

SENATE AMENDMENT NO. _____

Offered by _____ of _____

Amend House Bill No. 402, Page 1, Section Title, Line 3,

2 by striking the word "hospitals" and inserting in lieu
3 thereof the following: "health care"; and

4 Further amend said bill and page, section A, line 2 by
5 inserting after all of said line the following:

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

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

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

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

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

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

54 (2) As provided in section 195.265.

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

58 Further amend said bill and page, section 197.020, line
59 13 by inserting after all of said line the following:

60 "334.036. 1. For purposes of this section, the
61 following terms shall mean:

62 (1) "Assistant physician", any graduate of a medical
63 school **[graduate]** accredited by the Liaison Committee on
64 Medical Education, the Commission on Osteopathic College
65 Accreditation, or an organization accredited by the
66 Educational Commission for Foreign Medical Graduates who:

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

69 (b) Has successfully completed Step 2 of the United
70 States Medical Licensing Examination or the equivalent of
71 such step of any other board-approved medical licensing
72 examination within the three-year period immediately
73 preceding application for licensure as an assistant
74 physician, or within three years after graduation from a
75 medical college or osteopathic medical college, whichever is
76 later;

77 (c) Has not completed an approved postgraduate
78 residency and has successfully completed Step 2 of the
79 United States Medical Licensing Examination or the
80 equivalent of such step of any other board-approved medical
81 licensing examination within the immediately preceding three-
82 year period unless when such three-year anniversary occurred
83 he or she was serving as a resident physician in an
84 accredited residency in the United States and continued to
85 do so within thirty days prior to application for licensure
86 as an assistant physician; and

87 (d) Has proficiency in the English language.

88 Any graduate of a medical school **[graduate]** who could have
89 applied for licensure and complied with the provisions of
90 this subdivision at any time between August 28, 2014, and
91 August 28, 2017, may apply for licensure and shall be deemed
92 in compliance with the provisions of this subdivision;

93 (2) "Assistant physician collaborative practice
94 arrangement", an agreement between a physician and an
95 assistant physician that meets the requirements of this
96 section and section 334.037[;]

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

100 2. (1) An assistant physician collaborative practice
101 arrangement shall limit the assistant physician to providing
102 only primary care services and only in medically underserved
103 rural or urban areas of this state [or in any pilot project
104 areas established in which assistant physicians may
105 practice].

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

109 (a) An assistant physician shall be considered a
110 physician assistant for purposes of regulations of the
111 Centers for Medicare and Medicaid Services (CMS); and

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

114 3. (1) For purposes of this section, the licensure of
115 assistant physicians shall take place within processes
116 established by rules of the state board of registration for
117 the healing arts. The board of healing arts is authorized
118 to establish rules under chapter 536 establishing licensure
119 and renewal procedures, supervision, collaborative practice
120 arrangements, fees, and addressing such other matters as are
121 necessary to protect the public and discipline the
122 profession. No licensure fee for an assistant physician
123 shall exceed the amount of any licensure fee for a physician
124 assistant. An application for licensure may be denied or
125 the licensure of an assistant physician may be suspended or

126 revoked by the board in the same manner and for violation of
127 the standards as set forth by section 334.100, or such other
128 standards of conduct set by the board by rule. No rule or
129 regulation shall require an assistant physician to complete
130 more hours of continuing medical education than that of a
131 licensed physician.

132 (2) Any rule or portion of a rule, as that term is
133 defined in section 536.010, that is created under the
134 authority delegated in this section shall become effective
135 only if it complies with and is subject to all of the
136 provisions of chapter 536 and, if applicable, section
137 536.028. This section and chapter 536 are nonseverable and
138 if any of the powers vested with the general assembly under
139 chapter 536 to review, to delay the effective date, or to
140 disapprove and annul a rule are subsequently held
141 unconstitutional, then the grant of rulemaking authority and
142 any rule proposed or adopted after August 28, 2014, shall be
143 invalid and void.

144 (3) Any rules or regulations regarding assistant
145 physicians in effect as of the effective date of this
146 section that conflict with the provisions of this section
147 and section 334.037 shall be null and void as of the
148 effective date of this section.

149 4. An assistant physician shall clearly identify
150 himself or herself as an assistant physician and shall be
151 permitted to use the terms "doctor", "Dr.", or "doc". No
152 assistant physician shall practice or attempt to practice
153 without an assistant physician collaborative practice
154 arrangement, except as otherwise provided in this section
155 and in an emergency situation.

156 5. The collaborating physician is responsible at all
157 times for the oversight of the activities of and accepts

158 responsibility for primary care services rendered by the
159 assistant physician.

160 6. The provisions of section 334.037 shall apply to
161 all assistant physician collaborative practice
162 arrangements. Any renewal of licensure under this section
163 shall include verification of actual practice under a
164 collaborative practice arrangement in accordance with this
165 subsection during the immediately preceding licensure period.

166 7. Each health carrier or health benefit plan that
167 offers or issues health benefit plans that are delivered,
168 issued for delivery, continued, or renewed in this state
169 shall reimburse an assistant physician for the diagnosis,
170 consultation, or treatment of an insured or enrollee on the
171 same basis that the health carrier or health benefit plan
172 covers the service when it is delivered by another
173 comparable mid-level health care provider including, but not
174 limited to, a physician assistant.

175 334.104. 1. A physician may enter into collaborative
176 practice arrangements with registered professional nurses.
177 Collaborative practice arrangements shall be in the form of
178 written agreements, jointly agreed-upon protocols, or
179 standing orders for the delivery of health care services.
180 Collaborative practice arrangements, which shall be in
181 writing, may delegate to a registered professional nurse the
182 authority to administer or dispense drugs and provide
183 treatment as long as the delivery of such health care
184 services is within the scope of practice of the registered
185 professional nurse and is consistent with that nurse's
186 skill, training and competence.

187 2. (1) Collaborative practice arrangements, which
188 shall be in writing, may delegate to a registered
189 professional nurse the authority to administer, dispense or
190 prescribe drugs and provide treatment if the registered

191 professional nurse is an advanced practice registered nurse
192 as defined in subdivision (2) of section 335.016.
193 Collaborative practice arrangements may delegate to an
194 advanced practice registered nurse, as defined in section
195 335.016, the authority to administer, dispense, or prescribe
196 controlled substances listed in Schedules III, IV, and V of
197 section 195.017, and Schedule II - hydrocodone; except that,
198 the collaborative practice arrangement shall not delegate
199 the authority to administer any controlled substances listed
200 in Schedules III, IV, and V of section 195.017, or Schedule
201 II - hydrocodone for the purpose of inducing sedation or
202 general anesthesia for therapeutic, diagnostic, or surgical
203 procedures. Schedule III narcotic controlled substance and
204 Schedule II - hydrocodone prescriptions shall be limited to
205 a one hundred twenty-hour supply without refill.

206 (2) Notwithstanding any other provision of this
207 section to the contrary, a collaborative practice
208 arrangement may delegate to an advanced practice registered
209 nurse the authority to administer, dispense, or prescribe
210 Schedule II controlled substances for hospice patients;
211 provided, that the advanced practice registered nurse is
212 employed by a hospice provider certified pursuant to chapter
213 197 and the advanced practice registered nurse is providing
214 care to hospice patients pursuant to a collaborative
215 practice arrangement that designates the certified hospice
216 as a location where the advanced practice registered nurse
217 is authorized to practice and prescribe.

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

222 (4) An advanced practice registered nurse may
223 prescribe buprenorphine for up to a thirty-day supply

224 without refill for patients receiving medication-assisted
225 treatment for substance use disorders under the direction of
226 the collaborating physician.

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

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

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

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

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

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

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

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

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

264 b. The collaborative practice arrangement may allow
265 for geographic proximity to be waived for a maximum of
266 twenty-eight days per calendar year for rural health clinics
267 as defined by P.L. 95-210 (42 U.S.C. Section 1395x, as
268 amended), as long as the collaborative practice arrangement
269 includes alternative plans as required in paragraph (c) of
270 this subdivision. This exception to geographic proximity
271 shall apply only to independent rural health clinics,
272 provider-based rural health clinics where the provider is a
273 critical access hospital as provided in 42 U.S.C. Section
274 1395i-4, and provider-based rural health clinics where the
275 main location of the hospital sponsor is greater than fifty
276 miles from the clinic[.];

277 c. The collaborative practice arrangement may allow
278 for geographic proximity to be waived when the arrangement
279 outlines the use of telehealth, as defined in section
280 191.1145;

281 d. In addition to the waivers and exemptions provided
282 in this subsection, an application for a waiver for any
283 other reason of any applicable geographic proximity shall be
284 available if a physician is collaborating with an advanced
285 practice registered nurse in excess of any geographic
286 proximity limit. The board of nursing and the state board
287 of registration for the healing arts shall review each
288 application for a waiver of geographic proximity and approve

289 the application if the boards determine that adequate
290 supervision exists between the collaborating physician and
291 the advanced practice registered nurse. The boards shall
292 have forty-five calendar days to review the completed
293 application for the waiver of geographic proximity. If no
294 action is taken by the boards within forty-five days after
295 the submission of the application for a waiver, then the
296 application shall be deemed approved. If the application is
297 denied by the boards, the provisions of section 536.063 for
298 contested cases shall apply and govern proceedings for
299 appellate purposes; and

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

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

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

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

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

318 (9) A description of the time and manner of the
319 collaborating physician's review of the advanced practice
320 registered nurse's delivery of health care services. The
321 description shall include provisions that the advanced

322 practice registered nurse shall submit a minimum of ten
323 percent of the charts documenting the advanced practice
324 registered nurse's delivery of health care services to the
325 collaborating physician for review by the collaborating
326 physician, or any other physician designated in the
327 collaborative practice arrangement, every fourteen days;
328 [and]

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

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

349 4. The state board of registration for the healing
350 arts pursuant to section 334.125 and the board of nursing
351 pursuant to section 335.036 may jointly promulgate rules
352 regulating the use of collaborative practice arrangements.
353 Such rules shall be limited to [specifying geographic areas
354 to be covered,] the methods of treatment that may be covered

355 by collaborative practice arrangements and the requirements
356 for review of services provided pursuant to collaborative
357 practice arrangements including delegating authority to
358 prescribe controlled substances. Any rules relating to
359 geographic proximity shall allow a collaborating physician
360 and a collaborating advanced practice registered nurse to
361 practice within two hundred miles by road of one another
362 until August 28, 2025, if the nurse is providing services in
363 a correctional center, as defined in section 217.010. Any
364 rules relating to dispensing or distribution of medications
365 or devices by prescription or prescription drug orders under
366 this section shall be subject to the approval of the state
367 board of pharmacy. Any rules relating to dispensing or
368 distribution of controlled substances by prescription or
369 prescription drug orders under this section shall be subject
370 to the approval of the department of health and senior
371 services and the state board of pharmacy. In order to take
372 effect, such rules shall be approved by a majority vote of a
373 quorum of each board. Neither the state board of
374 registration for the healing arts nor the board of nursing
375 may separately promulgate rules relating to collaborative
376 practice arrangements. Such jointly promulgated rules shall
377 be consistent with guidelines for federally funded clinics.
378 The rulemaking authority granted in this subsection shall
379 not extend to collaborative practice arrangements of
380 hospital employees providing inpatient care within hospitals
381 as defined pursuant to chapter 197 or population-based
382 public health services as defined by 20 CSR 2150-5.100 as of
383 April 30, 2008.

384 5. The state board of registration for the healing
385 arts shall not deny, revoke, suspend or otherwise take
386 disciplinary action against a physician for health care
387 services delegated to a registered professional nurse

388 provided the provisions of this section and the rules
389 promulgated thereunder are satisfied. Upon the written
390 request of a physician subject to a disciplinary action
391 imposed as a result of an agreement between a physician and
392 a registered professional nurse or registered physician
393 assistant, whether written or not, prior to August 28, 1993,
394 all records of such disciplinary licensure action and all
395 records pertaining to the filing, investigation or review of
396 an alleged violation of this chapter incurred as a result of
397 such an agreement shall be removed from the records of the
398 state board of registration for the healing arts and the
399 division of professional registration and shall not be
400 disclosed to any public or private entity seeking such
401 information from the board or the division. The state board
402 of registration for the healing arts shall take action to
403 correct reports of alleged violations and disciplinary
404 actions as described in this section which have been
405 submitted to the National Practitioner Data Bank. In
406 subsequent applications or representations relating to his
407 or her medical practice, a physician completing forms or
408 documents shall not be required to report any actions of the
409 state board of registration for the healing arts for which
410 the records are subject to removal under this section.

411 6. Within thirty days of any change and on each
412 renewal, the state board of registration for the healing
413 arts shall require every physician to identify whether the
414 physician is engaged in any collaborative practice
415 [agreement] arrangement, including collaborative practice
416 [agreements] arrangements delegating the authority to
417 prescribe controlled substances, or physician assistant
418 [agreement] collaborative practice arrangement and also
419 report to the board the name of each licensed professional
420 with whom the physician has entered into such [agreement]

421 arrangement. The board [may] shall make this information
422 available to the public. The board shall track the reported
423 information and may routinely conduct random reviews of such
424 [agreements] arrangements to ensure that [agreements]
425 arrangements are carried out for compliance under this
426 chapter.

427 7. Notwithstanding any law to the contrary, a
428 certified registered nurse anesthetist as defined in
429 subdivision (8) of section 335.016 shall be permitted to
430 provide anesthesia services without a collaborative practice
431 arrangement provided that he or she is under the supervision
432 of an anesthesiologist or other physician, dentist, or
433 podiatrist who is immediately available if needed. Nothing
434 in this subsection shall be construed to prohibit or prevent
435 a certified registered nurse anesthetist as defined in
436 subdivision (8) of section 335.016 from entering into a
437 collaborative practice arrangement under this section,
438 except that the collaborative practice arrangement may not
439 delegate the authority to prescribe any controlled
440 substances listed in Schedules III, IV, and V of section
441 195.017, or Schedule II - hydrocodone.

442 8. A collaborating physician shall not enter into a
443 collaborative practice arrangement with more than six full-
444 time equivalent advanced practice registered nurses, full-
445 time equivalent licensed physician assistants, or full-time
446 equivalent assistant physicians, or any combination
447 thereof. This limitation shall not apply to collaborative
448 arrangements of hospital employees providing inpatient care
449 service in hospitals as defined in chapter 197 or population-
450 based public health services as defined by 20 CSR 2150-5.100
451 as of April 30, 2008, or to a certified registered nurse
452 anesthetist providing anesthesia services under the
453 supervision of an anesthesiologist or other physician,

454 dentist, or podiatrist who is immediately available if
455 needed as set out in subsection 7 of this section.

456 9. It is the responsibility of the collaborating
457 physician to determine and document the completion of at
458 least a one-month period of time during which the advanced
459 practice registered nurse shall practice with the
460 collaborating physician continuously present before
461 practicing in a setting where the collaborating physician is
462 not continuously present. This limitation shall not apply
463 to collaborative arrangements of providers of population-
464 based public health services as defined by 20 CSR 2150-5.100
465 as of April 30, 2008, or to collaborative practice
466 arrangements between a primary care physician and a primary
467 care advanced practice registered nurse or a behavioral
468 health physician and a behavioral health advanced practice
469 registered nurse, where the collaborating physician is new
470 to a patient population to which the advanced practice
471 registered nurse is familiar.

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

480 11. No contract or other **[agreement]** term of
481 employment shall require a physician to act as a
482 collaborating physician for an advanced practice registered
483 nurse against the physician's will. A physician shall have
484 the right to refuse to act as a collaborating physician,
485 without penalty, for a particular advanced practice
486 registered nurse. No contract or other agreement shall

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

494 12. No contract or other [agreement] term of
495 employment shall require any advanced practice registered
496 nurse to serve as a collaborating advanced practice
497 registered nurse for any collaborating physician against the
498 advanced practice registered nurse's will. An advanced
499 practice registered nurse shall have the right to refuse to
500 collaborate, without penalty, with a particular physician.

501 335.016. As used in this chapter, unless the context
502 clearly requires otherwise, the following words and terms
503 mean:

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

507 (2) "Advanced practice registered nurse" or "APRN", a
508 [nurse who has education beyond the basic nursing education
509 and is certified by a nationally recognized professional
510 organization as a certified nurse practitioner, certified
511 nurse midwife, certified registered nurse anesthetist, or a
512 certified clinical nurse specialist. The board shall
513 promulgate rules specifying which nationally recognized
514 professional organization certifications are to be
515 recognized for the purposes of this section. Advanced
516 practice nurses and only such individuals may use the title
517 "Advanced Practice Registered Nurse" and the abbreviation
518 "APRN"] person who is licensed under the provisions of this
519 chapter to engage in the practice of advanced practice

520 nursing as a certified clinical nurse specialist, certified
521 nurse midwife, certified nurse practitioner, or certified
522 registered nurse anesthetist;

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

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

528 (5) "Certified clinical nurse specialist", a
529 registered nurse who is currently certified as a clinical
530 nurse specialist by a nationally recognized certifying board
531 approved by the board of nursing;

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

537 (7) "Certified nurse practitioner", a registered nurse
538 who is currently certified as a nurse practitioner by a
539 nationally recognized certifying body approved by the board
540 of nursing;

541 (8) "Certified registered nurse anesthetist", a
542 registered nurse who is currently certified as a nurse
543 anesthetist by the Council on Certification of Nurse
544 Anesthetists, the [Council on Recertification of Nurse
545 Anesthetists] National Board of Certification and
546 Recertification for Nurse Anesthetists, or other nationally
547 recognized certifying body approved by the board of nursing;

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

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

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

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

560 (13) "Licensure", the issuing of a license [to
561 practice professional or practical nursing] to candidates
562 who have met the [specified] requirements specified under
563 this chapter, authorizing the person to engage in the
564 practice of advanced practice, professional, or practical
565 nursing, and the recording of the names of those persons as
566 holders of a license to practice advanced practice,
567 professional, or practical nursing;

568 (14) "Practice of advanced practice nursing", the
569 performance for compensation of activities and services
570 consistent with the required education, training,
571 certification, demonstrated competencies, and experiences of
572 an advanced practice registered nurse;

573 (15) "Practice of practical nursing", the performance
574 for compensation of selected acts for the promotion of
575 health and in the care of persons who are ill, injured, or
576 experiencing alterations in normal health processes. Such
577 performance requires substantial specialized skill, judgment
578 and knowledge. All such nursing care shall be given under
579 the direction of a person licensed by a state regulatory
580 board to prescribe medications and treatments or under the
581 direction of a registered professional nurse. For the
582 purposes of this chapter, the term "direction" shall mean
583 guidance or supervision provided by a person licensed by a
584 state regulatory board to prescribe medications and
585 treatments or a registered professional nurse, including,

586 but not limited to, oral, written, or otherwise communicated
587 orders or directives for patient care. When practical
588 nursing care is delivered pursuant to the direction of a
589 person licensed by a state regulatory board to prescribe
590 medications and treatments or under the direction of a
591 registered professional nurse, such care may be delivered by
592 a licensed practical nurse without direct physical oversight;

593 [(15)] (16) "Practice of professional nursing", the
594 performance for compensation of any act or action which
595 requires substantial specialized education, judgment and
596 skill based on knowledge and application of principles
597 derived from the biological, physical, social, behavioral,
598 and nursing sciences, including, but not limited to:

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

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

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

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

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

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

618 [(17)] (18) "Retired license status", any person
619 licensed in this state under this chapter who retires from
620 such practice. Such person shall file with the board an
621 affidavit, on a form to be furnished by the board, which
622 states the date on which the licensee retired from such
623 practice, an intent to retire from the practice for at least
624 two years, and such other facts as tend to verify the
625 retirement as the board may deem necessary; but if the
626 licensee thereafter reengages in the practice, the licensee
627 shall renew his or her license with the board as provided by
628 this chapter and by rule and regulation.

629 335.019. 1. An advanced practice registered nurse's
630 prescriptive authority shall include authority to:

631 (1) Prescribe, dispense, and administer medications
632 and nonscheduled legend drugs, as defined in section
633 338.330, within such APRN's practice and specialty; and

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

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

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

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

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

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

667 335.036. 1. The board shall:

668 (1) Elect for a one-year term a president and a
669 secretary, who shall also be treasurer, and the board may
670 appoint, employ and fix the compensation of a legal counsel
671 and such board personnel as defined in subdivision (4) of
672 subsection 11 of section 324.001 as are necessary to
673 administer the provisions of sections 335.011 to [335.096]
674 335.099;

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

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

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

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

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

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

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

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

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

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

711 4. The provisions of section 33.080 to the contrary
712 notwithstanding, money in this fund shall not be transferred
713 and placed to the credit of general revenue until the amount
714 in the fund at the end of the biennium exceeds two times the

715 amount of the appropriation from the board's funds for the
716 preceding fiscal year or, if the board requires by rule,
717 permit renewal less frequently than yearly, then three times
718 the appropriation from the board's funds for the preceding
719 fiscal year. The amount, if any, in the fund which shall
720 lapse is that amount in the fund which exceeds the
721 appropriate multiple of the appropriations from the board's
722 funds for the preceding fiscal year.

723 5. Any rule or portion of a rule, as that term is
724 defined in section 536.010, that is created under the
725 authority delegated in this chapter shall become effective
726 only if it complies with and is subject to all of the
727 provisions of chapter 536 and, if applicable, section
728 536.028. All rulemaking authority delegated prior to August
729 28, 1999, is of no force and effect and repealed. Nothing
730 in this section shall be interpreted to repeal or affect the
731 validity of any rule filed or adopted prior to August 28,
732 1999, if it fully complied with all applicable provisions of
733 law. This section and chapter 536 are nonseverable and if
734 any of the powers vested with the general assembly pursuant
735 to chapter 536 to review, to delay the effective date or to
736 disapprove and annul a rule are subsequently held
737 unconstitutional, then the grant of rulemaking authority and
738 any rule proposed or adopted after August 28, 1999, shall be
739 invalid and void.

740 335.046. 1. An applicant for a license to practice as
741 a registered professional nurse shall submit to the board a
742 written application on forms furnished to the applicant.
743 The original application shall contain the applicant's
744 statements showing the applicant's education and other such
745 pertinent information as the board may require. The
746 applicant shall be of good moral character and have
747 completed at least the high school course of study, or the

748 equivalent thereof as determined by the state board of
749 education, and have successfully completed the basic
750 professional curriculum in an accredited or approved school
751 of nursing and earned a professional nursing degree or
752 diploma. Each application shall contain a statement that it
753 is made under oath or affirmation and that its
754 representations are true and correct to the best knowledge
755 and belief of the person signing same, subject to the
756 penalties of making a false affidavit or declaration.
757 Applicants from non-English-speaking lands shall be required
758 to submit evidence of proficiency in the English language.
759 The applicant must be approved by the board and shall pass
760 an examination as required by the board. The board may
761 require by rule as a requirement for licensure that each
762 applicant shall pass an oral or practical examination. Upon
763 successfully passing the examination, the board may issue to
764 the applicant a license to practice nursing as a registered
765 professional nurse. The applicant for a license to practice
766 registered professional nursing shall pay a license fee in
767 such amount as set by the board. The fee shall be uniform
768 for all applicants. Applicants from foreign countries shall
769 be licensed as prescribed by rule.

770 2. An applicant for license to practice as a licensed
771 practical nurse shall submit to the board a written
772 application on forms furnished to the applicant. The
773 original application shall contain the applicant's
774 statements showing the applicant's education and other such
775 pertinent information as the board may require. Such
776 applicant shall be of good moral character, and have
777 completed at least two years of high school, or its
778 equivalent as established by the state board of education,
779 and have successfully completed a basic prescribed
780 curriculum in a state-accredited or approved school of

781 nursing, earned a nursing degree, certificate or diploma and
782 completed a course approved by the board on the role of the
783 practical nurse. Each application shall contain a statement
784 that it is made under oath or affirmation and that its
785 representations are true and correct to the best knowledge
786 and belief of the person signing same, subject to the
787 penalties of making a false affidavit or declaration.
788 Applicants from non-English-speaking countries shall be
789 required to submit evidence of their proficiency in the
790 English language. The applicant must be approved by the
791 board and shall pass an examination as required by the
792 board. The board may require by rule as a requirement for
793 licensure that each applicant shall pass an oral or
794 practical examination. Upon successfully passing the
795 examination, the board may issue to the applicant a license
796 to practice as a licensed practical nurse. The applicant
797 for a license to practice licensed practical nursing shall
798 pay a fee in such amount as may be set by the board. The
799 fee shall be uniform for all applicants. Applicants from
800 foreign countries shall be licensed as prescribed by rule.

801 3. (1) An applicant for a license to practice as an
802 advanced practice registered nurse shall submit to the board
803 a written application on forms furnished to the applicant.

804 The original application shall contain:

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

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

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

817 (3) An applicant shall:

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

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

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

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

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

844 4. Upon refusal of the board to allow any applicant to
845 **[sit for]** take either the registered professional nurses'

846 examination or the licensed practical nurses' examination,
847 [as the case may be,] or upon refusal to issue an advanced
848 practice registered nurse license, the board shall comply
849 with the provisions of section 621.120 and advise the
850 applicant of his or her right to have a hearing before the
851 administrative hearing commission. The administrative
852 hearing commission shall hear complaints taken pursuant to
853 section 621.120.

854 [4.] 5. The board shall not deny a license because of
855 sex, religion, race, ethnic origin, age or political
856 affiliation.

857 335.051. 1. The board shall issue a license to
858 practice nursing as [either] an advanced practice registered
859 nurse, a registered professional nurse, or a licensed
860 practical nurse without examination to an applicant who has
861 duly become licensed as [a] an advanced practice registered
862 nurse, registered nurse, or licensed practical nurse
863 pursuant to the laws of another state, territory, or foreign
864 country if the applicant meets the qualifications required
865 of advanced practice registered nurses, registered nurses,
866 or licensed practical nurses in this state at the time the
867 applicant was originally licensed in the other state,
868 territory, or foreign country.

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

871 3. Upon application, the board shall issue a temporary
872 permit to an applicant pursuant to subsection 1 of this
873 section for a license as [either] an advanced practice
874 registered nurse, a registered professional nurse, or a
875 licensed practical nurse who has made a prima facie showing
876 that the applicant meets all of the requirements for such a
877 license. The temporary permit shall be effective only until
878 the board shall have had the opportunity to investigate his

879 or her qualifications for licensure pursuant to subsection 1
880 of this section and to notify the applicant that his or her
881 application for a license has been either granted or
882 rejected. In no event shall such temporary permit be in
883 effect for more than twelve months after the date of its
884 issuance nor shall a permit be reissued to the same
885 applicant. No fee shall be charged for such temporary
886 permit. The holder of a temporary permit which has not
887 expired, or been suspended or revoked, shall be deemed to be
888 the holder of a license issued pursuant to section 335.046
889 until such temporary permit expires, is terminated or is
890 suspended or revoked.

891 335.056. 1. The license of every person licensed
892 under the provisions of [sections 335.011 to 335.096] this
893 chapter shall be renewed as provided. An application for
894 renewal of license shall be mailed to every person to whom a
895 license was issued or renewed during the current licensing
896 period. The applicant shall complete the application and
897 return it to the board by the renewal date with a renewal
898 fee in an amount to be set by the board. The fee shall be
899 uniform for all applicants. The certificates of renewal
900 shall render the holder thereof a legal practitioner of
901 nursing for the period stated in the certificate of
902 renewal. Any person who practices nursing as an advanced
903 practice registered nurse, a registered professional nurse,
904 or [as] a licensed practical nurse during the time his or
905 her license has lapsed shall be considered an illegal
906 practitioner and shall be subject to the penalties provided
907 for violation of the provisions of sections 335.011 to
908 [335.096] 335.099.

909 2. The renewal of advanced practice registered nurse
910 licenses and registered professional nurse licenses shall
911 occur at the same time, as prescribed by rule. Failure to

912 renew and maintain the registered professional nurse license
913 or privilege to practice or failure to provide the required
914 fee and evidence of active certification or maintenance of
915 certification as prescribed by rules and regulations shall
916 result in expiration of the advanced practice registered
917 nurse license.

918 3. A licensed nurse who holds an APRN license shall be
919 disciplined on their APRN license for any violations of this
920 chapter.

921 335.076. 1. Any person who holds a license to
922 practice professional nursing in this state may use the
923 title "Registered Professional Nurse" and the abbreviation
924 ["R.N."] "RN". No other person shall use the title
925 "Registered Professional Nurse" or the abbreviation ["R.N."]
926 "RN". No other person shall assume any title or use any
927 abbreviation or any other words, letters, signs, or devices
928 to indicate that the person using the same is a registered
929 professional nurse.

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

938 3. Any person who holds a license [or recognition] to
939 practice advanced practice nursing in this state may use the
940 title "Advanced Practice Registered Nurse", the designations
941 of "certified registered nurse anesthetist", "certified
942 nurse midwife", "certified clinical nurse specialist", and
943 "certified nurse practitioner", and the [abbreviation]
944 abbreviations "APRN", [and any other title designations

945 appearing on his or her license] "CRNA", "CNM", "CNS", and
946 "NP", respectively. No other person shall use the title
947 "Advanced Practice Registered Nurse" or the abbreviation
948 "APRN". No other person shall assume any title or use any
949 abbreviation or any other words, letters, signs, or devices
950 to indicate that the person using the same is an advanced
951 practice registered nurse.

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

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

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

977 335.086. No person, firm, corporation or association
978 shall:

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

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

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

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

997 (5) Practice [professional nursing or practical]
998 nursing during the time his or her license issued under the
999 provisions of sections 335.011 to [335.096] 335.099 shall be
1000 suspended or revoked; or

1001 (6) Conduct a nursing education program for the
1002 preparation of professional or practical nurses unless the
1003 program has been accredited by the board.

1004 335.175. 1. No later than January 1, 2014, there is
1005 hereby established within the state board of registration
1006 for the healing arts and the state board of nursing the
1007 "Utilization of Telehealth by Nurses". An advanced practice
1008 registered nurse (APRN) providing nursing services under a
1009 collaborative practice arrangement under section 334.104 may

1010 provide such services outside the geographic proximity
1011 requirements of section 334.104 if the collaborating
1012 physician and advanced practice registered nurse utilize
1013 telehealth [in the care of the patient and if the services
1014 are provided in a rural area of need.] Telehealth providers
1015 shall be required to obtain patient consent before
1016 telehealth services are initiated and ensure confidentiality
1017 of medical information.

1018 2. As used in this section, "telehealth" shall have
1019 the same meaning as such term is defined in section 191.1145.

1020 [3. (1) The boards shall jointly promulgate rules
1021 governing the practice of telehealth under this section.
1022 Such rules shall address, but not be limited to, appropriate
1023 standards for the use of telehealth.

1024 (2) Any rule or portion of a rule, as that term is
1025 defined in section 536.010, that is created under the
1026 authority delegated in this section shall become effective
1027 only if it complies with and is subject to all of the
1028 provisions of chapter 536 and, if applicable, section
1029 536.028. This section and chapter 536 are nonseverable and
1030 if any of the powers vested with the general assembly
1031 pursuant to chapter 536 to review, to delay the effective
1032 date, or to disapprove and annul a rule are subsequently
1033 held unconstitutional, then the grant of rulemaking
1034 authority and any rule proposed or adopted after August 28,
1035 2013, shall be invalid and void.

1036 4. For purposes of this section, "rural area of need"
1037 means any rural area of this state which is located in a
1038 health professional shortage area as defined in section
1039 354.650.]; and

1040 Further amend the title and enacting clause accordingly.