

SENATE SUBSTITUTE
FOR
HOUSE COMMITTEE SUBSTITUTE
FOR
HOUSE BILLS NOS. 115 & 99
AN ACT

To repeal sections 195.070, 334.036, 334.100, 334.104, 334.506, 334.613, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 337.510, and 338.010, RSMo, and to enact in lieu thereof nineteen new sections relating to licensing of health care professionals.

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

Section A. Sections 195.070, 334.036, 334.100, 334.104,
2 334.506, 334.613, 335.016, 335.019, 335.036, 335.046, 335.051,
3 335.056, 335.076, 335.086, 335.175, 337.510, and 338.010, RSMo,
4 are repealed and nineteen new sections enacted in lieu thereof,
5 to be known as sections 195.070, 334.036, 334.100, 334.104,
6 334.506, 334.613, 335.016, 335.019, 335.036, 335.046, 335.051,
7 335.056, 335.076, 335.086, 335.175, 337.510, 337.550, 338.010,
8 and 338.012, to read as follows:

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

11 2. An advanced practice registered nurse, as defined
12 in section 335.016, but not a certified registered nurse
13 anesthetist as defined in subdivision (8) of section
14 335.016, who holds a certificate of controlled substance
15 prescriptive authority from the board of nursing under
16 section 335.019 and who is delegated the authority to
17 prescribe controlled substances under a collaborative
18 practice arrangement under section 334.104 may prescribe any
19 controlled substances listed in Schedules III, IV, and V of
20 section 195.017, and may have restricted authority in
21 Schedule II. Prescriptions for Schedule II medications
22 prescribed by an advanced practice registered nurse who has
23 a certificate of controlled substance prescriptive authority
24 are restricted to only those medications containing
25 hydrocodone and Schedule II controlled substances for
26 hospice patients pursuant to the provisions of section
27 334.104. However, no such certified advanced practice
28 registered nurse shall prescribe controlled substance for
29 his or her own self or family. Schedule III narcotic
30 controlled substance and Schedule II - hydrocodone
31 prescriptions shall be limited to a one hundred twenty-hour
32 supply without refill.

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

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

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

49 (2) As provided in section 195.265.

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

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

3 (1) "Assistant physician", any graduate of a medical
4 school [graduate] accredited by the Liaison Committee on
5 Medical Education, the Commission on Osteopathic College
6 Accreditation, or an organization accredited by the
7 Educational Commission for Foreign Medical Graduates who:

8 (a) Is a resident and citizen of the United States or
9 is a legal resident alien;

10 (b) Has successfully completed Step 2 of the United
11 States Medical Licensing Examination or the equivalent of
12 such step of any other board-approved medical licensing
13 examination within the three-year period immediately
14 preceding application for licensure as an assistant
15 physician, or within three years after graduation from a
16 medical college or osteopathic medical college, whichever is
17 later;

18 (c) Has not completed an approved postgraduate
19 residency and has successfully completed Step 2 of the
20 United States Medical Licensing Examination or the
21 equivalent of such step of any other board-approved medical
22 licensing examination within the immediately preceding three-
23 year period unless when such three-year anniversary occurred

24 he or she was serving as a resident physician in an
25 accredited residency in the United States and continued to
26 do so within thirty days prior to application for licensure
27 as an assistant physician; and

28 (d) Has proficiency in the English language.

29 Any graduate of a medical school [graduate] who could have
30 applied for licensure and complied with the provisions of
31 this subdivision at any time between August 28, 2014, and
32 August 28, 2017, may apply for licensure and shall be deemed
33 in compliance with the provisions of this subdivision;

34 (2) "Assistant physician collaborative practice
35 arrangement", an agreement between a physician and an
36 assistant physician that meets the requirements of this
37 section and section 334.037[;]

38 (3) "Medical school graduate", any person who has
39 graduated from a medical college or osteopathic medical
40 college described in section 334.031].

41 2. (1) An assistant physician collaborative practice
42 arrangement shall limit the assistant physician to providing
43 only primary care services and only in medically underserved
44 rural or urban areas of this state [or in any pilot project
45 areas established in which assistant physicians may
46 practice].

47 (2) For a physician-assistant physician team working
48 in a rural health clinic under the federal Rural Health
49 Clinic Services Act, P.L. 95-210, as amended:

50 (a) An assistant physician shall be considered a
51 physician assistant for purposes of regulations of the
52 Centers for Medicare and Medicaid Services (CMS); and

53 (b) No supervision requirements in addition to the
54 minimum federal law shall be required.

55 3. (1) For purposes of this section, the licensure of
56 assistant physicians shall take place within processes

57 established by rules of the state board of registration for
58 the healing arts. The board of healing arts is authorized
59 to establish rules under chapter 536 establishing licensure
60 and renewal procedures, supervision, collaborative practice
61 arrangements, fees, and addressing such other matters as are
62 necessary to protect the public and discipline the
63 profession. No licensure fee for an assistant physician
64 shall exceed the amount of any licensure fee for a physician
65 assistant. An application for licensure may be denied or
66 the licensure of an assistant physician may be suspended or
67 revoked by the board in the same manner and for violation of
68 the standards as set forth by section 334.100, or such other
69 standards of conduct set by the board by rule. No rule or
70 regulation shall require an assistant physician to complete
71 more hours of continuing medical education than that of a
72 licensed physician.

73 (2) Any rule or portion of a rule, as that term is
74 defined in section 536.010, that is created under the
75 authority delegated in this section shall become effective
76 only if it complies with and is subject to all of the
77 provisions of chapter 536 and, if applicable, section
78 536.028. This section and chapter 536 are nonseverable and
79 if any of the powers vested with the general assembly under
80 chapter 536 to review, to delay the effective date, or to
81 disapprove and annul a rule are subsequently held
82 unconstitutional, then the grant of rulemaking authority and
83 any rule proposed or adopted after August 28, 2014, shall be
84 invalid and void.

85 (3) Any rules or regulations regarding assistant
86 physicians in effect as of the effective date of this
87 section that conflict with the provisions of this section
88 and section 334.037 shall be null and void as of the
89 effective date of this section.

90 4. An assistant physician shall clearly identify
91 himself or herself as an assistant physician and shall be
92 permitted to use the terms "doctor", "Dr.", or "doc". No
93 assistant physician shall practice or attempt to practice
94 without an assistant physician collaborative practice
95 arrangement, except as otherwise provided in this section
96 and in an emergency situation.

97 5. The collaborating physician is responsible at all
98 times for the oversight of the activities of and accepts
99 responsibility for primary care services rendered by the
100 assistant physician.

101 6. The provisions of section 334.037 shall apply to
102 all assistant physician collaborative practice
103 arrangements. Any renewal of licensure under this section
104 shall include verification of actual practice under a
105 collaborative practice arrangement in accordance with this
106 subsection during the immediately preceding licensure period.

107 7. Each health carrier or health benefit plan that
108 offers or issues health benefit plans that are delivered,
109 issued for delivery, continued, or renewed in this state
110 shall reimburse an assistant physician for the diagnosis,
111 consultation, or treatment of an insured or enrollee on the
112 same basis that the health carrier or health benefit plan
113 covers the service when it is delivered by another
114 comparable mid-level health care provider including, but not
115 limited to, a physician assistant.

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

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

29 2. The board may cause a complaint to be filed with
30 the administrative hearing commission as provided by chapter
31 621 against any holder of any certificate of registration or
32 authority, permit or license required by this chapter or any
33 person who has failed to renew or has surrendered the
34 person's certificate of registration or authority, permit or
35 license for any one or any combination of the following
36 causes:

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

41 (2) The person has been finally adjudicated and found
42 guilty, or entered a plea of guilty or nolo contendere, in a
43 criminal prosecution under the laws of any state or of the
44 United States, for any offense reasonably related to the
45 qualifications, functions or duties of any profession
46 licensed or regulated pursuant to this chapter, for any
47 offense involving fraud, dishonesty or an act of violence,
48 or for any offense involving moral turpitude, whether or not
49 sentence is imposed;

50 (3) Use of fraud, deception, misrepresentation or
51 bribery in securing any certificate of registration or
52 authority, permit or license issued pursuant to this chapter
53 or in obtaining permission to take any examination given or
54 required pursuant to this chapter;

55 (4) Misconduct, fraud, misrepresentation, dishonesty,
56 unethical conduct or unprofessional conduct in the
57 performance of the functions or duties of any profession
58 licensed or regulated by this chapter, including, but not
59 limited to, the following:

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

67 (b) Attempting, directly or indirectly, by way of
68 intimidation, coercion or deception, to obtain or retain a
69 patient or discourage the use of a second opinion or
70 consultation;

71 (c) Willfully and continually performing inappropriate
72 or unnecessary treatment, diagnostic tests or medical or
73 surgical services;

74 (d) Delegating professional responsibilities to a
75 person who is not qualified by training, skill, competency,
76 age, experience or licensure to perform such
77 responsibilities;

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

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

84 (g) Final disciplinary action by any professional
85 medical or osteopathic association or society or licensed
86 hospital or medical staff of such hospital in this or any
87 other state or territory, whether agreed to voluntarily or
88 not, and including, but not limited to, any removal,
89 suspension, limitation, or restriction of the person's
90 license or staff or hospital privileges, failure to renew
91 such privileges or license for cause, or other final
92 disciplinary action, if the action was in any way related to
93 unprofessional conduct, professional incompetence,
94 malpractice or any other violation of any provision of this
95 chapter;

96 (h) Signing a blank prescription form; or dispensing,
97 prescribing, administering or otherwise distributing any
98 drug, controlled substance or other treatment without
99 sufficient examination including failing to establish a
100 valid physician-patient relationship pursuant to section
101 334.108, or for other than medically accepted therapeutic or
102 experimental or investigative purposes duly authorized by a
103 state or federal agency, or not in the course of
104 professional practice, or not in good faith to relieve pain
105 and suffering, or not to cure an ailment, physical infirmity
106 or disease, except as authorized in section 334.104;

107 (i) Exercising influence within a physician-patient
108 relationship for purposes of engaging a patient in sexual
109 activity;

110 (j) Being listed on any state or federal sexual
111 offender registry;

112 (k) Terminating the medical care of a patient without
113 adequate notice or without making other arrangements for the
114 continued care of the patient;

115 (l) Failing to furnish details of a patient's medical
116 records to other treating physicians or hospitals upon
117 proper request; or failing to comply with any other law
118 relating to medical records;

119 (m) Failure of any applicant or licensee to cooperate
120 with the board during any investigation;

121 (n) Failure to comply with any subpoena or subpoena
122 duces tecum from the board or an order of the board;

123 (o) Failure to timely pay license renewal fees
124 specified in this chapter;

125 (p) Violating a probation agreement, order, or other
126 settlement agreement with this board or any other licensing
127 agency;

128 (q) Failing to inform the board of the physician's
129 current residence and business address;

130 (r) Advertising by an applicant or licensee which is
131 false or misleading, or which violates any rule of the
132 board, or which claims without substantiation the positive
133 cure of any disease, or professional superiority to or
134 greater skill than that possessed by any other physician.
135 An applicant or licensee shall also be in violation of this
136 provision if the applicant or licensee has a financial
137 interest in any organization, corporation or association
138 which issues or conducts such advertising;

139 (s) Any other conduct that is unethical or
140 unprofessional involving a minor;

141 (5) Any conduct or practice which is or might be
142 harmful or dangerous to the mental or physical health of a
143 patient or the public; or incompetency, gross negligence or
144 repeated negligence in the performance of the functions or
145 duties of any profession licensed or regulated by this
146 chapter. For the purposes of this subdivision, "repeated
147 negligence" means the failure, on more than one occasion, to
148 use that degree of skill and learning ordinarily used under
149 the same or similar circumstances by the member of the
150 applicant's or licensee's profession;

151 (6) Violation of, or attempting to violate, directly
152 or indirectly, or assisting or enabling any person to
153 violate, any provision of this chapter or chapter 324, or of
154 any lawful rule or regulation adopted pursuant to this
155 chapter or chapter 324;

156 (7) Impersonation of any person holding a certificate
157 of registration or authority, permit or license or allowing
158 any person to use his or her certificate of registration or
159 authority, permit, license or diploma from any school;

160 (8) Revocation, suspension, restriction, modification,
161 limitation, reprimand, warning, censure, probation or other
162 final disciplinary action against the holder of or applicant
163 for a license or other right to practice any profession
164 regulated by this chapter by another state, territory,
165 federal agency or country, whether or not voluntarily agreed
166 to by the licensee or applicant, including, but not limited
167 to, the denial of licensure, surrender of the license,
168 allowing the license to expire or lapse, or discontinuing or
169 limiting the practice of medicine while subject to an
170 investigation or while actually under investigation by any
171 licensing authority, medical facility, branch of the Armed

172 Forces of the United States of America, insurance company,
173 court, agency of the state or federal government, or
174 employer;

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

177 (10) Assisting or enabling any person to practice or
178 offer to practice any profession licensed or regulated by
179 this chapter who is not registered and currently eligible to
180 practice pursuant to this chapter; or knowingly performing
181 any act which in any way aids, assists, procures, advises,
182 or encourages any person to practice medicine who is not
183 registered and currently eligible to practice pursuant to
184 this chapter. A physician who works in accordance with
185 standing orders or protocols or in accordance with the
186 provisions of section 334.104 shall not be in violation of
187 this subdivision;

188 (11) Issuance of a certificate of registration or
189 authority, permit or license based upon a material mistake
190 of fact;

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

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

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

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

204 (16) Soliciting patronage in person or by agents or
205 representatives, or by any other means or manner, under the
206 person's own name or under the name of another person or
207 concern, actual or pretended, in such a manner as to
208 confuse, deceive, or mislead the public as to the need or
209 necessity for or appropriateness of health care services for
210 all patients, or the qualifications of an individual person
211 or persons to diagnose, render, or perform health care
212 services;

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

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

222 (19) Failure or refusal to properly guard against
223 contagious, infectious or communicable diseases or the
224 spread thereof; maintaining an unsanitary office or
225 performing professional services under unsanitary
226 conditions; or failure to report the existence of an
227 unsanitary condition in the office of a physician or in any
228 health care facility to the board, in writing, within thirty
229 days after the discovery thereof;

230 (20) Any candidate for licensure or person licensed to
231 practice as a physical therapist, paying or offering to pay
232 a referral fee or[, notwithstanding section 334.010 to the
233 contrary, practicing or offering to practice professional
234 physical therapy independent of the prescription and
235 direction of a person licensed and registered as a physician
236 and surgeon pursuant to this chapter, as a dentist pursuant

237 to chapter 332, as a podiatrist pursuant to chapter 330, as
238 an advanced practice registered nurse under chapter 335, or
239 any licensed and registered physician, dentist, podiatrist,
240 or advanced practice registered nurse practicing in another
241 jurisdiction, whose license is in good standing] evaluating
242 or treating a patient in a manner inconsistent with section
243 334.506;

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

249 (22) Any person licensed to practice as a physician or
250 surgeon, requiring, as a condition of the physician-patient
251 relationship, that the patient receive prescribed drugs,
252 devices or other professional services directly from
253 facilities of that physician's office or other entities
254 under that physician's ownership or control. A physician
255 shall provide the patient with a prescription which may be
256 taken to the facility selected by the patient and a
257 physician knowingly failing to disclose to a patient on a
258 form approved by the advisory commission for professional
259 physical therapists as established by section 334.625 which
260 is dated and signed by a patient or guardian acknowledging
261 that the patient or guardian has read and understands that
262 the physician has a pecuniary interest in a physical therapy
263 or rehabilitation service providing prescribed treatment and
264 that the prescribed treatment is available on a competitive
265 basis. This subdivision shall not apply to a referral by
266 one physician to another physician within a group of
267 physicians practicing together;

268 (23) A pattern of personal use or consumption of any
269 controlled substance unless it is prescribed, dispensed or

270 administered by another physician who is authorized by law
271 to do so;

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

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

279 (26) Revocation, suspension, limitation, probation, or
280 restriction of any kind whatsoever of any controlled
281 substance authority, whether agreed to voluntarily or not,
282 or voluntary termination of a controlled substance authority
283 while under investigation;

284 (27) For a physician to operate, conduct, manage, or
285 establish an abortion facility, or for a physician to
286 perform an abortion in an abortion facility, if such
287 facility comes under the definition of an ambulatory
288 surgical center pursuant to sections 197.200 to 197.240, and
289 such facility has failed to obtain or renew a license as an
290 ambulatory surgical center.

291 3. Collaborative practice arrangements, protocols and
292 standing orders shall be in writing and signed and dated by
293 a physician prior to their implementation.

294 4. After the filing of such complaint before the
295 administrative hearing commission, the proceedings shall be
296 conducted in accordance with the provisions of chapter 621.
297 Upon a finding by the administrative hearing commission that
298 the grounds, provided in subsection 2 of this section, for
299 disciplinary action are met, the board may, singly or in
300 combination, warn, censure or place the person named in the
301 complaint on probation on such terms and conditions as the
302 board deems appropriate for a period not to exceed ten

303 years, or may suspend the person's license, certificate or
304 permit for a period not to exceed three years, or restrict
305 or limit the person's license, certificate or permit for an
306 indefinite period of time, or revoke the person's license,
307 certificate, or permit, or administer a public or private
308 reprimand, or deny the person's application for a license,
309 or permanently withhold issuance of a license or require the
310 person to submit to the care, counseling or treatment of
311 physicians designated by the board at the expense of the
312 individual to be examined, or require the person to attend
313 such continuing educational courses and pass such
314 examinations as the board may direct.

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

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

326 7. In any investigation, hearing or other proceeding
327 to determine a licensee's or applicant's fitness to
328 practice, any record relating to any patient of the licensee
329 or applicant shall be discoverable by the board and
330 admissible into evidence, regardless of any statutory or
331 common law privilege which such licensee, applicant, record
332 custodian or patient might otherwise invoke. In addition,
333 no such licensee, applicant, or record custodian may
334 withhold records or testimony bearing upon a licensee's or
335 applicant's fitness to practice on the ground of privilege

336 between such licensee, applicant or record custodian and a
337 patient.

338 8. The act of lawfully dispensing, prescribing,
339 administering, or otherwise distributing ivermectin tablets
340 or hydroxychloroquine sulfate tablets for human use shall
341 not be grounds for denial, suspension, revocation, or other
342 disciplinary action by the board.

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

13 2. (1) Collaborative practice arrangements, which
14 shall be in writing, may delegate to a registered
15 professional nurse the authority to administer, dispense or
16 prescribe drugs and provide treatment if the registered
17 professional nurse is an advanced practice registered nurse
18 as defined in subdivision (2) of section 335.016.
19 Collaborative practice arrangements may delegate to an
20 advanced practice registered nurse, as defined in section
21 335.016, the authority to administer, dispense, or prescribe
22 controlled substances listed in Schedules III, IV, and V of
23 section 195.017, and Schedule II - hydrocodone; except that,
24 the collaborative practice arrangement shall not delegate
25 the authority to administer any controlled substances listed
26 in Schedules III, IV, and V of section 195.017, or Schedule

27 II - hydrocodone for the purpose of inducing sedation or
28 general anesthesia for therapeutic, diagnostic, or surgical
29 procedures. Schedule III narcotic controlled substance and
30 Schedule II - hydrocodone prescriptions shall be limited to
31 a one hundred twenty-hour supply without refill.

32 (2) Notwithstanding any other provision of this
33 section to the contrary, a collaborative practice
34 arrangement may delegate to an advanced practice registered
35 nurse the authority to administer, dispense, or prescribe
36 Schedule II controlled substances for hospice patients;
37 provided, that the advanced practice registered nurse is
38 employed by a hospice provider certified pursuant to chapter
39 197 and the advanced practice registered nurse is providing
40 care to hospice patients pursuant to a collaborative
41 practice arrangement that designates the certified hospice
42 as a location where the advanced practice registered nurse
43 is authorized to practice and prescribe.

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

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

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

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

58 (2) A list of all other offices or locations besides
59 those listed in subdivision (1) of this subsection where the

60 collaborating physician authorized the advanced practice
61 registered nurse to prescribe;

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

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

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

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

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

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

90 b. The collaborative practice arrangement may allow
91 for geographic proximity to be waived for a maximum of
92 twenty-eight days per calendar year for rural health clinics

93 as defined by P.L. 95-210 (42 U.S.C. Section 1395x, as
94 amended), as long as the collaborative practice arrangement
95 includes alternative plans as required in paragraph (c) of
96 this subdivision. This exception to geographic proximity
97 shall apply only to independent rural health clinics,
98 provider-based rural health clinics where the provider is a
99 critical access hospital as provided in 42 U.S.C. Section
100 1395i-4, and provider-based rural health clinics where the
101 main location of the hospital sponsor is greater than fifty
102 miles from the clinic[.];

103 c. The collaborative practice arrangement may allow
104 for geographic proximity to be waived when the arrangement
105 outlines the use of telehealth, as defined in section
106 191.1145;

107 d. In addition to the waivers and exemptions provided
108 in this subsection, an application for a waiver for any
109 other reason of any applicable geographic proximity shall be
110 available if a physician is collaborating with an advanced
111 practice registered nurse in excess of any geographic
112 proximity limit. The board of nursing and the state board
113 of registration for the healing arts shall review each
114 application for a waiver of geographic proximity and approve
115 the application if the boards determine that adequate
116 supervision exists between the collaborating physician and
117 the advanced practice registered nurse. The boards shall
118 have forty-five calendar days to review the completed
119 application for the waiver of geographic proximity. If no
120 action is taken by the boards within forty-five days after
121 the submission of the application for a waiver, then the
122 application shall be deemed approved. If the application is
123 denied by the boards, the provisions of section 536.063 for
124 contested cases shall apply and govern proceedings for
125 appellate purposes; and

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

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

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

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

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

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

154 [and]

155 (10) The collaborating physician, or any other
156 physician designated in the collaborative practice
157 arrangement, shall review every fourteen days a minimum of
158 twenty percent of the charts in which the advanced practice

159 registered nurse prescribes controlled substances. The
160 charts reviewed under this subdivision may be counted in the
161 number of charts required to be reviewed under subdivision
162 (9) of this subsection; and

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

175 4. The state board of registration for the healing
176 arts pursuant to section 334.125 and the board of nursing
177 pursuant to section 335.036 may jointly promulgate rules
178 regulating the use of collaborative practice arrangements.
179 Such rules shall be limited to [specifying geographic areas
180 to be covered,] the methods of treatment that may be covered
181 by collaborative practice arrangements and the requirements
182 for review of services provided pursuant to collaborative
183 practice arrangements including delegating authority to
184 prescribe controlled substances. Any rules relating to
185 geographic proximity shall allow a collaborating physician
186 and a collaborating advanced practice registered nurse to
187 practice within two hundred miles by road of one another
188 until August 28, 2025, if the nurse is providing services in
189 a correctional center, as defined in section 217.010. Any
190 rules relating to dispensing or distribution of medications
191 or devices by prescription or prescription drug orders under

192 this section shall be subject to the approval of the state
193 board of pharmacy. Any rules relating to dispensing or
194 distribution of controlled substances by prescription or
195 prescription drug orders under this section shall be subject
196 to the approval of the department of health and senior
197 services and the state board of pharmacy. In order to take
198 effect, such rules shall be approved by a majority vote of a
199 quorum of each board. Neither the state board of
200 registration for the healing arts nor the board of nursing
201 may separately promulgate rules relating to collaborative
202 practice arrangements. Such jointly promulgated rules shall
203 be consistent with guidelines for federally funded clinics.
204 The rulemaking authority granted in this subsection shall
205 not extend to collaborative practice arrangements of
206 hospital employees providing inpatient care within hospitals
207 as defined pursuant to chapter 197 or population-based
208 public health services as defined by 20 CSR 2150-5.100 as of
209 April 30, 2008.

210 5. The state board of registration for the healing
211 arts shall not deny, revoke, suspend or otherwise take
212 disciplinary action against a physician for health care
213 services delegated to a registered professional nurse
214 provided the provisions of this section and the rules
215 promulgated thereunder are satisfied. Upon the written
216 request of a physician subject to a disciplinary action
217 imposed as a result of an agreement between a physician and
218 a registered professional nurse or registered physician
219 assistant, whether written or not, prior to August 28, 1993,
220 all records of such disciplinary licensure action and all
221 records pertaining to the filing, investigation or review of
222 an alleged violation of this chapter incurred as a result of
223 such an agreement shall be removed from the records of the
224 state board of registration for the healing arts and the

225 division of professional registration and shall not be
226 disclosed to any public or private entity seeking such
227 information from the board or the division. The state board
228 of registration for the healing arts shall take action to
229 correct reports of alleged violations and disciplinary
230 actions as described in this section which have been
231 submitted to the National Practitioner Data Bank. In
232 subsequent applications or representations relating to his
233 or her medical practice, a physician completing forms or
234 documents shall not be required to report any actions of the
235 state board of registration for the healing arts for which
236 the records are subject to removal under this section.

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

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

258 of an anesthesiologist or other physician, dentist, or
259 podiatrist who is immediately available if needed. Nothing
260 in this subsection shall be construed to prohibit or prevent
261 a certified registered nurse anesthetist as defined in
262 subdivision (8) of section 335.016 from entering into a
263 collaborative practice arrangement under this section,
264 except that the collaborative practice arrangement may not
265 delegate the authority to prescribe any controlled
266 substances listed in Schedules III, IV, and V of section
267 195.017, or Schedule II - hydrocodone.

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

282 9. It is the responsibility of the collaborating
283 physician to determine and document the completion of at
284 least a one-month period of time during which the advanced
285 practice registered nurse shall practice with the
286 collaborating physician continuously present before
287 practicing in a setting where the collaborating physician is
288 not continuously present. This limitation shall not apply
289 to collaborative arrangements of providers of population-
290 based public health services as defined by 20 CSR 2150-5.100

291 as of April 30, 2008, or to collaborative practice
292 arrangements between a primary care physician and a primary
293 care advanced practice registered nurse or a behavioral
294 health physician and a behavioral health advanced practice
295 registered nurse, where the collaborating physician is new
296 to a patient population to which the advanced practice
297 registered nurse is familiar.

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

306 11. No contract or other **[agreement]** term of
307 employment shall require a physician to act as a
308 collaborating physician for an advanced practice registered
309 nurse against the physician's will. A physician shall have
310 the right to refuse to act as a collaborating physician,
311 without penalty, for a particular advanced practice
312 registered nurse. No contract or other agreement shall
313 limit the collaborating physician's ultimate authority over
314 any protocols or standing orders or in the delegation of the
315 physician's authority to any advanced practice registered
316 nurse, but this requirement shall not authorize a physician
317 in implementing such protocols, standing orders, or
318 delegation to violate applicable standards for safe medical
319 practice established by hospital's medical staff.

320 12. No contract or other **[agreement]** term of
321 employment shall require any advanced practice registered
322 nurse to serve as a collaborating advanced practice
323 registered nurse for any collaborating physician against the

324 advanced practice registered nurse's will. An advanced
325 practice registered nurse shall have the right to refuse to
326 collaborate, without penalty, with a particular physician.

334.506. 1. As used in this section, the following
2 terms mean:

3 (1) "Approved health care provider" **[means]**, a person
4 holding a current and active license as a physician and
5 surgeon under this chapter, a chiropractor under chapter
6 331, a dentist under chapter 332, a podiatrist under chapter
7 330, a physician assistant under this chapter, an advanced
8 practice registered nurse under chapter 335, or any licensed
9 and registered physician, chiropractor, dentist, or
10 podiatrist practicing in another jurisdiction whose license
11 is in good standing;

12 (2) "Consult" or "consultation", communication by
13 telephone, by fax, in writing, or in person with the
14 patient's personally approved licensed health care provider
15 or a licensed health care provider of the patient's
16 designation.

17 2. A physical therapist **[shall not]** may evaluate and
18 initiate treatment **[for a new injury or illness]** on a
19 patient without a prescription or referral from an approved
20 health care provider, provided that the physical therapist
21 has a doctorate of physical therapy degree or has five years
22 of clinical practice as a physical therapist.

23 3. A physical therapist may provide educational
24 resources and training, develop fitness or wellness programs
25 **[for asymptomatic persons]**, or provide screening or
26 consultative services within the scope of physical therapy
27 practice without **[the]** a prescription **[and direction of]** or
28 referral from an approved health care provider.

29 4. **[A physical therapist may examine and treat without**
30 **the prescription and direction of an approved health care**

31 provider any person with a recurring self-limited injury
32 within one year of diagnosis by an approved health care
33 provider or a chronic illness that has been previously
34 diagnosed by an approved health care provider. The physical
35 therapist shall:]

36 (1) [Contact the patient's current approved health
37 care provider within seven days of initiating physical
38 therapy services under this subsection;] A physical
39 therapist shall refer to an approved health care provider
40 any patient whose condition at the time of evaluation or
41 treatment is determined to be beyond the scope of practice
42 of physical therapy. The physical therapist shall not
43 provide physical therapy services or treatment after this
44 referral has been made.

45 (2) [Not change an existing physical therapy referral
46 available to the physical therapist without approval of the
47 patient's current approved health care provider;] A physical
48 therapist shall refer to an approved health care provider
49 any patient who does not demonstrate measurable or
50 functional improvement after ten visits or thirty days,
51 whichever occurs first. The physical therapist shall not
52 provide further therapy services or treatment after this
53 referral has been made.

54 (3) [Refer to an approved health care provider any
55 patient whose medical condition at the time of examination
56 or treatment is determined to be beyond the scope of
57 practice of physical therapy;

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

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

68 (a) A physical therapist shall consult with an approved
69 health care provider if, after every ten visits or thirty
70 days, whichever occurs first, the patient has demonstrated
71 measurable or functional improvement from the course of
72 physical therapy services or treatment provided and the
73 physical therapist believes that continuation of the course
74 of physical therapy services or treatment is reasonable and
75 necessary based on the physical therapist's evaluation of
76 the patient. The physical therapist shall not provide
77 further physical therapy services or treatment until the
78 consultation has occurred.

79 (b) The consultation with the approved health care
80 provider shall include information concerning:

81 a. The patient's condition for which physical therapy
82 services or treatments were provided;

83 b. The basis for the course of services or treatment
84 indicated, as determined from the physical therapy
85 evaluation of the patient;

86 c. The physical therapy services or treatment provided
87 before the date of the consultation;

88 d. The patient's demonstrated measurable or functional
89 improvement from the services or treatment provided before
90 the date of the consultation;

91 e. The continuing physical therapy services or
92 treatment proposed to be provided following the
93 consultation; and

94 f. The professional physical therapy basis for the
95 continued physical therapy services or treatment to be
96 provided.

97 (c) Continued physical therapy services or treatment
98 following the consultation with and approval by an approved
99 health care provider shall proceed in accordance with any
100 feedback, advice, opinion, or direction of the approved
101 health care provider. The physical therapist shall notify
102 the consulting approved health care provider of continuing
103 physical therapy services or treatment and the patient's
104 progress at least every ten visits or thirty days after the
105 initial consultation unless the consulting approved health
106 care provider directs otherwise.

107 (d) The provisions of this subdivision shall not apply
108 to physical therapy services performed within a primary or
109 secondary school for individuals within ages not in excess
110 of twenty-one years.

111 5. The provision of physical therapy services of
112 evaluation and screening pursuant to this section shall be
113 limited to a physical therapist, and any authority for
114 evaluation and screening granted within this section may not
115 be delegated. Upon each reinitiation of physical therapy
116 services, a physical therapist shall provide a full physical
117 therapy evaluation prior to the reinitiation of physical
118 therapy treatment. [Physical therapy treatment provided
119 pursuant to the provisions of subsection 4 of this section
120 may be delegated by physical therapists to physical
121 therapist assistants only if the patient's current approved
122 health care provider has been so informed as part of the
123 physical therapist's seven-day notification upon
124 reinitiation of physical therapy services as required in
125 subsection 4 of this section.] Nothing in this subsection
126 shall be construed as to limit the ability of physical

127 therapists or physical therapist assistants to provide
128 physical therapy services in accordance with the provisions
129 of this chapter, and upon the referral of an approved health
130 care provider. Nothing in this subsection shall prohibit an
131 approved health care provider from acting within the scope
132 of their practice as defined by the applicable chapters of
133 RSMo.

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

137 7. A physical therapist shall only delegate physical
138 therapy treatment to a physical therapist assistant or to a
139 person in an entry level of a professional education program
140 approved by the Commission on Accreditation in Physical
141 Therapy Education (CAPTE) who satisfies supervised clinical
142 education requirements related to the person's physical
143 therapist or physical therapist assistant education. The
144 entry-level person shall be under the supervision of a
145 physical therapist.

334.613. 1. The board may refuse to issue or renew a
2 license to practice as a physical therapist or physical
3 therapist assistant for one or any combination of causes
4 stated in subsection 2 of this section. The board shall
5 notify the applicant in writing of the reasons for the
6 refusal and shall advise the applicant of the applicant's
7 right to file a complaint with the administrative hearing
8 commission as provided by chapter 621. As an alternative to
9 a refusal to issue or renew a license to practice as a
10 physical therapist or physical therapist assistant, the
11 board may, at its discretion, issue a license which is
12 subject to probation, restriction, or limitation to an
13 applicant for licensure for any one or any combination of
14 causes stated in subsection 2 of this section. The board's

15 order of probation, limitation, or restriction shall contain
16 a statement of the discipline imposed, the basis therefor,
17 the date such action shall become effective, and a statement
18 that the applicant has thirty days to request in writing a
19 hearing before the administrative hearing commission. If
20 the board issues a probationary, limited, or restricted
21 license to an applicant for licensure, either party may file
22 a written petition with the administrative hearing
23 commission within thirty days of the effective date of the
24 probationary, limited, or restricted license seeking review
25 of the board's determination. If no written request for a
26 hearing is received by the administrative hearing commission
27 within the thirty-day period, the right to seek review of
28 the board's decision shall be considered as waived.

29 2. The board may cause a complaint to be filed with
30 the administrative hearing commission as provided by chapter
31 621 against any holder of a license to practice as a
32 physical therapist or physical therapist assistant who has
33 failed to renew or has surrendered his or her license for
34 any one or any combination of the following causes:

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

39 (2) The person has been finally adjudicated and found
40 guilty, or entered a plea of guilty or nolo contendere, in a
41 criminal prosecution under the laws of any state, of the
42 United States, or of any country, for any offense directly
43 related to the duties and responsibilities of the
44 occupation, as set forth in section 324.012, regardless of
45 whether or not sentence is imposed;

46 (3) Use of fraud, deception, misrepresentation, or
47 bribery in securing any certificate of registration or

48 authority, permit, or license issued under this chapter or
49 in obtaining permission to take any examination given or
50 required under this chapter;

51 (4) Misconduct, fraud, misrepresentation, dishonesty,
52 unethical conduct, or unprofessional conduct in the
53 performance of the functions or duties of a physical
54 therapist or physical therapist assistant, including but not
55 limited to the following:

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

63 (b) Attempting, directly or indirectly, by way of
64 intimidation, coercion, or deception, to obtain or retain a
65 patient or discourage the use of a second opinion or
66 consultation;

67 (c) Willfully and continually performing inappropriate
68 or unnecessary treatment or services;

69 (d) Delegating professional responsibilities to a
70 person who is not qualified by training, skill, competency,
71 age, experience, or licensure to perform such
72 responsibilities;

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

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

78 (g) Final disciplinary action by any professional
79 association, professional society, licensed hospital or
80 medical staff of the hospital, or physical therapy facility

81 in this or any other state or territory, whether agreed to
82 voluntarily or not, and including but not limited to any
83 removal, suspension, limitation, or restriction of the
84 person's professional employment, malpractice, or any other
85 violation of any provision of this chapter;

86 (h) Administering treatment without sufficient
87 examination, or for other than medically accepted
88 therapeutic or experimental or investigative purposes duly
89 authorized by a state or federal agency, or not in the
90 course of professional physical therapy practice;

91 (i) Engaging in or soliciting sexual relationships,
92 whether consensual or nonconsensual, while a physical
93 therapist or physical therapist assistant/patient
94 relationship exists; making sexual advances, requesting
95 sexual favors, or engaging in other verbal conduct or
96 physical contact of a sexual nature with patients or clients;

97 (j) Terminating the care of a patient without adequate
98 notice or without making other arrangements for the
99 continued care of the patient;

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

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

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

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

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

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

117 (q) Advertising by an applicant or licensee which is
118 false or misleading, or which violates any rule of the
119 board, or which claims without substantiation the positive
120 cure of any disease, or professional superiority to or
121 greater skill than that possessed by any other physical
122 therapist or physical therapist assistant. An applicant or
123 licensee shall also be in violation of this provision if the
124 applicant or licensee has a financial interest in any
125 organization, corporation, or association which issues or
126 conducts such advertising;

127 (5) Any conduct or practice which is or might be
128 harmful or dangerous to the mental or physical health of a
129 patient or the public; or incompetency, gross negligence, or
130 repeated negligence in the performance of the functions or
131 duties of a physical therapist or physical therapist
132 assistant. For the purposes of this subdivision, "repeated
133 negligence" means the failure, on more than one occasion, to
134 use that degree of skill and learning ordinarily used under
135 the same or similar circumstances by the member of the
136 applicant's or licensee's profession;

137 (6) Violation of, or attempting to violate, directly
138 or indirectly, or assisting or enabling any person to
139 violate, any provision of this chapter, or of any lawful
140 rule adopted under this chapter;

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

144 (8) Revocation, suspension, restriction, modification,
145 limitation, reprimand, warning, censure, probation, or other
146 final disciplinary action against a physical therapist or

147 physical therapist assistant for a license or other right to
148 practice as a physical therapist or physical therapist
149 assistant by another state, territory, federal agency or
150 country, whether or not voluntarily agreed to by the
151 licensee or applicant, including but not limited to the
152 denial of licensure, surrender of the license, allowing the
153 license to expire or lapse, or discontinuing or limiting the
154 practice of physical therapy while subject to an
155 investigation or while actually under investigation by any
156 licensing authority, medical facility, branch of the Armed
157 Forces of the United States of America, insurance company,
158 court, agency of the state or federal government, or
159 employer;

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

162 (10) Assisting or enabling any person to practice or
163 offer to practice who is not licensed and currently eligible
164 to practice under this chapter; or knowingly performing any
165 act which in any way aids, assists, procures, advises, or
166 encourages any person to practice physical therapy who is
167 not licensed and currently eligible to practice under this
168 chapter;

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

172 (12) Failure to display a valid license pursuant to
173 practice as a physical therapist or physical therapist
174 assistant;

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

179 (14) Soliciting patronage in person or by agents or
180 representatives, or by any other means or manner, under the
181 person's own name or under the name of another person or
182 concern, actual or pretended, in such a manner as to
183 confuse, deceive, or mislead the public as to the need or
184 necessity for or appropriateness of physical therapy
185 services for all patients, or the qualifications of an
186 individual person or persons to render, or perform physical
187 therapy services;

188 (15) Using, or permitting the use of, the person's
189 name under the designation of "physical therapist",
190 "physiotherapist", "registered physical therapist", "P.T.",
191 "Ph.T.", "P.T.T.", "D.P.T.", "M.P.T." or "R.P.T.", "physical
192 therapist assistant", "P.T.A.", "L.P.T.A.", "C.P.T.A.", or
193 any similar designation with reference to the commercial
194 exploitation of any goods, wares or merchandise;

195 (16) Knowingly making or causing to be made a false
196 statement or misrepresentation of a material fact, with
197 intent to defraud, for payment under chapter 208 or chapter
198 630 or for payment from Title XVIII or Title XIX of the
199 Social Security Act;

200 (17) Failure or refusal to properly guard against
201 contagious, infectious, or communicable diseases or the
202 spread thereof; maintaining an unsanitary facility or
203 performing professional services under unsanitary
204 conditions; or failure to report the existence of an
205 unsanitary condition in any physical therapy facility to the
206 board, in writing, within thirty days after the discovery
207 thereof;

208 (18) Any candidate for licensure or person licensed to
209 practice as a physical therapist or physical therapist
210 assistant paying or offering to pay a referral fee or[,
211 notwithstanding section 334.010 to the contrary, practicing

212 or offering to practice professional physical therapy
213 independent of the prescription and direction of a person
214 licensed and registered as a physician and surgeon under
215 this chapter, as a physician assistant under this chapter,
216 as a chiropractor under chapter 331, as a dentist under
217 chapter 332, as a podiatrist under chapter 330, as an
218 advanced practice registered nurse under chapter 335, or any
219 licensed and registered physician, chiropractor, dentist,
220 podiatrist, or advanced practice registered nurse practicing
221 in another jurisdiction, whose license is in good standing]
222 evaluating or treating a patient in a manner inconsistent
223 with section 334.506;

224 (19) Any candidate for licensure or person licensed to
225 practice as a physical therapist or physical therapist
226 assistant treating or attempting to treat ailments or other
227 health conditions of human beings other than by professional
228 physical therapy and as authorized by sections 334.500 to
229 334.685;

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

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

236 (22) Attempting to engage in conduct that subverts or
237 undermines the integrity of the licensing examination or the
238 licensing examination process, including but not limited to
239 utilizing in any manner recalled or memorized licensing
240 examination questions from or with any person or entity,
241 failing to comply with all test center security procedures,
242 communicating or attempting to communicate with any other
243 examinees during the test, or copying or sharing licensing
244 examination questions or portions of questions;

245 (23) Any candidate for licensure or person licensed to
246 practice as a physical therapist or physical therapist
247 assistant who requests, receives, participates or engages
248 directly or indirectly in the division, transferring,
249 assigning, rebating or refunding of fees received for
250 professional services or profits by means of a credit or
251 other valuable consideration such as wages, an unearned
252 commission, discount or gratuity with any person who
253 referred a patient, or with any relative or business
254 associate of the referring person;

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

261 (a) In enforcing this subdivision the board shall,
262 after a hearing by the board, upon a finding of probable
263 cause, require a physical therapist or physical therapist
264 assistant to submit to a reexamination for the purpose of
265 establishing his or her competency to practice as a physical
266 therapist or physical therapist assistant conducted in
267 accordance with rules adopted for this purpose by the board,
268 including rules to allow the examination of the pattern and
269 practice of such physical therapist's or physical therapist
270 assistant's professional conduct, or to submit to a mental
271 or physical examination or combination thereof by a facility
272 or professional approved by the board;

273 (b) For the purpose of this subdivision, every
274 physical therapist and physical therapist assistant licensed
275 under this chapter is deemed to have consented to submit to
276 a mental or physical examination when directed in writing by
277 the board;

278 (c) In addition to ordering a physical or mental
279 examination to determine competency, the board may,
280 notwithstanding any other law limiting access to medical or
281 other health data, obtain medical data and health records
282 relating to a physical therapist, physical therapist
283 assistant or applicant without the physical therapist's,
284 physical therapist assistant's or applicant's consent;

285 (d) Written notice of the reexamination or the
286 physical or mental examination shall be sent to the physical
287 therapist or physical therapist assistant, by registered
288 mail, addressed to the physical therapist or physical
289 therapist assistant at the physical therapist's or physical
290 therapist assistant's last known address. Failure of a
291 physical therapist or physical therapist assistant to submit
292 to the examination when directed shall constitute an
293 admission of the allegations against the physical therapist
294 or physical therapist assistant, in which case the board may
295 enter a final order without the presentation of evidence,
296 unless the failure was due to circumstances beyond the
297 physical therapist's or physical therapist assistant's
298 control. A physical therapist or physical therapist
299 assistant whose right to practice has been affected under
300 this subdivision shall, at reasonable intervals, be afforded
301 an opportunity to demonstrate that the physical therapist or
302 physical therapist assistant can resume the competent
303 practice as a physical therapist or physical therapist
304 assistant with reasonable skill and safety to patients;

305 (e) In any proceeding under this subdivision neither
306 the record of proceedings nor the orders entered by the
307 board shall be used against a physical therapist or physical
308 therapist assistant in any other proceeding. Proceedings
309 under this subdivision shall be conducted by the board

310 without the filing of a complaint with the administrative
311 hearing commission;

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

317 3. After the filing of such complaint before the
318 administrative hearing commission, the proceedings shall be
319 conducted in accordance with the provisions of chapter 621.
320 Upon a finding by the administrative hearing commission that
321 the grounds provided in subsection 2 of this section for
322 disciplinary action are met, the board may, singly or in
323 combination:

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

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

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

334 (4) Revoke the physical therapist's or physical
335 therapist assistant's license;

336 (5) Administer a public or private reprimand;

337 (6) Deny the physical therapist's or physical
338 therapist assistant's application for a license;

339 (7) Permanently withhold issuance of a license;

340 (8) Require the physical therapist or physical
341 therapist assistant to submit to the care, counseling or
342 treatment of physicians designated by the board at the

343 expense of the physical therapist or physical therapist
344 assistant to be examined;

345 (9) Require the physical therapist or physical
346 therapist assistant to attend such continuing educational
347 courses and pass such examinations as the board may direct.

348 4. In any order of revocation, the board may provide
349 that the physical therapist or physical therapist assistant
350 shall not apply for reinstatement of the physical
351 therapist's or physical therapist assistant's license for a
352 period of time ranging from two to seven years following the
353 date of the order of revocation. All stay orders shall toll
354 this time period.

355 5. Before restoring to good standing a license issued
356 under this chapter which has been in a revoked, suspended,
357 or inactive state for any cause for more than two years, the
358 board may require the applicant to attend such continuing
359 medical education courses and pass such examinations as the
360 board may direct.

361 6. In any investigation, hearing or other proceeding
362 to determine a physical therapist's, physical therapist
363 assistant's or applicant's fitness to practice, any record
364 relating to any patient of the physical therapist, physical
365 therapist assistant, or applicant shall be discoverable by
366 the board and admissible into evidence, regardless of any
367 statutory or common law privilege which such physical
368 therapist, physical therapist assistant, applicant, record
369 custodian, or patient might otherwise invoke. In addition,
370 no such physical therapist, physical therapist assistant,
371 applicant, or record custodian may withhold records or
372 testimony bearing upon a physical therapist's, physical
373 therapist assistant's, or applicant's fitness to practice on
374 the grounds of privilege between such physical therapist,

375 physical therapist assistant, applicant, or record custodian
376 and a patient.

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

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

7 (2) "Advanced practice registered nurse" or "APRN", a
8 [nurse who has education beyond the basic nursing education
9 and is certified by a nationally recognized professional
10 organization as a certified nurse practitioner, certified
11 nurse midwife, certified registered nurse anesthetist, or a
12 certified clinical nurse specialist. The board shall
13 promulgate rules specifying which nationally recognized
14 professional organization certifications are to be
15 recognized for the purposes of this section. Advanced
16 practice nurses and only such individuals may use the title
17 "Advanced Practice Registered Nurse" and the abbreviation
18 "APRN"] person who is licensed under the provisions of this
19 chapter to engage in the practice of advanced practice
20 nursing as a certified clinical nurse specialist, certified
21 nurse midwife, certified nurse practitioner, or certified
22 registered nurse anesthetist;

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

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

28 (5) "Certified clinical nurse specialist", a
29 registered nurse who is currently certified as a clinical
30 nurse specialist by a nationally recognized certifying board
31 approved by the board of nursing;

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

37 (7) "Certified nurse practitioner", a registered nurse
38 who is currently certified as a nurse practitioner by a
39 nationally recognized certifying body approved by the board
40 of nursing;

41 (8) "Certified registered nurse anesthetist", a
42 registered nurse who is currently certified as a nurse
43 anesthetist by the Council on Certification of Nurse
44 Anesthetists, the [Council on Recertification of Nurse
45 Anesthetists] National Board of Certification and
46 Recertification for Nurse Anesthetists, or other nationally
47 recognized certifying body approved by the board of nursing;

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

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

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

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

60 (13) "Licensure", the issuing of a license [to
61 practice professional or practical nursing] to candidates
62 who have met the [specified] requirements specified under
63 this chapter, authorizing the person to engage in the
64 practice of advanced practice, professional, or practical

65 nursing, and the recording of the names of those persons as
66 holders of a license to practice advanced practice,
67 professional, or practical nursing;

68 (14) "Practice of advanced practice nursing", the
69 performance for compensation of activities and services
70 consistent with the required education, training,
71 certification, demonstrated competencies, and experiences of
72 an advanced practice registered nurse;

73 (15) "Practice of practical nursing", the performance
74 for compensation of selected acts for the promotion of
75 health and in the care of persons who are ill, injured, or
76 experiencing alterations in normal health processes. Such
77 performance requires substantial specialized skill, judgment
78 and knowledge. All such nursing care shall be given under
79 the direction of a person licensed by a state regulatory
80 board to prescribe medications and treatments or under the
81 direction of a registered professional nurse. For the
82 purposes of this chapter, the term "direction" shall mean
83 guidance or supervision provided by a person licensed by a
84 state regulatory board to prescribe medications and
85 treatments or a registered professional nurse, including,
86 but not limited to, oral, written, or otherwise communicated
87 orders or directives for patient care. When practical
88 nursing care is delivered pursuant to the direction of a
89 person licensed by a state regulatory board to prescribe
90 medications and treatments or under the direction of a
91 registered professional nurse, such care may be delivered by
92 a licensed practical nurse without direct physical oversight;

93 [(15)] (16) "Practice of professional nursing", the
94 performance for compensation of any act or action which
95 requires substantial specialized education, judgment and
96 skill based on knowledge and application of principles

97 derived from the biological, physical, social, behavioral,
98 and nursing sciences, including, but not limited to:

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

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

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

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

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

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

118 [(17)] (18) "Retired license status", any person
119 licensed in this state under this chapter who retires from
120 such practice. Such person shall file with the board an
121 affidavit, on a form to be furnished by the board, which
122 states the date on which the licensee retired from such
123 practice, an intent to retire from the practice for at least
124 two years, and such other facts as tend to verify the
125 retirement as the board may deem necessary; but if the
126 licensee thereafter reengages in the practice, the licensee
127 shall renew his or her license with the board as provided by
128 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

34 section 334.104 with a physician who has an unrestricted
35 federal Drug Enforcement Administration registration number
36 and who is actively engaged in a practice comparable in
37 scope, specialty, or expertise to that of the advanced
38 practice registered nurse.

335.036. 1. The board shall:

2 (1) Elect for a one-year term a president and a
3 secretary, who shall also be treasurer, and the board may
4 appoint, employ and fix the compensation of a legal counsel
5 and such board personnel as defined in subdivision (4) of
6 subsection 11 of section 324.001 as are necessary to
7 administer the provisions of sections 335.011 to [335.096]
8 335.099;

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

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

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

18 (5) Designate as "approved" such programs as meet the
19 requirements of sections 335.011 to [335.096] 335.099 and
20 the rules and regulations enacted pursuant to such sections;
21 and the board shall annually publish a list of such programs;

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

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

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

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

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

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

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

57 5. Any rule or portion of a rule, as that term is
58 defined in section 536.010, that is created under the
59 authority delegated in this chapter shall become effective
60 only if it complies with and is subject to all of the
61 provisions of chapter 536 and, if applicable, section

62 536.028. All rulemaking authority delegated prior to August
63 28, 1999, is of no force and effect and repealed. Nothing
64 in this section shall be interpreted to repeal or affect the
65 validity of any rule filed or adopted prior to August 28,
66 1999, if it fully complied with all applicable provisions of
67 law. This section and chapter 536 are nonseverable and if
68 any of the powers vested with the general assembly pursuant
69 to chapter 536 to review, to delay the effective date or to
70 disapprove and annul a rule are subsequently held
71 unconstitutional, then the grant of rulemaking authority and
72 any rule proposed or adopted after August 28, 1999, shall be
73 invalid and void.

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

22 require by rule as a requirement for licensure that each
23 applicant shall pass an oral or practical examination. Upon
24 successfully passing the examination, the board may issue to
25 the applicant a license to practice nursing as a registered
26 professional nurse. The applicant for a license to practice
27 registered professional nursing shall pay a license fee in
28 such amount as set by the board. The fee shall be uniform
29 for all applicants. Applicants from foreign countries shall
30 be licensed as prescribed by rule.

31 2. An applicant for license to practice as a licensed
32 practical nurse shall submit to the board a written
33 application on forms furnished to the applicant. The
34 original application shall contain the applicant's
35 statements showing the applicant's education and other such
36 pertinent information as the board may require. Such
37 applicant shall be of good moral character, and have
38 completed at least two years of high school, or its
39 equivalent as established by the state board of education,
40 and have successfully completed a basic prescribed
41 curriculum in a state-accredited or approved school of
42 nursing, earned a nursing degree, certificate or diploma and
43 completed a course approved by the board on the role of the
44 practical nurse. Each application shall contain a statement
45 that it is made under oath or affirmation and that its
46 representations are true and correct to the best knowledge
47 and belief of the person signing same, subject to the
48 penalties of making a false affidavit or declaration.
49 Applicants from non-English-speaking countries shall be
50 required to submit evidence of their proficiency in the
51 English language. The applicant must be approved by the
52 board and shall pass an examination as required by the
53 board. The board may require by rule as a requirement for
54 licensure that each applicant shall pass an oral or

55 practical examination. Upon successfully passing the
56 examination, the board may issue to the applicant a license
57 to practice as a licensed practical nurse. The applicant
58 for a license to practice licensed practical nursing shall
59 pay a fee in such amount as may be set by the board. The
60 fee shall be uniform for all applicants. Applicants from
61 foreign countries shall be licensed as prescribed by rule.

62 3. (1) An applicant for a license to practice as an
63 advanced practice registered nurse shall submit to the board
64 a written application on forms furnished to the applicant.
65 The original application shall contain:

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

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

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

78 (3) An applicant shall:

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

85 (b) Have completed an accredited graduate-level
86 advanced practice registered nurse program and achieved at
87 least one certification as a clinical nurse specialist,

88 nurse midwife, nurse practitioner, or registered nurse
89 anesthetist, with at least one population focus prescribed
90 by rule of the board;

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

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

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

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

115 [4.] 5. The board shall not deny a license because of
116 sex, religion, race, ethnic origin, age or political
117 affiliation.

335.051. 1. The board shall issue a license to
2 practice nursing as [either] an advanced practice registered
3 nurse, a registered professional nurse, or a licensed

4 practical nurse without examination to an applicant who has
5 duly become licensed as [a] an advanced practice registered
6 nurse, registered nurse, or licensed practical nurse
7 pursuant to the laws of another state, territory, or foreign
8 country if the applicant meets the qualifications required
9 of advanced practice registered nurses, registered nurses,
10 or licensed practical nurses in this state at the time the
11 applicant was originally licensed in the other state,
12 territory, or foreign country.

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

15 3. Upon application, the board shall issue a temporary
16 permit to an applicant pursuant to subsection 1 of this
17 section for a license as [either] an advanced practice
18 registered nurse, a registered professional nurse, or a
19 licensed practical nurse who has made a prima facie showing
20 that the applicant meets all of the requirements for such a
21 license. The temporary permit shall be effective only until
22 the board shall have had the opportunity to investigate his
23 or her qualifications for licensure pursuant to subsection 1
24 of this section and to notify the applicant that his or her
25 application for a license has been either granted or
26 rejected. In no event shall such temporary permit be in
27 effect for more than twelve months after the date of its
28 issuance nor shall a permit be reissued to the same
29 applicant. No fee shall be charged for such temporary
30 permit. The holder of a temporary permit which has not
31 expired, or been suspended or revoked, shall be deemed to be
32 the holder of a license issued pursuant to section 335.046
33 until such temporary permit expires, is terminated or is
34 suspended or revoked.

335.056. 1. The license of every person licensed
2 under the provisions of [sections 335.011 to 335.096] this

3 chapter shall be renewed as provided. An application for
4 renewal of license shall be mailed to every person to whom a
5 license was issued or renewed during the current licensing
6 period. The applicant shall complete the application and
7 return it to the board by the renewal date with a renewal
8 fee in an amount to be set by the board. The fee shall be
9 uniform for all applicants. The certificates of renewal
10 shall render the holder thereof a legal practitioner of
11 nursing for the period stated in the certificate of
12 renewal. Any person who practices nursing as an advanced
13 practice registered nurse, a registered professional nurse,
14 or [as] a licensed practical nurse during the time his or
15 her license has lapsed shall be considered an illegal
16 practitioner and shall be subject to the penalties provided
17 for violation of the provisions of sections 335.011 to
18 [335.096] 335.099.

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

28 3. A licensed nurse who holds an APRN license shall be
29 disciplined on their APRN license for any violations of this
30 chapter.

335.076. 1. Any person who holds a license to
2 practice professional nursing in this state may use the
3 title "Registered Professional Nurse" and the abbreviation
4 ["R.N."] "RN". No other person shall use the title
5 "Registered Professional Nurse" or the abbreviation ["R.N."]

6 "RN". No other person shall assume any title or use any
7 abbreviation or any other words, letters, signs, or devices
8 to indicate that the person using the same is a registered
9 professional nurse.

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

18 3. Any person who holds a license [or recognition] to
19 practice advanced practice nursing in this state may use the
20 title "Advanced Practice Registered Nurse", the designations
21 of "certified registered nurse anesthetist", "certified
22 nurse midwife", "certified clinical nurse specialist", and
23 "certified nurse practitioner", and the [abbreviation]
24 abbreviations "APRN", [and any other title designations
25 appearing on his or her license] "CRNA", "CNM", "CNS", and
26 "NP", respectively. No other person shall use the title
27 "Advanced Practice Registered Nurse" or the abbreviation
28 "APRN". No other person shall assume any title or use any
29 abbreviation or any other words, letters, signs, or devices
30 to indicate that the person using the same is an advanced
31 practice registered nurse.

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

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

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

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

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

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

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

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

21 (5) Practice ~~professional nursing or practical~~
22 nursing during the time his or her license issued under the
23 provisions of sections 335.011 to ~~335.096~~ 335.099 shall be
24 suspended or revoked; or

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

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

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

17 ~~3. (1) The boards shall jointly promulgate rules~~
18 ~~governing the practice of telehealth under this section.~~
19 ~~Such rules shall address, but not be limited to, appropriate~~
20 ~~standards for the use of telehealth.~~

21 (2) Any rule or portion of a rule, as that term is
22 defined in section 536.010, that is created under the
23 authority delegated in this section shall become effective
24 only if it complies with and is subject to all of the
25 provisions of chapter 536 and, if applicable, section
26 536.028. This section and chapter 536 are nonseverable and
27 if any of the powers vested with the general assembly
28 pursuant to chapter 536 to review, to delay the effective
29 date, or to disapprove and annul a rule are subsequently
30 held unconstitutional, then the grant of rulemaking
31 authority and any rule proposed or adopted after August 28,
32 2013, shall be invalid and void.

33 4. For purposes of this section, "rural area of need"
34 means any rural area of this state which is located in a
35 health professional shortage area as defined in section
36 354.650.]

337.510. 1. As used in this section, the following
2 terms mean:

3 (1) "License", license, certificate, registration,
4 permit, accreditation, or military occupational specialty
5 that enables a person to legally practice an occupation or
6 profession in a particular jurisdiction;

7 (2) "Military", the Armed Forces of the United States,
8 including the Air Force, Army, Coast Guard, Marine Corps,
9 Navy, Space Force, National Guard and any other military
10 branch that is designated by Congress as part of the Armed
11 Forces of the United States, and all reserve components and
12 auxiliaries. Such term also includes the military reserves
13 and militia of any United States territory or state;

14 (3) "Nonresident military spouse", a nonresident
15 spouse of an active duty member of the Armed Forces of the
16 United States who has been transferred or is scheduled to be
17 transferred to the state of Missouri, or who has been

18 transferred or is scheduled to be transferred to an adjacent
19 state and is or will be domiciled in the state of Missouri,
20 or has moved to the state of Missouri on a permanent change-
21 of-station basis;

22 (4) "Resident military spouse", a spouse of an active
23 duty member of the Armed Forces of the United States who has
24 been transferred or is scheduled to be transferred to the
25 state of Missouri or an adjacent state and who is a
26 permanent resident of the state of Missouri, who is
27 domiciled in the state of Missouri, or who has Missouri as
28 his or her home of record.

29 2. Each applicant for licensure as a professional
30 counselor shall furnish evidence to the committee that the
31 applicant is at least eighteen years of age, is a United
32 States citizen or is legally present in the United States;
33 and

34 (1) The applicant has completed a course of study as
35 defined by the board rule leading to a master's,
36 specialist's, or doctoral degree with a major in counseling,
37 except any applicant who has held a license as a
38 professional counselor in this state or currently holds a
39 license as a professional counselor in another state shall
40 not be required to have completed any courses related to
41 career development; and

42 (2) The applicant has completed acceptable supervised
43 counseling as defined by board rule. If the applicant has a
44 master's degree with a major in counseling as defined by
45 board rule, the applicant shall complete at least two years
46 of acceptable supervised counseling experience subsequent to
47 the receipt of the master's degree. The composition and
48 number of hours comprising the acceptable supervised
49 counseling experience shall be defined by board rule. An
50 applicant may substitute thirty semester hours of post

51 master's graduate study for one of the two required years of
52 acceptable supervised counseling experience if such hours
53 are clearly related to counseling;

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

59 (4) Upon examination, the applicant is possessed of
60 requisite knowledge of the profession, including techniques
61 and applications, research and its interpretation, and
62 professional affairs and ethics.

63 [2. Any person holding a current license, certificate
64 of registration, or permit from another state or territory
65 of the United States to practice as a professional counselor
66 who does not meet the requirements in section 324.009 and
67 who is at least eighteen years of age, and is a United
68 States citizen or is legally present in the United States
69 may be granted a license without examination to engage in
70 the practice of professional counseling in this state upon
71 the application to the board, payment of the required fee as
72 established by the board, and satisfying one of the
73 following requirements:

74 (1) Approval by the American Association of State
75 Counseling Boards (AASCB) or its successor organization
76 according to the eligibility criteria established by AASCB.
77 The successor organization shall be defined by board rule; or

78 (2) In good standing and currently certified by the
79 National Board for Certified Counselors or its successor
80 organization and has completed acceptable supervised
81 counseling experience as defined by board rule. The
82 successor organization shall be defined by board rule.]

83 3. (1) Any person who holds a valid current
84 professional counselor license issued by another state, a
85 branch or unit of the military, a territory of the United
86 States, or the District of Columbia, and who has been
87 licensed for at least one year in such other jurisdiction,
88 may submit an application for a professional counselor
89 license in Missouri along with proof of current licensure
90 and proof of licensure for at least one year in the other
91 jurisdiction, to the committee.

92 (2) The committee shall:

93 (a) Within six months of receiving an application
94 described in subdivision (1) of this subsection, waive any
95 examination, educational, or experience requirements for
96 licensure in this state for the applicant if it determines
97 that there were minimum education requirements and, if
98 applicable, work experience and clinical supervision
99 requirements in effect and the other state verifies that the
100 person met those requirements in order to be licensed or
101 certified in that state. The committee may require an
102 applicant to take and pass an examination specific to the
103 laws of this state; or

104 (b) Within thirty days of receiving an application
105 described in subdivision (1) of this subsection from a
106 nonresident military spouse or a resident military spouse,
107 wave any examination, educational, or experience
108 requirements for licensure in this state for the applicant
109 and issue such applicant a license under this subsection if
110 such applicant otherwise meets the requirements of this
111 section.

112 (3) (a) The committee shall not waive any
113 examination, educational, or experience requirements for any
114 applicant who has had his or her license revoked by a
115 committee outside the state; who is currently under

116 investigation, who has a complaint pending, or who is
117 currently under disciplinary action, except as provided in
118 paragraph (b) of this subdivision, with a committee outside
119 the state; who does not hold a license in good standing with
120 a committee outside the state; who has a criminal record
121 that would disqualify him or her for licensure in Missouri;
122 or who does not hold a valid current license in the other
123 jurisdiction on the date the committee receives his or her
124 application under this section.

125 (b) If another jurisdiction has taken disciplinary
126 action against an applicant, the committee shall determine
127 if the cause for the action was corrected and the matter
128 resolved. If the matter has not been resolved by that
129 jurisdiction, the committee may deny a license until the
130 matter is resolved.

131 (4) Nothing in this subsection shall prohibit the
132 committee from denying a license to an applicant under this
133 subsection for any reason described in section 337.525.

134 (5) Any person who is licensed under the provisions of
135 this subsection shall be subject to the committee's
136 jurisdiction and all rules and regulations pertaining to the
137 practice as a licensed professional counselor in this state.

138 (6) This subsection shall not be construed to waive
139 any requirement for an applicant to pay any fees.

140 4. The committee shall issue a license to each person
141 who files an application and fee and who furnishes evidence
142 satisfactory to the committee that the applicant has
143 complied with the provisions of this act and has taken and
144 passed a written, open-book examination on Missouri laws and
145 regulations governing the practice of professional
146 counseling as defined in section 337.500. The division
147 shall issue a provisional professional counselor license to
148 any applicant who meets all requirements of this section,

149 but who has not completed the required acceptable supervised
150 counseling experience and such applicant may reapply for
151 licensure as a professional counselor upon completion of
152 such acceptable supervised counseling experience.

153 [4.] 5. All persons licensed to practice professional
154 counseling in this state shall pay on or before the license
155 renewal date a renewal license fee and shall furnish to the
156 committee satisfactory evidence of the completion of the
157 requisite number of hours of continuing education as
158 required by rule, including two hours of suicide assessment,
159 referral, treatment, and management training, which shall be
160 no more than forty hours biennially. The continuing
161 education requirements may be waived by the committee upon
162 presentation to the committee of satisfactory evidence of
163 the illness of the licensee or for other good cause.

337.550. SECTION 1: PURPOSE

2 The purpose of this Compact is to facilitate interstate
3 practice of Licensed Professional Counselors with the goal
4 of improving public access to Professional Counseling
5 services. The practice of Professional Counseling occurs in
6 the State where the client is located at the time of the
7 counseling services. The Compact preserves the regulatory
8 authority of States to protect public health and safety
9 through the current system of State licensure.

10 This Compact is designed to achieve the following
11 objectives:

12 A. Increase public access to Professional Counseling
13 services by providing for the mutual recognition of other
14 Member State licenses;

15 B. Enhance the States' ability to protect the public's
16 health and safety;

17 C. Encourage the cooperation of Member States in
18 regulating multistate practice for Licensed Professional
19 Counselors;

20 D. Support spouses of relocating Active Duty Military
21 personnel;

22 E. Enhance the exchange of licensure, investigative,
23 and disciplinary information among Member States;

24 F. Allow for the use of Telehealth technology to
25 facilitate increased access to Professional Counseling
26 services;

27 G. Support the uniformity of Professional Counseling
28 licensure requirements throughout the States to promote
29 public safety and public health benefits;

30 H. Invest all Member States with the authority to hold
31 a Licensed Professional Counselor accountable for meeting
32 all State practice laws in the State in which the client is
33 located at the time care is rendered through the mutual
34 recognition of Member State licenses;

35 I. Eliminate the necessity for licenses in multiple
36 States; and

37 J. Provide opportunities for interstate practice by
38 Licensed Professional Counselors who meet uniform licensure
39 requirements.

40 SECTION 2. DEFINITIONS

41 As used in this Compact, and except as otherwise
42 provided, the following definitions shall apply:

43 A. "Active Duty Military" means full-time duty status
44 in the active uniformed service of the United States,
45 including members of the National Guard and Reserve on
46 active duty orders pursuant to 10 U.S.C. Chapters 1209 and
47 1211.

48 B. "Adverse Action" means any administrative, civil,
49 equitable or criminal action permitted by a State's laws

50 which is imposed by a licensing board or other authority
51 against a Licensed Professional Counselor, including actions
52 against an individual's license or Privilege to Practice
53 such as revocation, suspension, probation, monitoring of the
54 licensee, limitation on the licensee's practice, or any
55 other Encumbrance on licensure affecting a Licensed
56 Professional Counselor's authorization to practice,
57 including issuance of a cease and desist action.

58 C. "Alternative Program" means a non-disciplinary
59 monitoring or practice remediation process approved by a
60 Professional Counseling Licensing Board to address Impaired
61 Practitioners.

62 D. "Continuing Competence/Education" means a
63 requirement, as a condition of license renewal, to provide
64 evidence of participation in, and/or completion of,
65 educational and professional activities relevant to practice
66 or area of work.

67 E. "Counseling Compact Commission" or "Commission"
68 means the national administrative body whose membership
69 consists of all States that have enacted the Compact.

70 F. "Current Significant Investigative Information"
71 means:

72 1. Investigative Information that a Licensing Board,
73 after a preliminary inquiry that includes notification and
74 an opportunity for the Licensed Professional Counselor to
75 respond, if required by State law, has reason to believe is
76 not groundless and, if proved true, would indicate more than
77 a minor infraction; or

78 2. Investigative Information that indicates that the
79 Licensed Professional Counselor represents an immediate
80 threat to public health and safety regardless of whether the
81 Licensed Professional Counselor has been notified and had an
82 opportunity to respond.

83 G. "Data System" means a repository of information
84 about Licensees, including, but not limited to, continuing
85 education, examination, licensure, investigative, Privilege
86 to Practice and Adverse Action information.

87 H. "Encumbered License" means a license in which an
88 Adverse Action restricts the practice of licensed
89 Professional Counseling by the Licensee and said Adverse
90 Action has been reported to the National Practitioners Data
91 Bank (NPDB).

92 I. "Encumbrance" means a revocation or suspension of,
93 or any limitation on, the full and unrestricted practice of
94 Licensed Professional Counseling by a Licensing Board.

95 J. "Executive Committee" means a group of directors
96 elected or appointed to act on behalf of, and within the
97 powers granted to them by, the Commission.

98 K. "Home State" means the Member State that is the
99 Licensee's primary State of residence.

100 L. "Impaired Practitioner" means an individual who has
101 a condition(s) that may impair their ability to practice as
102 a Licensed Professional Counselor without some type of
103 intervention and may include, but are not limited to,
104 alcohol and drug dependence, mental health impairment, and
105 neurological or physical impairments.

106 M. "Investigative Information" means information,
107 records, and documents received or generated by a
108 Professional Counseling Licensing Board pursuant to an
109 investigation.

110 N. "Jurisprudence Requirement" if required by a Member
111 State, means the assessment of an individual's knowledge of
112 the laws and Rules governing the practice of Professional
113 Counseling in a State.

114 O. "Licensed Professional Counselor" means a counselor
115 licensed by a Member State, regardless of the title used by

116 that State, to independently assess, diagnose, and treat
117 behavioral health conditions.

118 P. "Licensee" means an individual who currently holds
119 an authorization from the State to practice as a Licensed
120 Professional Counselor.

121 Q. "Licensing Board" means the agency of a State, or
122 equivalent, that is responsible for the licensing and
123 regulation of Licensed Professional Counselors.

124 R. "Member State" means a State that has enacted the
125 Compact.

126 S. "Privilege to Practice" means a legal
127 authorization, which is equivalent to a license, permitting
128 the practice of Professional Counseling in a Remote State.

129 T. "Professional Counseling" means the assessment,
130 diagnosis, and treatment of behavioral health conditions by
131 a Licensed Professional Counselor.

132 U. "Remote State" means a Member State other than the
133 Home State, where a Licensee is exercising or seeking to
134 exercise the Privilege to Practice.

135 V. "Rule" means a regulation promulgated by the
136 Commission that has the force of law.

137 W. "Single State License" means a Licensed
138 Professional Counselor license issued by a Member State that
139 authorizes practice only within the issuing State and does
140 not include a Privilege to Practice in any other Member
141 State.

142 X. "State" means any state, commonwealth, district, or
143 territory of the United States of America that regulates the
144 practice of Professional Counseling.

145 Y. "Telehealth" means the application of
146 telecommunication technology to deliver Professional
147 Counseling services remotely to assess, diagnose, and treat
148 behavioral health conditions.

149 Z. "Unencumbered License" means a license that
150 authorizes a Licensed Professional Counselor to engage in
151 the full and unrestricted practice of Professional
152 Counseling.

153 SECTION 3. STATE PARTICIPATION IN THE COMPACT

154 A. To Participate in the Compact, a State must
155 currently:

156 1. License and regulate Licensed Professional
157 Counselors;

158 2. Require Licensees to pass a nationally recognized
159 exam approved by the Commission;

160 3. Require Licensees to have a 60 semester-hour (or 90
161 quarter-hour) master's degree in counseling or 60 semester-
162 hours (or 90 quarter-hours) of graduate course work
163 including the following topic areas:

164 a. Professional Counseling Orientation and Ethical
165 Practice;

166 b. Social and Cultural Diversity;

167 c. Human Growth and Development;

168 d. Career Development;

169 e. Counseling and Helping Relationships;

170 f. Group Counseling and Group Work;

171 g. Diagnosis and Treatment; Assessment and Testing;

172 h. Research and Program Evaluation; and

173 i. Other areas as determined by the Commission.

174 4. Require Licensees to complete a supervised
175 postgraduate professional experience as defined by the
176 Commission;

177 5. Have a mechanism in place for receiving and
178 investigating complaints about Licensees.

179 B. A Member State shall:

180 1. Participate fully in the Commission's Data System,
181 including using the Commission's unique identifier as
182 defined in Rules;

183 2. Notify the Commission, in compliance with the terms
184 of the Compact and Rules, of any Adverse Action or the
185 availability of Investigative Information regarding a
186 Licensee;

187 3. Implement or utilize procedures for considering the
188 criminal history records of applicants for an initial
189 Privilege to Practice. These procedures shall include the
190 submission of fingerprints or other biometric-based
191 information by applicants for the purpose of obtaining an
192 applicant's criminal history record information from the
193 Federal Bureau of Investigation and the agency responsible
194 for retaining that State's criminal records;

195 a. A member state must fully implement a criminal
196 background check requirement, within a time frame
197 established by rule, by receiving the results of the Federal
198 Bureau of Investigation record search and shall use the
199 results in making licensure decisions.

200 b. Communication between a Member State, the
201 Commission and among Member States regarding the
202 verification of eligibility for licensure through the
203 Compact shall not include any information received from the
204 Federal Bureau of Investigation relating to a federal
205 criminal records check performed by a Member State under
206 Public Law 92-544.

207 4. Comply with the Rules of the Commission;

208 5. Require an applicant to obtain or retain a license
209 in the Home State and meet the Home State's qualifications
210 for licensure or renewal of licensure, as well as all other
211 applicable State laws;

212 6. Grant the Privilege to Practice to a Licensee
213 holding a valid Unencumbered License in another Member State
214 in accordance with the terms of the Compact and Rules; and

215 7. Provide for the attendance of the State's
216 commissioner to the Counseling Compact Commission meetings.

217 C. Member States may charge a fee for granting the
218 Privilege to Practice.

219 D. Individuals not residing in a Member State shall
220 continue to be able to apply for a Member State's Single
221 State License as provided under the laws of each Member
222 State. However, the Single State License granted to these
223 individuals shall not be recognized as granting a Privilege
224 to Practice Professional Counseling in any other Member
225 State.

226 E. Nothing in this Compact shall affect the
227 requirements established by a Member State for the issuance
228 of a Single State License.

229 F. A license issued to a Licensed Professional
230 Counselor by a Home State to a resident in that State shall
231 be recognized by each Member State as authorizing a Licensed
232 Professional Counselor to practice Professional Counseling,
233 under a Privilege to Practice, in each Member State.

234 SECTION 4. PRIVILEGE TO PRACTICE

235 A. To exercise the Privilege to Practice under the
236 terms and provisions of the Compact, the Licensee shall:

237 1. Hold a license in the Home State;

238 2. Have a valid United States Social Security Number
239 or National Practitioner Identifier;

240 3. Be eligible for a Privilege to Practice in any
241 Member State in accordance with Section 4(D), (G) and (H);

242 4. Have not had any Encumbrance or restriction against
243 any license or Privilege to Practice within the previous two
244 (2) years;

245 5. Notify the Commission that the Licensee is seeking
246 the Privilege to Practice within a Remote State(s);

247 6. Pay any applicable fees, including any State fee,
248 for the Privilege to Practice;

249 7. Meet any Continuing Competence/Education
250 requirements established by the Home State;

251 8. Meet any Jurisprudence Requirements established by
252 the Remote State(s) in which the Licensee is seeking a
253 Privilege to Practice; and

254 9. Report to the Commission any Adverse Action,
255 Encumbrance, or restriction on license taken by any non-
256 Member State within 30 days from the date the action is
257 taken.

258 B. The Privilege to Practice is valid until the
259 expiration date of the Home State license. The Licensee
260 must comply with the requirements of Section 4(A) to
261 maintain the Privilege to Practice in the Remote State.

262 C. A Licensee providing Professional Counseling in a
263 Remote State under the Privilege to Practice shall adhere to
264 the laws and regulations of the Remote State.

265 D. A Licensee providing Professional Counseling
266 services in a Remote State is subject to that State's
267 regulatory authority. A Remote State may, in accordance
268 with due process and that State's laws, remove a Licensee's
269 Privilege to Practice in the Remote State for a specific
270 period of time, impose fines, and/or take any other
271 necessary actions to protect the health and safety of its
272 citizens. The Licensee may be ineligible for a Privilege to
273 Practice in any Member State until the specific time for
274 removal has passed and all fines are paid.

275 E. If a Home State license is encumbered, the Licensee
276 shall lose the Privilege to Practice in any Remote State
277 until the following occur:

278 1. The Home State license is no longer encumbered; and
279 2. Have not had any Encumbrance or restriction against
280 any license or Privilege to Practice within the previous two
281 (2) years.

282 F. Once an Encumbered License in the Home State is
283 restored to good standing, the Licensee must meet the
284 requirements of Section 4(A) to obtain a Privilege to
285 Practice in any Remote State.

286 G. If a Licensee's Privilege to Practice in any Remote
287 State is removed, the individual may lose the Privilege to
288 Practice in all other Remote States until the following
289 occur:

290 1. The specific period of time for which the Privilege
291 to Practice was removed has ended;

292 2. All fines have been paid; and

293 3. Have not had any Encumbrance or restriction against
294 any license or Privilege to Practice within the previous two
295 (2) years.

296 H. Once the requirements of Section 4(G) have been
297 met, the Licensee must meet the requirements in Section 4(A)
298 to obtain a Privilege to Practice in a Remote State.

299 SECTION 5: OBTAINING A NEW HOME STATE LICENSE BASED ON
300 A PRIVILEGE TO PRACTICE

301 A. A Licensed Professional Counselor may hold a Home
302 State license, which allows for a Privilege to Practice in
303 other Member States, in only one Member State at a time.

304 B. If a Licensed Professional Counselor changes
305 primary State of residence by moving between two Member
306 States:

307 1. The Licensed Professional Counselor shall file an
308 application for obtaining a new Home State license based on
309 a Privilege to Practice, pay all applicable fees, and notify

310 the current and new Home State in accordance with applicable
311 Rules adopted by the Commission.

312 2. Upon receipt of an application for obtaining a new
313 Home State license by virtue of a Privilege to Practice, the
314 new Home State shall verify that the Licensed Professional
315 Counselor meets the pertinent criteria outlined in Section 4
316 via the Data System, without need for primary source
317 verification except for:

318 a. a Federal Bureau of Investigation fingerprint based
319 criminal background check if not previously performed or
320 updated pursuant to applicable rules adopted by the
321 Commission in accordance with Public Law 92-544;

322 b. other criminal background check as required by the
323 new Home State; and

324 c. completion of any requisite Jurisprudence
325 Requirements of the new Home State.

326 3. The former Home State shall convert the former Home
327 State license into a Privilege to Practice once the new Home
328 State has activated the new Home State license in accordance
329 with applicable Rules adopted by the Commission.

330 4. Notwithstanding any other provision of this
331 Compact, if the Licensed Professional Counselor cannot meet
332 the criteria in Section 4, the new Home State may apply its
333 requirements for issuing a new Single State License.

334 5. The Licensed Professional Counselor shall pay all
335 applicable fees to the new Home State in order to be issued
336 a new Home State license.

337 C. If a Licensed Professional Counselor changes
338 Primary State of Residence by moving from a Member State to
339 a non-Member State, or from a non-Member State to a Member
340 State, the State criteria shall apply for issuance of a
341 Single State License in the new State.

342 D. Nothing in this Compact shall interfere with a
343 Licensee's ability to hold a Single State License in
344 multiple States, however for the purposes of this Compact, a
345 Licensee shall have only one Home State license.

346 E. Nothing in this Compact shall affect the
347 requirements established by a Member State for the issuance
348 of a Single State License.

349 SECTION 6. ACTIVE DUTY MILITARY PERSONNEL OR THEIR
350 SPOUSES

351 Active Duty Military personnel, or their spouse, shall
352 designate a Home State where the individual has a current
353 license in good standing. The individual may retain the
354 Home State designation during the period the service member
355 is on active duty. Subsequent to designating a Home State,
356 the individual shall only change their Home State through
357 application for licensure in the new State, or through the
358 process outlined in Section 5.

359 SECTION 7. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

360 A. Member States shall recognize the right of a
361 Licensed Professional Counselor, licensed by a Home State in
362 accordance with Section 3 and under Rules promulgated by the
363 Commission, to practice Professional Counseling in any
364 Member State via Telehealth under a Privilege to Practice as
365 provided in the Compact and Rules promulgated by the
366 Commission.

367 B. A Licensee providing Professional Counseling
368 services in a Remote State under the Privilege to Practice
369 shall adhere to the laws and regulations of the Remote State.

370 SECTION 8. ADVERSE ACTIONS

371 A. In addition to the other powers conferred by State
372 law, a Remote State shall have the authority, in accordance
373 with existing State due process law, to:

374 1. Take Adverse Action against a Licensed Professional
375 Counselor's Privilege to Practice within that Member State,
376 and

377 2. Issue subpoenas for both hearings and
378 investigations that require the attendance and testimony of
379 witnesses as well as the production of evidence. Subpoenas
380 issued by a Licensing Board in a Member State for the
381 attendance and testimony of witnesses or the production of
382 evidence from another Member State shall be enforced in the
383 latter State by any court of competent jurisdiction,
384 according to the practice and procedure of that court
385 applicable to subpoenas issued in proceedings pending before
386 it. The issuing authority shall pay any witness fees,
387 travel expenses, mileage, and other fees required by the
388 service statutes of the State in which the witnesses or
389 evidence are located.

390 3. Only the Home State shall have the power to take
391 Adverse Action against a Licensed Professional Counselor's
392 license issued by the Home State.

393 B. For purposes of taking Adverse Action, the Home
394 State shall give the same priority and effect to reported
395 conduct received from a Member State as it would if the
396 conduct had occurred within the Home State. In so doing,
397 the Home State shall apply its own State laws to determine
398 appropriate action.

399 C. The Home State shall complete any pending
400 investigations of a Licensed Professional Counselor who
401 changes primary State of residence during the course of the
402 investigations. The Home State shall also have the authority
403 to take appropriate action(s) and shall promptly report the
404 conclusions of the investigations to the administrator of
405 the Data System. The administrator of the coordinated

406 licensure information system shall promptly notify the new
407 Home State of any Adverse Actions.

408 D. A Member State, if otherwise permitted by State
409 law, may recover from the affected Licensed Professional
410 Counselor the costs of investigations and dispositions of
411 cases resulting from any Adverse Action taken against that
412 Licensed Professional Counselor.

413 E. A Member State may take Adverse Action based on the
414 factual findings of the Remote State, provided that the
415 Member State follows its own procedures for taking the
416 Adverse Action.

417 F. Joint Investigations:

418 1. In addition to the authority granted to a Member
419 State by its respective Professional Counseling practice act
420 or other applicable State law, any Member State may
421 participate with other Member States in joint investigations
422 of Licensees.

423 2. Member States shall share any investigative,
424 litigation, or compliance materials in furtherance of any
425 joint or individual investigation initiated under the
426 Compact.

427 G. If Adverse Action is taken by the Home State
428 against the license of a Licensed Professional Counselor,
429 the Licensed Professional Counselor's Privilege to Practice
430 in all other Member States shall be deactivated until all
431 Encumbrances have been removed from the State license. All
432 Home State disciplinary orders that impose Adverse Action
433 against the license of a Licensed Professional Counselor
434 shall include a Statement that the Licensed Professional
435 Counselor's Privilege to Practice is deactivated in all
436 Member States during the pendency of the order.

437 H. If a Member State takes Adverse Action, it shall
438 promptly notify the administrator of the Data System. The

439 administrator of the Data System shall promptly notify the
440 Home State of any Adverse Actions by Remote States.

441 I. Nothing in this Compact shall override a Member
442 State's decision that participation in an Alternative
443 Program may be used in lieu of Adverse Action.

444 SECTION 9. ESTABLISHMENT OF COUNSELING COMPACT
445 COMMISSION

446 A. The Compact Member States hereby create and
447 establish a joint public agency known as the Counseling
448 Compact Commission:

449 1. The Commission is an instrumentality of the Compact
450 States.

451 2. Venue is proper and judicial proceedings by or
452 against the Commission shall be brought solely and
453 exclusively in a court of competent jurisdiction where the
454 principal office of the Commission is located. The
455 Commission may waive venue and jurisdictional defenses to
456 the extent it adopts or consents to participate in
457 alternative dispute resolution proceedings.

458 3. Nothing in this Compact shall be construed to be a
459 waiver of sovereign immunity.

460 B. Membership, Voting, and Meetings

461 1. Each Member State shall have and be limited to one
462 (1) delegate selected by that Member State's Licensing Board.

463 2. The delegate shall be either:

464 a. A current member of the Licensing Board at the time
465 of appointment, who is a Licensed Professional Counselor or
466 public member; or

467 b. An administrator of the Licensing Board.

468 3. Any delegate may be removed or suspended from
469 office as provided by the law of the State from which the
470 delegate is appointed.

471 4. The Member State Licensing Board shall fill any
472 vacancy occurring on the Commission within 60 days.

473 5. Each delegate shall be entitled to one (1) vote
474 with regard to the promulgation of Rules and creation of
475 bylaws and shall otherwise have an opportunity to
476 participate in the business and affairs of the Commission.

477 6. A delegate shall vote in person or by such other
478 means as provided in the bylaws. The bylaws may provide for
479 delegates' participation in meetings by telephone or other
480 means of communication.

481 7. The Commission shall meet at least once during each
482 calendar year. Additional meetings shall be held as set
483 forth in the bylaws.

484 8. The Commission shall by Rule establish a term of
485 office for delegates and may by Rule establish term limits.

486 C. The Commission shall have the following powers and
487 duties:

488 1. Establish the fiscal year of the Commission;

489 2. Establish bylaws;

490 3. Maintain its financial records in accordance with
491 the bylaws;

492 4. Meet and take such actions as are consistent with
493 the provisions of this Compact and the bylaws;

494 5. Promulgate Rules which shall be binding to the
495 extent and in the manner provided for in the Compact;

496 6. Bring and prosecute legal proceedings or actions in
497 the name of the Commission, provided that the standing of
498 any State Licensing Board to sue or be sued under applicable
499 law shall not be affected;

500 7. Purchase and maintain insurance and bonds;

501 8. Borrow, accept, or contract for services of
502 personnel, including, but not limited to, employees of a
503 Member State;

504 9. Hire employees, elect or appoint officers, fix
505 compensation, define duties, grant such individuals
506 appropriate authority to carry out the purposes of the
507 Compact, and establish the Commission's personnel policies
508 and programs relating to conflicts of interest,
509 qualifications of personnel, and other related personnel
510 matters;

511 10. Accept any and all appropriate donations and
512 grants of money, equipment, supplies, materials, and
513 services, and to receive, utilize, and dispose of the same;
514 provided that at all times the Commission shall avoid any
515 appearance of impropriety and/or conflict of interest;

516 11. Lease, purchase, accept appropriate gifts or
517 donations of, or otherwise to own, hold, improve or use, any
518 property, real, personal or mixed; provided that at all
519 times the Commission shall avoid any appearance of
520 impropriety;

521 12. Sell, convey, mortgage, pledge, lease, exchange,
522 abandon, or otherwise dispose of any property real,
523 personal, or mixed;

524 13. Establish a budget and make expenditures;

525 14. Borrow money;

526 15. Appoint committees, including standing committees
527 composed of members, State regulators, State legislators or
528 their representatives, and consumer representatives, and
529 such other interested persons as may be designated in this
530 Compact and the bylaws;

531 16. Provide and receive information from, and
532 cooperate with, law enforcement agencies;

533 17. Establish and elect an Executive Committee; and

534 18. Perform such other functions as may be necessary
535 or appropriate to achieve the purposes of this Compact

536 consistent with the State regulation of Professional
537 Counseling licensure and practice.

538 D. The Executive Committee

539 1. The Executive Committee shall have the power to act
540 on behalf of the Commission according to the terms of this
541 Compact.

542 2. The Executive Committee shall be composed of up to
543 eleven (11) members:

544 a. Seven voting members who are elected by the
545 Commission from the current membership of the Commission; and

546 b. Up to four (4) ex-officio, nonvoting members from
547 four (4) recognized national professional counselor
548 organizations.

549 c. The ex-officio members will be selected by their
550 respective organizations.

551 3. The Commission may remove any member of the
552 Executive Committee as provided in bylaws.

553 4. The Executive Committee shall meet at least
554 annually.

555 5. The Executive Committee shall have the following
556 duties and responsibilities:

557 a. Recommend to the entire Commission changes to the
558 Rules or bylaws, changes to this Compact legislation, fees
559 paid by Compact Member States such as annual dues, and any
560 Commission Compact fee charged to Licensees for the
561 Privilege to Practice;

562 b. Ensure Compact administration services are
563 appropriately provided, contractual or otherwise;

564 c. Prepare and recommend the budget;

565 d. Maintain financial records on behalf of the
566 Commission;

567 e. Monitor Compact compliance of Member States and
568 provide compliance reports to the Commission;

569 f. Establish additional committees as necessary; and

570 g. Other duties as provided in Rules or bylaws.

571 E. Meetings of the Commission

572 1. All meetings shall be open to the public, and
573 public notice of meetings shall be given in the same manner
574 as required under the Rulemaking provisions in Section 11.

575 2. The Commission or the Executive Committee or other
576 committees of the Commission may convene in a closed, non-
577 public meeting if the Commission or Executive Committee or
578 other committees of the Commission must discuss:

579 a. Non-compliance of a Member State with its
580 obligations under the Compact;

581 b. The employment, compensation, discipline or other
582 matters, practices or procedures related to specific
583 employees or other matters related to the Commission's
584 internal personnel practices and procedures;

585 c. Current, threatened, or reasonably anticipated
586 litigation;

587 d. Negotiation of contracts for the purchase, lease,
588 or sale of goods, services, or real estate;

589 e. Accusing any person of a crime or formally
590 censuring any person;

591 f. Disclosure of trade secrets or commercial or
592 financial information that is privileged or confidential;

593 g. Disclosure of information of a personal nature
594 where disclosure would constitute a clearly unwarranted
595 invasion of personal privacy;

596 h. Disclosure of investigative records compiled for
597 law enforcement purposes;

598 i. Disclosure of information related to any
599 investigative reports prepared by or on behalf of or for use
600 of the Commission or other committee charged with

601 responsibility of investigation or determination of
602 compliance issues pursuant to the Compact; or

603 j. Matters specifically exempted from disclosure by
604 federal or Member State statute.

605 3. If a meeting, or portion of a meeting, is closed
606 pursuant to this provision, the Commission's legal counsel
607 or designee shall certify that the meeting may be closed and
608 shall reference each relevant exempting provision.

609 4. The Commission shall keep minutes that fully and
610 clearly describe all matters discussed in a meeting and
611 shall provide a full and accurate summary of actions taken,
612 and the reasons therefore, including a description of the
613 views expressed. All documents considered in connection
614 with an action shall be identified in such minutes. All
615 minutes and documents of a closed meeting shall remain under
616 seal, subject to release by a majority vote of the
617 Commission or order of a court of competent jurisdiction.

618 F. Financing of the Commission

619 1. The Commission shall pay, or provide for the
620 payment of, the reasonable expenses of its establishment,
621 organization, and ongoing activities.

622 2. The Commission may accept any and all appropriate
623 revenue sources, donations, and grants of money, equipment,
624 supplies, materials, and services.

625 3. The Commission may levy on and collect an annual
626 assessment from each Member State or impose fees on other
627 parties to cover the cost of the operations and activities
628 of the Commission and its staff, which must be in a total
629 amount sufficient to cover its annual budget as approved
630 each year for which revenue is not provided by other
631 sources. The aggregate annual assessment amount shall be
632 allocated based upon a formula to be determined by the

633 Commission, which shall promulgate a Rule binding upon all
634 Member States.

635 4. The Commission shall not incur obligations of any
636 kind prior to securing the funds adequate to meet the same;
637 nor shall the Commission pledge the credit of any of the
638 Member States, except by and with the authority of the
639 Member State.

640 5. The Commission shall keep accurate accounts of all
641 receipts and disbursements. The receipts and disbursements
642 of the Commission shall be subject to the audit and
643 accounting procedures established under its bylaws.
644 However, all receipts and disbursements of funds handled by
645 the Commission shall be audited yearly by a certified or
646 licensed public accountant, and the report of the audit
647 shall be included in and become part of the annual report of
648 the Commission.

649 G. Qualified Immunity, Defense, and Indemnification

650 1. The members, officers, executive director,
651 employees and representatives of the Commission shall be
652 immune from suit and liability, either personally or in
653 their official capacity, for any claim for damage to or loss
654 of property or personal injury or other civil liability
655 caused by or arising out of any actual or alleged act, error
656 or omission that occurred, or that the person against whom
657 the claim is made had a reasonable basis for believing
658 occurred within the scope of Commission employment, duties
659 or responsibilities; provided that nothing in this paragraph
660 shall be construed to protect any such person from suit
661 and/or liability for any damage, loss, injury, or liability
662 caused by the intentional or willful or wanton misconduct of
663 that person.

664 2. The Commission shall defend any member, officer,
665 executive director, employee or representative of the

666 Commission in any civil action seeking to impose liability
667 arising out of any actual or alleged act, error, or omission
668 that occurred within the scope of Commission employment,
669 duties, or responsibilities, or that the person against whom
670 the claim is made had a reasonable basis for believing
671 occurred within the scope of Commission employment, duties,
672 or responsibilities; provided that nothing herein shall be
673 construed to prohibit that person from retaining his or her
674 own counsel; and provided further, that the actual or
675 alleged act, error, or omission did not result from that
676 person's intentional or willful or wanton misconduct.

677 3. The Commission shall indemnify and hold harmless
678 any member, officer, executive director, employee, or
679 representative of the Commission for the amount of any
680 settlement or judgment obtained against that person arising
681 out of any actual or alleged act, error, or omission that
682 occurred within the scope of Commission employment, duties,
683 or responsibilities, or that such person had a reasonable
684 basis for believing occurred within the scope of Commission
685 employment, duties, or responsibilities, provided that the
686 actual or alleged act, error, or omission did not result
687 from the intentional or willful or wanton misconduct of that
688 person.

689 SECTION 10. DATA SYSTEM

690 A. The Commission shall provide for the development,
691 maintenance, operation, and utilization of a coordinated
692 database and reporting system containing licensure, Adverse
693 Action, and Investigative Information on all licensed
694 individuals in Member States.

695 B. Notwithstanding any other provision of State law to
696 the contrary, a Member State shall submit a uniform data set
697 to the Data System on all individuals to whom this Compact

698 is applicable as required by the Rules of the Commission,
699 including:

700 1. Identifying information;

701 2. Licensure data;

702 3. Adverse Actions against a license or Privilege to
703 Practice;

704 4. Non-confidential information related to Alternative
705 Program participation;

706 5. Any denial of application for licensure, and the
707 reason(s) for such denial;

708 6. Current Significant Investigative Information; and

709 7. Other information that may facilitate the
710 administration of this Compact, as determined by the Rules
711 of the Commission.

712 C. Investigative Information pertaining to a Licensee
713 in any Member State will only be available to other Member
714 States.

715 D. The Commission shall promptly notify all Member
716 States of any Adverse Action taken against a Licensee or an
717 individual applying for a license. Adverse Action
718 information pertaining to a Licensee in any Member State
719 will be available to any other Member State.

720 E. Member States contributing information to the Data
721 System may designate information that may not be shared with
722 the public without the express permission of the
723 contributing State.

724 F. Any information submitted to the Data System that
725 is subsequently required to be expunged by the laws of the
726 Member State contributing the information shall be removed
727 from the Data System.

728 SECTION 11. RULEMAKING

729 A. The Commission shall promulgate reasonable Rules in
730 order to effectively and efficiently achieve the purpose of

731 the Compact. Notwithstanding the foregoing, in the event
732 the Commission exercises its Rulemaking authority in a
733 manner that is beyond the scope of the purposes of the
734 Compact, or the powers granted hereunder, then such an
735 action by the Commission shall be invalid and have no force
736 or effect.

737 B. The Commission shall exercise its Rulemaking powers
738 pursuant to the criteria set forth in this Section and the
739 Rules adopted thereunder. Rules and amendments shall become
740 binding as of the date specified in each Rule or amendment.

741 C. If a majority of the legislatures of the Member
742 States rejects a Rule, by enactment of a statute or
743 resolution in the same manner used to adopt the Compact
744 within four (4) years of the date of adoption of the Rule,
745 then such Rule shall have no further force and effect in any
746 Member State.

747 D. Rules or amendments to the Rules shall be adopted
748 at a regular or special meeting of the Commission.

749 E. Prior to promulgation and adoption of a final Rule
750 or Rules by the Commission, and at least thirty (30) days in
751 advance of the meeting at which the Rule will be considered
752 and voted upon, the Commission shall file a Notice of
753 Proposed Rulemaking:

754 1. On the website of the Commission or other publicly
755 accessible platform; and

756 2. On the website of each Member State Professional
757 Counseling Licensing Board or other publicly accessible
758 platform or the publication in which each State would
759 otherwise publish proposed Rules.

760 F. The Notice of Proposed Rulemaking shall include:

761 1. The proposed time, date, and location of the
762 meeting in which the Rule will be considered and voted upon;

763 2. The text of the proposed Rule or amendment and the
764 reason for the proposed Rule;

765 3. A request for comments on the proposed Rule from
766 any interested person; and

767 4. The manner in which interested persons may submit
768 notice to the Commission of their intention to attend the
769 public hearing and any written comments.

770 G. Prior to adoption of a proposed Rule, the
771 Commission shall allow persons to submit written data,
772 facts, opinions, and arguments, which shall be made
773 available to the public.

774 H. The Commission shall grant an opportunity for a
775 public hearing before it adopts a Rule or amendment if a
776 hearing is requested by:

777 1. At least twenty-five (25) persons;

778 2. A State or federal governmental subdivision or
779 agency; or

780 3. An association having at least twenty-five (25)
781 members.

782 I. If a hearing is held on the proposed Rule or
783 amendment, the Commission shall publish the place, time, and
784 date of the scheduled public hearing. If the hearing is
785 held via electronic means, the Commission shall publish the
786 mechanism for access to the electronic hearing.

787 1. All persons wishing to be heard at the hearing
788 shall notify the executive director of the Commission or
789 other designated member in writing of their desire to appear
790 and testify at the hearing not less than five (5) business
791 days before the scheduled date of the hearing.

792 2. Hearings shall be conducted in a manner providing
793 each person who wishes to comment a fair and reasonable
794 opportunity to comment orally or in writing.

795 3. All hearings will be recorded. A copy of the
796 recording will be made available on request.

797 4. Nothing in this section shall be construed as
798 requiring a separate hearing on each Rule. Rules may be
799 grouped for the convenience of the Commission at hearings
800 required by this section.

801 J. Following the scheduled hearing date, or by the
802 close of business on the scheduled hearing date if the
803 hearing was not held, the Commission shall consider all
804 written and oral comments received.

805 K. If no written notice of intent to attend the public
806 hearing by interested parties is received, the Commission
807 may proceed with promulgation of the proposed Rule without a
808 public hearing.

809 L. The Commission shall, by majority vote of all
810 members, take final action on the proposed Rule and shall
811 determine the effective date of the Rule, if any, based on
812 the Rulemaking record and the full text of the Rule.

813 M. Upon determination that an emergency exists, the
814 Commission may consider and adopt an emergency Rule without
815 prior notice, opportunity for comment, or hearing, provided
816 that the usual Rulemaking procedures provided in the Compact
817 and in this section shall be retroactively applied to the
818 Rule as soon as reasonably possible, in no event later than
819 ninety (90) days after the effective date of the Rule. For
820 the purposes of this provision, an emergency Rule is one
821 that must be adopted immediately in order to:

822 1. Meet an imminent threat to public health, safety,
823 or welfare;

824 2. Prevent a loss of Commission or Member State funds;

825 3. Meet a deadline for the promulgation of an
826 administrative Rule that is established by federal law or
827 Rule; or

828 4. Protect public health and safety.
829 N. The Commission or an authorized committee of the
830 Commission may direct revisions to a previously adopted Rule
831 or amendment for purposes of correcting typographical
832 errors, errors in format, errors in consistency, or
833 grammatical errors. Public notice of any revisions shall be
834 posted on the website of the Commission. The revision shall
835 be subject to challenge by any person for a period of thirty
836 (30) days after posting. The revision may be challenged
837 only on grounds that the revision results in a material
838 change to a Rule. A challenge shall be made in writing and
839 delivered to the chair of the Commission prior to the end of
840 the notice period. If no challenge is made, the revision
841 will take effect without further action. If the revision is
842 challenged, the revision may not take effect without the
843 approval of the Commission.

844 SECTION 12. OVERSIGHT, DISPUTE RESOLUTION, AND
845 ENFORCEMENT

846 A. Oversight

847 1. The executive, legislative, and judicial branches
848 of State government in each Member State shall enforce this
849 Compact and take all actions necessary and appropriate to
850 effectuate the Compact's purposes and intent. The
851 provisions of this Compact and the Rules promulgated
852 hereunder shall have standing as statutory law.

853 2. All courts shall take judicial notice of the
854 Compact and the Rules in any judicial or administrative
855 proceeding in a Member State pertaining to the subject
856 matter of this Compact which may affect the powers,
857 responsibilities, or actions of the Commission.

858 3. The Commission shall be entitled to receive service
859 of process in any such proceeding and shall have standing to
860 intervene in such a proceeding for all purposes. Failure to

861 provide service of process to the Commission shall render a
862 judgment or order void as to the Commission, this Compact,
863 or promulgated Rules.

864 B. Default, Technical Assistance, and Termination

865 1. If the Commission determines that a Member State
866 has defaulted in the performance of its obligations or
867 responsibilities under this Compact or the promulgated
868 Rules, the Commission shall:

869 a. Provide written notice to the defaulting State and
870 other Member States of the nature of the default, the
871 proposed means of curing the default and/or any other action
872 to be taken by the Commission; and

873 b. Provide remedial training and specific technical
874 assistance regarding the default.

875 C. If a State in default fails to cure the default,
876 the defaulting State may be terminated from the Compact upon
877 an affirmative vote of a majority of the Member States, and
878 all rights, privileges and benefits conferred by this
879 Compact may be terminated on the effective date of
880 termination. A cure of the default does not relieve the
881 offending State of obligations or liabilities incurred
882 during the period of default.

883 D. Termination of membership in the Compact shall be
884 imposed only after all other means of securing compliance
885 have been exhausted. Notice of intent to suspend or
886 terminate shall be given by the Commission to the governor,
887 the majority and minority leaders of the defaulting State's
888 legislature, and each of the Member States.

889 E. A State that has been terminated is responsible for
890 all assessments, obligations, and liabilities incurred
891 through the effective date of termination, including
892 obligations that extend beyond the effective date of
893 termination.

894 F. The Commission shall not bear any costs related to
895 a State that is found to be in default or that has been
896 terminated from the Compact, unless agreed upon in writing
897 between the Commission and the defaulting State.

898 G. The defaulting State may appeal the action of the
899 Commission by petitioning the U.S. District Court for the
900 District of Columbia or the federal district where the
901 Commission has its principal offices. The prevailing member
902 shall be awarded all costs of such litigation, including
903 reasonable attorney's fees.

904 H. Dispute Resolution

905 1. Upon request by a Member State, the Commission
906 shall attempt to resolve disputes related to the Compact
907 that arise among Member States and between member and non-
908 Member States.

909 2. The Commission shall promulgate a Rule providing
910 for both mediation and binding dispute resolution for
911 disputes as appropriate.

912 I. Enforcement

913 1. The Commission, in the reasonable exercise of its
914 discretion, shall enforce the provisions and Rules of this
915 Compact.

916 2. By majority vote, the Commission may initiate legal
917 action in the United States District Court for the District
918 of Columbia or the federal district where the Commission has
919 its principal offices against a Member State in default to
920 enforce compliance with the provisions of the Compact and
921 its promulgated Rules and bylaws. The relief sought may
922 include both injunctive relief and damages. In the event
923 judicial enforcement is necessary, the prevailing member
924 shall be awarded all costs of such litigation, including
925 reasonable attorney's fees.

926 3. The remedies herein shall not be the exclusive
927 remedies of the Commission. The Commission may pursue any
928 other remedies available under federal or State law.

929 SECTION 13. DATE OF IMPLEMENTATION OF THE COUNSELING
930 COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND
931 AMENDMENT

932 A. The Compact shall come into effect on the date on
933 which the Compact statute is enacted into law in the tenth
934 Member State. The provisions, which become effective at
935 that time, shall be limited to the powers granted to the
936 Commission relating to assembly and the promulgation of
937 Rules. Thereafter, the Commission shall meet and exercise
938 Rulemaking powers necessary to the implementation and
939 administration of the Compact.

940 B. Any State that joins the Compact subsequent to the
941 Commission's initial adoption of the Rules shall be subject
942 to the Rules as they exist on the date on which the Compact
943 becomes law in that State. Any Rule that has been
944 previously adopted by the Commission shall have the full
945 force and effect of law on the day the Compact becomes law
946 in that State.

947 C. Any Member State may withdraw from this Compact by
948 enacting a statute repealing the same.

949 1. A Member State's withdrawal shall not take effect
950 until six (6) months after enactment of the repealing
951 statute.

952 2. Withdrawal shall not affect the continuing
953 requirement of the withdrawing State's Professional
954 Counseling Licensing Board to comply with the investigative
955 and Adverse Action reporting requirements of this act prior
956 to the effective date of withdrawal.

957 D. Nothing contained in this Compact shall be
958 construed to invalidate or prevent any Professional

959 Counseling licensure agreement or other cooperative
960 arrangement between a Member State and a non-Member State
961 that does not conflict with the provisions of this Compact.

962 E. This Compact may be amended by the Member States.
963 No amendment to this Compact shall become effective and
964 binding upon any Member State until it is enacted into the
965 laws of all Member States.

966 SECTION 14. CONSTRUCTION AND SEVERABILITY

967 This Compact shall be liberally construed so as to
968 effectuate the purposes thereof. The provisions of this
969 Compact shall be severable and if any phrase, clause,
970 sentence or provision of this Compact is declared to be
971 contrary to the constitution of any Member State or of the
972 United States or the applicability thereof to any
973 government, agency, person or circumstance is held invalid,
974 the validity of the remainder of this Compact and the
975 applicability thereof to any government, agency, person or
976 circumstance shall not be affected thereby. If this Compact
977 shall be held contrary to the constitution of any Member
978 State, the Compact shall remain in full force and effect as
979 to the remaining Member States and in full force and effect
980 as to the Member State affected as to all severable matters.

981 SECTION 15. BINDING EFFECT OF COMPACT AND OTHER LAWS

982 A. A Licensee providing Professional Counseling
983 services in a Remote State under the Privilege to Practice
984 shall adhere to the laws and regulations, including scope of
985 practice, of the Remote State.

986 B. Nothing herein prevents the enforcement of any
987 other law of a Member State that is not inconsistent with
988 the Compact.

989 C. Any laws in a Member State in conflict with the
990 Compact are superseded to the extent of the conflict.

991 D. Any lawful actions of the Commission, including all
992 Rules and bylaws properly promulgated by the Commission, are
993 binding upon the Member States.

994 E. All permissible agreements between the Commission
995 and the Member States are binding in accordance with their
996 terms.

997 F. In the event any provision of the Compact exceeds
998 the constitutional limits imposed on the legislature of any
999 Member State, the provision shall be ineffective to the
1000 extent of the conflict with the constitutional provision in
1001 question in that Member State.

338.010. 1. The "practice of pharmacy" [means]
2 includes:

3 (1) The interpretation, implementation, and evaluation
4 of medical prescription orders, including any legend drugs
5 under 21 U.S.C. Section 353[;], and the receipt,
6 transmission, or handling of such orders or facilitating the
7 dispensing of such orders;

8 (2) The designing, initiating, implementing, and
9 monitoring of a medication therapeutic plan [as defined by
10 the prescription order so long as the prescription order is
11 specific to each patient for care by a pharmacist] in
12 accordance with the provisions of this section;

13 (3) The compounding, dispensing, labeling, and
14 administration of drugs and devices pursuant to medical
15 prescription orders [and administration of viral influenza,
16 pneumonia, shingles, hepatitis A, hepatitis B, diphtheria,
17 tetanus, pertussis, and meningitis vaccines by written
18 protocol authorized by a physician for persons at least
19 seven years of age or the age recommended by the Centers for
20 Disease Control and Prevention, whichever is higher, or the
21 administration of pneumonia, shingles, hepatitis A,
22 hepatitis B, diphtheria, tetanus, pertussis, meningitis, and

23 viral influenza vaccines by written protocol authorized by a
24 physician for a specific patient as authorized by rule];

25 (4) The ordering and administration of vaccines
26 approved or authorized by the U.S. Food and Drug
27 Administration, excluding vaccines for cholera, monkeypox,
28 Japanese encephalitis, typhoid, rabies, yellow fever, tick-
29 borne encephalitis, anthrax, tuberculosis, dengue, Hib,
30 polio, rotavirus, smallpox, and any vaccine approved after
31 January 1, 2023, to persons at least seven years of age or
32 the age recommended by the Centers for Disease Control and
33 Prevention, whichever is older, pursuant to joint
34 promulgation of rules established by the board of pharmacy
35 and the state board of registration for the healing arts
36 unless rules are established under a state of emergency as
37 described in section 44.100;

38 (5) The participation in drug selection according to
39 state law and participation in drug utilization reviews;

40 (6) The proper and safe storage of drugs and devices
41 and the maintenance of proper records thereof;

42 (7) Consultation with patients and other health care
43 practitioners, and veterinarians and their clients about
44 legend drugs, about the safe and effective use of drugs and
45 devices;

46 (8) The prescribing and dispensing of any nicotine
47 replacement therapy product under section 338.665;

48 (9) The dispensing of HIV postexposure prophylaxis
49 pursuant to section 338.730; and

50 (10) The offering or performing of those acts,
51 services, operations, or transactions necessary in the
52 conduct, operation, management and control of a pharmacy.

53 2. No person shall engage in the practice of pharmacy
54 unless he or she is licensed under the provisions of this
55 chapter.

56 3. This chapter shall not be construed to prohibit the
57 use of auxiliary personnel under the direct supervision of a
58 pharmacist from assisting the pharmacist in any of his or
59 her duties. This assistance in no way is intended to
60 relieve the pharmacist from his or her responsibilities for
61 compliance with this chapter and he or she will be
62 responsible for the actions of the auxiliary personnel
63 acting in his or her assistance.

64 4. This chapter shall **[also]** not be construed to
65 prohibit or interfere with any legally registered
66 practitioner of medicine, dentistry, or podiatry, or
67 veterinary medicine only for use in animals, or the practice
68 of optometry in accordance with and as provided in sections
69 195.070 and 336.220 in the compounding, administering,
70 prescribing, or dispensing of his or her own prescriptions.

71 **[2. Any pharmacist who accepts a prescription order**
72 **for a medication therapeutic plan shall have a written**
73 **protocol from the physician who refers the patient for**
74 **medication therapy services.]** 5. A pharmacist with a
75 certificate of medication therapeutic plan authority may
76 provide medication therapy services pursuant to a written
77 protocol from a physician licensed under chapter 334 to
78 patients who have established a physician-patient
79 relationship, as described in subdivision (1) of subsection
80 1 of section 191.1146, with the protocol physician. The
81 written protocol **[and the prescription order for a**
82 **medication therapeutic plan]** authorized by this section
83 shall come only from the physician **[only,]** and shall not
84 come from a nurse engaged in a collaborative practice
85 arrangement under section 334.104, or from a physician
86 assistant engaged in a collaborative practice arrangement
87 under section 334.735.

88 [3.] 6. Nothing in this section shall be construed as
89 to prevent any person, firm or corporation from owning a
90 pharmacy regulated by sections 338.210 to 338.315, provided
91 that a licensed pharmacist is in charge of such pharmacy.

92 [4.] 7. Nothing in this section shall be construed to
93 apply to or interfere with the sale of nonprescription drugs
94 and the ordinary household remedies and such drugs or
95 medicines as are normally sold by those engaged in the sale
96 of general merchandise.

97 [5.] 8. No health carrier as defined in chapter 376
98 shall require any physician with which they contract to
99 enter into a written protocol with a pharmacist for
100 medication therapeutic services.

101 [6.] 9. This section shall not be construed to allow a
102 pharmacist to diagnose or independently prescribe
103 pharmaceuticals.

104 [7.] 10. The state board of registration for the
105 healing arts, under section 334.125, and the state board of
106 pharmacy, under section 338.140, shall jointly promulgate
107 rules regulating the use of protocols [for prescription
108 orders] for medication therapy services [and administration
109 of viral influenza vaccines]. Such rules shall require
110 protocols to include provisions allowing for timely
111 communication between the pharmacist and the [referring]
112 protocol physician or similar body authorized by this
113 section, and any other patient protection provisions deemed
114 appropriate by both boards. In order to take effect, such
115 rules shall be approved by a majority vote of a quorum of
116 each board. Neither board shall separately promulgate rules
117 regulating the use of protocols for [prescription orders
118 for] medication therapy services [and administration of
119 viral influenza vaccines]. Any rule or portion of a rule,
120 as that term is defined in section 536.010, that is created

121 under the authority delegated in this section shall become
122 effective only if it complies with and is subject to all of
123 the provisions of chapter 536 and, if applicable, section
124 536.028. This section and chapter 536 are nonseverable and
125 if any of the powers vested with the general assembly
126 pursuant to chapter 536 to review, to delay the effective
127 date, or to disapprove and annul a rule are subsequently
128 held unconstitutional, then the grant of rulemaking
129 authority and any rule proposed or adopted after August 28,
130 2007, shall be invalid and void.

131 [8.] 11. The state board of pharmacy may grant a
132 certificate of medication therapeutic plan authority to a
133 licensed pharmacist who submits proof of successful
134 completion of a board-approved course of academic clinical
135 study beyond a bachelor of science in pharmacy, including
136 but not limited to clinical assessment skills, from a
137 nationally accredited college or university, or a
138 certification of equivalence issued by a nationally
139 recognized professional organization and approved by the
140 board of pharmacy.

141 [9.] 12. Any pharmacist who has received a certificate
142 of medication therapeutic plan authority may engage in the
143 designing, initiating, implementing, and monitoring of a
144 medication therapeutic plan as defined by a [prescription
145 order] written protocol from a physician that [is] may be
146 specific to each patient for care by a pharmacist.

147 [10.] 13. Nothing in this section shall be construed
148 to allow a pharmacist to make a therapeutic substitution of
149 a pharmaceutical prescribed by a physician unless authorized
150 by the written protocol or the physician's prescription
151 order.

152 [11.] 14. "Veterinarian", "doctor of veterinary
153 medicine", "practitioner of veterinary medicine", "DVM",

154 "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS",
155 or an equivalent title means a person who has received a
156 doctor's degree in veterinary medicine from an accredited
157 school of veterinary medicine or holds an Educational
158 Commission for Foreign Veterinary Graduates (EDFVG)
159 certificate issued by the American Veterinary Medical
160 Association (AVMA).

161 [12.] 15. In addition to other requirements
162 established by the joint promulgation of rules by the board
163 of pharmacy and the state board of registration for the
164 healing arts:

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

168 (2) A pharmacist who is administering a vaccine shall
169 request a patient to remain in the pharmacy a safe amount of
170 time after administering the vaccine to observe any adverse
171 reactions. Such pharmacist shall have adopted emergency
172 treatment protocols;

173 [(3)] 16. In addition to other requirements by the
174 board, a pharmacist shall receive additional training as
175 required by the board and evidenced by receiving a
176 certificate from the board upon completion, and shall
177 display the certification in his or her pharmacy where
178 vaccines are delivered.

179 [13.] 17. A pharmacist shall inform the patient that
180 the administration of [the] a vaccine will be entered into
181 the ShowMeVax system, as administered by the department of
182 health and senior services. The patient shall attest to the
183 inclusion of such information in the system by signing a
184 form provided by the pharmacist. If the patient indicates
185 that he or she does not want such information entered into
186 the ShowMeVax system, the pharmacist shall provide a written

187 report within fourteen days of administration of a vaccine
188 to the patient's health care provider, if provided by the
189 patient, containing:

- 190 (1) The identity of the patient;
- 191 (2) The identity of the vaccine or vaccines
192 administered;
- 193 (3) The route of administration;
- 194 (4) The anatomic site of the administration;
- 195 (5) The dose administered; and
- 196 (6) The date of administration.

197 18. A pharmacist licensed under this chapter may order
198 and administer vaccines approved or authorized by the U.S.
199 Food and Drug Administration to address a public health
200 need, as lawfully authorized by the state or federal
201 government, or a department or agency thereof, during a
202 state or federally declared public health emergency.

2 338.012. 1. A pharmacist with a certificate of
3 medication therapeutic plan authority may provide influenza,
4 group A streptococcus, and COVID-19 medication therapy
5 services pursuant to a statewide standing order issued by
6 the director or chief medical officer of the department of
7 health and senior services if that person is a licensed
8 physician, or a licensed physician designated by the
9 department of health and senior services.

10 2. The state board of registration for the healing
11 arts, pursuant to section 334.125, and the state board of
12 pharmacy, pursuant to section 338.140, shall jointly
13 promulgate rules to implement the provisions of this
14 section. Any rule or portion of a rule, as that term is
15 defined in section 536.010, that is created under the
16 authority delegated in this section shall become effective
17 only if it complies with and is subject to all of the
provisions of chapter 536 and, if applicable, section

18 536.028. This section and chapter 536 are nonseverable and
19 if any of the powers vested with the general assembly
20 pursuant to chapter 536 to review, to delay the effective
21 date, or to disapprove and annul a rule are subsequently
22 held unconstitutional, then the grant of rulemaking
23 authority and any rule proposed or adopted after August 28,
24 2023, shall be invalid and void.