#### SECOND REGULAR SESSION

[TRULY AGREED TO AND FINALLY PASSED] HOUSE COMMITTEE SUBSTITUTE FOR

SENATE COMMITTEE SUBSTITUTE FOR

# SENATE BILL NO. 808

### 97TH GENERAL ASSEMBLY

2014

5659H.07T

## AN ACT

To repeal sections 324.024, 334.735, 337.615, 337.643, 337.645, 338.010, 338.020, 338.059, 338.220, 346.010, and 346.055, RSMo, and to enact in lieu thereof thirteen new sections relating to the licensing of certain professions, with an existing penalty provision.

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

Section A. Sections 324.024, 334.735, 337.615, 337.643, 337.645, 338.010,

- 2 338.020, 338.059, 338.220, 346.010, and 346.055, RSMo, are repealed and thirteen
- 3 new sections enacted in lieu thereof, to be known as sections 316.265, 324.024,
- $4 \quad 334.735, 337.615, 337.643, 337.645, 338.010, 338.020, 338.059, 338.165, 338.220,$
- 5 346.010, and 346.055, to read as follows:

316.265. No employee or employer primarily engaged in the

- 2 practice of combing, braiding, or curling hair without the use of
- 3 potentially harmful chemicals shall be subject to the provisions of
- 4 chapter 329 while working in conjunction with any licensee for any
- 5 public amusement or entertainment venue as defined in this chapter.

324.024. 1. Notwithstanding any provision of law to the contrary, every

- 2 application for a license, certificate, registration, or permit[, or renewal of a
- 3 license, certificate, registration, or permit] issued in this state shall contain the
- 4 Social Security number of the applicant. This provision shall not apply to an
- 5 original application for a license, certificate, registration, or permit submitted by
- 6 a citizen of a foreign country who has never been issued a Social Security number
- 7 and who previously has not been licensed by any other state, United States
- 8 territory, or federal agency. A citizen of a foreign country applying for licensure
- 9 with the division of professional registration shall be required to submit his or

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

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her visa or passport identification number in lieu of the Social Security number.

- 2. Notwithstanding any provision of law to the contrary, every 12application for a renewal of a license, certificate, registration, or 13 permit which did not originally contain the Social Security number of 14 the applicant shall contain the Social Security number of the applicant at the first renewal of the license, certificate, registration, or permit.
- 16 3. Following initial application for licensure, certificate, 17 registration, or permit as described in subsection 1 of this section or first renewal application for licensure, certificate, registration, or 18 19 permit as described in subsection 2 of this section, all subsequent applications shall not contain the Social Security number of the 2021licensee, certificate holder, registrant, or permit holder. All Social 22Security numbers collected for registered professionals may be 23maintained on file by the agency in compliance with federal law.
- 334.735. 1. As used in sections 334.735 to 334.749, the following terms 2 mean:
- 3 (1) "Applicant", any individual who seeks to become licensed as a 4 physician assistant;
- 5 (2) "Certification" or "registration", a process by a certifying entity that 6 grants recognition to applicants meeting predetermined qualifications specified by such certifying entity; 7
- 8 (3) "Certifying entity", the nongovernmental agency or association which 9 certifies or registers individuals who have completed academic and training requirements; 10
- 11 (4) "Department", the department of insurance, financial institutions and professional registration or a designated agency thereof; 12
  - (5) "License", a document issued to an applicant by the board acknowledging that the applicant is entitled to practice as a physician assistant;
- 15 (6) "Physician assistant", a person who has graduated from a physician 16 assistant program accredited by the American Medical Association's Committee 17on Allied Health Education and Accreditation or by its successor agency, who has passed the certifying examination administered by the National Commission on 18 Certification of Physician Assistants and has active certification by the National 19 Commission on Certification of Physician Assistants who provides health care 20services delegated by a licensed physician. A person who has been employed as 21a physician assistant for three years prior to August 28, 1989, who has passed the 22National Commission on Certification of Physician Assistants examination, and

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- 24 has active certification of the National Commission on Certification of Physician 25 Assistants;
- 26 (7) "Recognition", the formal process of becoming a certifying entity as 27 required by the provisions of sections 334.735 to 334.749;
- 28 (8) "Supervision", control exercised over a physician assistant working 29 with a supervising physician and oversight of the activities of and accepting 30 responsibility for the physician assistant's delivery of care. The physician assistant shall only practice at a location where the physician routinely provides 31 patient care, except existing patients of the supervising physician in the patient's 32 33 home and correctional facilities. The supervising physician must be immediately 34 available in person or via telecommunication during the time the physician 35 assistant is providing patient care. Prior to commencing practice, the supervising physician and physician assistant shall attest on a form provided by the board 36 37 that the physician shall provide supervision appropriate to the physician assistant's training and that the physician assistant shall not practice beyond the 38 39 physician assistant's training and experience. Appropriate supervision shall require the supervising physician to be working within the same facility as the 40 physician assistant for at least four hours within one calendar day for every 41 fourteen days on which the physician assistant provides patient care as described 42in subsection 3 of this section. Only days in which the physician assistant 43 44 provides patient care as described in subsection 3 of this section shall be counted 45 toward the fourteen-day period. The requirement of appropriate supervision shall 46 be applied so that no more than thirteen calendar days in which a physician assistant provides patient care shall pass between the physician's four hours 47 working within the same facility. The board shall promulgate rules pursuant to 48 chapter 536 for documentation of joint review of the physician assistant activity 49 50 by the supervising physician and the physician assistant.
  - 2. (1) A supervision agreement shall limit the physician assistant to practice only at locations described in subdivision (8) of subsection 1 of this section, where the supervising physician is no further than fifty miles by road using the most direct route available and where the location is not so situated as to create an impediment to effective intervention and supervision of patient care or adequate review of services.
- (2) For a physician-physician assistant team working in a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as 58 amended, no supervision requirements in addition to the minimum federal law shall be required.

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- 3. The scope of practice of a physician assistant shall consist only of the following services and procedures:
- 63 (1) Taking patient histories;
- 64 (2) Performing physical examinations of a patient;
- 65 (3) Performing or assisting in the performance of routine office laboratory 66 and patient screening procedures;
  - (4) Performing routine therapeutic procedures;
- 68 (5) Recording diagnostic impressions and evaluating situations calling for 69 attention of a physician to institute treatment procedures;
- 70 (6) Instructing and counseling patients regarding mental and physical 71 health using procedures reviewed and approved by a licensed physician;
- 72 (7) Assisting the supervising physician in institutional settings, including 73 reviewing of treatment plans, ordering of tests and diagnostic laboratory and 74 radiological services, and ordering of therapies, using procedures reviewed and 75 approved by a licensed physician;
- 76 (8) Assisting in surgery;
- 77 (9) Performing such other tasks not prohibited by law under the 78 supervision of a licensed physician as the physician's assistant has been trained 79 and is proficient to perform; and
  - (10) Physician assistants shall not perform or prescribe abortions.
  - 4. Physician assistants shall not prescribe nor dispense any drug, medicine, device or therapy unless pursuant to a physician supervision agreement in accordance with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing and dispensing of drugs, medications, devices or therapies by a physician assistant shall be pursuant to a physician assistant supervision agreement which is specific to the clinical conditions treated by the supervising physician and the physician assistant shall be subject to the following:
- 91 (1) A physician assistant shall only prescribe controlled substances in 92 accordance with section 334.747;
  - (2) The types of drugs, medications, devices or therapies prescribed or dispensed by a physician assistant shall be consistent with the scopes of practice of the physician assistant and the supervising physician;
- 96 (3) All prescriptions shall conform with state and federal laws and 97 regulations and shall include the name, address and telephone number of the

98 physician assistant and the supervising physician;

- 99 (4) A physician assistant, or advanced practice registered nurse as defined 100 in section 335.016 may request, receive and sign for noncontrolled professional 101 samples and may distribute professional samples to patients;
- 102 (5) A physician assistant shall not prescribe any drugs, medicines, devices 103 or therapies the supervising physician is not qualified or authorized to prescribe; 104 and
  - (6) A physician assistant may only dispense starter doses of medication to cover a period of time for seventy-two hours or less.
  - 5. A physician assistant shall clearly identify himself or herself as a physician assistant and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician assistant shall practice or attempt to practice without physician supervision or in any location where the supervising physician is not immediately available for consultation, assistance and intervention, except as otherwise provided in this section, and in an emergency situation, nor shall any physician assistant bill a patient independently or directly for any services or procedure by the physician assistant; however, this shall not be construed to prohibit a physician assistant from enrolling with the department of social services as a Medicaid provider while acting under a supervision agreement between the physician and physician assistant.
  - 6. For purposes of this section, the licensing of physician assistants shall take place within processes established by the state board of registration for the healing arts through rule and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensing may be denied or the license of a physician assistant may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be required to be licensed as physician assistants. All applicants for physician assistant licensure who complete a physician assistant training program after January 1, 2008, shall have a master's degree from a physician assistant program.
  - 7. "Physician assistant supervision agreement" means a written

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- agreement, jointly agreed-upon protocols or standing order between a supervising physician and a physician assistant, which provides for the delegation of health care services from a supervising physician to a physician assistant and the review of such services. The agreement shall contain at least the following provisions:
- 139 (1) Complete names, home and business addresses, zip codes, telephone 140 numbers, and state license numbers of the supervising physician and the 141 physician assistant;
- 142 (2) A list of all offices or locations where the physician routinely provides 143 patient care, and in which of such offices or locations the supervising physician 144 has authorized the physician assistant to practice;
  - (3) All specialty or board certifications of the supervising physician;
- 146 (4) The manner of supervision between the supervising physician and the 147 physician assistant, including how the supervising physician and the physician 148 assistant shall:
- (a) Attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and experience and that the physician assistant shall not practice beyond the scope of the physician assistant's training and experience nor the supervising physician's capabilities and training; and
  - (b) Provide coverage during absence, incapacity, infirmity, or emergency by the supervising physician;
- 156 (5) The duration of the supervision agreement between the supervising 157 physician and physician assistant; and
  - (6) A description of the time and manner of the supervising physician's review of the physician assistant's delivery of health care services. Such description shall include provisions that the supervising physician, or a designated supervising physician listed in the supervision agreement review a minimum of ten percent of the charts of the physician assistant's delivery of health care services every fourteen days.
  - 8. When a physician assistant supervision agreement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the supervising physician or other physician designated in the supervision agreement shall see the patient for evaluation and approve or formulate the plan of treatment for new or significantly changed conditions as soon as practical, but in no case more than two weeks after the patient has been seen by the physician assistant.
- 9. At all times the physician is responsible for the oversight of the

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activities of, and accepts responsibility for, health care services rendered by the physician assistant.

- 174 10. It is the responsibility of the supervising physician to determine and document the completion of at least a one-month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before practicing in a setting where a supervising physician is not continuously present.
- 179 11. No contract or other agreement shall require a physician to act as a supervising physician for a physician assistant against the physician's will. A 180 181 physician shall have the right to refuse to act as a supervising physician, without 182 penalty, for a particular physician assistant. No contract or other agreement 183 shall limit the supervising physician's ultimate authority over any protocols or 184 standing orders or in the delegation of the physician's authority to any physician 185 assistant, but this requirement shall not authorize a physician in implementing 186 such protocols, standing orders, or delegation to violate applicable standards for 187 safe medical practice established by the hospital's medical staff.
  - 12. Physician assistants shall file with the board a copy of their supervising physician form.
  - 13. No physician shall be designated to serve as supervising physician for more than three full-time equivalent licensed physician assistants. This limitation shall not apply to physician assistant agreements of hospital employees providing inpatient care service in hospitals as defined in chapter 197.
  - 337.615. 1. Each applicant for licensure as a clinical social worker shall furnish evidence to the committee that:
  - (1) The applicant has a master's degree from a college or university program of social work accredited by the council of social work education or a doctorate degree from a school of social work acceptable to the committee;
- 6 (2) The applicant has completed at least three thousand hours of 7 supervised clinical experience with a qualified clinical supervisor, as defined in 8 section 337.600, in no less than twenty-four months and no more than forty-eight consecutive calendar months. For any applicant who has successfully completed at least four thousand hours of supervised clinical 10 experience with a qualified clinical supervisor, as defined in section 11 337.600, within the same time frame prescribed in this subsection, the 12applicant shall be eligible for application of licensure at three thousand 13 14 hours and shall be furnished a certificate by the state committee for social workers acknowledging the completion of said additional hours; 15

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- (3) The applicant has achieved a passing score, as defined by the 16 committee, on an examination approved by the committee. The eligibility 17 requirements for such examination shall be promulgated by rule of the committee; 18
- 19 (4) The applicant is at least eighteen years of age, is of good moral 20 character, is a United States citizen or has status as a legal resident alien, and 21 has not been convicted of a felony during the ten years immediately prior to 22 application for licensure.
  - 2. Any person holding a current license, certificate of registration, or permit from another state or territory of the United States or the District of Columbia to practice clinical social work who has had no disciplinary action taken against the license, certificate of registration, or permit for the preceding five years may be granted a license to practice clinical social work in this state if the person meets one of the following criteria:
  - (1) Has received a masters or doctoral degree from a college or university program of social work accredited by the council of social work education and has been licensed to practice clinical social work for the preceding five years; or
  - (2) Is currently licensed or certified as a clinical social worker in another state, territory of the United States, or the District of Columbia having substantially the same requirements as this state for clinical social workers.
- 3. The committee shall issue a license to each person who files an 36 application and fee as required by the provisions of sections 337.600 to 337.689 and who furnishes evidence satisfactory to the committee that the applicant has 38 complied with the provisions of subdivisions (1) to (4) of subsection 1 of this section or with the provisions of subsection 2 of this section.
  - 337.643. 1. No person shall use the title of licensed master social worker and engage in the practice of master social work in this state unless the person is licensed as required by the provisions of this section and section 337.644.
- 4 2. A licensed master social worker shall be deemed qualified to practice the applications of social work theory, knowledge, methods and ethics and the 5 professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, 7 organizations, and communities. "Master social work practice" includes the 8 applications of specialized knowledge and advanced practice skills in the 9 management, information and referral, counseling, supervision, consultation, 10 education, research, advocacy, community organization, and the development, 11 implementation, and administration of policies, programs, and activities. Under 12 13 supervision as provided in sections 337.600 to 337.689, the practice of master

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social work may include the practices reserved to clinical social workers or 15 advanced macro social workers for no more than forty-eight consecutive calendar months for the purpose of obtaining licensure under section 337.615 or 337.645. No licensed master social worker shall practice independently the 17 18 scope of practice reserved for clinical social workers or advanced macro social workers. This shall mean that any practices reserved to 19 licensed clinical social workers or licensed advanced macro social 20 workers performed by a licensed master social worker shall be for the 21purpose of obtaining licensure under section 337.615 or 337.645 in an 22employment setting where either a licensed clinical social worker or a 23 24licensed advanced macro social worker is a registered supervisor approved by the state committee for social work. 25

337.645. 1. Each applicant for licensure as an advanced macro social worker shall furnish evidence to the committee that:

- (1) The applicant has a master's degree from a college or university program of social work accredited by the council of social work education or a doctorate degree from a school of social work acceptable to the committee;
- 6 (2) The applicant has completed at least three thousand hours of supervised advanced macro experience with a qualified advanced macro 7 supervisor as defined in section 337.600 in no less than twenty-four months and no more than forty-eight consecutive calendar months. For any applicant who 10 has successfully completed at least four thousand hours of supervised advanced macro experience with a qualified advanced macro 11 supervisor, as defined in section 337.600, within the same time frame 12prescribed in this subsection, the applicant shall be eligible for 13 application of licensure at three thousand hours and shall be furnished 14 a certificate by the state committee for social workers acknowledging 15 16 the completion of said additional hours;
  - (3) The applicant has achieved a passing score, as defined by the committee, on an examination approved by the committee. The eligibility requirements for such examination shall be promulgated by rule of the committee;
- 20 (4) The applicant is at least eighteen years of age, is of good moral character, is a United States citizen or has status as a legal resident alien, and 22 has not been convicted of a felony during the ten years immediately prior to 23 application for licensure.
- 24 2. Any person holding a current license, certificate of registration, or 25 permit from another state or territory of the United States or the District of

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Columbia to practice advanced macro social work who has had no disciplinary action taken against the license, certificate of registration, or permit for the preceding five years may be granted a license to practice advanced macro social work in this state if the person meets one of the following criteria:

- (1) Has received a master's or doctoral degree from a college or university program of social work accredited by the council of social work education and has been licensed to practice advanced macro social work for the preceding five years; or
- (2) Is currently licensed or certified as an advanced macro social worker in another state, territory of the United States, or the District of Columbia having substantially the same requirements as this state for advanced macro social workers.
- 3. The committee shall issue a license to each person who files an application and fee as required by the provisions of sections 337.600 to 337.689 and who furnishes evidence satisfactory to the committee that the applicant has complied with the provisions of subdivisions (1) to (4) of subsection 1 of this section or with the provisions of subsection 2 of this section.

338.010. 1. The "practice of pharmacy" means the interpretation, implementation, and evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section 353; receipt, transmission, or handling of such orders or facilitating the dispensing of such orders; the designing, initiating, implementing, and monitoring of a medication therapeutic plan as defined by the 6 prescription order so long as the prescription order is specific to each patient for care by a pharmacist; the compounding, dispensing, labeling, and administration of drugs and devices pursuant to medical prescription orders and administration of viral influenza, pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, 10 tetanus, pertussis, and meningitis vaccines by written protocol authorized by a physician for persons twelve years of age or older as authorized by rule or the 11 12administration of pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and meningitis vaccines by written protocol authorized by 13 a physician for a specific patient as authorized by rule; the participation in drug 14 selection according to state law and participation in drug utilization reviews; the 15 proper and safe storage of drugs and devices and the maintenance of proper 16 records thereof; consultation with patients and other health care practitioners, 17and veterinarians and their clients about legend drugs, about the safe and 18 effective use of drugs and devices; and the offering or performing of those acts, 19 20 services, operations, or transactions necessary in the conduct, operation,

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management and control of a pharmacy. No person shall engage in the practice 21 of pharmacy unless he is licensed under the provisions of this chapter. This 22chapter shall not be construed to prohibit the use of auxiliary personnel under 23the direct supervision of a pharmacist from assisting the pharmacist in any of his 2425or her duties. This assistance in no way is intended to relieve the pharmacist  $^{26}$ from his or her responsibilities for compliance with this chapter and he or she 27will be responsible for the actions of the auxiliary personnel acting in his or her assistance. This chapter shall also not be construed to prohibit or interfere with 28 any legally registered practitioner of medicine, dentistry, or podiatry, or 29 veterinary medicine only for use in animals, or the practice of optometry in 30 accordance with and as provided in sections 195.070 and 336.220 in the 31 32compounding, administering, prescribing, or dispensing of his or her own 33 prescriptions.

- 2. Any pharmacist who accepts a prescription order for a medication therapeutic plan shall have a written protocol from the physician who refers the patient for medication therapy services. The written protocol and the prescription order for a medication therapeutic plan shall come from the physician only, and shall not come from a nurse engaged in a collaborative practice arrangement under section 334.104, or from a physician assistant engaged in a supervision agreement under section 334.735.
- 3. Nothing in this section shall be construed as to prevent any person, firm or corporation from owning a pharmacy regulated by sections 338.210 to 338.315, provided that a licensed pharmacist is in charge of such pharmacy.
- 4. Nothing in this section shall be construed to apply to or interfere with 45 the sale of nonprescription drugs and the ordinary household remedies and such 46 drugs or medicines as are normally sold by those engaged in the sale of general 47 merchandise.
- 5. No health carrier as defined in chapter 376 shall require any physician with which they contract to enter into a written protocol with a pharmacist for medication therapeutic services.
- 51 6. This section shall not be construed to allow a pharmacist to diagnose or independently prescribe pharmaceuticals.
- 7. The state board of registration for the healing arts, under section 334.125, and the state board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of protocols for prescription orders for medication therapy services and administration of viral influenza vaccines. Such rules shall require protocols to include provisions allowing for timely

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communication between the pharmacist and the referring physician, and any 58 59 other patient protection provisions deemed appropriate by both boards. In order to take effect, such rules shall be approved by a majority vote of a quorum of each 60 board. Neither board shall separately promulgate rules regulating the use of 61 protocols for prescription orders for medication therapy services and 63 administration of viral influenza vaccines. Any rule or portion of a rule, as that 64term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all 65 of the provisions of chapter 536 and, if applicable, section 536.028. This section 66 67 and chapter 536 are nonseverable and if any of the powers vested with the 68 general assembly pursuant to chapter 536 to review, to delay the effective date, 69 or to disapprove and annul a rule are subsequently held unconstitutional, then 70 the grant of rulemaking authority and any rule proposed or adopted after August 7128, 2007, shall be invalid and void.

- 8. The state board of pharmacy may grant a certificate of medication therapeutic plan authority to a licensed pharmacist who submits proof of successful completion of a board-approved course of academic clinical study beyond a bachelor of science in pharmacy, including but not limited to clinical assessment skills, from a nationally accredited college or university, or a certification of equivalence issued by a nationally recognized professional organization and approved by the board of pharmacy.
- 9. Any pharmacist who has received a certificate of medication therapeutic plan authority may engage in the designing, initiating, implementing, and monitoring of a medication therapeutic plan as defined by a prescription order from a physician that is specific to each patient for care by a pharmacist.
- 10. Nothing in this section shall be construed to allow a pharmacist to make a therapeutic substitution of a pharmaceutical prescribed by a physician unless authorized by the written protocol or the physician's prescription order.
- 11. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or an equivalent title means a person who has received a doctor's degree in veterinary medicine from an accredited school of veterinary medicine or holds an Educational Commission for Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary Medical Association (AVMA).
- 93 12. In addition to other requirements established by the joint 94 promulgation of rules by the board of pharmacy and the state board of

- 95 registration for the healing arts:
- 96 (1) A pharmacist shall administer vaccines in accordance with 97 treatment guidelines established by the Centers for Disease Control and 98 Prevention (CDC);
- 99 (2) A pharmacist who is administering a vaccine shall request a 100 patient to remain in the pharmacy a safe amount of time after 101 administering the vaccine to observe any adverse reactions. Such 102 pharmacist shall have adopted emergency treatment protocols;
- (3) In addition to other requirements by the board, a pharmacist shall receive additional training as required by the board and evidenced by receiving a certificate from the board upon completion, and shall display the certification in his or her pharmacy where vaccines are delivered.
- 13. A pharmacist shall provide a written report within fourteen days of administration of a vaccine to the patient's primary health care provider, if provided by the patient, containing:
- 111 (1) The identity of the patient;
- 112 (2) The identity of the vaccine or vaccines administered;
- 113 (3) The route of administration;
- 114 (4) The anatomic site of the administration;
- 115 (5) The dose administered; and
- 116 (6) The date of administration.
- 338.020. 1. Every person who shall hereafter desire to be licensed as a pharmacist shall file with the board of pharmacy an application setting forth his name and age, the place, or places, at which and the time spent in the study of the science and art of pharmacy, and the practical experience which the applicant has had under the direction of a legally licensed pharmacist, and shall appear at a time and place designated by the board of pharmacy and submit to an examination as to his qualifications for registration as a licensed pharmacist. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false affidavit or declaration.
- 2. So long as the person involved does not represent or hold himself or herself out as a pharmacist licensed to practice in this state, a Missouri pharmacist license shall not be required for a legally qualified pharmacist serving in the armed forces of the United States or a legally qualified pharmacist employed by the government of the

- 17 United States or any bureau, division, or agency thereof who is engaged
- 18 in the practice of pharmacy while in the discharge of his or her official
- 19 duties.
  - 338.059. 1. It shall be the duty of a licensed pharmacist or a physician
  - 2 to affix or have affixed by someone under the pharmacist's or physician's
  - 3 supervision a label to each and every container provided to a consumer in which
  - 4 is placed any prescription drug upon which is typed or written the following
  - 5 information:
- 6 (1) The date the prescription is filled;
- 7 (2) The sequential number or other unique identifier;
- 8 (3) The patient's name;
- 9 (4) The prescriber's directions for usage;
- 10 (5) The prescriber's name;
- 11 (6) The name and address of the pharmacy;
- 12 (7) The exact name and dosage of the drug dispensed;
- 13 (8) There may be one line under the information provided in subdivisions
- 14 (1) to (7) of this subsection stating "Refill" with a blank line or squares following
- 15 or the words "No Refill";
- 16 (9) When a generic substitution is dispensed, the name of the
- 17 manufacturer or an abbreviation thereof shall appear on the label or in the
- 18 pharmacist's records as required in section 338.100.
- 19 2. The label of any drug which is sold at wholesale in this state and which
- 20 requires a prescription to be dispensed at retail shall contain the name of the
- 21 manufacturer, expiration date, if applicable, batch or lot number and national
- 22 drug code.

## 338.165. 1. As used in this section, the following terms mean:

- 2 (1) "Board", the Missouri board of pharmacy;
- 3 (2) "Hospital", a hospital as defined in section 197.020;
- 4 (3) "Hospital clinic or facility", a clinic or facility under the
- 5 common control, management, or ownership of the same hospital or
- 6 hospital system;
- 7 (4) "Medical staff committee", the committee or other body of a
- 8 hospital or hospital system responsible for formulating policies
- 9 regarding pharmacy services and medication management;
- 10 (5) "Medication order", an order for a legend drug or device that
- 11 is:
- 12 (a) Authorized or issued by an authorized prescriber acting

within the scope of his or her professional practice or pursuant to a protocol or standing order approved by the medical staff committee; and

- 16 (b) To be distributed or administered to the patient by a health 17 care practitioner or lawfully authorized designee at a hospital or a 18 hospital clinic or facility;
- 19 (6) "Patient", an individual receiving medical diagnosis, 20 treatment, or care at a hospital or a hospital clinic or facility.
- 212. The department of health and senior services shall have sole authority and responsibility for the inspection and licensure of 22hospitals as provided by chapter 197 including, but not limited to, all 23 24parts, services, functions, support functions, and activities which 25contribute directly or indirectly to patient care of any kind 26whatsoever. However, the board may inspect a class B pharmacy or any portion thereof that is not under the inspection authority vested 27in the department of health and senior services by chapter 197 to 28determine compliance with this chapter or the rules of the board. This 29 section shall not be construed to bar the board from conducting an investigation pursuant to a public or governmental complaint to determine compliance by an individual licensee or registrant of the board with any applicable provisions of this chapter or the rules of the 33 board. 34
- 35 3. The department of health and senior services shall have 36 authority to promulgate rules in conjunction with the board governing medication distribution and the provision of medication therapy 37 services by a pharmacist at or within a hospital. Rules may include, 38 but are not limited to, medication management, preparation, 39 compounding, administration, storage, distribution, packaging and 40 labeling. Until such rules are jointly promulgated, hospitals shall 41 comply with all applicable state law and department of health and 42senior services rules governing pharmacy services and medication 43 44 management in hospitals. The rulemaking authority granted herein to the department of health and senior services shall not include the 45 dispensing of medication by prescription. 46
- 4. All pharmacists providing medication therapy services shall obtain a certificate of medication therapeutic plan authority as provided by rule of the board. Medication therapy services may be provided by a pharmacist for patients of a hospital pursuant to a

protocol with a physician as required by section 338.010 or pursuant to a protocol approved by the medical staff committee. However, the medical staff protocol shall include a process whereby an exemption to the protocol for a patient may be granted for clinical efficacy should the patient's physician make such request. The medical staff protocol shall also include an appeals process to request a change in specific protocol based on medical evidence presented by a physician on staff.

- 5. Medication may be dispensed by a class B hospital pharmacy pursuant to a prescription or a medication order.
- 6. A drug distributor license shall not be required to transfer medication from a class B hospital pharmacy to a hospital clinic or facility for patient care or treatment.
- 7. Medication dispensed by a class A pharmacy located in a hospital to a hospital patient for use or administration outside of the hospital under a medical staff-approved protocol for medication therapy shall be dispensed only by a prescription order for medication therapy from an individual physician for a specific patient.
- 8. Medication dispensed by a hospital to a hospital patient for use or administration outside of the hospital shall be labeled as provided by rules promulgated by the department of health and senior services and the board including, medication distributed for administration by or under the supervision of a health care practitioner at a hospital clinic or facility.
- 9. This section shall not be construed to preempt any law or rule governing controlled substances.
- 10. Any rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall only become effective if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2014, shall be invalid and void.
- 11. The board shall appoint an advisory committee to review and make recommendations to the board on the merit of all rules and regulations to be jointly promulgated by the board and the department of health and senior services pursuant to the joint rulemaking

- 89 authority granted by this section. The advisory committee shall consist 90 of:
- 91 (1) Two representatives designated by the Missouri Hospital Association, one of whom shall be a pharmacist; 92
- 93 (2) One pharmacist designated by the Missouri Society of Health System Pharmacists; 94
- 95 (3) One pharmacist designated by the Missouri Pharmacy Association: 96
- (4) One pharmacist designated by the department of health and 97 senior services from a hospital with a licensed bed count that does not 98 exceed fifty beds or from a critical access hospital as defined by the 99 100 department of social services for purposes of MO HealthNet 101 reimbursement;
- (5) One pharmacist designated by the department of health and 103 senior services from a hospital with a licensed bed count that exceeds two hundred beds; and
- 105 (6) One pharmacist designated by the board with experience in 106 the provision of hospital pharmacy services.
- 107 12. Nothing in this section shall be construed to limit the authority of a licensed health care provider to prescribe, administer, 108 109 or dispense medications and treatments within the scope of their 110 professional practice.
  - 338.220. 1. It shall be unlawful for any person, copartnership,
  - 2 association, corporation or any other business entity to open, establish, operate,
  - or maintain any pharmacy as defined by statute without first obtaining a permit
  - 4 or license to do so from the Missouri board of pharmacy. A permit shall not be
  - 5 required for an individual licensed pharmacist to perform nondispensing activities
  - outside of a pharmacy, as provided by the rules of the board. A permit shall not
  - be required for an individual licensed pharmacist to administer drugs, vaccines,
  - and biologicals by protocol, as permitted by law, outside of a pharmacy. The
  - following classes of pharmacy permits or licenses are hereby established:
- 10 (1) Class A: Community/ambulatory;
- (2) Class B: Hospital [outpatient] pharmacy; 11
- 12 (3) Class C: Long-term care;
- 13 (4) Class D: Nonsterile compounding;
- (5) Class E: Radio pharmaceutical; 14
- 15 (6) Class F: Renal dialysis;
- (7) Class G: Medical gas; 16

- 17 (8) Class H: Sterile product compounding;
- 18 (9) Class I: Consultant services;
- 19 (10) Class J: Shared service;
- 20 (11) Class K: Internet;

by the same owner.

- 21 (12) Class L: Veterinary;
- 22 (13) Class M: Specialty (bleeding disorder);
- 23 (14) Class N: Automated dispensing system (health care facility);
- 24 (15) Class O: Automated dispensing system (ambulatory care);
- 25 (16) Class P: Practitioner office/clinic.
- 26 2. Application for such permit or license shall be made upon a form 27furnished to the applicant; shall contain a statement that it is made under oath 28 or affirmation and that its representations are true and correct to the best 29 knowledge and belief of the person signing same, subject to the penalties of 30 making a false affidavit or declaration; and shall be accompanied by a permit or license fee. The permit or license issued shall be renewable upon payment of a 3132renewal fee. Separate applications shall be made and separate permits or licenses required for each pharmacy opened, established, operated, or maintained 33
- 3. All permits, licenses or renewal fees collected pursuant to the provisions of sections 338.210 to 338.370 shall be deposited in the state treasury to the credit of the Missouri board of pharmacy fund, to be used by the Missouri board of pharmacy in the enforcement of the provisions of sections 338.210 to 338.370, when appropriated for that purpose by the general assembly.
- 4. Class L: veterinary permit shall not be construed to prohibit or interfere with any legally registered practitioner of veterinary medicine in the compounding, administering, prescribing, or dispensing of their own prescriptions, or medicine, drug, or pharmaceutical product to be used for animals.
- 5. Except for any legend drugs under 21 U.S.C. Section 353, the provisions of this section shall not apply to the sale, dispensing, or filling of a pharmaceutical product or drug used for treating animals.
- 6. A "class B hospital pharmacy" shall be defined as a pharmacy owned, managed, or operated by a hospital as defined by section 197.020 or a clinic or facility under common control, management, or ownership of the same hospital or hospital system. This section shall not be construed to require a class B hospital pharmacy permit or license for hospitals solely providing services within the practice of

- 54 pharmacy under the jurisdiction of, and the licensure granted by, the 55 department of health and senior services under chapter 197.
- 7. Upon application to the board, any hospital that holds a pharmacy permit or license on the effective date of this section shall be entitled to obtain a class B pharmacy permit or license without fee, provided such application shall be submitted to the board on or before January 1, 2015.

346.010. As used in sections 346.010 to 346.250, except as the context may require otherwise, the following terms mean:

- (1) "Audiologist", a clinical audiologist licensed pursuant to chapter 345;
- 4 (2) "Board", the Missouri board of examiners for hearing instrument 5 specialists, which is established in section 346.120;
- 6 (3) "Department", the department of insurance, financial institutions and 7 professional registration;
- 8 (4) "Division", the division of professional registration;
- 9 (5) "Hearing instrument" or "hearing aid", any wearable instrument or 10 device designed for or offered for the purpose of aiding or compensating for 11 impaired human hearing and that can provide more than fifteen decibel 12 full-on gain via a two cc coupler at any single frequency from two 13 hundred through six thousand cycles per second, and any parts, 14 attachments, or accessories, including earmold, but excluding batteries, cords, 15 receivers and repairs;
- 16 (6) "Hearing instrument specialist" or "specialist", a person licensed by the 17 state pursuant to sections 346.010 to 346.250 who is authorized to engage in the 18 practice of fitting hearing instruments;
- 19 (7) "Hearing instrument specialist in-training", a person who holds a 20 temporary permit issued by the division to fit hearing instruments under the 21 supervision of a hearing instrument specialist;
- 22 (8) "License", a license issued by the state under sections 346.010 to 346.250 to hearing instrument specialists;
- 24 (9) "Otolaryngologist", a person licensed to practice medicine and surgery 25 in the state of Missouri pursuant to chapter 334 and who spends the majority of 26 the person's practice seeing patients with ear, nose, and throat diseases;
- 27 (10) "Person", an individual, corporation, partnership, joint venture, 28 association, trust or any other legal entity;
- 29 (11) "Practice of fitting hearing instruments", the selection, adaptation, 30 and sale of hearing instruments, including the testing and evaluation of hearing

- 31 by means of an audiometer and the making of impressions for earmolds;
- 32 (12) "Registration of supervision", the process of obtaining a certificate of
- 33 authority issued by the division to a hearing instrument specialist that enables
- 34 the specialist to supervise one or more hearing instrument specialists in-training,
- 35 as defined by division rules;
- 36 (13) "Sell or sale", any transfer of title or of the right to use by lease,
- 37 bailment, or any other contract, excluding wholesale transactions with
- 38 distributors or dealers;
- 39 (14) "Supervised training", the program of education and experience, as
- 40 defined by division rule, required to be followed by each hearing instrument
- 41 specialist in-training;
- 42 (15) "Supervisor", a hearing instrument specialist who has filed a
- 43 registration of supervision with the board and has received from the division a
- 44 certificate of authority;
- 45 (16) "Temporary permit", a permit issued by the division while the
- 46 applicant is in training to become a licensed hearing instrument specialist.
  - 346.055. 1. An applicant may obtain a license [by successfully passing a
  - 2 qualifying examination of the type described in sections 346.010 to 346.250,]
- 3 provided the applicant:
- 4 (1) Is at least eighteen years of age; and
- 5 (2) Is of good moral character; and
- 6 (3) Successfully passes a qualifying examination as described
- 7 under sections 346.010 to 346.250; and
- 8 (4) (a) Holds an associate's degree or higher, from a state or regionally
- 9 accredited institution of higher education, in hearing instrument sciences; or
- 10 (b) Holds an associate's level degree or higher, from a state or regionally
- 11 accredited institution of higher education[,] and submits proof of completion of
- 12 the International Hearing Society's Distance Learning for Professionals in
- 13 Hearing Health Sciences [course, and submits proof of completion of the Hearing
- 14 Instrument Specialists in Training program as established by the Board of
- 15 Examiners for Hearing Instrument Specialists] Course; or
- 16 (c) Holds a master's or doctoral degree in audiology from a state or
- 17 regionally accredited institution; or
- 18 (d) Holds a current, unsuspended, unrevoked license from another
- 19 jurisdiction if the standards for licensing in such other jurisdiction, as determined
- 20 by the board, are substantially equivalent to or exceed those required in
- 21 paragraph (a) or (b) of subdivision [(3)] (4) of this subsection; or

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- 22(e) Holds a current, unsuspended, unrevoked license from another jurisdiction, has been actively practicing as a licensed hearing aid fitter or dispenser in another jurisdiction for no less than forty-eight of the last seventy-two months, and submits proof of completion of advance certification from either the International Hearing Society or the National Board for Certification in Hearing Instrument Sciences.
  - 2. The provisions of subsection 1 of this section shall not apply to any person holding a valid Missouri hearing instrument specialist license under this chapter when applying for the renewal of that license. These provisions shall apply to any person holding a hearing instrument specialist-in-training permit at the time of their application for licensure or renewal of said permit.
  - 3. (1) The board shall promulgate reasonable standards and rules for the evaluation of applicants for purposes of determining the course of instruction and training required of each applicant for a hearing instrument specialist license under the requirement of subdivision (3) of subsection 1 of this section.
  - (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

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