

**SENATE AMENDMENT NO. \_\_\_\_\_**

Offered by \_\_\_\_\_ of \_\_\_\_\_

Amend SS/SCS/Senate Bill No. 157, Page 1, Section TITLE, Lines 3-4,

2 by striking "collaborative practice arrangements with"; and

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

5 "195.070. 1. A physician, podiatrist, dentist, a  
6 registered optometrist certified to administer  
7 pharmaceutical agents as provided in section 336.220, or an  
8 assistant physician in accordance with section 334.037 or a  
9 physician assistant in accordance with section 334.747 in  
10 good faith and in the course of his or her professional  
11 practice only, may prescribe, administer, and dispense  
12 controlled substances or he or she may cause the same to be  
13 administered or dispensed by an individual as authorized by  
14 statute.

15 2. An advanced practice registered nurse, as defined  
16 in section 335.016, but not a certified registered nurse  
17 anesthetist as defined in subdivision (8) of section  
18 335.016, who holds a certificate of controlled substance  
19 prescriptive authority from the board of nursing under  
20 section 335.019 and who is delegated the authority to  
21 prescribe controlled substances under a collaborative  
22 practice arrangement under section 334.104 may prescribe any  
23 controlled substances listed in Schedules III, IV, and V of  
24 section 195.017, and may have restricted authority in  
25 Schedule II. Prescriptions for Schedule II medications  
26 prescribed by an advanced practice registered nurse who has

27 a certificate of controlled substance prescriptive authority  
28 are restricted to only those medications containing  
29 hydrocodone, Schedule II stimulants, and Schedule II  
30 controlled substances for hospice patients pursuant to the  
31 provisions of section 334.104. However, no such certified  
32 advanced practice registered nurse shall prescribe  
33 controlled substance for his or her own self or family.  
34 Schedule III narcotic controlled substance and Schedule II -  
35 hydrocodone prescriptions shall be limited to a one hundred  
36 twenty-hour supply without refill.

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

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

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

53 (2) As provided in section 195.265.

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

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

60 "334.104. 1. A physician may enter into collaborative  
61 practice arrangements with registered professional nurses.  
62 Collaborative practice arrangements shall be in the form of  
63 written agreements, jointly agreed-upon protocols, or  
64 standing orders for the delivery of health care services.  
65 Collaborative practice arrangements, which shall be in  
66 writing, may delegate to a registered professional nurse the  
67 authority to administer or dispense drugs and provide  
68 treatment as long as the delivery of such health care  
69 services is within the scope of practice of the registered  
70 professional nurse and is consistent with that nurse's  
71 skill, training and competence.

72 2. (1) Collaborative practice arrangements, which  
73 shall be in writing, may delegate to a registered  
74 professional nurse the authority to administer, dispense or  
75 prescribe drugs and provide treatment if the registered  
76 professional nurse is an advanced practice registered nurse  
77 as defined in subdivision (2) of section 335.016.  
78 Collaborative practice arrangements may delegate to an  
79 advanced practice registered nurse, as defined in section  
80 335.016, the authority to administer, dispense, or prescribe  
81 controlled substances listed in Schedules III, IV, and V of  
82 section 195.017, Schedule II stimulants, and Schedule II -  
83 hydrocodone; except that, the collaborative practice  
84 arrangement shall not delegate the authority to administer  
85 any controlled substances listed in Schedules III, IV, and V  
86 of section 195.017, or Schedule II - hydrocodone for the  
87 purpose of inducing sedation or general anesthesia for  
88 therapeutic, diagnostic, or surgical procedures. Schedule  
89 III narcotic controlled substance and Schedule II -  
90 hydrocodone prescriptions shall be limited to a one hundred  
91 twenty-hour supply without refill.

92           (2) Notwithstanding any other provision of this  
93 section to the contrary, a collaborative practice  
94 arrangement may delegate to an advanced practice registered  
95 nurse the authority to administer, dispense, or prescribe  
96 Schedule II controlled substances for hospice patients;  
97 provided, that the advanced practice registered nurse is  
98 employed by a hospice provider certified pursuant to chapter  
99 197 and the advanced practice registered nurse is providing  
100 care to hospice patients pursuant to a collaborative  
101 practice arrangement that designates the certified hospice  
102 as a location where the advanced practice registered nurse  
103 is authorized to practice and prescribe.

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

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

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

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

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

122           (3) A requirement that there shall be posted at every  
123 office where the advanced practice registered nurse is  
124 authorized to prescribe, in collaboration with a physician,

125 a prominently displayed disclosure statement informing  
126 patients that they may be seen by an advanced practice  
127 registered nurse and have the right to see the collaborating  
128 physician;

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

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

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

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

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

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

158 provider-based rural health clinics where the provider is a  
159 critical access hospital as provided in 42 U.S.C. Section  
160 1395i-4, and provider-based rural health clinics where the  
161 main location of the hospital sponsor is greater than fifty  
162 miles from the clinic. The collaborative practice  
163 arrangement may allow for geographic proximity to be waived  
164 when the arrangement outlines the use of telehealth, as  
165 defined in section 191.1145; and

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

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

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

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

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

184 (9) A description of the time and manner of the  
185 collaborating physician's review of the advanced practice  
186 registered nurse's delivery of health care services. The  
187 description shall include provisions that the advanced  
188 practice registered nurse shall submit a minimum of ten  
189 percent of the charts documenting the advanced practice  
190 registered nurse's delivery of health care services to the

191 collaborating physician for review by the collaborating  
192 physician, or any other physician designated in the  
193 collaborative practice arrangement, every fourteen days;  
194 [and]

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

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

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

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

250 5. The state board of registration for the healing  
251 arts shall not deny, revoke, suspend or otherwise take  
252 disciplinary action against a physician for health care  
253 services delegated to a registered professional nurse  
254 provided the provisions of this section and the rules  
255 promulgated thereunder are satisfied. Upon the written  
256 request of a physician subject to a disciplinary action

257 imposed as a result of an agreement between a physician and  
258 a registered professional nurse or registered physician  
259 assistant, whether written or not, prior to August 28, 1993,  
260 all records of such disciplinary licensure action and all  
261 records pertaining to the filing, investigation or review of  
262 an alleged violation of this chapter incurred as a result of  
263 such an agreement shall be removed from the records of the  
264 state board of registration for the healing arts and the  
265 division of professional registration and shall not be  
266 disclosed to any public or private entity seeking such  
267 information from the board or the division. The state board  
268 of registration for the healing arts shall take action to  
269 correct reports of alleged violations and disciplinary  
270 actions as described in this section which have been  
271 submitted to the National Practitioner Data Bank. In  
272 subsequent applications or representations relating to his  
273 or her medical practice, a physician completing forms or  
274 documents shall not be required to report any actions of the  
275 state board of registration for the healing arts for which  
276 the records are subject to removal under this section.

277 6. Within thirty days of any change and on each  
278 renewal, the state board of registration for the healing  
279 arts shall require every physician to identify whether the  
280 physician is engaged in any collaborative practice  
281 [agreement] arrangement, including collaborative practice  
282 [agreements] arrangements delegating the authority to  
283 prescribe controlled substances, or physician assistant  
284 [agreement] collaborative practice arrangement and also  
285 report to the board the name of each licensed professional  
286 with whom the physician has entered into such [agreement]  
287 arrangement. The board [may] shall make this information  
288 available to the public. The board shall track the reported  
289 information and may routinely conduct random reviews of such

290 [agreements] arrangements to ensure that [agreements]  
291 arrangements are carried out for compliance under this  
292 chapter.

293 7. Notwithstanding any law to the contrary, a  
294 certified registered nurse anesthetist as defined in  
295 subdivision (8) of section 335.016 shall be permitted to  
296 provide anesthesia services without a collaborative practice  
297 arrangement provided that he or she is under the supervision  
298 of an anesthesiologist or other physician, dentist, or  
299 podiatrist who is immediately available if needed. Nothing  
300 in this subsection shall be construed to prohibit or prevent  
301 a certified registered nurse anesthetist as defined in  
302 subdivision (8) of section 335.016 from entering into a  
303 collaborative practice arrangement under this section,  
304 except that the collaborative practice arrangement may not  
305 delegate the authority to prescribe any controlled  
306 substances listed in Schedules III, IV, and V of section  
307 195.017, or Schedule II - hydrocodone.

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

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

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

344           11. No contract or other **[agreement]** arrangement shall  
345 require a physician to act as a collaborating physician for  
346 an advanced practice registered nurse against the  
347 physician's will. A physician shall have the right to  
348 refuse to act as a collaborating physician, without penalty,  
349 for a particular advanced practice registered nurse. No  
350 contract or other agreement shall limit the collaborating  
351 physician's ultimate authority over any protocols or  
352 standing orders or in the delegation of the physician's  
353 authority to any advanced practice registered nurse, but  
354 this requirement shall not authorize a physician in

355 implementing such protocols, standing orders, or delegation  
356 to violate applicable standards for safe medical practice  
357 established by hospital's medical staff.

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

365 13. (1) The provisions of this section shall not  
366 apply to an advanced practice registered nurse who has been  
367 in a collaborative practice arrangement or arrangements for  
368 a cumulative two thousand documented hours with a  
369 collaborating physician or physicians and whose license is  
370 in good standing. These advanced practice registered nurses  
371 shall not be required to enter into or remain in an  
372 arrangement in order to practice in this state. Any other  
373 provision of law applying to advanced practice registered  
374 nurses in collaborative practice arrangements shall also  
375 apply to advanced practice registered nurses described in  
376 this subsection.

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

379 335.016. As used in this chapter, unless the context  
380 clearly requires otherwise, the following words and terms  
381 mean:

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

385 (2) "Advanced practice registered nurse" or "APRN", a  
386 [nurse who has education beyond the basic nursing education  
387 and is certified by a nationally recognized professional

388 organization as a certified nurse practitioner, certified  
389 nurse midwife, certified registered nurse anesthetist, or a  
390 certified clinical nurse specialist. The board shall  
391 promulgate rules specifying which nationally recognized  
392 professional organization certifications are to be  
393 recognized for the purposes of this section. Advanced  
394 practice nurses and only such individuals may use the title  
395 "Advanced Practice Registered Nurse" and the abbreviation  
396 "APRN"] person who is licensed under the provisions of this  
397 chapter to engage in the practice of advanced practice  
398 nursing as a certified clinical nurse specialist, certified  
399 nurse midwife, certified nurse practitioner, or certified  
400 registered nurse anesthetist;

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

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

406 (5) "Certified clinical nurse specialist", a  
407 registered nurse who is currently certified as a clinical  
408 nurse specialist by a nationally recognized certifying board  
409 approved by the board of nursing;

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

415 (7) "Certified nurse practitioner", a registered nurse  
416 who is currently certified as a nurse practitioner by a  
417 nationally recognized certifying body approved by the board  
418 of nursing;

419 (8) "Certified registered nurse anesthetist", a  
420 registered nurse who is currently certified as a nurse

421 anesthetist by the Council on Certification of Nurse  
422 Anesthetists, the [Council on Recertification of Nurse  
423 Anesthetists] National Board of Certification and  
424 Recertification for Nurse Anesthetists, or other nationally  
425 recognized certifying body approved by the board of nursing;

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

431 (10) "Inactive [nurse] license status", as defined by  
432 rule pursuant to section 335.061;

433 (11) "Lapsed license status", as defined by rule under  
434 section 335.061;

435 (12) "Licensed practical nurse" or "practical nurse",  
436 a person licensed pursuant to the provisions of this chapter  
437 to engage in the practice of practical nursing;

438 (13) "Licensure", the issuing of a license [to  
439 practice professional or practical nursing] to candidates  
440 who have met the [specified] requirements specified under  
441 this chapter, authorizing the person to engage in the  
442 practice of advanced practice, professional, or practical  
443 nursing, and the recording of the names of those persons as  
444 holders of a license to practice advanced practice,  
445 professional, or practical nursing;

446 (14) "Practice of advanced practice nursing", the  
447 performance for compensation of activities and services  
448 consistent with the required education, training,  
449 certification, demonstrated competencies, and experiences of  
450 an advanced practice registered nurse;

451 (15) "Practice of practical nursing", the performance  
452 for compensation of selected acts for the promotion of  
453 health and in the care of persons who are ill, injured, or

454 experiencing alterations in normal health processes. Such  
455 performance requires substantial specialized skill, judgment  
456 and knowledge. All such nursing care shall be given under  
457 the direction of a person licensed by a state regulatory  
458 board to prescribe medications and treatments or under the  
459 direction of a registered professional nurse. For the  
460 purposes of this chapter, the term "direction" shall mean  
461 guidance or supervision provided by a person licensed by a  
462 state regulatory board to prescribe medications and  
463 treatments or a registered professional nurse, including,  
464 but not limited to, oral, written, or otherwise communicated  
465 orders or directives for patient care. When practical  
466 nursing care is delivered pursuant to the direction of a  
467 person licensed by a state regulatory board to prescribe  
468 medications and treatments or under the direction of a  
469 registered professional nurse, such care may be delivered by  
470 a licensed practical nurse without direct physical oversight;

471 [(15)] (16) "Practice of professional nursing", the  
472 performance for compensation of any act or action which  
473 requires substantial specialized education, judgment and  
474 skill based on knowledge and application of principles  
475 derived from the biological, physical, social, behavioral,  
476 and nursing sciences, including, but not limited to:

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

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

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

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

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

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

496 [(17)] (18) "Retired license status", any person  
497 licensed in this state under this chapter who retires from  
498 such practice. Such person shall file with the board an  
499 affidavit, on a form to be furnished by the board, which  
500 states the date on which the licensee retired from such  
501 practice, an intent to retire from the practice for at least  
502 two years, and such other facts as tend to verify the  
503 retirement as the board may deem necessary; but if the  
504 licensee thereafter reengages in the practice, the licensee  
505 shall renew his or her license with the board as provided by  
506 this chapter and by rule and regulation.

507 335.019. 1. An advanced practice registered nurse's  
508 prescriptive authority shall include authority to:

509 (1) Prescribe, dispense, and administer medications  
510 and nonscheduled legend drugs, as defined in section  
511 338.330, within such APRN's practice and specialty; and

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

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

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

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

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

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

545 335.036. 1. The board shall:

546 (1) Elect for a one-year term a president and a  
547 secretary, who shall also be treasurer, and the board may  
548 appoint, employ and fix the compensation of a legal counsel  
549 and such board personnel as defined in subdivision (4) of  
550 subsection 11 of section 324.001 as are necessary to  
551 administer the provisions of sections 335.011 to [335.096]  
552 335.099;

553           (2) Adopt and revise such rules and regulations as may  
554 be necessary to enable it to carry into effect the  
555 provisions of sections 335.011 to ~~335.096~~ 335.099;

556           (3) Prescribe minimum standards for educational  
557 programs preparing persons for licensure as a registered  
558 nurse or licensed practical nurse pursuant to the provisions  
559 of sections 335.011 to ~~335.096~~ 335.099;

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

562           (5) Designate as "approved" such programs as meet the  
563 requirements of sections 335.011 to ~~335.096~~ 335.099 and  
564 the rules and regulations enacted pursuant to such sections;  
565 and the board shall annually publish a list of such programs;

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

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

570           (8) Cause the prosecution of all persons violating  
571 provisions of sections 335.011 to ~~335.096~~ 335.099, and may  
572 incur such necessary expenses therefor;

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

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

581           3. All fees received by the board pursuant to the  
582 provisions of sections 335.011 to ~~335.096~~ 335.099 shall be  
583 deposited in the state treasury and be placed to the credit  
584 of the state board of nursing fund. All administrative  
585 costs and expenses of the board shall be paid from

586 appropriations made for those purposes. The board is  
587 authorized to provide funding for the nursing education  
588 incentive program established in sections 335.200 to 335.203.

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

601 5. Any rule or portion of a rule, as that term is  
602 defined in section 536.010, that is created under the  
603 authority delegated in this chapter shall become effective  
604 only if it complies with and is subject to all of the  
605 provisions of chapter 536 and, if applicable, section  
606 536.028. All rulemaking authority delegated prior to August  
607 28, 1999, is of no force and effect and repealed. Nothing  
608 in this section shall be interpreted to repeal or affect the  
609 validity of any rule filed or adopted prior to August 28,  
610 1999, if it fully complied with all applicable provisions of  
611 law. This section and chapter 536 are nonseverable and if  
612 any of the powers vested with the general assembly pursuant  
613 to chapter 536 to review, to delay the effective date or to  
614 disapprove and annul a rule are subsequently held  
615 unconstitutional, then the grant of rulemaking authority and  
616 any rule proposed or adopted after August 28, 1999, shall be  
617 invalid and void.

618           335.046. 1. An applicant for a license to practice as  
619 a registered professional nurse shall submit to the board a  
620 written application on forms furnished to the applicant.  
621 The original application shall contain the applicant's  
622 statements showing the applicant's education and other such  
623 pertinent information as the board may require. The  
624 applicant shall be of good moral character and have  
625 completed at least the high school course of study, or the  
626 equivalent thereof as determined by the state board of  
627 education, and have successfully completed the basic  
628 professional curriculum in an accredited or approved school  
629 of nursing and earned a professional nursing degree or  
630 diploma. Each application shall contain a statement that it  
631 is made under oath or affirmation and that its  
632 representations are true and correct to the best knowledge  
633 and belief of the person signing same, subject to the  
634 penalties of making a false affidavit or declaration.  
635 Applicants from non-English-speaking lands shall be required  
636 to submit evidence of proficiency in the English language.  
637 The applicant must be approved by the board and shall pass  
638 an examination as required by the board. The board may  
639 require by rule as a requirement for licensure that each  
640 applicant shall pass an oral or practical examination. Upon  
641 successfully passing the examination, the board may issue to  
642 the applicant a license to practice nursing as a registered  
643 professional nurse. The applicant for a license to practice  
644 registered professional nursing shall pay a license fee in  
645 such amount as set by the board. The fee shall be uniform  
646 for all applicants. Applicants from foreign countries shall  
647 be licensed as prescribed by rule.

648           2. An applicant for license to practice as a licensed  
649 practical nurse shall submit to the board a written  
650 application on forms furnished to the applicant. The

651 original application shall contain the applicant's  
652 statements showing the applicant's education and other such  
653 pertinent information as the board may require. Such  
654 applicant shall be of good moral character, and have  
655 completed at least two years of high school, or its  
656 equivalent as established by the state board of education,  
657 and have successfully completed a basic prescribed  
658 curriculum in a state-accredited or approved school of  
659 nursing, earned a nursing degree, certificate or diploma and  
660 completed a course approved by the board on the role of the  
661 practical nurse. Each application shall contain a statement  
662 that it is made under oath or affirmation and that its  
663 representations are true and correct to the best knowledge  
664 and belief of the person signing same, subject to the  
665 penalties of making a false affidavit or declaration.  
666 Applicants from non-English-speaking countries shall be  
667 required to submit evidence of their proficiency in the  
668 English language. The applicant must be approved by the  
669 board and shall pass an examination as required by the  
670 board. The board may require by rule as a requirement for  
671 licensure that each applicant shall pass an oral or  
672 practical examination. Upon successfully passing the  
673 examination, the board may issue to the applicant a license  
674 to practice as a licensed practical nurse. The applicant  
675 for a license to practice licensed practical nursing shall  
676 pay a fee in such amount as may be set by the board. The  
677 fee shall be uniform for all applicants. Applicants from  
678 foreign countries shall be licensed as prescribed by rule.

679       3. (1) An applicant for a license to practice as an  
680 advanced practice registered nurse shall submit to the board  
681 a written application on forms furnished to the applicant.  
682 The original application shall contain:

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

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

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

695           (3) An applicant shall:

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

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

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

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

714           (4) Any person holding a document of recognition to  
715 practice nursing as an advanced practice registered nurse in

716 this state that is current on August 28, 2023, shall be  
717 deemed to be licensed as an advanced practice registered  
718 nurse under the provisions of this section and shall be  
719 eligible for renewal of such license under the conditions  
720 and standards prescribed in this chapter and as prescribed  
721 by rule.

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

732 [4.] 5. The board shall not deny a license because of  
733 sex, religion, race, ethnic origin, age or political  
734 affiliation.

735 335.049. 1. Any advanced practice registered nurse  
736 actively practicing in a direct or indirect patient care  
737 setting shall:

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

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

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

745 2. Advanced practice registered nurses shall maintain  
746 an adequate and complete patient record for each patient  
747 that is retained on paper, microfilm, electronic media, or  
748 other media that is capable of being printed for review by

749 the board. An adequate and complete patient record shall  
750 include documentation of the following information:

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

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

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

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

781 6. Notwithstanding any other provision of law to the  
782 contrary, the provisions of subsections 2 through 5 of this  
783 section shall not apply to certified registered nurse  
784 anesthetists, as defined in subdivision (8) of section  
785 335.016.

786 335.051. 1. The board shall issue a license to  
787 practice nursing as **[either]** an advanced practice registered  
788 nurse, a registered professional nurse, or a licensed  
789 practical nurse without examination to an applicant who has  
790 duly become licensed as **[a]** an advanced practice registered  
791 nurse, registered nurse, or licensed practical nurse  
792 pursuant to the laws of another state, territory, or foreign  
793 country if the applicant meets the qualifications required  
794 of advanced practice registered nurses, registered nurses,  
795 or licensed practical nurses in this state at the time the  
796 applicant was originally licensed in the other state,  
797 territory, or foreign country.

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

800 3. Upon application, the board shall issue a temporary  
801 permit to an applicant pursuant to subsection 1 of this  
802 section for a license as **[either]** an advanced practice  
803 registered nurse, a registered professional nurse, or a  
804 licensed practical nurse who has made a prima facie showing  
805 that the applicant meets all of the requirements for such a  
806 license. The temporary permit shall be effective only until  
807 the board shall have had the opportunity to investigate his  
808 or her qualifications for licensure pursuant to subsection 1  
809 of this section and to notify the applicant that his or her  
810 application for a license has been either granted or  
811 rejected. In no event shall such temporary permit be in  
812 effect for more than twelve months after the date of its  
813 issuance nor shall a permit be reissued to the same

814 applicant. No fee shall be charged for such temporary  
815 permit. The holder of a temporary permit which has not  
816 expired, or been suspended or revoked, shall be deemed to be  
817 the holder of a license issued pursuant to section 335.046  
818 until such temporary permit expires, is terminated or is  
819 suspended or revoked.

820 335.056. 1. The license of every person licensed  
821 under the provisions of ~~sections 335.011 to 335.096~~ this  
822 chapter shall be renewed as provided. An application for  
823 renewal of license shall be mailed to every person to whom a  
824 license was issued or renewed during the current licensing  
825 period. The applicant shall complete the application and  
826 return it to the board by the renewal date with a renewal  
827 fee in an amount to be set by the board. The fee shall be  
828 uniform for all applicants. The certificates of renewal  
829 shall render the holder thereof a legal practitioner of  
830 nursing for the period stated in the certificate of  
831 renewal. Any person who practices nursing as an advanced  
832 practice registered nurse, a registered professional nurse,  
833 or ~~as~~ a licensed practical nurse during the time his or  
834 her license has lapsed shall be considered an illegal  
835 practitioner and shall be subject to the penalties provided  
836 for violation of the provisions of sections 335.011 to  
837 ~~335.096~~ 335.099.

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

847           335.076. 1. Any person who holds a license to  
848 practice professional nursing in this state may use the  
849 title "Registered Professional Nurse" and the abbreviation  
850 ["R.N."] "RN". No other person shall use the title  
851 "Registered Professional Nurse" or the abbreviation ["R.N."]  
852 "RN". No other person shall assume any title or use any  
853 abbreviation or any other words, letters, signs, or devices  
854 to indicate that the person using the same is a registered  
855 professional nurse.

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

864           3. Any person who holds a license [or recognition] to  
865 practice advanced practice nursing in this state may use the  
866 title "Advanced Practice Registered Nurse", the designations  
867 of "certified registered nurse anesthetist", "certified  
868 nurse midwife", "certified clinical nurse specialist", and  
869 "certified nurse practitioner", and the [abbreviation]  
870 abbreviations "APRN", [and any other title designations  
871 appearing on his or her license] "CRNA", "CNM", "CNS", and  
872 "NP", respectively. No other person shall use the title  
873 "Advanced Practice Registered Nurse" or the abbreviation  
874 "APRN". No other person shall assume any title or use any  
875 abbreviation or any other words, letters, signs, or devices  
876 to indicate that the person using the same is an advanced  
877 practice registered nurse.

878           4. No person shall practice or offer to practice  
879 professional nursing, practical nursing, or advanced

880 practice nursing in this state or use any title, sign,  
881 abbreviation, card, or device to indicate that such person  
882 is a practicing professional nurse, practical nurse, or  
883 advanced practice nurse unless he or she has been duly  
884 licensed under the provisions of this chapter.

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

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

903         335.086. No person, firm, corporation or association  
904 shall:

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

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

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

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

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

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

930 335.175. 1. No later than January 1, 2014, there is  
931 hereby established within the state board of registration  
932 for the healing arts and the state board of nursing the  
933 "Utilization of Telehealth by Nurses". An advanced practice  
934 registered nurse (APRN) providing nursing services under a  
935 collaborative practice arrangement under section 334.104 may  
936 provide such services outside the geographic proximity  
937 requirements of section 334.104 if the collaborating  
938 physician and advanced practice registered nurse utilize  
939 telehealth [in the care of the patient and if the services  
940 are provided in a rural area of need.] Telehealth providers  
941 shall be required to obtain patient consent before  
942 telehealth services are initiated and ensure confidentiality  
943 of medical information.

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

946 [3. (1) The boards shall jointly promulgate rules  
947 governing the practice of telehealth under this section.  
948 Such rules shall address, but not be limited to, appropriate  
949 standards for the use of telehealth.

950 (2) Any rule or portion of a rule, as that term is  
951 defined in section 536.010, that is created under the  
952 authority delegated in this section shall become effective  
953 only if it complies with and is subject to all of the  
954 provisions of chapter 536 and, if applicable, section  
955 536.028. This section and chapter 536 are nonseverable and  
956 if any of the powers vested with the general assembly  
957 pursuant to chapter 536 to review, to delay the effective  
958 date, or to disapprove and annul a rule are subsequently  
959 held unconstitutional, then the grant of rulemaking  
960 authority and any rule proposed or adopted after August 28,  
961 2013, shall be invalid and void.

962 4. For purposes of this section, "rural area of need"  
963 means any rural area of this state which is located in a  
964 health professional shortage area as defined in section  
965 354.650.]; and

966 Further amend the title and enacting clause accordingly.