

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 831
98TH GENERAL ASSEMBLY

5270H.04C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 192.945, 324.001, 334.037, 334.104, 334.735, 335.203, 335.300, 335.305, 335.310, 335.315, 335.320, 335.325, 335.330, 335.335, 335.340, 335.345, 335.350, 335.355, 336.020, 376.1237, and 630.175, RSMo, and to enact in lieu thereof thirty-eight new sections relating to the practice of professional licensees, with a delayed effective date.

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

Section A. Sections 192.945, 324.001, 334.037, 334.104, 334.735, 335.203, 335.300, 2 335.305, 335.310, 335.315, 335.320, 335.325, 335.330, 335.335, 335.340, 335.345, 335.350, 3 335.355, 336.020, 376.1237, and 630.175, RSMo, are repealed and thirty-eight new sections 4 enacted in lieu thereof, to be known as sections 192.945, 192.947, 324.001, 324.003, 324.004, 5 334.037, 334.104, 334.735, 334.1200, 334.1203, 334.1206, 334.1209, 334.1212, 334.1215, 6 334.1218, 334.1221, 334.1224, 334.1227, 334.1230, 334.1233, 335.203, 335.360, 335.365, 7 335.370, 335.375, 335.380, 335.385, 335.390, 335.395, 335.400, 335.405, 335.410, 335.415, 8 336.020, 338.202, 376.1237, 621.280, and 630.175, to read as follows:

192.945. 1. As used in this section, the following terms shall mean:

- 2 (1) "Department", the department of health and senior services;
- 3 (2) "Hemp extract", as such term is defined in section 195.207;
- 4 (3) "Hemp extract registration card", a card issued by the department under this section;
- 5 (4) "Intractable epilepsy", epilepsy that as determined by a neurologist does not respond
- 6 to three or more treatment options overseen by the neurologist;
- 7 (5) "Neurologist", a physician who is licensed under chapter 334 and board certified in
- 8 neurology;

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

9 (6) "Parent", a parent or legal guardian of a minor who is responsible for the minor's
10 medical care;

11 (7) "Registrant", an individual to whom the department issues a hemp extract registration
12 card under this section.

13 2. The department shall issue a hemp extract registration card to an individual who:

14 (1) Is eighteen years of age or older;

15 (2) Is a Missouri resident;

16 (3) Provides the department with a statement signed by a neurologist that:

17 (a) Indicates that the individual suffers from intractable epilepsy and may benefit from
18 treatment with hemp extract; and

19 (b) Is consistent with a record from the neurologist concerning the individual contained
20 in the database described in subsection [9] 10 of this section;

21 (4) Pays the department a fee in an amount established by the department under
22 subsection 6 of this section; and

23 (5) Submits an application to the department on a form created by the department that
24 contains:

25 (a) The individual's name and address;

26 (b) A copy of the individual's valid photo identification; and

27 (c) Any other information the department considers necessary to implement the
28 provisions of this section.

29 3. The department shall issue a hemp extract registration card to a parent who:

30 (1) Is eighteen years of age or older;

31 (2) Is a Missouri resident;

32 (3) Provides the department with a statement signed by a neurologist that:

33 (a) Indicates that a minor in the parent's care suffers from intractable epilepsy and may
34 benefit from treatment with hemp extract; and

35 (b) Is consistent with a record from the neurologist concerning the minor contained in
36 the database described in subsection [9] 10 of this section;

37 (4) Pays the department a fee in an amount established by the department under
38 subsection 6 of this section; and

39 (5) Submits an application to the department on a form created by the department that
40 contains:

41 (a) The parent's name and address;

42 (b) The minor's name;

43 (c) A copy of the parent's valid photo identification; and

44 (d) Any other information the department considers necessary to implement the
45 provisions of this section.

46 4. The department shall maintain a record of the name of each registrant and the name
47 of each minor receiving care from a registrant.

48 5. The department shall promulgate rules to:

49 (1) Implement the provisions of this section including establishing the information the
50 applicant is required to provide to the department and establishing in accordance with
51 recommendations from the department of public safety the form and content of the hemp extract
52 registration card; and

53 (2) Regulate the distribution of hemp extract from a cannabidiol oil care center to a
54 registrant, which shall be in addition to any other state or federal regulations; and
55

56 The department may promulgate rules to authorize clinical trials involving hemp extract.

57 6. The department shall establish fees that are no greater than the amount necessary to
58 cover the cost the department incurs to implement the provisions of this section.

59 7. The registration cards issued under this section shall be valid for one year and
60 renewable if at the time of renewal the registrant meets the requirements of either subsection 2
61 or 3 of this section.

62 8. **Only a neurologist may recommend hemp extract and sign the statement**
63 **described in subsection 2 or 3 of this section as part of the treatment plan of a patient**
64 **diagnosed with intractable epilepsy.**

65 9. The neurologist who signs the statement described in subsection 2 or 3 of this section
66 shall:

67 (1) Keep a record of the neurologist's evaluation and observation of a patient who is a
68 registrant or minor under a registrant's care including the patient's response to hemp extract; and

69 (2) Transmit the record described in subdivision (1) of this subsection to the department.

70 [9.] 10. The department shall maintain a database of the records described in subsection
71 [8] 9 of this section and treat the records as identifiable health data.

72 [10.] 11. The department may share the records described in subsection [9] 10 of this
73 section with a higher education institution for the purpose of studying hemp extract.

74 [11.] 12. Any rule or portion of a rule, as that term is defined in section 536.010, that is
75 created under the authority delegated in this section shall become effective only if it complies
76 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.
77 This section and chapter 536 are nonseverable and if any of the powers vested with the general
78 assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and

79 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and
80 any rule proposed or adopted after July 14, 2014, shall be invalid and void.

**192.947. 1. No individual or health care entity organized under the laws of this
2 state shall be subject to any adverse action by the state or any agency, board, or
3 subdivision thereof, including civil or criminal prosecution, denial of any right or privilege,
4 imposing a civil or administrative penalty or sanction, or disciplinary action by any
5 accreditation or licensing board or commission if such individual or health care entity, in
6 its normal course of business and within its applicable licenses and regulations and in good
7 faith, acts upon or in furtherance of any order, recommendation, or statement by a
8 neurologist authorized under section 192.945 relating to the medical use and
9 administration of hemp extract with respect to an eligible patient.**

**10 2. The provisions of subsection 1 of this section shall apply to the possession,
11 handling, storage, transfer, destruction, dispensing, or administration of hemp extract,
12 including any act in preparation of such dispensing or administration.**

324.001. 1. For the purposes of this section, the following terms mean:

- 2 (1) "Department", the department of insurance, financial institutions and professional
3 registration;
4 (2) "Director", the director of the division of professional registration; and
5 (3) "Division", the division of professional registration.

6 2. There is hereby established a "Division of Professional Registration" assigned to the
7 department of insurance, financial institutions and professional registration as a type III transfer,
8 headed by a director appointed by the governor with the advice and consent of the senate. All
9 of the general provisions, definitions and powers enumerated in section 1 of the Omnibus State
10 Reorganization Act of 1974 and Executive Order 06-04 shall apply to this department and its
11 divisions, agencies, and personnel.

12 3. The director of the division of professional registration shall promulgate rules and
13 regulations which designate for each board or commission assigned to the division the renewal
14 date for licenses or certificates. After the initial establishment of renewal dates, no director of
15 the division shall promulgate a rule or regulation which would change the renewal date for
16 licenses or certificates if such change in renewal date would occur prior to the date on which the
17 renewal date in effect at the time such new renewal date is specified next occurs. Each board or
18 commission shall by rule or regulation establish licensing periods of one, two, or three years.
19 Registration fees set by a board or commission shall be effective for the entire licensing period
20 involved, and shall not be increased during any current licensing period. Persons who are
21 required to pay their first registration fees shall be allowed to pay the pro rata share of such fees
22 for the remainder of the period remaining at the time the fees are paid. Each board or

23 commission shall provide the necessary forms for initial registration, and thereafter the director
24 may prescribe standard forms for renewal of licenses and certificates. Each board or commission
25 shall by rule and regulation require each applicant to provide the information which is required
26 to keep the board's records current. Each board or commission shall have the authority to collect
27 and analyze information required to support workforce planning and policy development. Such
28 information shall not be publicly disclosed so as to identify a specific health care provider, as
29 defined in section 376.1350. Each board or commission shall issue the original license or
30 certificate.

31 4. The division shall provide clerical and other staff services relating to the issuance and
32 renewal of licenses for all the professional licensing and regulating boards and commissions
33 assigned to the division. The division shall perform the financial management and clerical
34 functions as they each relate to issuance and renewal of licenses and certificates. "Issuance and
35 renewal of licenses and certificates" means the ministerial function of preparing and delivering
36 licenses or certificates, and obtaining material and information for the board or commission in
37 connection with the renewal thereof. It does not include any discretionary authority with regard
38 to the original review of an applicant's qualifications for licensure or certification, or the
39 subsequent review of licensee's or certificate holder's qualifications, or any disciplinary action
40 contemplated against the licensee or certificate holder. The division may develop and implement
41 microfilming systems and automated or manual management information systems.

42 5. The director of the division shall maintain a system of accounting and budgeting, in
43 cooperation with the director of the department, the office of administration, and the state
44 auditor's office, to ensure proper charges are made to the various boards for services rendered
45 to them. The general assembly shall appropriate to the division and other state agencies from
46 each board's funds moneys sufficient to reimburse the division and other state agencies for all
47 services rendered and all facilities and supplies furnished to that board.

48 6. For accounting purposes, the appropriation to the division and to the office of
49 administration for the payment of rent for quarters provided for the division shall be made from
50 the "Professional Registration Fees Fund", which is hereby created, and is to be used solely for
51 the purpose defined in subsection 5 of this section. The fund shall consist of moneys deposited
52 into it from each board's fund. Each board shall contribute a prorated amount necessary to fund
53 the division for services rendered and rent based upon the system of accounting and budgeting
54 established by the director of the division as provided in subsection 5 of this section. Transfers
55 of funds to the professional registration fees fund shall be made by each board on July first of
56 each year; provided, however, that the director of the division may establish an alternative date
57 or dates of transfers at the request of any board. Such transfers shall be made until they equal
58 the prorated amount for services rendered and rent by the division. The provisions of section

59 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed
60 to the credit of general revenue.

61 7. The director of the division shall be responsible for collecting and accounting for all
62 moneys received by the division or its component agencies. Any money received by a board or
63 commission shall be promptly given, identified by type and source, to the director. The director
64 shall keep a record by board and state accounting system classification of the amount of revenue
65 the director receives. The director shall promptly transmit all receipts to the department of
66 revenue for deposit in the state treasury to the credit of the appropriate fund. The director shall
67 provide each board with all relevant financial information in a timely fashion. Each board shall
68 cooperate with the director by providing necessary information.

69 8. All educational transcripts, test scores, complaints, investigatory reports, and
70 information pertaining to any person who is an applicant or licensee of any agency assigned to
71 the division of professional registration by statute or by the department are confidential and may
72 not be disclosed to the public or any member of the public, except with the written consent of
73 the person whose records are involved. The agency which possesses the records or information
74 shall disclose the records or information if the person whose records or information is involved
75 has consented to the disclosure. Each agency is entitled to the attorney-client privilege and work-
76 product privilege to the same extent as any other person. Provided, however, that any board may
77 disclose confidential information without the consent of the person involved in the course of
78 voluntary interstate exchange of information, or in the course of any litigation concerning that
79 person, or pursuant to a lawful request, or to other administrative or law enforcement agencies
80 acting within the scope of their statutory authority. Information regarding identity, including
81 names and addresses, registration, and currency of the license of the persons possessing licenses
82 to engage in a professional occupation and the names and addresses of applicants for such
83 licenses is not confidential information.

84 9. Any deliberations conducted and votes taken in rendering a final decision after a
85 hearing before an agency assigned to the division shall be closed to the parties and the public.
86 Once a final decision is rendered, that decision shall be made available to the parties and the
87 public.

88 10. A compelling governmental interest shall be deemed to exist for the purposes of
89 section 536.025 for licensure fees to be reduced by emergency rule, if the projected fund balance
90 of any agency assigned to the division of professional registration is reasonably expected to
91 exceed an amount that would require transfer from that fund to general revenue.

92 11. (1) The following boards and commissions are assigned by specific type transfers
93 to the division of professional registration: Missouri state board of accountancy, chapter 326;
94 board of cosmetology and barber examiners, chapters 328 and 329; Missouri board for architects,

95 professional engineers, professional land surveyors and landscape architects, chapter 327;
96 Missouri state board of chiropractic examiners, chapter 331; state board of registration for the
97 healing arts, chapter 334; Missouri dental board, chapter 332; state board of embalmers and
98 funeral directors, chapter 333; state board of optometry, chapter 336; Missouri state board of
99 nursing, chapter 335; board of pharmacy, chapter 338; state board of podiatric medicine, chapter
100 330; Missouri real estate appraisers commission, chapter 339; and Missouri veterinary medical
101 board, chapter 340. The governor shall appoint members of these boards by and with the advice
102 and consent of the senate.

103 (2) The boards and commissions assigned to the division shall exercise all their
104 respective statutory duties and powers, except those clerical and other staff services involving
105 collecting and accounting for moneys and financial management relating to the issuance and
106 renewal of licenses, which services shall be provided by the division, within the appropriation
107 therefor. Nothing herein shall prohibit employment of professional examining or testing services
108 from professional associations or others as required by the boards or commissions on contract.
109 Nothing herein shall be construed to affect the power of a board or commission to expend its
110 funds as appropriated. However, the division shall review the expense vouchers of each board.
111 The results of such review shall be submitted to the board reviewed and to the house and senate
112 appropriations committees annually.

113 (3) Notwithstanding any other provisions of law, the director of the division shall
114 exercise only those management functions of the boards and commissions specifically provided
115 in the Reorganization Act of 1974, and those relating to the allocation and assignment of space,
116 personnel other than board personnel, and equipment.

117 (4) "Board personnel", as used in this section or chapters 317, 326, 327, 328, 329, 330,
118 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, and 345, shall mean personnel whose functions
119 and responsibilities are in areas not related to the clerical duties involving the issuance and
120 renewal of licenses, to the collecting and accounting for moneys, or to financial management
121 relating to issuance and renewal of licenses; specifically included are executive secretaries (or
122 comparable positions), consultants, inspectors, investigators, counsel, and secretarial support
123 staff for these positions; and such other positions as are established and authorized by statute for
124 a particular board or commission. Boards and commissions may employ legal counsel, if
125 authorized by law, and temporary personnel if the board is unable to meet its responsibilities with
126 the employees authorized above. Any board or commission which hires temporary employees
127 shall annually provide the division director and the appropriation committees of the general
128 assembly with a complete list of all persons employed in the previous year, the length of their
129 employment, the amount of their remuneration, and a description of their responsibilities.

(5) Board personnel for each board or commission shall be employed by and serve at the pleasure of the board or commission, shall be supervised as the board or commission designates, and shall have their duties and compensation prescribed by the board or commission, within appropriations for that purpose, except that compensation for board personnel shall not exceed that established for comparable positions as determined by the board or commission pursuant to the job and pay plan of the department of insurance, financial institutions and professional registration. Nothing herein shall be construed to permit salaries for any board personnel to be lowered except by board action.

12. All the powers, duties, and functions of the division of athletics, chapter 317, and others, are assigned by type I transfer to the division of professional registration.

13. Wherever the laws, rules, or regulations of this state make reference to the "division of professional registration of the department of economic development", such references shall be deemed to refer to the division of professional registration.

14. (1) The state board of nursing, board of pharmacy, Missouri dental board, state committee of psychologists, state board of chiropractic examiners, state board of optometry, Missouri board of occupational therapy, or state board of registration for the healing arts may, individually or collectively, enter into a contractual agreement with the department of health and senior services, a public institution of higher education, or a nonprofit entity for the purpose of collecting and analyzing workforce data from its licensees, registrants, or permit holders for future workforce planning and to assess the accessibility and availability of qualified health care services and practitioners in Missouri. The boards shall work collaboratively with other state governmental entities to ensure coordination and avoid duplication of efforts.

(2) The boards may expend appropriated funds necessary for operational expenses of the program formed under this subsection. Each board is authorized to accept grants to fund the collection or analysis authorized in this subsection. Any such funds shall be deposited in the respective board's fund.

(3) Data collection shall be controlled and approved by the applicable state board conducting or requesting the collection. Notwithstanding the provisions of sections 324.010 and 334.001, the boards may release identifying data to the contractor to facilitate data analysis of the health care workforce including, but not limited to, geographic, demographic, and practice or professional characteristics of licensees. The state board shall not request or be authorized to collect income or other financial earnings data.

(4) Data collected under this subsection shall be deemed the property of the state board requesting the data. Data shall be maintained by the state board in accordance with chapter 610, provided that any information deemed closed or confidential under subsection

166 8 of this section, or any other provision of state law, shall not be disclosed without consent
167 of the applicable licensee or entity or as otherwise authorized by law. Data shall only be
168 released in an aggregate form by geography, profession or professional specialization, or
169 population characteristic in a manner that cannot be used to identify a specific individual
170 or entity. Data suppression standards shall be addressed and established in the contractual
171 agreement.

172 (5) Contractors shall maintain the security and confidentiality of data received or
173 collected under this subsection and shall not use, disclose, or release any data without
174 approval of the applicable state board. The contractual agreement between the applicable
175 state board and contractor shall establish a data release and research review policy to
176 include legal and institutional review board, or agency equivalent, approval.

177 (6) Each board may promulgate rules subject to the provisions of this subsection
178 and chapter 536 to effectuate and implement the workforce data collection and analysis
179 authorized by this subsection. Any rule or portion of a rule, as that term is defined in
180 section 536.010, that is created under the authority delegated in this section shall become
181 effective only if it complies with and is subject to all of the provisions of chapter 536 and,
182 if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any
183 of the powers vested with the general assembly under chapter 536 to review, to delay the
184 effective date, or to disapprove and annul a rule are subsequently held unconstitutional,
185 then the grant of rulemaking authority and any rule proposed or adopted after August 28,
186 2016, shall be invalid and void.

324.003. Notwithstanding any other provision of law or administrative rule to the
2 contrary, the division of professional registration and its component boards, committees,
3 offices, and commissions shall permit:

4 (1) Any licensee to submit payment for fees so established in the form of personal
5 check, money order, cashier's check, credit card, or electronic check as defined by section
6 407.432;

7 (2) Any applicant or licensee to apply for licensure or renew their license in writing
8 or electronically; and

9 (3) Any licensee to make requests of their license-granting board or commission for
10 extensions of time to complete continuing education; notify their license-granting board
11 or commission of changes to name, business name, home address, or work address; and
12 provide any other items required as part of licensure to their licensure board in writing or
13 electronically.

324.004. 1. (1) The purpose of this section is to promote the general welfare by establishing guidelines for the regulation of occupations and professions not regulated prior to January 1, 2017.

(2) All individuals may engage in the occupation of their choice, free from unreasonable government regulation. The state shall not impose a substantial burden on an individual's pursuit of his or her occupation or profession unless there is an important governmental interest for the state to protect the general welfare. If such an interest exists, the regulation adopted by the state shall be the least restrictive type of occupational regulation consistent with the public interest to be protected.

(3) All bills introduced in the legislature to regulate an occupation or profession for the first time shall be reviewed according to the following criteria. An occupation or profession shall be regulated by the state only if:

(a) Unregulated practice has caused significant harm and endangered the general welfare and the potential for further harm and endangerment is easily recognizable and not remote or dependent upon tenuous argument;

(b) The public needs and can reasonably be expected to benefit from an assurance of initial personal qualifications; and

(c) The general welfare cannot be effectively protected by other means.

(4) After evaluating the criteria in subdivision (3) of this subsection and considering governmental, economic, and societal costs and benefits, if the legislature finds that the state has an important interest in regulating an occupation or profession not previously regulated by law, the least restrictive type of occupational regulation shall be implemented, consistent with the need to protect the general welfare and this section. If:

(a) Market competition, common law, statutory civil actions, and criminal prohibitions are insufficient to eradicate actual harm, the regulation shall provide for stricter civil actions and criminal prosecutions;

(b) A service is being performed for individuals involving a hazard to the general welfare, the regulation shall impose inspection requirements and enable an appropriate state agency to enforce violations by injunctive relief in court including, but not limited to, regulation of the business activity providing the service rather than practitioners;

(c) The threat to the general welfare resulting from the practitioner's services is relatively small, easily identifiable, or predictable, the regulation shall implement a system of insurance, bonding, or registration;

(d) The consumer possesses significantly less information so that the practitioner puts the consumer in a disadvantageous position relative to the practitioner to judge the

36 **quality of the practitioner's services, the regulation shall implement a voluntary system of**
37 **certification; or**

38 **(e) There is no other type of regulation that will protect the general welfare other**
39 **than licensing, the regulation shall implement a system of licensing.**

40 **2. For the purposes of this section, the following terms mean:**

41 **(1) "Applicant group", any occupational or professional group or organization, any**
42 **individual, or any other interested party that proposes that any occupation or profession**
43 **not presently regulated be regulated;**

44 **(2) "Certification", a voluntary program in which the government grants**
45 **nontransferable recognition to an individual who meets personal qualifications established**
46 **by a legislative body. Upon approval, the individual may use "certified" as a designated**
47 **title. Someone who has not been recognized as certified may perform the occupation for**
48 **compensation lawfully, but shall not use the title "certified". This term shall not be**
49 **synonymous with an occupational license or prohibit the use of private certification;**

50 **(3) "General welfare", the concern of the government for the health, peace,**
51 **morality, and safety of its citizens;**

52 **(4) "Grandfather clause", a provision in a regulatory statute applicable to**
53 **practitioners actively engaged in the regulated occupation or profession prior to the**
54 **effective date of the regulatory statute which exempts the practitioners from meeting the**
55 **personal qualifications set forth in the regulatory statute to perform prescribed**
56 **occupational tasks;**

57 **(5) "Inspection", the periodic examination of practitioners by a state agency in**
58 **order to ascertain whether the practitioners' activities are being carried out in a fashion**
59 **consistent with the requisite level of cleanliness necessary to protect the general welfare;**

60 **(6) "Lawful occupation", a course of conduct, pursuit, or profession that includes**
61 **the sale of goods or services that are not themselves illegal to sell irrespective of whether**
62 **the individual selling them is subject to an occupational regulation;**

63 **(7) "Least restrictive type of occupational regulations", in order from least to most**
64 **restrictive:**

65 **(a) Market competition;**

66 **(b) A provision for private civil action to remedy consumer harm;**

67 **(c) Criminal sanction;**

68 **(d) Regulation of the business activity providing the service rather than the**
69 **practitioner;**

70 **(e) Inspection;**

71 **(f) Bonding or insurance;**

72 (g) Registration;

73 (h) Certification;

74 (i) Occupational license;

75 (8) "Legislative committees of reference", the standing legislative committees
76 designated by the respective rules committees of the senate and house of representatives
77 to consider proposed legislation to regulate occupations, or professions not previously
78 regulated;

79 (9) "Occupational license", a nontransferable authorization in law for an
80 individual to perform a lawful occupation for compensation based on meeting personal
81 qualifications established by a legislative body. It shall be prohibited for an individual who
82 does not possess an occupational license to perform the occupation for compensation;

83 (10) "Occupational regulation", a statute, ordinance, rule, practice, policy, or other
84 law requiring an individual to possess certain personal qualifications to work in a lawful
85 occupation;

86 (11) "Personal qualifications", criteria related to an individual's personal
87 background including completion of an approved educational program, satisfactory
88 performance on an examination, work experience, criminal history, moral standing, and
89 completion of continuing education;

90 (12) "Practitioner", an individual who has achieved knowledge and skill by
91 practice and is actively engaged in a specified occupation or profession;

92 (13) "Public member", an individual who is not currently, and has never been in
93 the past, a member or spouse of a member of the occupation or profession being regulated
94 or an individual who does not currently have and has never in the past had a material
95 financial interest in either the rendering of the occupation or professional service being
96 regulated or an activity directly related to the occupation or profession being regulated;

97 (14) "Registration", a requirement established by the legislature in which a person
98 submits notification to a state agency and may use "registered" as a designated title.
99 Notification may include the person's name and address, the person's agent for service of
100 process, the location of the activity to be performed, and a description of the service the
101 person provides. Registration may include a requirement to post a bond, but does not
102 include education or experience requirements. Nonregistered persons shall not perform
103 the occupation for compensation or use "registered" as a designated title. The term
104 registration shall not be synonymous with an occupational license and does not refer to or
105 prohibit the use of private registration;

(15) "Regulatory entity", any board, commission, agency, division, or other unit or subunit of state government which regulates one or more professions, occupations, industries, businesses, or other endeavors in this state;

(16) "State agency", every state office, department, board, commission, regulatory entity, and agency of the state, and, if provided by law, programs and activities involving less than the full responsibility of a state agency;

(17) "Substantial burden", a requirement in an occupational regulation that imposes significant difficulty or cost on an individual seeking to enter into or continue in a lawful occupation and is more than an incidental burden.

3. The general assembly shall not pass any laws regulating an occupation or profession for the first time except by bill, as defined in section 21.600, which has been referred to the legislative committees of reference in both houses, reviewed in accordance with this section by each committee, and voted upon in favor by a majority of committee members as required by rule of the respective house. Any amendment containing language to regulate an occupation or profession for the first time shall not be adopted onto a bill in either house, unless such language is identical to a bill which has been heard and voted on in favor by a legislative committee of reference in the house where the amendment is being proposed.

4. After January 1, 2017, applicant groups shall submit a written report explaining each of the following factors to the legislative committees of reference prior to the bill, containing the proposed regulation, being heard before the committee in each house:

(1) A definition of the problem and why regulation is necessary including, but not limited to:

(a) The description and quantification of the actual harm to the general public due to the fact that the occupation or profession is not regulated;

(b) The extent to which the actual harm could be avoided;

(c) A description of how consumers will benefit in the future from the proposed type of regulation; and

(d) The extent of autonomy a practitioner has, as indicated by:

a. The extent to which the occupation or profession calls for independent judgment and the extent of skill or experience required in making the independent judgment; and

b. The extent to which practitioners are supervised;

(2) The efforts made to address the actual harm caused:

(a) Voluntary efforts, if any, by members of the occupation or profession to:

a. Establish a code of ethics; or

b. Help resolve disputes between practitioners and consumers; and

(b) Recourse to and the extent of use of applicable law and whether it could be strengthened to control the problem;

(3) The alternatives considered including, but not limited to:

(a) Increased civil or criminal sanctions;

(b) Regulation of businesses rather than practitioners;

(c) Regulation of the service or training program rather than the individual practitioners;

(d) Inspections;

(e) Bonding or insurance;

(f) Registration of all practitioners;

(g) Certification of all practitioners;

(h) Other alternatives;

(i) Why the use of the alternatives specified in this subsection would not be adequate to protect the general welfare; and

(j) Why licensing would serve to protect the general welfare;

(4) The benefit to the public if regulation is granted;

(5) The extent to which the incidences of specific problems present in the unregulated occupation or profession can reasonably be expected to be reduced by proposed regulation;

(6) Whether the public can identify qualified practitioners;

(7) The extent to which the public can be confident that qualified practitioners are competent:

(a) Whether the proposed regulatory entity would be a board composed of members of the profession and public members, a state agency, or both, and, if appropriate, their respective responsibilities in administering the system of inspections, bonding, insurance, registration, certification, or licensure, including the composition of the board and the number of public members, if any; the powers and duties of the board or state agency regarding examinations and for cause revocation, suspension, and nonrenewal of registrations, certificates, or licenses; the promulgation of rules and canons of ethics; the conduct of inspections; the receipt of complaints and disciplinary action taken against practitioners; and how fees would be levied and collected to cover the expenses of administering and operating the regulatory system;

(b) If there is a grandfather clause, how consumers will be protected from the harm caused by current practitioners that is the basis for advocating for the enactment of the proposed regulation;

177 (c) If there is a grandfather clause, if current practitioners will be required to meet
178 the prerequisite qualifications established by the regulatory entity at a later date and if not,
179 why not;

180 (d) Whether the regulatory entity would be authorized to enter into reciprocity
181 agreements with other jurisdictions;

182 (e) The nature and duration of any training including, but not limited to, whether
183 the training includes a substantial amount of supervised field experience; whether training
184 programs exist in this state; if there will be an experience requirement; whether the
185 experience shall be acquired under a registered, certified, or licensed practitioner; whether
186 there are alternative routes of entry or methods of meeting the prerequisite qualifications;
187 whether all applicants will be required to pass an examination; and, if an examination is
188 required, by whom it will be developed and how the costs of development will be met; and

189 (f) What additional training programs are anticipated to be necessary to assure
190 training is accessible statewide; the anticipated time required to establish the additional
191 training programs; the types of institutions capable of providing the training; a description
192 of how training programs will meet the needs of the expected workforce, including reentry
193 workers, minorities, placebound students, and others;

194 (8) Assurance of the public that practitioners have maintained their competence:

195 (a) Whether the registration, certification, or licensure will carry an expiration
196 date; and

197 (b) Whether renewal will be based only upon payment of a fee, or whether renewal
198 will involve reexamination, peer review, or other enforcement;

199 (9) The extent to which regulation might harm the public;

200 (10) The extent to which regulation will restrict entry into the occupation or
201 profession;

202 (a) Whether the proposed personal qualifications are more restrictive than
203 necessary to insure safe and effective performance;

204 (b) How the proposed personal qualifications compare to other regulations in the
205 state which may involve greater risks to the general welfare; and

206 (c) The number of other states that regulate the same occupation or profession and
207 how the proposed personal qualifications compare to required personal qualifications in
208 other states that regulate the same occupation or profession;

209 (11) Whether there are similar professions to that of the applicant group which
210 shall be included in or portions of the applicant group which shall be excluded from the
211 proposed legislation;

212 (12) The maintenance of personal qualifications;

(13) Whether effective quality assurance standards exist in the occupation or profession, such as legal requirements associated with specific programs that define or enforce professional standards, or a code of ethics;

(14) How the proposed legislation will assure:

(a) The extent to which a code of ethics, if any, will be adopted; and

(b) Grounds for suspension or revocation of registration, certification, or licensure;

(15) A description of the group proposed for regulation, including a list of associations, organizations, and other groups representing the practitioners in this state, an estimate of the number of practitioners in each group, and whether the groups represent different levels of practice; and

(16) The expected costs of regulation including, but not limited to:

(a) The impact registration, certification, or licensure will have on the costs of the services to the public;

(b) The cost to the state and to the general public of implementing the proposed legislation; and

(c) The cost to the state and the members of the group proposed for regulation for the required education, including projected tuition and expenses and expected increases in training programs, staffing, and enrollments at state training institutions.

5. A legislative proposal which contains a continuing education requirement shall be accompanied by a detailed explanation of how such requirement could be effective for the profession addressed in the legislation.

6. Nothing in this section shall be construed to create a right of action against a private party or to require a private party to do business with an individual who is not licensed, certified, or registered with the government or to create a right of action against the state, county, municipal, or other level of government in the state.

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

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

- 11 (1) Complete names, home and business addresses, zip codes, and telephone numbers
12 of the collaborating physician and the assistant physician;
- 13 (2) A list of all other offices or locations besides those listed in subdivision (1) of this
14 subsection where the collaborating physician authorized the assistant physician to prescribe;
- 15 (3) A requirement that there shall be posted at every office where the assistant physician
16 is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure
17 statement informing patients that they may be seen by an assistant physician and have the right
18 to see the collaborating physician;
- 19 (4) All specialty or board certifications of the collaborating physician and all
20 certifications of the assistant physician;
- 21 (5) The manner of collaboration between the collaborating physician and the assistant
22 physician, including how the collaborating physician and the assistant physician shall:
- 23 (a) Engage in collaborative practice consistent with each professional's skill, training,
24 education, and competence;
- 25 (b) Maintain geographic proximity; except, the collaborative practice arrangement may
26 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar
27 year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice
28 arrangement includes alternative plans as required in paragraph (c) of this subdivision. Such
29 exception to geographic proximity shall apply only to independent rural health clinics, provider-
30 based rural health clinics if the provider is a critical access hospital as provided in 42 U.S.C.
31 Section 1395i-4, and provider-based rural health clinics if the main location of the hospital
32 sponsor is greater than fifty miles from the clinic. The collaborating physician shall maintain
33 documentation related to such requirement and present it to the state board of registration for the
34 healing arts when requested; and
- 35 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the
36 collaborating physician;
- 37 (6) A description of the assistant physician's controlled substance prescriptive authority
38 in collaboration with the physician, including a list of the controlled substances the physician
39 authorizes the assistant physician to prescribe and documentation that it is consistent with each
40 professional's education, knowledge, skill, and competence;
- 41 (7) A list of all other written practice agreements of the collaborating physician and the
42 assistant physician;
- 43 (8) The duration of the written practice agreement between the collaborating physician
44 and the assistant physician;
- 45 (9) A description of the time and manner of the collaborating physician's review of the
46 assistant physician's delivery of health care services. The description shall include provisions

47 that the assistant physician shall submit a minimum of ten percent of the charts documenting the
48 assistant physician's delivery of health care services to the collaborating physician for review by
49 the collaborating physician, or any other physician designated in the collaborative practice
50 arrangement, every fourteen days. **In performing the review, the collaborating physician**
51 **need not be present at the health care practitioner's site;** and

52 (10) The collaborating physician, or any other physician designated in the collaborative
53 practice arrangement, shall review every fourteen days a minimum of twenty percent of the
54 charts in which the assistant physician prescribes controlled substances. The charts reviewed
55 under this subdivision may be counted in the number of charts required to be reviewed under
56 subdivision (9) of this subsection.

57 3. The state board of registration for the healing arts under section 334.125 shall
58 promulgate rules regulating the use of collaborative practice arrangements for assistant
59 physicians. Such rules shall specify:

60 (1) Geographic areas to be covered;

61 (2) The methods of treatment that may be covered by collaborative practice
62 arrangements;

63 (3) In conjunction with deans of medical schools and primary care residency program
64 directors in the state, the development and implementation of educational methods and programs
65 undertaken during the collaborative practice service which shall facilitate the advancement of
66 the assistant physician's medical knowledge and capabilities, and which may lead to credit
67 toward a future residency program for programs that deem such documented educational
68 achievements acceptable; and

69 (4) The requirements for review of services provided under collaborative practice
70 arrangements, including delegating authority to prescribe controlled substances.

71
72 Any rules relating to dispensing or distribution of medications or devices by prescription or
73 prescription drug orders under this section shall be subject to the approval of the state board of
74 pharmacy. Any rules relating to dispensing or distribution of controlled substances by
75 prescription or prescription drug orders under this section shall be subject to the approval of the
76 department of health and senior services and the state board of pharmacy. The state board of
77 registration for the healing arts shall promulgate rules applicable to assistant physicians that shall
78 be consistent with guidelines for federally funded clinics. The rulemaking authority granted in
79 this subsection shall not extend to collaborative practice arrangements of hospital employees
80 providing inpatient care within hospitals as defined in chapter 197 or population-based public
81 health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

82 4. The state board of registration for the healing arts shall not deny, revoke, suspend, or
83 otherwise take disciplinary action against a collaborating physician for health care services
84 delegated to an assistant physician provided the provisions of this section and the rules
85 promulgated thereunder are satisfied.

86 5. Within thirty days of any change and on each renewal, the state board of registration
87 for the healing arts shall require every physician to identify whether the physician is engaged in
88 any collaborative practice arrangement, including collaborative practice arrangements delegating
89 the authority to prescribe controlled substances, and also report to the board the name of each
90 assistant physician with whom the physician has entered into such arrangement. The board may
91 make such information available to the public. The board shall track the reported information
92 and may routinely conduct random reviews of such arrangements to ensure that arrangements
93 are carried out for compliance under this chapter.

94 6. A collaborating physician shall not enter into a collaborative practice arrangement
95 with more than three full-time equivalent assistant physicians. Such limitation shall not apply
96 to collaborative arrangements of hospital employees providing inpatient care service in hospitals
97 as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-
98 5.100 as of April 30, 2008.

99 7. The collaborating physician shall determine and document the completion of at least
100 a one-month period of time during which the assistant physician shall practice with the
101 collaborating physician continuously present before practicing in a setting where the
102 collaborating physician is not continuously present. Such limitation shall not apply to
103 collaborative arrangements of providers of population-based public health services as defined
104 by 20 CSR 2150-5.100 as of April 30, 2008, **nor to collaborative arrangements between a**
105 **physician and an assistant physician, if the collaborative physician is new to a patient**
106 **population to which the collaborating assistant physician is already familiar.**

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

112 9. No contract or other agreement shall require a physician to act as a collaborating
113 physician for an assistant physician against the physician's will. A physician shall have the right
114 to refuse to act as a collaborating physician, without penalty, for a particular assistant physician.
115 No contract or other agreement shall limit the collaborating physician's ultimate authority over
116 any protocols or standing orders or in the delegation of the physician's authority to any assistant
117 physician, but such requirement shall not authorize a physician in implementing such protocols,

118 standing orders, or delegation to violate applicable standards for safe medical practice
119 established by a hospital's medical staff.

120 10. No contract or other agreement shall require any assistant physician to serve as a
121 collaborating assistant physician for any collaborating physician against the assistant physician's
122 will. An assistant physician shall have the right to refuse to collaborate, without penalty, with
123 a particular physician.

124 11. All collaborating physicians and assistant physicians in collaborative practice
125 arrangements shall wear identification badges while acting within the scope of their collaborative
126 practice arrangement. The identification badges shall prominently display the licensure status
127 of such collaborating physicians and assistant physicians.

128 12. (1) An assistant physician with a certificate of controlled substance prescriptive
129 authority as provided in this section may prescribe any controlled substance listed in Schedule
130 III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated
131 the authority to prescribe controlled substances in a collaborative practice arrangement.
132 Prescriptions for Schedule II medications prescribed by an assistant physician who has a
133 certificate of controlled substance prescriptive authority are restricted to only those medications
134 containing hydrocodone. Such authority shall be filed with the state board of registration for the
135 healing arts. The collaborating physician shall maintain the right to limit a specific scheduled
136 drug or scheduled drug category that the assistant physician is permitted to prescribe. Any
137 limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall
138 not prescribe controlled substances for themselves or members of their families. Schedule III
139 controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day
140 supply without refill. Assistant physicians who are authorized to prescribe controlled substances
141 under this section shall register with the federal Drug Enforcement Administration and the state
142 bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration
143 registration number on prescriptions for controlled substances.

144 (2) The collaborating physician shall be responsible to determine and document the
145 completion of at least one hundred twenty hours in a four-month period by the assistant physician
146 during which the assistant physician shall practice with the collaborating physician on-site prior
147 to prescribing controlled substances when the collaborating physician is not on-site. Such
148 limitation shall not apply to assistant physicians of population-based public health services as
149 defined in 20 CSR 2150-5.100 as of April 30, 2009.

150 (3) An assistant physician shall receive a certificate of controlled substance prescriptive
151 authority from the state board of registration for the healing arts upon verification of licensure
152 under section 334.036.

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

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

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

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

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

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

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

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

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

41 (b) Maintain geographic proximity, except the collaborative practice arrangement may
42 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar
43 year for rural health clinics as defined by [P.L. 95-210] **Pub. L. 95-210 (42 U.S.C. Section**
44 **1395x, as amended)**, as long as the collaborative practice arrangement includes alternative plans
45 as required in paragraph (c) of this subdivision. This exception to geographic proximity shall
46 apply only to independent rural health clinics, provider-based rural health clinics where the
47 provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-
48 based rural health clinics where the main location of the hospital sponsor is greater than fifty
49 miles from the clinic. The collaborating physician is required to maintain documentation related
50 to this requirement and to present it to the state board of registration for the healing arts when
51 requested; and

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

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

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

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

62 (9) A description of the time and manner of the collaborating physician's review of the
63 advanced practice registered nurse's delivery of health care services. The description shall
64 include provisions that the advanced practice registered nurse shall submit a minimum of ten
65 percent of the charts documenting the advanced practice registered nurse's delivery of health care
66 services to the collaborating physician for review by the collaborating physician, or any other
67 physician designated in the collaborative practice arrangement, every fourteen days. **In**
68 **performing the review, the collaborating physician need not be present at the health care**
69 **practitioner's site;** and

70 (10) The collaborating physician, or any other physician designated in the collaborative
71 practice arrangement, shall review every fourteen days a minimum of twenty percent of the

72 charts in which the advanced practice registered nurse prescribes controlled substances. The
73 charts reviewed under this subdivision may be counted in the number of charts required to be
74 reviewed under subdivision (9) of this subsection.

75 4. The state board of registration for the healing arts pursuant to section 334.125 and the
76 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
77 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas
78 to be covered, the methods of treatment that may be covered by collaborative practice
79 arrangements and the requirements for review of services provided pursuant to collaborative
80 practice arrangements including delegating authority to prescribe controlled substances. Any
81 rules relating to dispensing or distribution of medications or devices by prescription or
82 prescription drug orders under this section shall be subject to the approval of the state board of
83 pharmacy. Any rules relating to dispensing or distribution of controlled substances by
84 prescription or prescription drug orders under this section shall be subject to the approval of the
85 department of health and senior services and the state board of pharmacy. In order to take effect,
86 such rules shall be approved by a majority vote of a quorum of each board. Neither the state
87 board of registration for the healing arts nor the board of nursing may separately promulgate rules
88 relating to collaborative practice arrangements. Such jointly promulgated rules shall be
89 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this
90 subsection shall not extend to collaborative practice arrangements of hospital employees
91 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based
92 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

107 documents shall not be required to report any actions of the state board of registration for the
108 healing arts for which the records are subject to removal under this section.

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

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

126 8. A collaborating physician shall not enter into a collaborative practice arrangement
127 with more than three full-time equivalent advanced practice registered nurses. This limitation
128 shall not apply to collaborative arrangements of hospital employees providing inpatient care
129 service in hospitals as defined in chapter 197 or population-based public health services as
130 defined by 20 CSR 2150-5.100 as of April 30, 2008.

131 9. It is the responsibility of the collaborating physician to determine and document the
132 completion of at least a one-month period of time during which the advanced practice registered
133 nurse shall practice with the collaborating physician continuously present before practicing in
134 a setting where the collaborating physician is not continuously present. This limitation shall not
135 apply to collaborative arrangements of providers of population-based public health services as
136 defined by 20 CSR 2150-5.100 as of April 30, 2008, **nor to collaborative arrangements**
137 **between a physician and an advanced practice registered nurse, if the collaborative**
138 **physician is new to a patient population to which the collaborating advanced practice**
139 **registered nurse is already familiar.**

140 10. No agreement made under this section shall supersede current hospital licensing
141 regulations governing hospital medication orders under protocols or standing orders for the
142 purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020

143 if such protocols or standing orders have been approved by the hospital's medical staff and
144 pharmaceutical therapeutics committee.

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

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

334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

- 2 (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
- 3 (2) "Certification" or "registration", a process by a certifying entity that grants
4 recognition to applicants meeting predetermined qualifications specified by such certifying
5 entity;
- 6 (3) "Certifying entity", the nongovernmental agency or association which certifies or
7 registers individuals who have completed academic and training requirements;
- 8 (4) "Department", the department of insurance, financial institutions and professional
9 registration or a designated agency thereof;
- 10 (5) "License", a document issued to an applicant by the board acknowledging that the
11 applicant is entitled to practice as a physician assistant;
- 12 (6) "Physician assistant", a person who has graduated from a physician assistant program
13 accredited by the American Medical Association's Committee on Allied Health Education and
14 Accreditation or by its successor agency, who has passed the certifying examination administered
15 by the National Commission on Certification of Physician Assistants and has active certification
16 by the National Commission on Certification of Physician Assistants who provides health care
17 services delegated by a licensed physician. A person who has been employed as a physician
18 assistant for three years prior to August 28, 1989, who has passed the National Commission on
19 Certification of Physician Assistants examination, and has active certification of the National
20 Commission on Certification of Physician Assistants;
- 21 (7) "Recognition", the formal process of becoming a certifying entity as required by the
22 provisions of sections 334.735 to 334.749;

23 (8) "Supervision", control exercised over a physician assistant working with a
24 supervising physician and oversight of the activities of and accepting responsibility for the
25 physician assistant's delivery of care. The physician assistant shall only practice at a location
26 where the physician routinely provides patient care, except existing patients of the supervising
27 physician in the patient's home and correctional facilities. The supervising physician must be
28 immediately available in person or via telecommunication during the time the physician assistant
29 is providing patient care. Prior to commencing practice, the supervising physician and physician
30 assistant shall attest on a form provided by the board that the physician shall provide supervision
31 appropriate to the physician assistant's training and that the physician assistant shall not practice
32 beyond the physician assistant's training and experience. Appropriate supervision shall require
33 the supervising physician to be working within the same facility as the physician assistant for at
34 least four hours within one calendar day for every fourteen days on which the physician assistant
35 provides patient care as described in subsection 3 of this section. Only days in which the
36 physician assistant provides patient care as described in subsection 3 of this section shall be
37 counted toward the fourteen-day period. The requirement of appropriate supervision shall be
38 applied so that no more than thirteen calendar days in which a physician assistant provides
39 patient care shall pass between the physician's four hours working within the same facility. The
40 board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the
41 physician assistant activity by the supervising physician and the physician assistant.

42 2. (1) A supervision agreement shall limit the physician assistant to practice only at
43 locations described in subdivision (8) of subsection 1 of this section, where the supervising
44 physician is no further than fifty miles by road using the most direct route available and where
45 the location is not so situated as to create an impediment to effective intervention and
46 supervision of patient care or adequate review of services.

47 (2) For a physician-physician assistant team working in a rural health clinic under the
48 federal Rural Health Clinic Services Act, P.L. 95-210, as amended, no supervision requirements
49 in addition to the minimum federal law shall be required.

50 3. The scope of practice of a physician assistant shall consist only of the following
51 services and procedures:

52 (1) Taking patient histories;

53 (2) Performing physical examinations of a patient;

54 (3) Performing or assisting in the performance of routine office laboratory and patient
55 screening procedures;

56 (4) Performing routine therapeutic procedures;

57 (5) Recording diagnostic impressions and evaluating situations calling for attention of
58 a physician to institute treatment procedures;

59 (6) Instructing and counseling patients regarding mental and physical health using
60 procedures reviewed and approved by a licensed physician;

61 (7) Assisting the supervising physician in institutional settings, including reviewing of
62 treatment plans, ordering of tests and diagnostic laboratory and radiological services, and
63 ordering of therapies, using procedures reviewed and approved by a licensed physician;

64 (8) Assisting in surgery;

65 (9) Performing such other tasks not prohibited by law under the supervision of a licensed
66 physician as the physician's assistant has been trained and is proficient to perform; and

67 (10) Physician assistants shall not perform or prescribe abortions.

68 4. Physician assistants shall not prescribe nor dispense any drug, medicine, device or
69 therapy unless pursuant to a physician supervision agreement in accordance with the law, nor
70 prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the
71 measurement of visual power or visual efficiency of the human eye, nor administer or monitor
72 general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures.
73 Prescribing and dispensing of drugs, medications, devices or therapies by a physician assistant
74 shall be pursuant to a physician assistant supervision agreement which is specific to the clinical
75 conditions treated by the supervising physician and the physician assistant shall be subject to the
76 following:

77 (1) A physician assistant shall only prescribe controlled substances in accordance with
78 section 334.747;

79 (2) The types of drugs, medications, devices or therapies prescribed or dispensed by a
80 physician assistant shall be consistent with the scopes of practice of the physician assistant and
81 the supervising physician;

82 (3) All prescriptions shall conform with state and federal laws and regulations and shall
83 include the name, address and telephone number of the physician assistant and the supervising
84 physician;

85 (4) A physician assistant, or advanced practice registered nurse as defined in section
86 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
87 professional samples to patients;

88 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies
89 the supervising physician is not qualified or authorized to prescribe; and

90 (6) A physician assistant may only dispense starter doses of medication to cover a period
91 of time for seventy-two hours or less.

92 5. A physician assistant shall clearly identify himself or herself as a physician assistant
93 and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr."
94 or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician

95 assistant shall practice or attempt to practice without physician supervision or in any location
96 where the supervising physician is not immediately available for consultation, assistance and
97 intervention, except as otherwise provided in this section, and in an emergency situation, nor
98 shall any physician assistant bill a patient independently or directly for any services or procedure
99 by the physician assistant; except that, nothing in this subsection shall be construed to prohibit
100 a physician assistant from enrolling with the department of social services as a MO HealthNet
101 or Medicaid provider while acting under a supervision agreement between the physician and
102 physician assistant.

103 6. For purposes of this section, the licensing of physician assistants shall take place
104 within processes established by the state board of registration for the healing arts through rule
105 and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536
106 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and
107 addressing such other matters as are necessary to protect the public and discipline the profession.
108 An application for licensing may be denied or the license of a physician assistant may be
109 suspended or revoked by the board in the same manner and for violation of the standards as set
110 forth by section 334.100, or such other standards of conduct set by the board by rule or
111 regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be required to
112 be licensed as physician assistants. All applicants for physician assistant licensure who complete
113 a physician assistant training program after January 1, 2008, shall have a master's degree from
114 a physician assistant program.

115 7. "Physician assistant supervision agreement" means a written agreement, jointly
116 agreed-upon protocols or standing order between a supervising physician and a physician
117 assistant, which provides for the delegation of health care services from a supervising physician
118 to a physician assistant and the review of such services. The agreement shall contain at least the
119 following provisions:

120 (1) Complete names, home and business addresses, zip codes, telephone numbers, and
121 state license numbers of the supervising physician and the physician assistant;

122 (2) A list of all offices or locations where the physician routinely provides patient care,
123 and in which of such offices or locations the supervising physician has authorized the physician
124 assistant to practice;

125 (3) All specialty or board certifications of the supervising physician;

126 (4) The manner of supervision between the supervising physician and the physician
127 assistant, including how the supervising physician and the physician assistant shall:

128 (a) Attest on a form provided by the board that the physician shall provide supervision
129 appropriate to the physician assistant's training and experience and that the physician assistant

130 shall not practice beyond the scope of the physician assistant's training and experience nor the
131 supervising physician's capabilities and training; and

132 (b) Provide coverage during absence, incapacity, infirmity, or emergency by the
133 supervising physician;

134 (5) The duration of the supervision agreement between the supervising physician and
135 physician assistant; and

136 (6) A description of the time and manner of the supervising physician's review of the
137 physician assistant's delivery of health care services. Such description shall include provisions
138 that the supervising physician, or a designated supervising physician listed in the supervision
139 agreement review a minimum of ten percent of the charts of the physician assistant's delivery of
140 health care services every fourteen days.

141 8. When a physician assistant supervision agreement is utilized to provide health care
142 services for conditions other than acute self-limited or well-defined problems, the supervising
143 physician or other physician designated in the supervision agreement shall see the patient for
144 evaluation and approve or formulate the plan of treatment for new or significantly changed
145 conditions as soon as practical, but in no case more than two weeks after the patient has been
146 seen by the physician assistant.

147 9. At all times the physician is responsible for the oversight of the activities of, and
148 accepts responsibility for, health care services rendered by the physician assistant.

149 10. It is the responsibility of the supervising physician to determine and document the
150 completion of at least a one-month period of time during which the licensed physician assistant
151 shall practice with a supervising physician continuously present before practicing in a setting
152 where a supervising physician is not continuously present. **This limitation shall not apply to**
153 **supervision agreements between a licensed physician assistant and a physician if the**
154 **supervising physician is new to a patient population to which the licensed physician**
155 **assistant is already familiar.**

156 11. No contract or other agreement shall require a physician to act as a supervising
157 physician for a physician assistant against the physician's will. A physician shall have the right
158 to refuse to act as a supervising physician, without penalty, for a particular physician assistant.
159 No contract or other agreement shall limit the supervising physician's ultimate authority over any
160 protocols or standing orders or in the delegation of the physician's authority to any physician
161 assistant, but this requirement shall not authorize a physician in implementing such protocols,
162 standing orders, or delegation to violate applicable standards for safe medical practice
163 established by the hospital's medical staff.

164 12. Physician assistants shall file with the board a copy of their supervising physician
165 form.

166 13. No physician shall be designated to serve as supervising physician for more than
167 three full-time equivalent licensed physician assistants. This limitation shall not apply to
168 physician assistant agreements of hospital employees providing inpatient care service in hospitals
169 as defined in chapter 197.

334.1200. PURPOSE

2 **The purpose of this compact is to facilitate interstate practice of physical therapy with the**
3 **goal of improving public access to physical therapy services. The practice of physical**
4 **therapy occurs in the state where the patient/client is located at the time of the**
5 **patient/client encounter. The compact preserves the regulatory authority of states to**
6 **protect public health and safety through the current system of state licensure.**

7 **This compact is designed to achieve the following objectives:**

- 8 **1. Increase public access to physical therapy services by providing for the mutual**
9 **recognition of other member state licenses;**
- 10 **2. Enhance the states' ability to protect the public's health and safety;**
- 11 **3. Encourage the cooperation of member states in regulating multistate physical**
12 **therapy practice;**
- 13 **4. Support spouses of relocating military members;**
- 14 **5. Enhance the exchange of licensure, investigative, and disciplinary information**
15 **between member states; and**
- 16 **6. Allow a remote state to hold a provider of services with a compact privilege in**
17 **that state accountable to that state's practice standards.**

334.1203. DEFINITIONS

2 **As used in this compact, and except as otherwise provided, the following definitions**
3 **shall apply:**

- 4 **1. "Active Duty Military" means full-time duty status in the active uniformed**
5 **service of the United States, including members of the National Guard and Reserve on**
6 **active duty orders pursuant to 10 U.S.C. Section 1209 and 1211.**
- 7 **2. "Adverse Action" means disciplinary action taken by a physical therapy**
8 **licensing board based upon misconduct, unacceptable performance, or a combination of**
9 **both.**
- 10 **3. "Alternative Program" means a nondisciplinary monitoring or practice**
11 **remediation process approved by a physical therapy licensing board. This includes, but**
12 **is not limited to, substance abuse issues.**
- 13 **4. "Compact privilege" means the authorization granted by a remote state to allow**
14 **a licensee from another member state to practice as a physical therapist or work as a**
15 **physical therapist assistant in the remote state under its laws and rules. The practice of**

16 physical therapy occurs in the member state where the patient/client is located at the time
17 of the patient/client encounter.

18 5. "Continuing competence" means a requirement, as a condition of license
19 renewal, to provide evidence of participation in, and/or completion of, educational and
20 professional activities relevant to practice or area of work.

21 6. "Data system" means a repository of information about licensees, including
22 examination, licensure, investigative, compact privilege, and adverse action.

23 7. "Encumbered license" means a license that a physical therapy licensing board
24 has limited in any way.

25 8. "Executive Board" means a group of directors elected or appointed to act on
26 behalf of, and within the powers granted to them by, the commission.

27 9. "Home state" means the member state that is the licensee's primary state of
28 residence.

29 10. "Investigative information" means information, records, and documents
30 received or generated by a physical therapy licensing board pursuant to an investigation.

31 11. "Jurisprudence requirement" means the assessment of an individual's
32 knowledge of the laws and rules governing the practice of physical therapy in a state.

33 12. "Licensee" means an individual who currently holds an authorization from the
34 state to practice as a physical therapist or to work as a physical therapist assistant.

35 13. "Member state" means a state that has enacted the compact.

36 14. "Party state" means any member state in which a licensee holds a current
37 license or compact privilege or is applying for a license or compact privilege.

38 15. "Physical therapist" means an individual who is licensed by a state to practice
39 physical therapy.

40 16. "Physical therapist assistant" means an individual who is licensed/certified by
41 a state and who assists the physical therapist in selected components of physical therapy.

42 17. "Physical therapy", "physical therapy practice", and "the practice of physical
43 therapy" mean the care and services provided by or under the direction and supervision
44 of a licensed physical therapist.

45 18. "Physical therapy compact commission" or "commission" means the national
46 administrative body whose membership consists of all states that have enacted the
47 compact.

48 19. "Physical therapy licensing board" or "licensing board" means the agency of
49 a state that is responsible for the licensing and regulation of physical therapists and
50 physical therapist assistants.

51 **20. "Remote state" means a member state other than the home state, where a**
52 **licensee is exercising or seeking to exercise the compact privilege.**

53 **21. "Rule" means a regulation, principle, or directive promulgated by the**
54 **commission that has the force of law.**

55 **22. "State" means any state, commonwealth, district, or territory of the United**
56 **States of America that regulates the practice of physical therapy.**

334.1206. STATE PARTICIPATION IN THE COMPACT

2 **A. To participate in the compact, a state must:**

3 **1. Participate fully in the commission's data system, including using the**
4 **commission's unique identifier as defined in rules;**

5 **2. Have a mechanism in place for receiving and investigating complaints about**
6 **licensees;**

7 **3. Notify the commission, in compliance with the terms of the compact and rules,**
8 **of any adverse action or the availability of investigative information regarding a licensee;**

9 **4. Fully implement a criminal background check requirement, within a time frame**
10 **established by rule, by receiving the results of the Federal Bureau of Investigation record**
11 **search on criminal background checks and use the results in making licensure decisions**
12 **in accordance with section 334.1206.B.;**

13 **5. Comply with the rules of the commission;**

14 **6. Utilize a recognized national examination as a requirement for licensure**
15 **pursuant to the rules of the commission; and**

16 **7. Have continuing competence requirements as a condition for license renewal.**

17 **B. Upon adoption of sections 334.1200 to 334.1233, the member state shall have the**
18 **authority to obtain biometric-based information from each physical therapy licensure**
19 **applicant and submit this information to the Federal Bureau of Investigation for a criminal**
20 **background check in accordance with 28 U.S.C. Section 534 and 42 U.S.C. Section 14616.**

21 **C. A member state shall grant the compact privilege to a licensee holding a valid**
22 **unencumbered license in another member state in accordance with the terms of the**
23 **compact and rules.**

24 **D. Member states may charge a fee for granting a compact privilege.**

334.1209. COMPACT PRIVILEGE

2 **A. To exercise the compact privilege under the terms and provisions of the**
3 **compact, the licensee shall:**

4 **1. Hold a license in the home state;**

5 **2. Have no encumbrance on any state license;**

6 **3. Be eligible for a compact privilege in any member state in accordance with**
7 **section 334.1209D, G and H;**

8 **4. Have not had any adverse action against any license or compact privilege within**
9 **the previous 2 years;**

10 **5. Notify the commission that the licensee is seeking the compact privilege within**
11 **a remote state(s);**

12 **6. Pay any applicable fees, including any state fee, for the compact privilege;**

13 **7. Meet any jurisprudence requirements established by the remote state(s) in which**
14 **the licensee is seeking a compact privilege; and**

15 **8. Report to the commission adverse action taken by any nonmember state within**
16 **thirty days from the date the adverse action is taken.**

17 **B. The compact privilege is valid until the expiration date of the home license. The**
18 **licensee must comply with the requirements of section 334.1209.A. to maintain the compact**
19 **privilege in the remote state.**

20 **C. A licensee providing physical therapy in a remote state under the compact**
21 **privilege shall function within the laws and regulations of the remote state.**

22 **D. A licensee providing physical therapy in a remote state is subject to that state's**
23 **regulatory authority. A remote state may, in accordance with due process and that state's**
24 **laws, remove a licensee's compact privilege in the remote state for a specific period of time,**
25 **impose fines, and/or take any other necessary actions to protect the health and safety of its**
26 **citizens. The licensee is not eligible for a compact privilege in any state until the specific**
27 **time for removal has passed and all fines are paid.**

28 **E. If a home state license is encumbered, the licensee shall lose the compact**
29 **privilege in any remote state until the following occur:**

30 **1. The home state license is no longer encumbered; and**

31 **2. Two years have elapsed from the date of the adverse action.**

32 **F. Once an encumbered license in the home state is restored to good standing, the**
33 **licensee must meet the requirements of section 334.1209A to obtain a compact privilege in**
34 **any remote state.**

35 **G. If a licensee's compact privilege in any remote state is removed, the individual**
36 **shall lose the compact privilege in any remote state until the following occur:**

37 **1. The specific period of time for which the compact privilege was removed has**
38 **ended;**

39 **2. All fines have been paid; and**

40 **3. Two years have elapsed from the date of the adverse action.**

41 **H. Once the requirements of section 334.1209G have been met, the license must**
42 **meet the requirements in section 334.1209A to obtain a compact privilege in a remote state.**

334.1212. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

2 **A licensee who is active duty military or is the spouse of an individual who is active**
3 **duty military may designate one of the following as the home state:**

4 **A. Home of record;**

5 **B. Permanent change of station (PCS); or**

6 **C. State of current residence if it is different than the PCS state or home of record.**

334.1215. ADVERSE ACTIONS

2 **A. A home state shall have exclusive power to impose adverse action against a**
3 **license issued by the home state.**

4 **B. A home state may take adverse action based on the investigative information of**
5 **a remote state, so long as the home state follows its own procedures for imposing adverse**
6 **action.**

7 **C. Nothing in this compact shall override a member state's decision that**
8 **participation in an alternative program may be used in lieu of adverse action and that such**
9 **participation shall remain nonpublic if required by the member state's laws. Member**
10 **states must require licensees who enter any alternative programs in lieu of discipline to**
11 **agree not to practice in any other member state during the term of the alternative program**
12 **without prior authorization from such other member state.**

13 **D. Any member state may investigate actual or alleged violations of the statutes and**
14 **rules authorizing the practice of physical therapy in any other member state in which a**
15 **physical therapist or physical therapist assistant holds a license or compact privilege.**

16 **E. A remote state shall have the authority to:**

17 **1. Take adverse actions as set forth in section 334.1209.D. against a licensee's**
18 **compact privilege in the state;**

19 **2. Issue subpoenas for both hearings and investigations that require the attendance**
20 **and testimony of witnesses, and the production of evidence. Subpoenas issued by a**
21 **physical therapy licensing board in a party state for the attendance and testimony of**
22 **witnesses, and/or the production of evidence from another party state, shall be enforced**
23 **in the latter state by any court of competent jurisdiction, according to the practice and**
24 **procedure of that court applicable to subpoenas issued in proceedings pending before it.**
25 **The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees**
26 **required by the service statutes of the state where the witnesses and/or evidence are**
27 **located; and**

28 **3. If otherwise permitted by state law, recover from the licensee the costs of**
29 **investigations and disposition of cases resulting from any adverse action taken against that**
30 **licensee.**

31 **F. Joint Investigations**

32 **1. In addition to the authority granted to a member state by its respective physical**
33 **therapy practice act or other applicable state law, a member state may participate with**
34 **other member states in joint investigations of licensees.**

35 **2. Member states shall share any investigative, litigation, or compliance materials**
36 **in furtherance of any joint or individual investigation initiated under the compact.**

334.1218. ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT
2 **COMMISSION.**

3 **A. The compact member states hereby create and establish a joint public agency**
4 **known as the physical therapy compact commission:**

5 **1. The commission is an instrumentality of the compact states.**

6 **2. Venue is proper and judicial proceedings by or against the commission shall be**
7 **brought solely and exclusively in a court of competent jurisdiction where the principal**
8 **office of the commission is located. The commission may waive venue and jurisdictional**
9 **defenses to the extent it adopts or consents to participate in alternative dispute resolution**
10 **proceedings.**

11 **3. Nothing in this compact shall be construed to be a waiver of sovereign immunity.**

12 **B. Membership, Voting, and Meetings**

13 **1. Each member state shall have and be limited to one delegate selected by that**
14 **member state's licensing board.**

15 **2. The delegate shall be a current member of the licensing board, who is a physical**
16 **therapist, physical therapist assistant, public member, or the board administrator.**

17 **3. Any delegate may be removed or suspended from office as provided by the law**
18 **of the state from which the delegate is appointed.**

19 **4. The member state board shall fill any vacancy occurring in the commission.**

20 **5. Each delegate shall be entitled to one vote with regard to the promulgation of**
21 **rules and creation of bylaws and shall otherwise have an opportunity to participate in the**
22 **business and affairs of the commission.**

23 **6. A delegate shall vote in person or by such other means as provided in the bylaws.**
24 **The bylaws may provide for delegates' participation in meetings by telephone or other**
25 **means of communication.**

26 **7. The commission shall meet at least once during each calendar year. Additional**
27 **meetings shall be held as set forth in the bylaws.**

- 28 **C. The commission shall have the following powers and duties:**
- 29 **1. Establish the fiscal year of the commission;**
- 30 **2. Establish bylaws;**
- 31 **3. Maintain its financial records in accordance with the bylaws;**
- 32 **4. Meet and take such actions as are consistent with the provisions of this compact**
33 **and the bylaws;**
- 34 **5. Promulgate uniform rules to facilitate and coordinate implementation and**
35 **administration of this compact. The rules shall have the force and effect of law and shall**
36 **be binding in all member states;**
- 37 **6. Bring and prosecute legal proceedings or actions in the name of the commission,**
38 **provided that the standing of any state physical therapy licensing board to sue or be sued**
39 **under applicable law shall not be affected;**
- 40 **7. Purchase and maintain insurance and bonds;**
- 41 **8. Borrow, accept, or contract for services of personnel, including, but not limited**
42 **to, employees of a member state;**
- 43 **9. Hire employees, elect or appoint officers, fix compensation, define duties, grant**
44 **such individuals appropriate authority to carry out the purposes of the compact, and to**
45 **establish the commission's personnel policies and programs relating to conflicts of interest,**
46 **qualifications of personnel, and other related personnel matters;**
- 47 **10. Accept any and all appropriate donations and grants of money, equipment,**
48 **supplies, materials and services, and to receive, utilize and dispose of the same; provided**
49 **that at all times the commission shall avoid any appearance of impropriety and/or conflict**
50 **of interest;**
- 51 **11. Lease, purchase, accept appropriate gifts or donations of, or otherwise to own,**
52 **hold, improve or use, any property, real, personal or mixed; provided that at all times the**
53 **commission shall avoid any appearance of impropriety;**
- 54 **12. Sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose**
55 **of any property real, personal, or mixed;**
- 56 **13. Establish a budget and make expenditures;**
- 57 **14. Borrow money;**
- 58 **15. Appoint committees, including standing committees comprised of members,**
59 **state regulators, state legislators or their representatives, and consumer representatives,**
60 **and such other interested persons as may be designated in this compact and the bylaws;**
- 61 **16. Provide and receive information from, and cooperate with, law enforcement**
62 **agencies;**
- 63 **17. Establish and elect an executive board; and**

64 **18. Perform such other functions as may be necessary or appropriate to achieve the**
65 **purposes of this compact consistent with the state regulation of physical therapy licensure**
66 **and practice.**

67 **D. The Executive Board**

68 **The executive board shall have the power to act on behalf of the commission**
69 **according to the terms of this compact.**

70 **1. The executive board shall be comprised of nine members:**

71 **a. Seven voting members who are elected by the commission from the current**
72 **membership of the commission;**

73 **b. One ex officio, nonvoting member from the recognized national physical therapy**
74 **professional association; and**

75 **c. One ex officio, nonvoting member from the recognized membership organization**
76 **of the physical therapy licensing boards.**

77 **2. The ex officio members will be selected by their respective organizations.**

78 **3. The commission may remove any member of the executive board as provided in**
79 **bylaws.**

80 **4. The executive board shall meet at least annually.**

81 **5. The executive board shall have the following duties and responsibilities:**

82 **a. Recommend to the entire commission changes to the rules or bylaws, changes to**
83 **this compact legislation, fees paid by compact member states such as annual dues, and any**
84 **commission compact fee charged to licensees for the compact privilege;**

85 **b. Ensure compact administration services are appropriately provided, contractual**
86 **or otherwise;**

87 **c. Prepare and recommend the budget;**

88 **d. Maintain financial records on behalf of the commission;**

89 **e. Monitor compact compliance of member states and provide compliance reports**
90 **to the commission;**

91 **f. Establish additional committees as necessary; and**

92 **g. Other duties as provided in rules or bylaws.**

93 **E. Meetings of the Commission**

94 **1. All meetings shall be open to the public, and public notice of meetings shall be**
95 **given in the same manner as required under the rulemaking provisions in section 334.1224.**

96 **2. The commission or the executive board or other committees of the commission**
97 **may convene in a closed, nonpublic meeting if the commission or executive board or other**
98 **committees of the commission must discuss:**

99 **a. Noncompliance of a member state with its obligations under the compact;**

b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation;

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

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

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

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

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

i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or

j. Matters specifically exempted from disclosure by federal or member state statute.

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

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

F. Financing of the Commission

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

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

3. The commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula

135 to be determined by the commission, which shall promulgate a rule binding upon all
136 member states.

137 4. The commission shall not incur obligations of any kind prior to securing the
138 funds adequate to meet the same; nor shall the commission pledge the credit of any of the
139 member states, except by and with the authority of the member state.

140 5. The commission shall keep accurate accounts of all receipts and disbursements.
141 The receipts and disbursements of the commission shall be subject to the audit and
142 accounting procedures established under its bylaws. However, all receipts and
143 disbursements of funds handled by the commission shall be audited yearly by a certified
144 or licensed public accountant, and the report of the audit shall be included in and become
145 part of the annual report of the commission.

146 **G. Qualified Immunity, Defense, and Indemnification**

147 1. The members, officers, executive director, employees and representatives of the
148 commission shall be immune from suit and liability, either personally or in their official
149 capacity, for any claim for damage to or loss of property or personal injury or other civil
150 liability caused by or arising out of any actual or alleged act, error or omission that
151 occurred, or that the person against whom the claim is made had a reasonable basis for
152 believing occurred within the scope of commission employment, duties or responsibilities;
153 provided that nothing in this paragraph shall be construed to protect any such person from
154 suit and/or liability for any damage, loss, injury, or liability caused by the intentional or
155 willful or wanton misconduct of that person.

156 2. The commission shall defend any member, officer, executive director, employee
157 or representative of the commission in any civil action seeking to impose liability arising
158 out of any actual or alleged act, error, or omission that occurred within the scope of
159 commission employment, duties, or responsibilities, or that the person against whom the
160 claim is made had a reasonable basis for believing occurred within the scope of commission
161 employment, duties, or responsibilities; provided that nothing herein shall be construed
162 to prohibit that person from retaining his or her own counsel; and provided further, that
163 the actual or alleged act, error, or omission did not result from that person's intentional
164 or willful or wanton misconduct.

165 3. The commission shall indemnify and hold harmless any member, officer,
166 executive director, employee, or representative of the commission for the amount of any
167 settlement or judgment obtained against that person arising out of any actual or alleged
168 act, error or omission that occurred within the scope of commission employment, duties,
169 or responsibilities, or that such person had a reasonable basis for believing occurred within
170 the scope of commission employment, duties, or responsibilities, provided that the actual

171 or alleged act, error, or omission did not result from the intentional or willful or wanton
172 misconduct of that person.

334.1221. DATA SYSTEM

2 A. The commission shall provide for the development, maintenance, and utilization
3 of a coordinated database and reporting system containing licensure, adverse action, and
4 investigative information on all licensed individuals in member states.

5 B. Notwithstanding any other provision of state law to the contrary, a member state
6 shall submit a uniform data set to the data system on all individuals to whom this compact
7 is applicable as required by the rules of the commission, including:

8 1. Identifying information;

9 2. Licensure data;

10 3. Adverse actions against a license or compact privilege;

11 4. Nonconfidential information related to alternative program participation;

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

13 6. Other information that may facilitate the administration of this compact, as
14 determined by the rules of the commission.

15 C. Investigative information pertaining to a licensee in any member state will only
16 be available to other party states.

17 D. The commission shall promptly notify all member states of any adverse action
18 taken against a licensee or an individual applying for a license. Adverse action information
19 pertaining to a licensee in any member state will be available to any other member state.

20 E. Member states contributing information to the data system may designate
21 information that may not be shared with the public without the express permission of the
22 contributing state.

23 F. Any information submitted to the data system that is subsequently required to
24 be expunged by the laws of the member state contributing the information shall be
25 removed from the data system.

334.1224. RULEMAKING

2 A. The commission shall exercise its rulemaking powers pursuant to the criteria set
3 forth in this section and the rules adopted thereunder. Rules and amendments shall
4 become binding as of the date specified in each rule or amendment.

5 B. If a majority of the legislatures of the member states rejects a rule, by enactment
6 of a statute or resolution in the same manner used to adopt the compact within four years
7 of the date of adoption of the rule, then such rule shall have no further force and effect in
8 any member state.

9 **C. Rules or amendments to the rules shall be adopted at a regular or special**
10 **meeting of the commission.**

11 **D. Prior to promulgation and adoption of a final rule or rules by the commission,**
12 **and at least thirty days in advance of the meeting at which the rule will be considered and**
13 **voted upon, the commission shall file a notice of proposed rulemaking:**

14 **1. On the website of the commission or other publicly accessible platform; and**

15 **2. On the website of each member state physical therapy licensing board or other**
16 **publicly accessible platform or the publication in which each state would otherwise publish**
17 **proposed rules.**

18 **E. The notice of proposed rulemaking shall include:**

19 **1. The proposed time, date, and location of the meeting in which the rule will be**
20 **considered and voted upon;**

21 **2. The text of the proposed rule or amendment and the reason for the proposed**
22 **rule;**

23 **3. A request for comments on the proposed rule from any interested person; and**

24 **4. The manner in which interested persons may submit notice to the commission**
25 **of their intention to attend the public hearing and any written comments.**

26 **F. Prior to adoption of a proposed rule, the commission shall allow persons to**
27 **submit written data, facts, opinions, and arguments, which shall be made available to the**
28 **public.**

29 **G. The commission shall grant an opportunity for a public hearing before it adopts**
30 **a rule or amendment if a hearing is requested by:**

31 **1. At least twenty-five persons;**

32 **2. A state or federal governmental subdivision or agency; or**

33 **3. An association having at least twenty-five members.**

34 **H. If a hearing is held on the proposed rule or amendment, the commission shall**
35 **publish the place, time, and date of the scheduled public hearing. If the hearing is held via**
36 **electronic means, the commission shall publish the mechanism for access to the electronic**
37 **hearing.**

38 **1. All persons wishing to be heard at the hearing shall notify the executive director**
39 **of the commission or other designated member in writing of their desire to appear and**
40 **testify at the hearing not less than five business days before the scheduled date of the**
41 **hearing.**

42 **2. Hearings shall be conducted in a manner providing each person who wishes to**
43 **comment a fair and reasonable opportunity to comment orally or in writing.**

44 **3. All hearings will be recorded. A copy of the recording will be made available on**
45 **request.**

46 **4. Nothing in this section shall be construed as requiring a separate hearing on each**
47 **rule. Rules may be grouped for the convenience of the commission at hearings required**
48 **by this section.**

49 **I. Following the scheduled hearing date, or by the close of business on the scheduled**
50 **hearing date if the hearing was not held, the commission shall consider all written and oral**
51 **comments received.**

52 **J. If no written notice of intent to attend the public hearing by interested parties**
53 **is received, the commission may proceed with promulgation of the proposed rule without**
54 **a public hearing.**

55 **K. The commission shall, by majority vote of all members, take final action on the**
56 **proposed rule and shall determine the effective date of the rule, if any, based on the**
57 **rulemaking record and the full text of the rule.**

58 **L. Upon determination that an emergency exists, the commission may consider and**
59 **adopt an emergency rule without prior notice, opportunity for comment, or hearing,**
60 **provided that the usual rulemaking procedures provided in the compact and in this section**
61 **shall be retroactively applied to the rule as soon as reasonably possible, in no event later**
62 **than ninety days after the effective date of the rule. For the purposes of this provision, an**
63 **emergency rule is one that must be adopted immediately in order to:**

- 64 **1. Meet an imminent threat to public health, safety, or welfare;**
65 **2. Prevent a loss of commission or member state funds;**
66 **3. Meet a deadline for the promulgation of an administrative rule that is established**
67 **by federal law or rule; or**
68 **4. Protect public health and safety.**

69 **M. The commission or an authorized committee of the commission may direct**
70 **revisions to a previously adopted rule or amendment for purposes of correcting**
71 **typographical errors, errors in format, errors in consistency, or grammatical errors.**
72 **Public notice of any revisions shall be posted on the website of the commission. The**
73 **revision shall be subject to challenge by any person for a period of thirty days after**
74 **posting. The revision may be challenged only on grounds that the revision results in a**
75 **material change to a rule. A challenge shall be made in writing, and delivered to the chair**
76 **of the commission prior to the end of the notice period. If no challenge is made, the**
77 **revision will take effect without further action. If the revision is challenged, the revision**
78 **may not take effect without the approval of the commission.**

334.1227. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

2 **A. Oversight**

3 1. The executive, legislative, and judicial branches of state government in each
4 member state shall enforce this compact and take all actions necessary and appropriate to
5 effectuate the compact's purposes and intent. The provisions of this compact and the rules
6 promulgated hereunder shall have standing as statutory law.

7 2. All courts shall take judicial notice of the compact and the rules in any judicial
8 or administrative proceeding in a member state pertaining to the subject matter of this
9 compact which may affect the powers, responsibilities or actions of the commission.

10 3. The commission shall be entitled to receive service of process in any such
11 proceeding, and shall have standing to intervene in such a proceeding for all purposes.
12 Failure to provide service of process to the commission shall render a judgment or order
13 void as to the commission, this compact, or promulgated rules.

14 **B. Default, Technical Assistance, and Termination**

15 1. If the commission determines that a member state has defaulted in the
16 performance of its obligations or responsibilities under this compact or the promulgated
17 rules, the commission shall:

18 a. Provide written notice to the defaulting state and other member states of the
19 nature of the default, the proposed means of curing the default and/or any other action to
20 be taken by the commission; and

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

22 2. If a state in default fails to cure the default, the defaulting state may be
23 terminated from the compact upon an affirmative vote of a majority of the member states,
24 and all rights, privileges and benefits conferred by this compact may be terminated on the
25 effective date of termination. A cure of the default does not relieve the offending state of
26 obligations or liabilities incurred during the period of default.

27 3. Termination of membership in the compact shall be imposed only after all other
28 means of securing compliance have been exhausted. Notice of intent to suspend or
29 terminate shall be given by the commission to the governor, the majority and minority
30 leaders of the defaulting state's legislature, and each of the member states.

31 4. A state that has been terminated is responsible for all assessments, obligations,
32 and liabilities incurred through the effective date of termination, including obligations that
33 extend beyond the effective date of termination.

34 5. The commission shall not bear any costs related to a state that is found to be in
35 default or that has been terminated from the compact, unless agreed upon in writing
36 between the commission and the defaulting state.

37 **6. The defaulting state may appeal the action of the commission by petitioning the**
38 **United States District Court for the District of Columbia or the federal district where the**
39 **commission has its principal offices. The prevailing member shall be awarded all costs of**
40 **such litigation, including reasonable attorney's fees.**

41 **C. Dispute Resolution**

42 **1. Upon request by a member state, the commission shall attempt to resolve**
43 **disputes related to the compact that arise among member states and between member and**
44 **nonmember states.**

45 **2. The commission shall promulgate a rule providing for both mediation and**
46 **binding dispute resolution for disputes as appropriate.**

47 **D. Enforcement**

48 **1. The commission, in the reasonable exercise of its discretion, shall enforce the**
49 **provisions and rules of this compact.**

50 **2. By majority vote, the commission may initiate legal action in the United States**
51 **District Court for the District of Columbia or the federal district where the commission has**
52 **its principal offices against a member state in default to enforce compliance with the**
53 **provisions of the compact and its promulgated rules and bylaws. The relief sought may**
54 **include both injunctive relief and damages. In the event judicial enforcement is necessary,**
55 **the prevailing member shall be awarded all costs of such litigation, including reasonable**
56 **attorney's fees.**

57 **3. The remedies herein shall not be the exclusive remedies of the commission. The**
58 **commission may pursue any other remedies available under federal or state law.**

334.1230. DATE OF IMPLEMENTATION OF THE INTERSTATE
2 **COMMISSION FOR PHYSICAL THERAPY PRACTICE AND ASSOCIATED RULES,**
3 **WITHDRAWAL, AND AMENDMENT**

4 **A. The compact shall come into effect on the date on which the compact statute is**
5 **enacted into law in the tenth member state. The provisions, which become effective at that**
6 **time, shall be limited to the powers granted to the commission relating to assembly and the**
7 **promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking**
8 **powers necessary to the implementation and administration of the compact.**

9 **B. Any state that joins the compact subsequent to the commission's initial adoption**
10 **of the rules shall be subject to the rules as they exist on the date on which the compact**
11 **becomes law in that state. Any rule that has been previously adopted by the commission**
12 **shall have the full force and effect of law on the day the compact becomes law in that state.**

13 **C. Any member state may withdraw from this compact by enacting a statute**
14 **repealing the same.**

15 **1. A member state's withdrawal shall not take effect until six months after**
16 **enactment of the repealing statute.**

17 **2. Withdrawal shall not affect the continuing requirement of the withdrawing**
18 **state's physical therapy licensing board to comply with the investigative and adverse action**
19 **reporting requirements of this act prior to the effective date of withdrawal.**

20 **D. Nothing contained in this compact shall be construed to invalidate or prevent**
21 **any physical therapy licensure agreement or other cooperative arrangement between a**
22 **member state and a nonmember state that does not conflict with the provisions of this**
23 **compact.**

24 **E. This compact may be amended by the member states. No amendment to this**
25 **compact shall become effective and binding upon any member state until it is enacted into**
26 **the laws of all member states.**

334.1233. CONSTRUCTION AND SEVERABILITY

2 **This compact shall be liberally construed so as to effectuate the purposes thereof.**
3 **The provisions of this compact shall be severable and if any phrase, clause, sentence or**
4 **provision of this compact is declared to be contrary to the constitution of any party state**
5 **or of the United States or the applicability thereof to any government, agency, person or**
6 **circumstance is held invalid, the validity of the remainder of this compact and the**
7 **applicability thereof to any government, agency, person or circumstance shall not be**
8 **affected thereby. If this compact shall be held contrary to the constitution of any party**
9 **state, the compact shall remain in full force and effect as to the remaining party states and**
10 **in full force and effect as to the party state affected as to all severable matters.**

335.203. 1. There is hereby established the "Nursing Education Incentive Program"
2 within the [department of higher education] **state board of nursing.**

3 2. Subject to appropriation **and board disbursement**, grants shall be awarded through
4 the nursing education incentive program to eligible institutions of higher education based on
5 criteria jointly determined by the board and the department. Grant award amounts shall not
6 exceed one hundred fifty thousand dollars. No campus shall receive more than one grant per
7 year.

8 3. To be considered for a grant, an eligible institution of higher education shall offer a
9 program of nursing that meets the predetermined category and area of need as established by the
10 board and the department under subsection 4 of this section.

11 4. The board and the department shall determine categories and areas of need for
12 designating grants to eligible institutions of higher education. In establishing categories and
13 areas of need, the board and department may consider criteria including, but not limited to:

14 (1) Data generated from licensure renewal data and the department of health and senior
15 services; and

16 (2) National nursing statistical data and trends that have identified nursing shortages.

17 5. The [department] **board** shall be the administrative agency responsible for
18 implementation of the program established under sections 335.200 to 335.203, and shall
19 promulgate reasonable rules for the exercise of its functions and the effectuation of the purposes
20 of sections 335.200 to 335.203. The [department] **board** shall, by rule, prescribe the form, time,
21 and method of filing applications and shall supervise the processing of such applications.

22 6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
23 under the authority delegated in this section shall become effective only if it complies with and
24 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section
25 and chapter 536 are nonseverable and if any of the powers vested with the general assembly
26 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule
27 are subsequently held unconstitutional, then the grant of rulemaking authority and any rule
28 proposed or adopted after August 28, 2011, shall be invalid and void.

335.360. 1. The party states find that:

2 (1) **The health and safety of the public are affected by the degree of compliance**
3 **with and the effectiveness of enforcement activities related to state nurse licensure laws;**

4 (2) **Violations of nurse licensure and other laws regulating the practice of nursing**
5 **may result in injury or harm to the public;**

6 (3) **The expanded mobility of nurses and the use of advanced communication**
7 **technologies as part of our nation's health care delivery system require greater**
8 **coordination and cooperation among states in the areas of nurse licensure and regulation;**

9 (4) **New practice modalities and technology make compliance with individual state**
10 **nurse licensure laws difficult and complex;**

11 (5) **The current system of duplicative licensure for nurses practicing in multiple**
12 **states is cumbersome and redundant to both nurses and states; and**

13 (6) **Uniformity of nurse licensure requirements throughout the states promotes**
14 **public safety and public health benefits.**

15 2. **The general purposes of this compact are to:**

16 (1) **Facilitate the states' responsibility to protect the public's health and safety;**

17 (2) **Ensure and encourage the cooperation of party states in the areas of nurse**
18 **licensure and regulation;**

19 (3) **Facilitate the exchange of information between party states in the areas of nurse**
20 **regulation, investigation, and adverse actions;**

21 (4) Promote compliance with the laws governing the practice of nursing in each
22 jurisdiction;

23 (5) Invest all party states with the authority to hold a nurse accountable for meeting
24 all state practice laws in the state in which the patient is located at the time care is rendered
25 through the mutual recognition of party state licenses;

26 (6) Decrease redundancies in the consideration and issuance of nurse licenses; and

27 (7) Provide opportunities for interstate practice by nurses who meet uniform
28 licensure requirements.

335.365. As used in this compact, the following terms shall mean:

2 (1) "Adverse action", any administrative, civil, equitable, or criminal action
3 permitted by a state's laws which is imposed by a licensing board or other authority
4 against a nurse, including actions against an individual's license or multistate licensure
5 privilege such as revocation, suspension, probation, monitoring of the licensee, limitation
6 on the licensee's practice, or any other encumbrance on licensure affecting a nurse's
7 authorization to practice, including issuance of a cease and desist action;

8 (2) "Alternative program", a nondisciplinary monitoring program approved by a
9 licensing board;

10 (3) "Coordinated licensure information system", an integrated process for
11 collecting, storing, and sharing information on nurse licensure and enforcement activities
12 related to nurse licensure laws that is administered by a nonprofit organization composed
13 of and controlled by licensing boards;

14 (4) "Current significant investigative information":

15 (a) Investigative information that a licensing board, after a preliminary inquiry
16 that includes notification and an opportunity for the nurse to respond, if required by state
17 law, has reason to believe is not groundless and, if proved true, would indicate more than
18 a minor infraction; or

19 (b) Investigative information that indicates that the nurse represents an immediate
20 threat to public health and safety, regardless of whether the nurse has been notified and
21 had an opportunity to respond;

22 (5) "Encumbrance", a revocation or suspension of, or any limitation on, the full
23 and unrestricted practice of nursing imposed by a licensing board;

24 (6) "Home state", the party state which is the nurse's primary state of residence;

25 (7) "Licensing board", a party state's regulatory body responsible for issuing nurse
26 licenses;

27 (8) "Multistate license", a license to practice as a registered nurse, "RN", or a
28 licensed practical or vocational nurse, "LPN" or "VN", issued by a home state licensing

29 board that authorizes the licensed nurse to practice in all party states under a multistate
30 licensure privilege;

31 (9) "Multistate licensure privilege", a legal authorization associated with a
32 multistate license permitting the practice of nursing as either an RN, LPN, or VN in a
33 remote state;

34 (10) "Nurse", an RN, LPN, or VN, as those terms are defined by each party state's
35 practice laws;

36 (11) "Party state", any state that has adopted this compact;

37 (12) "Remote state", a party state, other than the home state;

38 (13) "Single-state license", a nurse license issued by a party state that authorizes
39 practice only within the issuing state and does not include a multistate licensure privilege
40 to practice in any other party state;

41 (14) "State", a state, territory, or possession of the United States and the District
42 of Columbia;

43 (15) "State practice laws", a party state's laws, rules, and regulations that govern
44 the practice of nursing, define the scope of nursing practice, and create the methods and
45 grounds for imposing discipline. State practice laws do not include requirements necessary
46 to obtain and retain a license, except for qualifications or requirements of the home state.

335.370. 1. A multistate license to practice registered or licensed practical or
2 vocational nursing issued by a home state to a resident in that state shall be recognized by
3 each party state as authorizing a nurse to practice as a registered nurse, "RN", or as a
4 licensed practical or vocational nurse, "LPN" or "VN", under a multistate licensure
5 privilege, in each party state.

6 2. A state must implement procedures for considering the criminal history records
7 of applicants for initial multistate license or licensure by endorsement. Such procedures
8 shall include the submission of fingerprints or other biometric-based information by
9 applicants for the purpose of obtaining an applicant's criminal history record information
10 from the Federal Bureau of Investigation and the agency responsible for retaining that
11 state's criminal records.

12 3. Each party state shall require the following for an applicant to obtain or retain
13 a multistate license in the home state:

14 (1) Meets the home state's qualifications for licensure or renewal of licensure as
15 well as all other applicable state laws;

16 (2) (a) Has graduated or is eligible to graduate from a licensing board-approved
17 RN or LPN or VN prelicensure education program; or

(b) Has graduated from a foreign RN or LPN or VN prelicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program;

(3) Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening;

(4) Has successfully passed an NCLEX-RN or NCLEX-PN examination or recognized predecessor, as applicable;

(5) Is eligible for or holds an active, unencumbered license;

(6) Has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records;

(7) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law;

(8) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;

(9) Is not currently enrolled in an alternative program;

(10) Is subject to self-disclosure requirements regarding current participation in an alternative program; and

(11) Has a valid United States Social Security number.

4. All party states shall be authorized, in accordance with existing state due process law, to take adverse action against a nurse's multistate licensure privilege such as revocation, suspension, probation, or any other action that affects a nurse's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

5. A nurse practicing in a party state shall comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of the party state in which the client is located. The practice of nursing in a party state under a multistate licensure privilege shall subject a nurse to the

54 jurisdiction of the licensing board, the courts, and the laws of the party state in which the
55 client is located at the time service is provided.

56 6. Individuals not residing in a party state shall continue to be able to apply for a
57 party state's single-state license as provided under the laws of each party state. However,
58 the single-state license granted to these individuals shall not be recognized as granting the
59 privilege to practice nursing in any other party state. Nothing in this compact shall affect
60 the requirements established by a party state for the issuance of a single-state license.

61 7. Any nurse holding a home state multistate license on the effective date of this
62 compact may retain and renew the multistate license issued by the nurse's then current
63 home state, provided that:

64 (1) A nurse who changes primary state of residence after this compact's effective
65 date shall meet all applicable requirements as provided in subsection 3 of this section to
66 obtain a multistate license from a new home state;

67 (2) A nurse who fails to satisfy the multistate licensure requirements in subsection
68 3 of this section due to a disqualifying event occurring after this compact's effective date
69 shall be ineligible to retain or renew a multistate license, and the nurse's multistate license
70 shall be revoked or deactivated in accordance with applicable rules adopted by the
71 Interstate Commission of Nurse Licensure Compact Administrators, commission.

335.375. 1. Upon application for a multistate license, the licensing board in the
2 issuing party state shall ascertain, through the coordinated licensure information system,
3 whether the applicant has ever held, or is the holder of, a license issued by any other state,
4 whether there are any encumbrances on any license or multistate licensure privilege held
5 by the applicant, whether any adverse action has been taken against any license or
6 multistate licensure privilege held by the applicant, and whether the applicant is currently
7 participating in an alternative program.

8 2. A nurse shall hold a multistate license, issued by the home state, in only one party
9 state at a time.

10 3. If a nurse changes primary state of residence by moving between two party
11 states, the nurse shall apply for licensure in the new home state, and the multistate license
12 issued by the prior home state shall be deactivated in accordance with applicable rules
13 adopted by the commission.

14 (1) The nurse may apply for licensure in advance of a change in primary state of
15 residence.

16 (2) A multistate license shall not be issued by the new home state until the nurse
17 provides satisfactory evidence of a change in primary state of residence to the new home

18 state and satisfies all applicable requirements to obtain a multistate license from the new
19 home state.

20 4. If a nurse changes primary state of residence by moving from a party state to a
21 non-party state, the multistate license issued by the prior home state shall convert to a
22 single-state license, valid only in the former home state.

335.380. 1. In addition to the other powers conferred by state law, a licensing
2 board shall have the authority to:

3 (1) Take adverse action against a nurse's multistate licensure privilege to practice
4 within that party state;

5 (a) Only the home state shall have the power to take adverse action against a
6 nurse's license issued by the home state;

7 (b) For purposes of taking adverse action, the home state licensing board shall give
8 the same priority and effect to reported conduct received from a remote state as it would
9 if such conduct had occurred within the home state. In so doing, the home state shall apply
10 its own state laws to determine appropriate action;

11 (2) Issue cease and desist orders or impose an encumbrance on a nurse's authority
12 to practice within that party state;

13 (3) Complete any pending investigations of a nurse who changes primary state of
14 residence during the course of such investigations. The licensing board shall also have the
15 authority to take appropriate action and shall promptly report the conclusions of such
16 investigations to the administrator of the coordinated licensure information system. The
17 administrator of the coordinated licensure information system shall promptly notify the
18 new home state of any such actions;

19 (4) Issue subpoenas for both hearings and investigations that require the
20 attendance and testimony of witnesses as well as the production of evidence. Subpoenas
21 issued by a licensing board in a party state for the attendance and testimony of witnesses
22 or the production of evidence from another party state shall be enforced in the latter state
23 by any court of competent jurisdiction according to the practice and procedure of that
24 court applicable to subpoenas issued in proceedings pending before it. The issuing
25 authority shall pay any witness fees, travel expenses, mileage, and other fees required by
26 the service statutes of the state in which the witnesses or evidence are located;

27 (5) Obtain and submit, for each nurse licensure applicant, fingerprint or other
28 biometric based information to the Federal Bureau of Investigation for criminal
29 background checks, receive the results of the Federal Bureau of Investigation record
30 search on criminal background checks, and use the results in making licensure decisions;

31 **(6) If otherwise permitted by state law, recover from the affected nurse the costs**
32 **of investigations and disposition of cases resulting from any adverse action taken against**
33 **that nurse; and**

34 **(7) Take adverse action based on the factual findings of the remote state; provided**
35 **that, the licensing board follows its own procedures for taking such adverse action.**

36 **2. If adverse action is taken by the home state against a nurse's multistate license,**
37 **the nurse's multistate licensure privilege to practice in all other party states shall be**
38 **deactivated until all encumbrances have been removed from the multistate license. All**
39 **home state disciplinary orders that impose adverse action against a nurse's multistate**
40 **license shall include a statement that the nurse's multistate licensure privilege is**
41 **deactivated in all party states during the pendency of the order.**

42 **3. Nothing in this compact shall override a party state's decision that participation**
43 **in an alternative program may be used in lieu of adverse action. The home state licensing**
44 **board shall deactivate the multistate licensure privilege under the multistate license of any**
45 **nurse for the duration of the nurse's participation in an alternative program.**

335.385. 1. All party states shall participate in a coordinated licensure information
2 **system of all licensed registered nurses, "RNs", and licensed practical or vocational nurses,**
3 **"LPNs" or "VNs". This system shall include information on the licensure and disciplinary**
4 **history of each nurse, as submitted by party states, to assist in the coordination of nurse**
5 **licensure and enforcement efforts.**

6 **2. The commission, in consultation with the administrator of the coordinated**
7 **licensure information system, shall formulate necessary and proper procedures for the**
8 **identification, collection, and exchange of information under this compact.**

9 **3. All licensing boards shall promptly report to the coordinated licensure**
10 **information system any adverse action, any current significant investigative information,**
11 **denials of applications with the reasons for such denials, and nurse participation in**
12 **alternative programs known to the licensing board regardless of whether such**
13 **participation is deemed nonpublic or confidential under state law.**

14 **4. Current significant investigative information and participation in nonpublic or**
15 **confidential alternative programs shall be transmitted through the coordinated licensure**
16 **information system only to party state licensing boards.**

17 **5. Notwithstanding any other provision of law, all party state licensing boards**
18 **contributing information to the coordinated licensure information system may designate**
19 **information that shall not be shared with non-party states or disclosed to other entities or**
20 **individuals without the express permission of the contributing state.**

21 **6. Any personally identifiable information obtained from the coordinated licensure**
22 **information system by a party state licensing board shall not be shared with non-party**
23 **states or disclosed to other entities or individuals except to the extent permitted by the laws**
24 **of the party state contributing the information.**

25 **7. Any information contributed to the coordinated licensure information system**
26 **that is subsequently required to be expunged by the laws of the party state contributing**
27 **that information shall also be expunged from the coordinated licensure information**
28 **system.**

29 **8. The compact administrator of each party state shall furnish a uniform data set**
30 **to the compact administrator of each other party state, which shall include, at a minimum:**

31 **(1) Identifying information;**

32 **(2) Licensure data;**

33 **(3) Information related to alternative program participation; and**

34 **(4) Other information that may facilitate the administration of this compact, as**
35 **determined by commission rules.**

36 **9. The compact administrator of a party state shall provide all investigative**
37 **documents and information requested by another party state.**

335.390. 1. The party states hereby create and establish a joint public entity known
2 **as the "Interstate Commission of Nurse Licensure Compact Administrators".**

3 **(1) The commission is an instrumentality of the party states.**

4 **(2) Venue is proper, and judicial proceedings by or against the commission shall**
5 **be brought solely and exclusively in a court of competent jurisdiction where the principal**
6 **office of the commission is located. The commission may waive venue and jurisdictional**
7 **defenses to the extent it adopts or consents to participate in alternative dispute resolution**
8 **proceedings.**

9 **(3) Nothing in this compact shall be construed to be a waiver of sovereign**
10 **immunity.**

11 **2. (1) Each party state shall have and be limited to one administrator. The head**
12 **of the state licensing board or designee shall be the administrator of this compact for each**
13 **party state. Any administrator may be removed or suspended from office as provided by**
14 **the law of the state from which the administrator is appointed. Any vacancy occurring in**
15 **the commission shall be filled in accordance with the laws of the party state in which the**
16 **vacancy exists.**

17 **(2) Each administrator shall be entitled to one vote with regard to the promulgation**
18 **of rules and creation of bylaws and shall otherwise have an opportunity to participate in**
19 **the business and affairs of the commission. An administrator shall vote in person or by**

20 such other means as provided in the bylaws. The bylaws may provide for an
21 administrator's participation in meetings by telephone or other means of communication.

22 (3) The commission shall meet at least once during each calendar year. Additional
23 meetings shall be held as set forth in the bylaws or rules of the commission.

24 (4) All meetings shall be open to the public, and public notice of meetings shall be
25 given in the same manner as required under the rulemaking provisions in section 335.395.

26 (5) The commission may convene in a closed, nonpublic meeting if the commission
27 must discuss:

28 (a) Noncompliance of a party state with its obligations under this compact;

29 (b) The employment, compensation, discipline, or other personnel matters,
30 practices, or procedures related to specific employees, or other matters related to the
31 commission's internal personnel practices and procedures;

32 (c) Current, threatened, or reasonably anticipated litigation;

33 (d) Negotiation of contracts for the purchase or sale of goods, services, or real
34 estate;

35 (e) Accusing any person of a crime or formally censuring any person;

36 (f) Disclosure of trade secrets or commercial or financial information that is
37 privileged or confidential;

38 (g) Disclosure of information of a personal nature where disclosure would
39 constitute a clearly unwarranted invasion of personal privacy;

40 (h) Disclosure of investigatory records compiled for law enforcement purposes;

41 (i) Disclosure of information related to any reports prepared by or on behalf of the
42 commission for the purpose of investigation of compliance with this compact; or

43 (j) Matters specifically exempted from disclosure by federal or state statute.

44 (6) If a meeting, or portion of a meeting, is closed pursuant to subdivision (5) of this
45 subsection, the commission's legal counsel or designee shall certify that the meeting shall
46 be closed and shall reference each relevant exempting provision. The commission shall
47 keep minutes that fully and clearly describe all matters discussed in a meeting and shall
48 provide a full and accurate summary of actions taken, and the reasons therefor, including
49 a description of the views expressed. All documents considered in connection with an
50 action shall be identified in such minutes. All minutes and documents of a closed meeting
51 shall remain under seal, subject to release by a majority vote of the commission or order
52 of a court of competent jurisdiction.

53 3. The commission shall, by a majority vote of the administrators, prescribe bylaws
54 or rules to govern its conduct as may be necessary or appropriate to carry out the purposes
55 and exercise the powers of this compact including, but not limited to:

- 56 **(1) Establishing the fiscal year of the commission;**
57 **(2) Providing reasonable standards and procedures:**
58 **(a) For the establishment and meetings of other committees; and**
59 **(b) Governing any general or specific delegation of any authority or function of the**
60 **commission;**
61 **(3) Providing reasonable procedures for calling and conducting meetings of the**
62 **commission, ensuring reasonable advance notice of all meetings and providing an**
63 **opportunity for attendance of such meetings by interested parties, with enumerated**
64 **exceptions designed to protect the public's interest, the privacy of individuals, and**
65 **proprietary information, including trade secrets. The commission may meet in closed**
66 **session only after a majority of the administrators vote to close a meeting in whole or in**
67 **part. As soon as practicable, the commission must make public a copy of the vote to close**
68 **the meeting revealing the vote of each administrator, with no proxy votes allowed;**
69 **(4) Establishing the titles, duties, and authority and reasonable procedures for the**
70 **election of the officers of the commission;**
71 **(5) Providing reasonable standards and procedures for the establishment of the**
72 **personnel policies and programs of the commission. Notwithstanding any civil service or**
73 **other similar laws of any party state, the bylaws shall exclusively govern the personnel**
74 **policies and programs of the commission; and**
75 **(6) Providing a mechanism for winding up the operations of the commission and**
76 **the equitable disposition of any surplus funds that may exist after the termination of this**
77 **compact after the payment or reserving of all of its debts and obligations.**
78 **4. The commission shall publish its bylaws and rules, and any amendments thereto,**
79 **in a convenient form on the website of the commission.**
80 **5. The commission shall maintain its financial records in accordance with the**
81 **bylaws.**
82 **6. The commission shall meet and take such actions as are consistent with the**
83 **provisions of this compact and the bylaws.**
84 **7. The commission shall have the following powers:**
85 **(1) To promulgate uniform rules to facilitate and coordinate implementation and**
86 **administration of this compact. The rules shall have the force and effect of law and shall**
87 **be binding in all party states;**
88 **(2) To bring and prosecute legal proceedings or actions in the name of the**
89 **commission; provided that, the standing of any licensing board to sue or be sued under**
90 **applicable law shall not be affected;**
91 **(3) To purchase and maintain insurance and bonds;**

92 (4) To borrow, accept, or contract for services of personnel including, but not
93 limited to, employees of a party state or nonprofit organizations;

94 (5) To cooperate with other organizations that administer state compacts related
95 to the regulation of nursing including, but not limited to, sharing administrative or staff
96 expenses, office space, or other resources;

97 (6) To hire employees, elect or appoint officers, fix compensation, define duties,
98 grant such individuals appropriate authority to carry out the purposes of this compact, and
99 to establish the commission's personnel policies and programs relating to conflicts of
100 interest, qualifications of personnel, and other related personnel matters;

101 (7) To accept any and all appropriate donations, grants and gifts of money,
102 equipment, supplies, materials, and services, and to receive, utilize, and dispose of the
103 same; provided that, at all times the commission shall avoid any appearance of impropriety
104 or conflict of interest;

105 (8) To lease, purchase, accept appropriate gifts or donations of, or otherwise to
106 own, hold, improve, or use, any property, whether real, personal, or mixed; provided that,
107 at all times the commission shall avoid any appearance of impropriety;

108 (9) To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise
109 dispose of any property, whether real, personal, or mixed;

110 (10) To establish a budget and make expenditures;

111 (11) To borrow money;

112 (12) To appoint committees, including advisory committees comprised of
113 administrators, state nursing regulators, state legislators or their representatives, consumer
114 representatives, and other such interested persons;

115 (13) To provide and receive information from, and to cooperate with, law
116 enforcement agencies;

117 (14) To adopt and use an official seal; and

118 (15) To perform such other functions as may be necessary or appropriate to achieve
119 the purposes of this compact consistent with the state regulation of nurse licensure and
120 practice.

121 8. (1) The commission shall pay, or provide for the payment of, the reasonable
122 expenses of its establishment, organization, and ongoing activities.

123 (2) The commission may also levy on and collect an annual assessment from each
124 party state to cover the cost of its operations, activities, and staff in its annual budget as
125 approved each year. The aggregate annual assessment amount, if any, shall be allocated
126 based upon a formula to be determined by the commission, which shall promulgate a rule
127 that is binding upon all party states.

128 (3) The commission shall not incur obligations of any kind prior to securing the
129 funds adequate to meet the same; nor shall the commission pledge the credit of any of the
130 party states, except by and with the authority of such party state.

131 (4) The commission shall keep accurate accounts of all receipts and disbursements.
132 The receipts and disbursements of the commission shall be subject to the audit and
133 accounting procedures established under its bylaws. However, all receipts and
134 disbursements of funds handled by the commission shall be audited yearly by a certified
135 or licensed public accountant, and the report of the audit shall be included in and become
136 part of the annual report of the commission.

137 9. (1) The administrators, officers, executive director, employees, and
138 representatives of the commission shall be immune from suit and liability, either personally
139 or in their official capacity, for any claim for damage to or loss of property, personal
140 injury, or other civil liability caused by or arising out of any actual or alleged act, error,
141 or omission that occurred, or that the person against whom the claim is made had a
142 reasonable basis for believing occurred, within the scope of commission employment,
143 duties, or responsibilities; provided that, nothing in this paragraph shall be construed to
144 protect any such person from suit or liability for any damage, loss, injury, or liability
145 caused by the intentional, willful, or wanton misconduct of that person.

146 (2) The commission shall defend any administrator, officer, executive director,
147 employee, or representative of the commission in any civil action seeking to impose liability
148 arising out of any actual or alleged act, error, or omission that occurred within the scope
149 of commission employment, duties, or responsibilities, or that the person against whom the
150 claim is made had a reasonable basis for believing occurred within the scope of commission
151 employment, duties, or responsibilities; provided that, nothing herein shall be construed
152 to prohibit that person from retaining his or her own counsel; and provided further that
153 the actual or alleged act, error, or omission did not result from that person's intentional,
154 willful, or wanton misconduct.

155 (3) The commission shall indemnify and hold harmless any administrator, officer,
156 executive director, employee, or representative of the commission for the amount of any
157 settlement or judgment obtained against that person arising out of any actual or alleged
158 act, error, or omission that occurred within the scope of commission employment, duties,
159 or responsibilities, or that such person had a reasonable basis for believing occurred within
160 the scope of commission employment, duties, or responsibilities; provided that, the actual
161 or alleged act, error, or omission did not result from the intentional, willful, or wanton
162 misconduct of that person.

335.395. 1. The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the same force and effect as provisions of this compact.

2. Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

3. Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty days in advance of the meeting at which the rule shall be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) On the website of the commission; and

(2) On the website of each licensing board or the publication in which each state would otherwise publish proposed rules.

4. The notice of proposed rulemaking shall include:

(1) The proposed time, date, and location of the meeting in which the rule shall be considered and voted upon;

(2) The text of the proposed rule or amendment, and the reason for the proposed rule;

(3) A request for comments on the proposed rule from any interested person;

(4) The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

5. Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

6. The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment.

7. The commission shall publish the place, time, and date of the scheduled public hearing.

(1) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing. All hearings shall be recorded, and a copy shall be made available upon request.

(2) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this section.

8. If no one appears at the public hearing, the commission may proceed with promulgation of the proposed rule.

36 **9. Following the scheduled hearing date, or by the close of business on the**
37 **scheduled hearing date if the hearing was not held, the commission shall consider all**
38 **written and oral comments received.**

39 **10. The commission shall, by majority vote of all administrators, take final action**
40 **on the proposed rule and shall determine the effective date of the rule, if any, based on the**
41 **rulemaking record and the full text of the rule.**

42 **11. Upon determination that an emergency exists, the commission may consider and**
43 **adopt an emergency rule without prior notice, opportunity for comment, or hearing;**
44 **provided that, the usual rulemaking procedures provided in this compact and in this**
45 **section shall be retroactively applied to the rule as soon as reasonably possible, in no event**
46 **later than ninety days after the effective date of the rule. For the purposes of this**
47 **provision, an emergency rule is one that shall be adopted immediately in order to:**

48 **(1) Meet an imminent threat to public health, safety, or welfare;**

49 **(2) Prevent a loss of commission or party state funds; or**

50 **(3) Meet a deadline for the promulgation of an administrative rule that is required**
51 **by federal law or rule.**

52 **12. The commission may direct revisions to a previously adopted rule or**
53 **amendment for purposes of correcting typographical errors, errors in format, errors in**
54 **consistency, or grammatical errors. Public notice of any revisions shall be posted on the**
55 **website of the commission. The revision shall be subject to challenge by any person for a**
56 **period of thirty days after posting. The revision shall be challenged only on grounds that**
57 **the revision results in a material change to a rule. A challenge shall be made in writing and**
58 **delivered to the commission prior to the end of the notice period. If no challenge is made,**
59 **the revision shall take effect without further action. If the revision is challenged, the**
60 **revision shall not take effect without the approval of the commission.**

335.400. 1. (1) Each party state shall enforce this compact and take all actions
2 **necessary and appropriate to effectuate this compact's purposes and intent.**

3 **(2) The commission shall be entitled to receive service of process in any proceeding**
4 **that may affect the powers, responsibilities, or actions of the commission, and shall have**
5 **standing to intervene in such a proceeding for all purposes. Failure to provide service of**
6 **process in such proceeding to the commission shall render a judgment or order void as to**
7 **the commission, this compact, or promulgated rules.**

8 **2. (1) If the commission determines that a party state has defaulted in the**
9 **performance of its obligations or responsibilities under this compact or the promulgated**
10 **rules, the commission shall:**

11 (a) Provide written notice to the defaulting state and other party states of the
12 nature of the default, the proposed means of curing the default, or any other action to be
13 taken by the commission; and

14 (b) Provide remedial training and specific technical assistance regarding the
15 default.

16 (2) If a state in default fails to cure the default, the defaulting state's membership
17 in this compact shall be terminated upon an affirmative vote of a majority of the
18 administrators, and all rights, privileges, and benefits conferred by this compact shall be
19 terminated on the effective date of termination. A cure of the default does not relieve the
20 offending state of obligations or liabilities incurred during the period of default.

21 (3) Termination of membership in this compact shall be imposed only after all other
22 means of securing compliance have been exhausted. Notice of intent to suspend or
23 terminate shall be given by the commission to the governor of the defaulting state, to the
24 executive officer of the defaulting state's licensing board, and each of the party states.

25 (4) A state whose membership in this compact has been terminated is responsible
26 for all assessments, obligations, and liabilities incurred through the effective date of
27 termination, including obligations that extend beyond the effective date of termination.

28 (5) The commission shall not bear any costs related to a state that is found to be in
29 default or whose membership in this compact has been terminated unless agreed upon in
30 writing between the commission and the defaulting state.

31 (6) The defaulting state may appeal the action of the commission by petitioning the
32 United States District Court for the District of Columbia or the federal district in which
33 the commission has its principal offices. The prevailing party shall be awarded all costs
34 of such litigation, including reasonable attorneys' fees.

35 3. (1) Upon request by a party state, the commission shall attempt to resolve
36 disputes related to the compact that arise among party states and between party and non-
37 party states.

38 (2) The commission shall promulgate a rule providing for both mediation and
39 binding dispute resolution for disputes, as appropriate.

40 (3) In the event the commission cannot resolve disputes among party states arising
41 under this compact:

42 (a) The party states shall submit the issues in dispute to an arbitration panel, which
43 shall be comprised of individuals appointed by the compact administrator in each of the
44 affected party states and an individual mutually agreed upon by the compact
45 administrators of all the party states involved in the dispute;

46 (b) The decision of a majority of the arbitrators shall be final and binding.

47 **4. (1) The commission, in the reasonable exercise of its discretion, shall enforce the**
48 **provisions and rules of this compact.**

49 **(2) By majority vote, the commission may initiate legal action in the United States**
50 **District Court for the District of Columbia or the federal district in which the commission**
51 **has its principal offices against a party state that is in default to enforce compliance with**
52 **the provisions of this compact and its promulgated rules and bylaws. The relief sought**
53 **may include both injunctive relief and damages. In the event judicial enforcement is**
54 **necessary, the prevailing party shall be awarded all costs of such litigation, including**
55 **reasonable attorneys' fees.**

56 **(3) The remedies herein shall not be the exclusive remedies of the commission. The**
57 **commission may pursue any other remedies available under federal or state law.**

335.405. 1. This compact shall become effective and binding on the earlier of the
2 **date of legislative enactment of this compact into law by no less than twenty-six states or**
3 **December 31, 2018. All party states to this compact that also were parties to the prior**
4 **Nurse Licensure Compact superseded by this compact "prior compact" shall be deemed**
5 **to have withdrawn from said prior compact within six months after the effective date of**
6 **this compact.**

7 **2. Each party state to this compact shall continue to recognize a nurse's multistate**
8 **licensure privilege to practice in that party state issued under the prior compact until such**
9 **party state has withdrawn from the prior compact.**

10 **3. Any party state may withdraw from this compact by enacting a statute repealing**
11 **the same. A party state's withdrawal shall not take effect until six months after enactment**
12 **of the repealing statute.**

13 **4. A party state's withdrawal or termination shall not affect the continuing**
14 **requirement of the withdrawing or terminated state's licensing board to report adverse**
15 **actions and significant investigations occurring prior to the effective date of such**
16 **withdrawal or termination.**

17 **5. Nothing contained in this compact shall be construed to invalidate or prevent any**
18 **nurse licensure agreement or other cooperative arrangement between a party state and a**
19 **non-party state that is made in accordance with the other provisions of this compact.**

20 **6. This compact may be amended by the party states. No amendment to this**
21 **compact shall become effective and binding upon the party states unless and until it is**
22 **enacted into the laws of all party states.**

23 **7. Representatives of non-party states to this compact shall be invited to participate**
24 **in the activities of the commission on a nonvoting basis prior to the adoption of this**
25 **compact by all states.**

2 **335.410. This compact shall be liberally construed so as to effectuate the purposes**
3 **thereof. The provisions of this compact shall be severable and if any phrase, clause,**
4 **sentence, or provision of this compact is declared to be contrary to the constitution of any**
5 **party state or of the United States or the applicability thereof to any government, agency,**
6 **person, or circumstance is held invalid, the validity of the remainder of this compact and**
7 **the applicability thereof to any government, agency, person, or circumstance shall not be**
8 **affected thereby. If this compact shall be held contrary to the constitution of any party**
9 **state, this compact shall remain in full force and effect as to the remaining party states and**
 in full force and effect as to the party state affected as to all severable matters.

2 **335.415. 1. The term "head of the nurse licensing board" as referred to in section**
3 **335.390 of this compact shall mean the executive director of the Missouri state board of**
4 **nursing.**

5 **2. This compact is designed to facilitate the regulation of nurses, and does not**
6 **relieve employers from complying with statutorily imposed obligations.**

7 **3. This compact does not supersede existing state labor laws.**

8 **336.020. It shall be unlawful for any person to practice, to attempt to practice, or to offer**
9 **to practice optometry, or to be employed by any person, corporation, partnership, association,**
10 **or other entity that practice or attempts to practice without a license as an optometrist issued by**
11 **the board. Nothing in this section shall be construed to prohibit a person licensed or registered**
12 **under chapter 334 whose license is in good standing from acting within the scope of his or her**
 practice or a person licensed as an optometrist in any state to serve as an expert witness in a civil,
 criminal, or administrative proceeding or optometry students in any accredited optometry
 school from training in the practice of optometry under the direct supervision of a
 physician licensed under chapter 334 or an optometrist licensed under chapter 336.

2 **338.202. 1. Notwithstanding any other provision of law, unless the prescriber has**
3 **specified on the prescription that dispensing a prescription for a maintenance medication**
4 **in an initial amount followed by periodic refills is medically necessary, a pharmacist may**
5 **exercise his or her professional judgment to dispense varying quantities of maintenance**
6 **medication per fill up to the total number of dosage units as authorized by the prescriber**
7 **on the original prescription, including any refills. Dispensing of the maintenance**
8 **medication based on refills authorized by the prescriber on the prescription shall be limited**
9 **to no more than a ninety-day supply of the medication, and the maintenance medication**
10 **shall have been previously prescribed to the patient for at least a three-month period.**

11 **2. For the purposes of this section "maintenance medication" is a medication**
12 **prescribed for chronic, long-term conditions and is taken on a regular, recurring basis,**
 except that it shall not include controlled substances as defined in section 195.010.

376.1237. 1. Each health carrier or health benefit plan that offers or issues health benefit plans which are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2014, and that provides coverage for prescription eye drops shall provide coverage for the refilling of an eye drop prescription prior to the last day of the prescribed dosage period without regard to a coverage restriction for early refill of prescription renewals as long as the prescribing health care provider authorizes such early refill, and the health carrier or the health benefit plan is notified.

2. For the purposes of this section, health carrier and health benefit plan shall have the same meaning as defined in section 376.1350.

3. The coverage required by this section shall not be subject to any greater deductible or co-payment than other similar health care services provided by the health benefit plan.

4. The provisions of this section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term major medical policies of six months' or less duration, or any other supplemental policy as determined by the director of the department of insurance, financial institutions and professional registration.

5. The provisions of this section shall terminate on January 1, [2017] 2020.

621.280. 1. For any new board or commission created after July 1, 2016, and charged with regulating or licensing an occupation or profession, those practitioners actively engaged in the newly regulated occupation or profession for at least one year prior to the effective date of the regulatory statute shall have a property right in their continued legal ability to engage in their occupation or profession.

2. Any decision of a newly created board or commission to refuse licensure to a preexisting practitioner shall be in writing, shall inform the preexisting practitioner of the specific reasons for the denial, and shall inform the preexisting practitioner of their right to appeal before a neutral decision-maker at the administrative hearing commission. Any preexisting practitioner denied licensure shall have the right to file an appeal to the administrative hearing commission on their license denial within thirty days after the decision of the newly created board or commission. If the preexisting practitioner does not timely appeal, their right to continue practicing the occupation or profession shall extinguish immediately. In the event of a timely appeal, the preexisting practitioner's right to practice their occupation or profession shall continue until a final decision of the administrative hearing commission. The burden of proof in any hearing under this section shall be on the new board or commission to show that the preexisting practitioner does not meet the requirements of the new regulatory regime.

630.175. 1. No person admitted on a voluntary or involuntary basis to any mental health facility or mental health program in which people are civilly detained pursuant to chapter 632 and no patient, resident or client of a residential facility or day program operated, funded or licensed by the department shall be subject to physical or chemical restraint, isolation or seclusion unless it is determined by the head of the facility, the attending licensed physician, or in the circumstances specifically set forth in this section, by an advanced practice registered nurse **or physician assistant** in a collaborative practice arrangement with the attending licensed physician that the chosen intervention is imminently necessary to protect the health and safety of the patient, resident, client or others and that it provides the least restrictive environment. An advanced practice registered nurse **or physician assistant** in a collaborative practice arrangement with the attending licensed physician may make a determination that the chosen intervention is necessary for patients, residents, or clients of facilities or programs operated by the department, in hospitals as defined in section 197.020 that only provide psychiatric care and in dedicated psychiatric units of general acute care hospitals as hospitals are defined in section 197.020. Any determination made by the advanced practice registered nurse **or physician assistant** shall be documented as required in subsection 2 of this section and reviewed in person by the attending licensed physician if the episode of restraint is to extend beyond:

- (1) Four hours duration in the case of a person under eighteen years of age;
- (2) Eight hours duration in the case of a person eighteen years of age or older; or
- (3) For any total length of restraint lasting more than four hours duration in a twenty-four-hour period in the case of a person under eighteen years of age or beyond eight hours duration in the case of a person eighteen years of age or older in a twenty-four-hour period.

The review shall occur prior to the time limit specified under subsection 6 of this section and shall be documented by the licensed physician under subsection 2 of this section.

2. Every use of physical or chemical restraint, isolation or seclusion and the reasons therefor shall be made a part of the clinical record of the patient, resident or client under the signature of the head of the facility, or the attending licensed physician, or the advanced practice registered nurse **or physician assistant** in a collaborative practice arrangement with the attending licensed physician.

3. Physical or chemical restraint, isolation or seclusion shall not be considered standard treatment or habilitation and shall cease as soon as the circumstances causing the need for such action have ended.

4. The use of security escort devices, including devices designed to restrict physical movement, which are used to maintain safety and security and to prevent escape during transport outside of a facility shall not be considered physical restraint within the meaning of this section.

37 Individuals who have been civilly detained under sections 632.300 to 632.475 may be placed in
38 security escort devices when transported outside of the facility if it is determined by the head of
39 the facility, or the attending licensed physician, or the advanced practice registered nurse **or**
40 **physician assistant** in a collaborative practice arrangement with the attending licensed physician
41 that the use of security escort devices is necessary to protect the health and safety of the patient,
42 resident, client, or other persons or is necessary to prevent escape. Individuals who have been
43 civilly detained under sections 632.480 to 632.513 or committed under chapter 552 shall be
44 placed in security escort devices when transported outside of the facility unless it is determined
45 by the head of the facility, or the attending licensed physician, or the advanced practice registered
46 nurse **or physician assistant** in a collaborative practice arrangement with the attending licensed
47 physician that security escort devices are not necessary to protect the health and safety of the
48 patient, resident, client, or other persons or is not necessary to prevent escape.

49 5. Extraordinary measures employed by the head of the facility to ensure the safety and
50 security of patients, residents, clients, and other persons during times of natural or man-made
51 disasters shall not be considered restraint, isolation, or seclusion within the meaning of this
52 section.

53 6. Orders issued under this section by the advanced practice registered nurse **or**
54 **physician assistant** in a collaborative practice arrangement with the attending licensed physician
55 shall be reviewed in person by the attending licensed physician of the facility within twenty-four
56 hours or the next regular working day of the order being issued, and such review shall be
57 documented in the clinical record of the patient, resident, or client.

58 7. For purposes of this subsection, "division" shall mean the division of developmental
59 disabilities. Restraint or seclusion shall not be used in habilitation centers or community
60 programs that serve persons with developmental disabilities that are operated or funded by the
61 division unless such procedure is part of an emergency intervention system approved by the
62 division and is identified in such person's individual support plan. Direct-care staff that serve
63 persons with developmental disabilities in habilitation centers or community programs operated
64 or funded by the division shall be trained in an emergency intervention system approved by the
65 division when such emergency intervention system is identified in a consumer's individual
66 support plan.

67

[335.300. 1. The party states find that:

2 (1) The health and safety of the public are affected by the degree of
3 compliance with and the effectiveness of enforcement activities related to state
4 nurse licensure laws;

5 (2) Violations of nurse licensure and other laws regulating the practice
6 of nursing may result in injury or harm to the public;

(3) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;

(4) New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;

(5) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states.

2. The general purposes of this compact are to:

(1) Facilitate the states' responsibility to protect the public's health and safety;

(2) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;

(3) Facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse actions;

(4) Promote compliance with the laws governing the practice of nursing in each jurisdiction;

(5) Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.]

[335.305. As used in this compact, the following terms shall mean:

(1) "Adverse action", a home or remote state action;

(2) "Alternative program", a voluntary, nondisciplinary monitoring program approved by a nurse licensing board;

(3) "Coordinated licensure information system", an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a nonprofit organization composed of and controlled by state nurse licensing boards;

(4) "Current significant investigative information":

(a) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

(b) Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond;

(5) "Home state", the party state that is the nurse's primary state of residence;

(6) "Home state action", any administrative, civil, equitable, or criminal action permitted by the home state's laws that are imposed on a nurse by the home state's licensing board or other authority including actions against an

individual's license such as: revocation, suspension, probation, or any other action affecting a nurse's authorization to practice;

(7) "Licensing board", a party state's regulatory body responsible for issuing nurse licenses;

(8) "Multistate licensing privilege", current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in such party state. All party states have the authority, in accordance with existing state due process law, to take actions against the nurse's privilege such as: revocation, suspension, probation, or any other action that affects a nurse's authorization to practice;

(9) "Nurse", a registered nurse or licensed/vocational nurse, as those terms are defined by each state's practice laws;

(10) "Party state", any state that has adopted this compact;

(11) "Remote state", a party state, other than the home state:

(a) Where a patient is located at the time nursing care is provided; or

(b) In the case of the practice of nursing not involving a patient, in such party state where the recipient of nursing practice is located;

(12) "Remote state action":

(a) Any administrative, civil, equitable, or criminal action permitted by a remote state's laws which are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multistate licensure privilege to practice in the remote state; and

(b) Cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards thereof;

(13) "State", a state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico;

(14) "State practice laws", those individual party's state laws and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. State practice laws does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.]

[335.310. 1. A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in such party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal as well as all other applicable state laws.

10 2. Party states may, in accordance with state due process laws, limit or
11 revoke the multistate licensure privilege of any nurse to practice in their state and
12 may take any other actions under their applicable state laws necessary to protect
13 the health and safety of their citizens. If a party state takes such action, it shall
14 promptly notify the administrator of the coordinated licensure information
15 system. The administrator of the coordinated licensure information system shall
16 promptly notify the home state of any such actions by remote states.

17 3. Every nurse practicing in a party state must comply with the state
18 practice laws of the state in which the patient is located at the time care is
19 rendered. In addition, the practice of nursing is not limited to patient care, but
20 shall include all nursing practice as defined by the state practice laws of a party
21 state. The practice of nursing will subject a nurse to the jurisdiction of the nurse
22 licensing board and the courts, as well as the laws, in that party state.

23 4. This compact does not affect additional requirements imposed by
24 states for advanced practice registered nursing. However, a multistate licensure
25 privilege to practice registered nursing granted by a party state shall be
26 recognized by other party states as a license to practice registered nursing if one
27 is required by state law as a precondition for qualifying for advanced practice
28 registered nurse authorization.

29 5. Individuals not residing in a party state shall continue to be able to
30 apply for nurse licensure as provided for under the laws of each party state.
31 However, the license granted to these individuals will not be recognized as
32 granting the privilege to practice nursing in any other party state unless explicitly
33 agreed to by that party state.]
34

 [335.315. 1. Upon application for a license, the licensing board in a party
2 state shall ascertain, through the coordinated licensure information system,
3 whether the applicant has ever held, or is the holder of, a license issued by any
4 other state, whether there are any restrictions on the multistate licensure privilege,
5 and whether any other adverse action by any state has been taken against the
6 license.

7 2. A nurse in a party state shall hold licensure in only one party state at
8 a time, issued by the home state.

9 3. A nurse who intends to change primary state of residence may apply
10 for licensure in the new home state in advance of such change. However, new
11 licenses will not be issued by a party state until after a nurse provides evidence
12 of change in primary state of residence satisfactory to the new home state's
13 licensing board.

14 4. When a nurse changes primary state of residence by:

15 (1) Moving between two party states, and obtains a license from the new
16 home state, the license from the former home state is no longer valid;

17 (2) Moving from a nonparty state to a party state, and obtains a license
18 from the new home state, the individual state license issued by the nonparty state

19 is not affected and will remain in full force if so provided by the laws of the
20 nonparty state;

21 (3) Moving from a party state to a nonparty state, the license issued by
22 the prior home state converts to an individual state license, valid only in the
23 former home state, without the multistate licensure privilege to practice in other
24 party states.]
25

2 [335.320. In addition to the general provisions described in article III of
3 this compact, the following provisions apply:

4 (1) The licensing board of a remote state shall promptly report to the
5 administrator of the coordinated licensure information system any remote state
6 actions including the factual and legal basis for such action, if known. The
7 licensing board of a remote state shall also promptly report any significant current
8 investigative information yet to result in a remote state action. The administrator
9 of the coordinated licensure information system shall promptly notify the home
10 state of any such reports;

11 (2) The licensing board of a party state shall have the authority to
12 complete any pending investigations for a nurse who changes primary state of
13 residence during the course of such investigations. It shall also have the authority
14 to take appropriate actions, and shall promptly report the conclusions of such
15 investigations to the administrator of the coordinated licensure information
16 system. The administrator of the coordinated licensure information system shall
17 promptly notify the new home state of any such actions;

18 (3) A remote state may take adverse action affecting the multistate
19 licensure privilege to practice within that party state. However, only the home
20 state shall have the power to impose adverse action against the license issued by
21 the home state;

22 (4) For purposes of imposing adverse action, the licensing board of the
23 home state shall give the same priority and effect to reported conduct received
24 from a remote state as it would if such conduct had occurred within the home
25 state, in so doing, it shall apply its own state laws to determine appropriate
26 action;

27 (5) The home state may take adverse action based on the factual findings
28 of the remote state, so long as each state follows its own procedures for imposing
29 such adverse action;

30 (6) Nothing in this compact shall override a party state's decision that
31 participation in an alternative program may be used in lieu of licensure action and
32 that such participation shall remain nonpublic if required by the party state's laws.
33 Party states must require nurses who enter any alternative programs to agree not
34 to practice in any other party state during the term of the alternative program
35 without prior authorization from such other party state.]

[335.325. Notwithstanding any other powers, party state nurse licensing boards shall have the authority to:

(1) If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse;

(2) Issue subpoenas for both hearings and investigations which require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and evidence are located;

(3) Issue cease and desist orders to limit or revoke a nurse's authority to practice in their state;

(4) Promulgate uniform rules and regulations as provided for in subsection 3 of section 335.335.]

[335.330. 1. All party states shall participate in a cooperative effort to create a coordinated database of all licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.

2. Notwithstanding any other provision of law, all party states' licensing boards shall promptly report adverse actions, actions against multistate licensure privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials to the coordinated licensure information system.

3. Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.

4. Notwithstanding any other provision of law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.

5. Any personally identifiable information obtained by a party state's licensing board from the coordinated licensure information system may not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

24 6. Any information contributed to the coordinated licensure information
25 system that is subsequently required to be expunged by the laws of the party state
26 contributing that information shall also be expunged from the coordinated
27 licensure information system.

28 7. The compact administrators, acting jointly with each other and in
29 consultation with the administrator of the coordinated licensure information
30 system, shall formulate necessary and proper procedures for the identification,
31 collection, and exchange of information under this compact.]
32

[335.335. 1. The head of the nurse licensing board, or his/her designee,
2 of each party state shall be the administrator of this compact for his/her state.

3 2. The compact administrator of each party shall furnish to the compact
4 administrator of each other party state any information and documents including,
5 but not limited to, a uniform data set of investigations, identifying information,
6 licensure data, and disclosable alternative program participation information to
7 facilitate the administration of this compact.

8 3. Compact administrators shall have the authority to develop uniform
9 rules to facilitate and coordinate implementation of this compact. These uniform
10 rules shall be adopted by party states, under the authority invested under
11 subsection 4 of section 335.325.]
12

[335.340. No party state or the officers or employees or agents of a party
2 state's nurse licensing board who acts in accordance with the provisions of this
3 compact shall be liable on account of any act or omission in good faith while
4 engaged in the performance of their duties under this compact. Good faith in this
5 article shall not include willful misconduct, gross negligence, or recklessness.]
6

[335.345. 1. This compact shall enter into force and become effective as
2 to any state when it has been enacted into the laws of that state. Any party state
3 may withdraw from this compact by enacting a statute repealing the same, but no
4 such withdrawal shall take effect until six months after the withdrawing state has
5 given notice of the withdrawal to the executive heads of all other party states.

6 2. No withdrawal shall affect the validity or applicability by the licensing
7 boards of states remaining party to the compact of any report of adverse action
8 occurring prior to the withdrawal.

9 3. Nothing contained in this compact shall be construed to invalidate or
10 prevent any nurse licensure agreement or other cooperative arrangement between
11 a party state and a non-party state that is made in accordance with the other
12 provisions of this compact.

13 4. This compact may be amended by the party states. No amendment to
14 this compact shall become effective and binding upon the party states unless and
15 until it is enacted into the laws of all party states.]
16

2 [335.350. 1. This compact shall be liberally construed so as to effectuate
3 the purposes thereof. The provisions of this compact shall be severable and if
4 any phrase, clause, sentence, or provision of this compact is declared to be
5 contrary to the constitution of any party state or of the United States or the
6 applicability thereof to any government, agency, person, or circumstance is held
7 invalid, the validity of the remainder of this compact and the applicability thereof
8 to any government, agency, person, or circumstance shall not be affected thereby.
9 If this compact shall be held contrary to the constitution of any state party thereto,
10 the compact shall remain in full force and effect as to the remaining party states
11 and in full force and effect as to the party state affected as to all severable
12 matters.

13 2. In the event party states find a need for settling disputes arising under
14 this compact:

15 (1) The party states may submit the issues in dispute to an arbitration
16 panel which will be comprised of an individual appointed by the compact
17 administrator in the home state, an individual appointed by the compact
18 administrator in the remote states involved, and an individual mutually agreed
19 upon by the compact administrators of all the party states involved in the dispute;

20 (2) The decision of a majority of the arbitrators shall be final and
21 binding.]

2 [335.355. 1. The term "head of the nurse licensing board" as referred to
3 in article VIII of this compact shall mean the executive director of the Missouri
4 state board of nursing.

5 2. A person who is extended the privilege to practice in this state
6 pursuant to the nurse licensure compact is subject to discipline by the board, as
7 set forth in this chapter, for violation of this chapter or the rules and regulations
8 promulgated herein. A person extended the privilege to practice in this state
9 pursuant to the nurse licensure compact shall be subject to adhere to all
10 requirements of this chapter, as if such person were originally licensed in this
11 state.

12 3. Sections 335.300 to 335.355 are applicable only to nurses whose home
13 states are determined by the Missouri state board of nursing to have licensure
14 requirements that are substantially equivalent or more stringent than those of
15 Missouri.

16 4. This compact is designed to facilitate the regulation of nurses, and
17 does not relieve employers from complying with statutorily imposed obligations.

18 5. This compact does not supercede existing state labor laws.]

2 Section B. The repeal of sections 335.300 to 335.355 and the enactment of sections
3 335.360 to 335.415 of this act shall become effective on December 31, 2018, or upon the
4 enactment of sections 335.360 to 335.415 of this act by no less than twenty-six states and

- 4 notification of such enactment to the revisor of statutes by the Interstate Commission of Nurse
- 5 Licensure Compact Administrators, whichever occurs first.

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