being printed for review by the board. An adequate and complete patient record shall include documentation of the following information:

(1) Identification of the patient, including name, birth date, address, and telephone number;

(2) The date or dates the patient was seen;

(3) The current status of the patient, including the reason for the visit;

(4) Observation of pertinent physical findings;

(5) Assessment and clinical impression of diagnosis;

(6) Plan for care and treatment or additional consultations or diagnostic testing, if necessary. If treatment includes medication, the advanced practice registered nurse shall include in the patient record the medication and dosage of any medication prescribed, dispensed, or administered; and

(7) Any informed consent for office procedures.

3. Patient records remaining under the care, custody, and control of the advanced practice registered nurse shall be maintained by the advanced practice registered nurse or his or her designee for a minimum of seven years from the date on which the last professional service was provided.

4. Any correction, addition, or change in any patient record made more than forty-eight hours after the final entry is entered in the record and signed by the advanced practice registered nurse shall be clearly marked and identified as such. The date, time, and name of the person making the correction, addition, or change, as well as the reason for the correction, addition, or change, shall be included.

5. Advanced practice registered nurses shall ensure that medical records are completed within thirty days following each patient encounter.

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

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

3. Upon application, the board shall issue a temporary permit to an applicant pursuant to subsection 1 of this section for a license as [either] **an advanced practice registered nurse**, a registered professional

nurse, or a licensed practical nurse who has made a prima facie showing that the applicant meets all of the requirements for such a license. The temporary permit shall be effective only until the board shall have had the opportunity to investigate his **or her** qualifications for licensure pursuant to subsection 1 of this section and to notify the applicant that his or her application for a license has been either granted or rejected. In no event shall such temporary permit be in effect for more than twelve months after the date of its issuance nor shall a permit be reissued to the same applicant. No fee shall be charged for such temporary permit. The holder of a temporary permit which has not expired, or been suspended or revoked, shall be deemed to be the holder of a license issued pursuant to section 335.046 until such temporary permit expires, is terminated or is suspended or revoked.

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

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

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

2. Any person who holds a license to practice practical nursing in this state may use the title “Licensed Practical Nurse” and the abbreviation [“L.P.N.”] **“LPN”**. No other person shall use the title “Licensed Practical Nurse” or the abbreviation [“L.P.N.”] **“LPN”**. No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is a licensed practical nurse.

3. Any person who holds a license [or recognition] to practice advanced practice nursing in this state may use the title “Advanced Practice Registered Nurse”, **the designations of “certified registered nurse anesthetist”, “certified nurse midwife”, “certified clinical nurse specialist”, and “certified nurse practitioner”,** and the [abbreviation] **abbreviations “APRN”,** [and any other title designations appearing on his or her license] **“CRNA”, “CNM”, “CNS”, and “NP”, respectively.** No other person shall use the title “Advanced Practice Registered Nurse” or the abbreviation “APRN”. No other person shall

assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is an advanced practice registered nurse.

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

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

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

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

(1) Sell or attempt to sell or fraudulently obtain or furnish or attempt to furnish any nursing diploma, license, renewal or record or aid or abet therein;

(2) Practice [professional or practical] nursing as defined by sections 335.011 to [335.096] **335.099** under cover of any diploma, license, or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

(3) Practice [professional nursing or practical] nursing as defined by sections 335.011 to [335.096] **335.099** unless duly licensed to do so under the provisions of sections 335.011 to [335.096] **335.099**;

(4) Use in connection with his **or her** name any designation tending to imply that he **or she** is a licensed **advanced practice registered nurse, a licensed** registered professional nurse, or a licensed practical nurse unless duly licensed so to practice under the provisions of sections 335.011 to [335.096] **335.099**;

(5) Practice [professional nursing or practical] nursing during the time his **or her** license issued under the provisions of sections 335.011 to [335.096] **335.099** shall be suspended or revoked; or

(6) Conduct a nursing education program for the preparation of professional or practical nurses unless the program has been accredited by the board.

335.175. 1. No later than January 1, 2014, there is hereby established within the state board of registration for the healing arts and the state board of nursing the “Utilization of Telehealth by Nurses”. An advanced practice registered nurse (APRN) providing nursing services under a collaborative practice arrangement under section 334.104 may provide such services outside the geographic proximity requirements of section 334.104 if the collaborating physician and advanced practice registered nurse

utilize telehealth [in the care of the patient and if the services are provided in a rural area of need.] Telehealth providers shall be required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical information.

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

[3. (1) The boards shall jointly promulgate rules governing the practice of telehealth under this section. Such rules shall address, but not be limited to, appropriate standards for the use of telehealth.]

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

[4. For purposes of this section, “rural area of need” means any rural area of this state which is located in a health professional shortage area as defined in section 354.650.]”; and

Further amend the title and enacting clause accordingly.

Senator Schroer moved that the above amendment be adopted.

Senator Schroer offered **SSA 1** for **SA 1**:

SENATE SUBSTITUTE AMENDMENT NO. 1 FOR
SENATE AMENDMENT NO. 1

Amend Senate Amendment No. 1 to Senate Substitute for Senate Committee Substitute for Senate Bill No. 157, Page 1, In the Title, Lines 3-4, by striking “collaborative practice arrangements with”; and

Further amend said bill and page, section A, line 3, by inserting after all of said line the following:

“195.070. 1. A physician, podiatrist, dentist, a registered optometrist certified to administer pharmaceutical agents as provided in section 336.220, or an assistant physician in accordance with section 334.037 or a physician assistant in accordance with section 334.747 in good faith and in the course of his or her professional practice only, may prescribe, administer, and dispense controlled substances or he or she may cause the same to be administered or dispensed by an individual as authorized by statute.

2. An advanced practice registered nurse, as defined in section 335.016, but not a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016, who holds a certificate of controlled substance prescriptive authority from the board of nursing under section 335.019 and who is delegated the authority to prescribe controlled substances under a collaborative practice arrangement under section 334.104 may prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017, and may have restricted authority in Schedule II. Prescriptions for Schedule II medications prescribed by an advanced practice registered nurse who has a certificate of controlled substance prescriptive authority are restricted to only those medications containing hydrocodone, **Schedule II stimulants, and Schedule**

II controlled substances for hospice patients pursuant to the provisions of section 334.104. However, no such certified advanced practice registered nurse shall prescribe controlled substance for his or her own self or family. Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill.

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

4. A practitioner shall not accept any portion of a controlled substance unused by a patient, for any reason, if such practitioner did not originally dispense the drug, except:

(1) When the controlled substance is delivered to the practitioner to administer to the patient for whom the medication is prescribed as authorized by federal law. Practitioners shall maintain records and secure the medication as required by this chapter and regulations promulgated pursuant to this chapter; or

(2) As provided in section 195.265.

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

Further amend said bill, pages 1-9, section 334.104, by striking all of said section and inserting in lieu thereof the following:

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

2. (1) Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, **Schedule II stimulants**, and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill.

(2) **Notwithstanding any other provision of this section to the contrary, a collaborative practice arrangement may delegate to an advanced practice registered nurse the authority to administer, dispense, or prescribe Schedule II controlled substances for hospice patients; provided, that the**

advanced practice registered nurse is employed by a hospice provider certified pursuant to chapter 197 and the advanced practice registered nurse is providing care to hospice patients pursuant to a collaborative practice arrangement that designates the certified hospice as a location where the advanced practice registered nurse is authorized to practice and prescribe.

(3) Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.

(4) An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician.

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

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

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

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

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

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

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

(b) Maintain geographic proximity, except **as specified in this paragraph. The following provisions shall apply with respect to this requirement:**

a. Until August 28, 2025, an advanced practice registered nurse providing services in a correctional center, as defined in section 217.010, and his or her collaborating physician shall satisfy the geographic proximity requirement if they practice within two hundred miles by road of one another. An incarcerated patient who requests or requires a physician consultation shall be treated by a physician as soon as appropriate;

b. The collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210 (42 U.S.C. Section 1395x, as amended), as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics where the provider

is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic. **The collaborative practice arrangement may allow for geographic proximity to be waived when the arrangement outlines the use of telehealth, as defined in section 191.1145; and**

c. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested; and

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

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

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

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

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

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

(11) If a collaborative practice arrangement is used in clinical situations where a collaborating advanced practice registered nurse provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician or any other physician designated in the collaborative practice arrangement shall be present for sufficient periods of time, at least once every two weeks, except in extraordinary circumstances that shall be documented, to participate in a chart review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff.

4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to [specifying geographic areas to be covered,] the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements including delegating

authority to prescribe controlled substances. **Any rules relating to geographic proximity shall allow a collaborating physician and a collaborating advanced practice registered nurse to practice within two hundred miles by road of one another until August 28, 2025, if the nurse is providing services in a correctional center, as defined in section 217.010.** Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a collaborative practice arrangement provided that he or she is under the supervision of an anesthesiologist or other

physician, dentist, or podiatrist who is immediately available if needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative practice arrangement under this section, except that the collaborative practice arrangement may not delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

8. A collaborating physician shall not enter into a collaborative practice arrangement with more than six full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of this section.

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

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

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

12. No contract or other [agreement] **arrangement** shall require any [advanced practice] registered nurse to serve as a collaborating [advanced practice] registered nurse for any collaborating physician against the [advanced practice] registered nurse's will. [An advanced practice] **A** registered nurse shall have the right to refuse to collaborate, without penalty, with a particular physician.

13. (1) The provisions of this section shall not apply to an advanced practice registered nurse who has been in a collaborative practice arrangement or arrangements for a cumulative two thousand documented hours with a collaborating physician or physicians and whose license is in good standing. These advanced practice registered nurses shall not be required to enter into or

remain in an arrangement in order to practice in this state. Any other provision of law applying to advanced practice registered nurses in collaborative practice arrangements shall also apply to advanced practice registered nurses described in this subsection.

(2) The provisions of this subsection shall not apply to certified registered nurse anesthetists.

335.016. As used in this chapter, unless the context clearly requires otherwise, the following words and terms mean:

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

(2) “Advanced practice registered nurse” or “**APRN**”, a [nurse who has education beyond the basic nursing education and is certified by a nationally recognized professional organization as a certified nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or a certified clinical nurse specialist. The board shall promulgate rules specifying which nationally recognized professional organization certifications are to be recognized for the purposes of this section. Advanced practice nurses and only such individuals may use the title “Advanced Practice Registered Nurse” and the abbreviation “**APRN**”] **person who is licensed under the provisions of this chapter to engage in the practice of advanced practice nursing as a certified clinical nurse specialist, certified nurse midwife, certified nurse practitioner, or certified registered nurse anesthetist;**

(3) “Approval”, official recognition of nursing education programs which meet standards established by the board of nursing;

(4) “Board” or “state board”, the state board of nursing;

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

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

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

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

(9) “Executive director”, a qualified individual employed by the board as executive secretary or otherwise to administer the provisions of this chapter under the board's direction. Such person employed as executive director shall not be a member of the board;

(10) “Inactive [nurse] **license status**”, as defined by rule pursuant to section 335.061;

(11) “Lapsed license status”, as defined by rule under section 335.061;

(12) “Licensed practical nurse” or “practical nurse”, a person licensed pursuant to the provisions of this chapter to engage in the practice of practical nursing;

(13) “Licensure”, the issuing of a license [to practice professional or practical nursing] to candidates who have met the [specified] requirements **specified under this chapter, authorizing the person to engage in the practice of advanced practice, professional, or practical nursing**, and the recording of the names of those persons as holders of a license to practice **advanced practice, professional, or practical nursing**;

(14) “**Practice of advanced practice nursing**”, the performance for compensation of activities and services consistent with the required education, training, certification, demonstrated competencies, and experiences of an advanced practice registered nurse;

(15) “**Practice of practical nursing**”, the performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be given under the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse. For the purposes of this chapter, the term “direction” shall mean guidance or supervision provided by a person licensed by a state regulatory board to prescribe medications and treatments or a registered professional nurse, including, but not limited to, oral, written, or otherwise communicated orders or directives for patient care. When practical nursing care is delivered pursuant to the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse, such care may be delivered by a licensed practical nurse without direct physical oversight;

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

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

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

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

(d) The coordination and assistance in the **determination and** delivery of a plan of health care with all members of a health team;

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

[(16) A] (17) “Registered professional nurse” or “registered nurse”, a person licensed pursuant to the provisions of this chapter to engage in the practice of professional nursing;

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

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

(1) Prescribe, dispense, and administer medications and nonscheduled legend drugs, as defined in section 338.330, within such APRN's practice and specialty; and

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

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

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

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

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

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

335.036. 1. The board shall:

(1) Elect for a one-year term a president and a secretary, who shall also be treasurer, and the board may appoint, employ and fix the compensation of a legal counsel and such board personnel as defined in subdivision (4) of subsection 11 of section 324.001 as are necessary to administer the provisions of sections 335.011 to [335.096] **335.099**;

(2) Adopt and revise such rules and regulations as may be necessary to enable it to carry into effect the provisions of sections 335.011 to [335.096] **335.099**;

(3) Prescribe minimum standards for educational programs preparing persons for licensure **as a registered nurse or licensed practical nurse** pursuant to the provisions of sections 335.011 to [335.096] **335.099**;

(4) Provide for surveys of such programs every five years and in addition at such times as it may deem necessary;

(5) Designate as “approved” such programs as meet the requirements of sections 335.011 to [335.096] **335.099** and the rules and regulations enacted pursuant to such sections; and the board shall annually publish a list of such programs;

(6) Deny or withdraw approval from educational programs for failure to meet prescribed minimum standards;

(7) Examine, license, and cause to be renewed the licenses of duly qualified applicants;

(8) Cause the prosecution of all persons violating provisions of sections 335.011 to [335.096] **335.099**, and may incur such necessary expenses therefor;

(9) Keep a record of all the proceedings; and make an annual report to the governor and to the director of the department of commerce and insurance.

2. The board shall set the amount of the fees which this chapter authorizes and requires by rules and regulations. The fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter.

3. All fees received by the board pursuant to the provisions of sections 335.011 to [335.096] **335.099** shall be deposited in the state treasury and be placed to the credit of the state board of nursing fund. All administrative costs and expenses of the board shall be paid from appropriations made for those purposes. The board is authorized to provide funding for the nursing education incentive program established in sections 335.200 to 335.203.

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

5. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this chapter shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. All rulemaking authority delegated prior to August 28, 1999, is of no force and effect and repealed. Nothing in this section shall be interpreted to repeal or affect the validity of any rule filed or adopted prior to August 28, 1999, if it fully complied with all applicable provisions of law. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 1999, shall be invalid and void.

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

2. An applicant for license to practice as a licensed practical nurse shall submit to the board a written application on forms furnished to the applicant. The original application shall contain the applicant's statements showing the applicant's education and other such pertinent information as the board may require. Such applicant shall be of good moral character, and have completed at least two years of high school, or its equivalent as established by the state board of education, and have successfully completed a basic prescribed curriculum in a state-accredited or approved school of nursing, earned a nursing degree, certificate or diploma and completed a course approved by the board on the role of the practical nurse. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false affidavit or declaration. Applicants from non-English-speaking countries shall be required to submit evidence of their proficiency in the English language. The applicant must be approved by the board and shall pass an examination as required by the board. The board may require by rule as a requirement for licensure that each applicant shall pass an oral or practical examination. Upon successfully passing the examination, the board may issue to the applicant a license to practice as a licensed practical nurse. The applicant for a license to practice licensed practical nursing shall pay a fee in such amount as may be set by the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by rule.

3. (1) An applicant for a license to practice as an advanced practice registered nurse shall submit to the board a written application on forms furnished to the applicant. The original application shall contain:

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

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

(2) The applicant for a license to practice as an advanced practice registered nurse shall pay a fee in such amount as may be set by the board. The fee shall be uniform for all applicants.

(3) An applicant shall:

(a) Hold a current registered professional nurse license or privilege to practice, shall not be currently subject to discipline or any restrictions, and shall not hold an encumbered license or privilege to practice as a registered professional nurse or advanced practice registered nurse in any state or territory;

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

(c) Be currently certified by a national certifying body recognized by the Missouri state board of nursing in the advanced practice registered nurse role; and

(d) Have a population focus on his or her certification, corresponding with his or her educational advanced practice registered nurse program.

(4) Any person holding a document of recognition to practice nursing as an advanced practice registered nurse in this state that is current on August 28, 2023, shall be deemed to be licensed as an advanced practice registered nurse under the provisions of this section and shall be eligible for renewal of such license under the conditions and standards prescribed in this chapter and as prescribed by rule.

4. Upon refusal of the board to allow any applicant to [sit for] **take** either the registered professional nurses' examination or the licensed practical nurses' examination, [as the case may be,] **or upon refusal to issue an advanced practice registered nurse license**, the board shall comply with the provisions of section 621.120 and advise the applicant of his or her right to have a hearing before the administrative hearing commission. The administrative hearing commission shall hear complaints taken pursuant to section 621.120.

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

335.049. 1. Any advanced practice registered nurse actively practicing in a direct or indirect patient care setting shall:

(1) Report to the board the mailing address or addresses of his or her current practice location or locations;

(2) Notify the board within thirty days of any change in practice setting; and

(3) Notify the board within thirty days of any change in a mailing address of any of his or her practice locations.

2. Advanced practice registered nurses shall maintain an adequate and complete patient record for each patient that is retained on paper, microfilm, electronic media, or other media that is capable

of being printed for review by the board. An adequate and complete patient record shall include documentation of the following information:

- (1) Identification of the patient, including name, birth date, address, and telephone number;
- (2) The date or dates the patient was seen;
- (3) The current status of the patient, including the reason for the visit;
- (4) Observation of pertinent physical findings;
- (5) Assessment and clinical impression of diagnosis;
- (6) Plan for care and treatment or additional consultations or diagnostic testing, if necessary. If treatment includes medication, the advanced practice registered nurse shall include in the patient record the medication and dosage of any medication prescribed, dispensed, or administered; and
- (7) Any informed consent for office procedures.

3. Patient records remaining under the care, custody, and control of the advanced practice registered nurse shall be maintained by the advanced practice registered nurse or his or her designee for a minimum of seven years from the date on which the last professional service was provided.

4. Any correction, addition, or change in any patient record made more than forty-eight hours after the final entry is entered in the record and signed by the advanced practice registered nurse shall be clearly marked and identified as such. The date, time, and name of the person making the correction, addition, or change, as well as the reason for the correction, addition, or change, shall be included.

5. Advanced practice registered nurses shall ensure that medical records are completed within thirty days following each patient encounter.

6. Notwithstanding any other provision of law to the contrary, the provisions of subsections 2 through 5 of this section shall not apply to certified registered nurse anesthetists, as defined in subdivision (8) of section 335.016.

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

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

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

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

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

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

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

2. Any person who holds a license to practice practical nursing in this state may use the title “Licensed Practical Nurse” and the abbreviation [“L.P.N.”] **“LPN”**. No other person shall use the title “Licensed Practical Nurse” or the abbreviation [“L.P.N.”] **“LPN”**. No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is a licensed practical nurse.

3. Any person who holds a license [or recognition] to practice advanced practice nursing in this state may use the title “Advanced Practice Registered Nurse”, **the designations of “certified registered nurse anesthetist”, “certified nurse midwife”, “certified clinical nurse specialist”, and “certified nurse practitioner”,** and the [abbreviation] **abbreviations “APRN”, [and any other title designations appearing on his or her license] “CRNA”, “CNM”, “CNS”, and “NP”, respectively.** No other person shall use the title “Advanced Practice Registered Nurse” or the abbreviation “APRN”. No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is an advanced practice registered nurse.

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

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

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

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

(1) Sell or attempt to sell or fraudulently obtain or furnish or attempt to furnish any nursing diploma, license, renewal or record or aid or abet therein;

(2) Practice [professional or practical] nursing as defined by sections 335.011 to [335.096] **335.099** under cover of any diploma, license, or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

(3) Practice [professional nursing or practical] nursing as defined by sections 335.011 to [335.096] **335.099** unless duly licensed to do so under the provisions of sections 335.011 to [335.096] **335.099**;

(4) Use in connection with his **or her** name any designation tending to imply that he **or she** is a licensed **advanced practice registered nurse, a licensed** registered professional nurse, or a licensed practical nurse unless duly licensed so to practice under the provisions of sections 335.011 to [335.096] **335.099**;

(5) Practice [professional nursing or practical] nursing during the time his **or her** license issued under the provisions of sections 335.011 to [335.096] **335.099** shall be suspended or revoked; or

(6) Conduct a nursing education program for the preparation of professional or practical nurses unless the program has been accredited by the board.

335.175. 1. No later than January 1, 2014, there is hereby established within the state board of registration for the healing arts and the state board of nursing the “Utilization of Telehealth by Nurses”. An advanced practice registered nurse (APRN) providing nursing services under a collaborative practice arrangement under section 334.104 may provide such services outside the geographic proximity requirements of section 334.104 if the collaborating physician and advanced practice registered nurse utilize telehealth [in the care of the patient and if the services are provided in a rural area of need.] Telehealth providers shall be required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical information.

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

[3. (1) The boards shall jointly promulgate rules governing the practice of telehealth under this section. Such rules shall address, but not be limited to, appropriate standards for the use of telehealth.]

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

[4. For purposes of this section, “rural area of need” means any rural area of this state which is located in a health professional shortage area as defined in section 354.650.]”; and

Further amend the title and enacting clause accordingly.

Senator Schroer moved that the above substitute amendment be adopted.

At the request of Senator Black, **SB 157**, with **SCS, SS** for **SCS, SA 1** and **SSA 1** for **SA 1** (pending), was placed on the Informal Calendar.

Senator Bernskoetter moved that **SB 22**, with **SS No. 2** (pending), be called from the Informal Calendar and again taken up for perfection, which motion prevailed.

At the request of Senator Bernskoetter, **SS No. 2** for **SB 22** was withdrawn.

Senator Bernskoetter offered **SS No. 3** for **SB 22**, entitled:

SENATE SUBSTITUTE NO. 3 FOR
SENATE BILL NO. 22

An Act to repeal section 211.031, 211.071, 217.345, and 217.690, RSMo, and to enact in lieu thereof five new sections relating to criminal procedures involving juveniles, with an emergency clause for certain sections.

Senator Bernskoetter moved that **SS No. 3** for **SB 22** be adopted, which motion prevailed.

On motion of Senator Bernskoetter, **SS No. 3** for **SB 22** was declared perfected and ordered printed.

MESSAGES FROM THE HOUSE

The following messages were received from the House of Representatives through its Chief Clerk:

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **HBs 651, 479** and **647**, entitled:

An Act to repeal section 67.2677 as enacted by senate bills nos. 153 & 97, one hundred first general assembly, first regular session, and to enact in lieu thereof one new section relating to municipal franchise fees for video service providers.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **HB 725**, entitled:

An Act to repeal sections 569.010, 569.100, 570.010, and 570.030, RSMo, and to enact in lieu thereof four new sections relating to offenses involving teller machines, with penalty provisions.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **HBs 913** and **428**, entitled:

An Act to repeal section 210.211, RSMo, and to enact in lieu thereof one new section relating to licensed child care facilities.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **HB 863**, entitled:

An Act to repeal section 105.688, RSMo, and to enact in lieu thereof five new sections relating to social objective scoring standards.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HS** for **HCS** for **HB 356**, entitled:

An Act to repeal sections 143.022, 143.114, 143.124, and 273.050, RSMo, and to enact in lieu thereof three new sections relating to taxation.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **HB 1162**, entitled:

An Act to amend chapter 191, RSMo, by adding thereto one new section relating to a graduate medical education grant program, with an emergency clause.

Emergency Clause Adopted.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **HB 766**, entitled:

An Act to amend chapter 195, RSMo, by adding thereto one new section relating to marijuana facilities.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

REFERRALS

President Pro Tem Rowden referred the above Gubernatorial appointments to the Committee on Gubernatorial appointments.

COMMUNICATIONS

Senator Rizzo submitted the following:

March 27, 2023

Kristina Martin – Secretary of the Senate
State Capitol, Room 325
Jefferson City, Missouri 65101

Dear Kristina:

Pursuant to Senate Rule 12 and in my capacity as minority floor leader, I hereby remove Senator Doug Beck from the Committee on Fiscal Oversight. In his absence, I hereby appoint Senator Steven Roberts to the same committee.

Sincerely,



John J. Rizzo

INTRODUCTION OF GUESTS

Senator Hoskins introduced to the Senate, his mother, Donna, Warrensburg.

Senator Bernskoetter introduced to the Senate, Reverend Gauck and his wife Jan.

Senator Bean introduced to the Senate, New Madrid County class 3 boys basketball head coach, Lennies McFeren; assistant coaches, Dontre and Lennies Jenkins; team, Tomarion Pettigrew; John Harris; Kayden Minner; Brayden Newson; Ra'Mond Brooks; Jadis Jones; Julian Curtois; Gary Kenedy III; Antjuan Ruff Jr.; Marvioun Cranford; Guilherme Rontarheiro Lourenco; and Evan Johnson.

On motion of Senator O'Laughlin the Senate adjourned until 1:00 p.m., Tuesday, March 28, 2023.

SENATE CALENDAR

FORTY-SECOND DAY—TUESDAY, MARCH 28, 2023

FORMAL CALENDAR

SECOND READING OF SENATE BILLS

SB 546-Bean	SB 574-May
SB 547-Black	SB 575-Schroer
SB 548-McCreery	SB 576-Schroer
SB 549-Fitzwater	SB 577-O'Laughlin
SB 550-Eslinger	SB 578-Trent
SB 551-Eslinger	SB 579-Washington
SB 552-Eslinger	SB 580-Washington
SB 553-Eslinger	SB 581-Washington
SB 554-McCreery	SB 582-Washington
SB 555-Bean	SB 583-Washington
SB 556-Beck	SB 584-Razer and McCreery
SB 557-Schroer	SB 585-Eigel
SB 558-Schroer	SB 586-Crawford
SB 559-Schroer	SB 587-Bean
SB 560-Schroer	SB 588-Hoskins
SB 561-Washington	SB 589-Koenig
SB 562-Washington	SB 590-Brattin
SB 563-Washington	SB 591-Bernskoetter
SB 564-Luetkemeyer	SB 592-Roberts
SB 565-Koenig	SB 593-May
SB 566-Coleman	SB 594-Koenig
SB 567-Cierpiot	SB 595-Thompson Rehder
SB 568-Black and Cierpiot	SB 596-Fitzwater
SB 569-Trent	SB 597-Fitzwater
SB 570-Bernskoetter	SB 598-Brattin
SB 571-Rowden	SB 599-Bean
SB 572-Schroer	SB 600-Schroer
SB 573-Schroer and Luetkemeyer	SB 601-Black

SB 602-Coleman	SB 649-Fitzwater
SB 603-Coleman	SB 650-Trent
SB 604-McCreery	SB 651-Eigel
SB 605-McCreery	SB 653-Roberts
SB 606-Trent	SB 654-Eigel
SB 607-Trent	SB 655-Moon
SB 608-Gannon	SB 656-Fitzwater
SB 609-Cierpiot	SB 657-Crawford
SB 610-Eigel	SB 658-Eigel
SB 611-Eigel	SB 659-McCreery
SB 612-Roberts	SB 660-McCreery
SB 613-Arthur	SB 661-McCreery
SB 614-Thompson Rehder	SB 662-McCreery
SB 615-Black	SB 663-Cierpiot
SB 616-Black	SB 664-Gannon
SB 617-Black	SB 665-Gannon
SB 618-Rizzo	SB 666-Black
SB 619-Mosley	SB 667-Eslinger
SB 620-Carter	SB 668-Roberts
SB 621-Koenig	SB 669-Arthur
SB 622-Roberts	SB 670-Arthur
SB 623-McCreery	SB 671-Carter
SB 624-McCreery	SB 672-Carter
SB 625-Razer	SB 673-May
SB 626-May	SB 674-May
SB 627-Trent	SB 675-Washington
SB 628-Trent	SB 676-Washington
SB 629-Black	SB 677-Trent
SB 630-Bernskoetter	SB 678-Trent
SB 631-Schroer	SB 679-Trent
SB 632-Schroer	SB 680-Brown (26)
SB 633-Brown (16)	SB 681-Eigel
SB 634-Black	SB 682-Eigel
SB 635-Beck	SB 683-Trent
SB 636-Brown (16)	SB 684-Luetkemeyer
SB 637-Schroer	SB 685-Coleman
SB 638-Fitzwater	SB 686-Coleman
SB 639-Bernskoetter	SB 687-Coleman
SB 640-Roberts	SB 688-Bernskoetter
SB 641-Washington	SB 689-McCreery
SB 642-Eslinger	SB 690-Roberts
SB 643-Washington	SB 691-Razer
SB 644-Koenig	SB 692-Eigel
SB 645-Fitzwater	SB 693-Eigel
SB 646-Razer	SB 694-Eigel
SB 647-Bernskoetter	SB 695-Bean
SB 648-Thompson Rehder	SB 696-Hoskins

SB 697-Hoskins
 SB 698-Hoskins
 SB 699-Brattin
 SB 700-Luetkemeyer
 SB 701-Schroer
 SB 702-Beck
 SB 703-Eslinger
 SB 704-Eslinger
 SB 705-Rizzo
 SB 706-Koenig
 SB 707-Trent
 SB 708-O'Laughlin, et al
 SB 709-O'Laughlin
 SB 710-Moon and Carter

SB 711-Eigel
 SB 712-Brown (26)
 SB 713-Washington
 SB 714-Washington
 SB 715-Washington
 SB 716-Washington
 SB 717-Fitzwater
 SB 718-Fitzwater
 SB 719-Fitzwater
 SB 720-Hoskins
 SB 721-Roberts
 SB 722-Washington
 SB 723-Washington

HOUSE BILLS ON SECOND READING

HCS for HB 184
 HCS for HBs 640 & 729
 HCS for HB 417
 HCS for HB 268
 HB 415-O'Donnell
 HCS for HBs 994, 52 & 984
 HB 730-C. Brown
 HS for HCS for HB 186
 HCS for HB 655
 HCS for HB 154
 HCS for HBs 575 & 910
 HCS#2 for HB 713
 HCS for HBs 903, 465, 430 & 499
 HCS for HBs 702, 53, 213, 216, 306 & 359
 HCS for HJR 37
 HB 70-Dinkins
 HB 202-Francis
 HCS for HBs 133 & 583
 HCS for HB 253
 HB 402-Henderson
 HB 827-Christofanelli
 HB 677-Copeland
 HB 585-Owen
 HCS for HB 461
 HCS for HB 454
 HB 490-Sharpe (4)
 HCS for HBs 47 & 638
 HB 630-Knight

HCS for HBs 919 & 1081
 HCS for HB 668
 HCS for HBs 802, 807 & 886
 HB 131-Griffith
 HCS for HB 587
 HCS for HB 715
 HB 81-Veit
 HCS for HB 909
 HCS for HBs 117, 343 & 1091
 HB 94-Schwadron
 HCS for HB 1019
 HB 1010-Christofanelli
 HCS for HBs 556 & 581
 HCS for HB 467
 HB 132-Griffith
 HCS for HB 475
 HB 129-Griffith
 HCS for HB 130
 HB 283-Kelly (141)
 HB 644-Francis
 HB 923-Hovis
 HB 447-Davidson
 HCS for HB 442
 HCS for HJRs 33 & 45
 HCS for HBs 816 & 660
 HCS for HBs 651, 479 & 647
 HCS for HB 725
 HCS for HBs 913 & 428

HCS for HB 863
HS for HCS for HB 356

HCS for HB 1162
HCS for HB 766

THIRD READING OF SENATE BILLS

SS for SCS for SB 8-Eigel
(In Fiscal Oversight)
SS for SCS for SB 133-Moon
(In Fiscal Oversight)
SJR 35-Schroer (In Fiscal Oversight)

SB 247-Brown (16)
SS for SB 143-Beck (In Fiscal Oversight)
SS#3 for SCS for SB 131-Brattin
(In Fiscal Oversight)

SENATE BILLS FOR PERFECTION

1. SBs 56 & 61-Bean, with SCS
2. SJR 21-Roberts
3. SB 30-Luetkemeyer
4. SB 136-Eslinger
5. SB 140-Bean, with SCS
6. SB 213-Beck
7. SB 245-Arthur
8. SB 214-Beck
9. SB 80-Schroer
10. SB 227-Coleman
11. SB 88-Brown (26), with SCS
12. SB 79-Schroer, with SCS
13. SB 155-Black
14. SB 138-Eslinger
15. SB 38-Williams, with SCS

16. SBs 167 & 171-Brown (26), with SCS
17. SB 198-Thompson Rehder
18. SB 106-Arthur and Thompson Rehder,
with SCS
19. SB 152-Trent
20. SB 360-Koenig, with SCS
21. SB 11-Crawford, with SCS
22. SB 199-Thompson Rehder
23. SB 95-Koenig
24. SJR 14-Brown (16)
25. SBs 189, 36 & 37-Luetkemeyer, with SCS
26. SB 184-Arthur, with SCS
27. SB 209-Bean, with SCS
28. SB 317-Eigel, with SCS
29. SB 228-Coleman, with SCS

HOUSE BILLS ON THIRD READING

HCS for HJR 43 (Crawford)

HCS for HBs 115 & 99 (Eslinger)

INFORMAL CALENDAR

THIRD READING OF SENATE BILLS

SB 63-Roberts and Rizzo

SENATE BILLS FOR PERFECTION

SB 5-Koenig, with SCS
 SB 15-Cierpiot, with SS (pending)
 SB 21-Bernskoetter, with SCS (pending)
 SB 35-May
 SB 44-Brattin
 SBs 73 & 162-Trent, with SCS, SS for SCS
 & SA 2 (pending)
 SB 81-Coleman, with SCS
 SB 85-Carter, with SCS, SS for SCS
 & SA 1 (pending)
 SB 92-Hoskins, with SCS

SBs 93 & 135-Hoskins, with SCS & SS for
 SCS (pending)
 SB 105-Cierpiot, with SS & SA 2 (pending)
 SB 110-Bernskoetter
 SB 112-Hough
 SB 117-Luetkemeyer, with SS, SA 1 & SA 1 to
 SA 1 (pending)
 SB 151-Fitzwater, with SA 2 (pending)
 SB 157-Black, with SCS, SS for SCS, SA 1
 & SSA 1 for SA 1 (pending)

RESOLUTIONS

SR 22-Roberts

✓