

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By

1 AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for  
2 Senate Bill No. 70, Page 7, Section 191.831, Line 55, by inserting after all of said section and line  
3 the following:  
4

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

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

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

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

30 (1) When the controlled substance is delivered to the practitioner to administer to the patient  
31 for whom the medication is prescribed as authorized by federal law. Practitioners shall maintain

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

1 records and secure the medication as required by this chapter and regulations promulgated pursuant  
2 to this chapter; or

3 (2) As provided in section 195.265.

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

6  
7 Further amend said bill, Page 8, Section 195.100, Line 27, by inserting after all of said section and  
8 line the following:

9  
10 "334.036. 1. For purposes of this section, the following terms shall mean:

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

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

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

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

26 (d) Has proficiency in the English language.

27  
28 Any graduate of a medical school [graduate] who could have applied for licensure and complied  
29 with the provisions of this subdivision at any time between August 28, 2014, and August 28, 2017,  
30 may apply for licensure and shall be deemed in compliance with the provisions of this subdivision;

31 (2) "Assistant physician collaborative practice arrangement", an agreement between a  
32 physician and an assistant physician that meets the requirements of this section and section  
33 334.037[;]

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

36 2. (1) An assistant physician collaborative practice arrangement shall limit the assistant  
37 physician to providing only primary care services and only in medically underserved rural or urban  
38 areas of this state ~~[or in any pilot project areas established in which assistant physicians may~~  
39 ~~practice].~~

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

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

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

6 3. (1) For purposes of this section, the licensure of assistant physicians shall take place  
7 within processes established by rules of the state board of registration for the healing arts. The  
8 board of healing arts is authorized to establish rules under chapter 536 establishing licensure and  
9 renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such  
10 other matters as are necessary to protect the public and discipline the profession. No licensure fee  
11 for an assistant physician shall exceed the amount of any licensure fee for a physician assistant. An  
12 application for licensure may be denied or the licensure of an assistant physician may be suspended  
13 or revoked by the board in the same manner and for violation of the standards as set forth by section  
14 334.100, or such other standards of conduct set by the board by rule. No rule or regulation shall  
15 require an assistant physician to complete more hours of continuing medical education than that of a  
16 licensed physician.

17 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created  
18 under the authority delegated in this section shall become effective only if it complies with and is  
19 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and  
20 chapter 536 are nonseverable and if any of the powers vested with the general assembly under  
21 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently  
22 held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after  
23 August 28, 2014, shall be invalid and void.

24 (3) Any rules or regulations regarding assistant physicians in effect as of the effective date  
25 of this section that conflict with the provisions of this section and section 334.037 shall be null and  
26 void as of the effective date of this section.

27 4. An assistant physician shall clearly identify himself or herself as an assistant physician  
28 and shall be permitted to use the terms "doctor", "Dr.", or "doc". No assistant physician shall  
29 practice or attempt to practice without an assistant physician collaborative practice arrangement,  
30 except as otherwise provided in this section and in an emergency situation.

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

33 6. The provisions of section 334.037 shall apply to all assistant physician collaborative  
34 practice arrangements. Any renewal of licensure under this section shall include verification of  
35 actual practice under a collaborative practice arrangement in accordance with this subsection during  
36 the immediately preceding licensure period.

37 7. Each health carrier or health benefit plan that offers or issues health benefit plans that are  
38 delivered, issued for delivery, continued, or renewed in this state shall reimburse an assistant  
39 physician for the diagnosis, consultation, or treatment of an insured or enrollee on the same basis

1 that the health carrier or health benefit plan covers the service when it is delivered by another  
2 comparable mid-level health care provider including, but not limited to, a physician assistant."; and

3  
4 Further amend said bill, Page 15, Section 334.100, Line 217, by inserting after all of said section  
5 and line the following:

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

14 2. (1) Collaborative practice arrangements, which shall be in writing, may delegate to a  
15 registered professional nurse the authority to administer, dispense or prescribe drugs and provide  
16 treatment if the registered professional nurse is an advanced practice registered nurse as defined in  
17 subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an  
18 advanced practice registered nurse, as defined in section 335.016, the authority to administer,  
19 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,  
20 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not  
21 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of  
22 section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general  
23 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled  
24 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-  
25 hour supply without refill.

26 (2) Notwithstanding any other provision of this section to the contrary, a collaborative  
27 practice arrangement may delegate to an advanced practice registered nurse the authority to  
28 administer, dispense, or prescribe Schedule II controlled substances for hospice patients; provided,  
29 that the advanced practice registered nurse is employed by a hospice provider certified pursuant to  
30 chapter 197 and the advanced practice registered nurse is providing care to hospice patients pursuant  
31 to a collaborative practice arrangement that designates the certified hospice as a location where the  
32 advanced practice registered nurse is authorized to practice and prescribe.

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

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

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

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

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

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

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

12 (5) The manner of collaboration between the collaborating physician and the advanced  
13 practice registered nurse, including how the collaborating physician and the advanced practice  
14 registered nurse will:

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

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

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

24 b. The collaborative practice arrangement may allow for geographic proximity to be waived  
25 for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-  
26 210 (42 U.S.C. Section 1395x, as amended), as long as the collaborative practice arrangement  
27 includes alternative plans as required in paragraph (c) of this subdivision. This exception to  
28 geographic proximity shall apply only to independent rural health clinics, provider-based rural  
29 health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-  
30 4, and provider-based rural health clinics where the main location of the hospital sponsor is greater  
31 than fifty miles from the clinic[-];

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

34 d. In addition to the waivers and exemptions provided in this subsection, an application for a  
35 waiver for any other reason of any applicable geographic proximity shall be available if a physician  
36 is collaborating with an advanced practice registered nurse in excess of any geographic proximity  
37 limit. The board of nursing and the state board of registration for the healing arts shall review each  
38 application for a waiver of geographic proximity and approve the application if the boards  
39 determine that adequate supervision exists between the collaborating physician and the advanced

1 practice registered nurse. The boards shall have forty-five calendar days to review the completed  
 2 application for the waiver of geographic proximity. If no action is taken by the boards within forty-  
 3 five days after the submission of the application for a waiver, then the application shall be deemed  
 4 approved. If the application is denied by the boards, the provisions of section 536.063 for contested  
 5 cases shall apply and govern proceedings for appellate purposes; and

6 e. The collaborating physician is required to maintain documentation related to this  
 7 requirement and to present it to the state board of registration for the healing arts when requested;  
 8 and

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

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

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

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

19 (9) A description of the time and manner of the collaborating physician's review of the  
 20 advanced practice registered nurse's delivery of health care services. The description shall include  
 21 provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the  
 22 charts documenting the advanced practice registered nurse's delivery of health care services to the  
 23 collaborating physician for review by the collaborating physician, or any other physician designated  
 24 in the collaborative practice arrangement, every fourteen days; ~~and~~

25 (10) The collaborating physician, or any other physician designated in the collaborative  
 26 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in  
 27 which the advanced practice registered nurse prescribes controlled substances. The charts reviewed  
 28 under this subdivision may be counted in the number of charts required to be reviewed under  
 29 subdivision (9) of this subsection; and

30 (11) If a collaborative practice arrangement is used in clinical situations where a  
 31 collaborating advanced practice registered nurse provides health care services that include the  
 32 diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the  
 33 collaborating physician or any other physician designated in the collaborative practice arrangement  
 34 shall be present for sufficient periods of time, at least once every two weeks, except in extraordinary  
 35 circumstances that shall be documented, to participate in a chart review and to provide necessary  
 36 medical direction, medical services, consultations, and supervision of the health care staff.

37 4. The state board of registration for the healing arts pursuant to section 334.125 and the  
 38 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of  
 39 collaborative practice arrangements. Such rules shall be limited to ~~[specifying geographic areas to~~

1 ~~be covered,~~ the methods of treatment that may be covered by collaborative practice arrangements  
 2 and the requirements for review of services provided pursuant to collaborative practice  
 3 arrangements including delegating authority to prescribe controlled substances. Any rules relating  
 4 to geographic proximity shall allow a collaborating physician and a collaborating advanced practice  
 5 registered nurse to practice within two hundred miles by road of one another until August 28, 2025,  
 6 if the nurse is providing services in a correctional center, as defined in section 217.010. Any rules  
 7 relating to dispensing or distribution of medications or devices by prescription or prescription drug  
 8 orders under this section shall be subject to the approval of the state board of pharmacy. Any rules  
 9 relating to dispensing or distribution of controlled substances by prescription or prescription drug  
 10 orders under this section shall be subject to the approval of the department of health and senior  
 11 services and the state board of pharmacy. In order to take effect, such rules shall be approved by a  
 12 majority vote of a quorum of each board. Neither the state board of registration for the healing arts  
 13 nor the board of nursing may separately promulgate rules relating to collaborative practice  
 14 arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally  
 15 funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative  
 16 practice arrangements of hospital employees providing inpatient care within hospitals as defined  
 17 pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-  
 18 5.100 as of April 30, 2008.

19 5. The state board of registration for the healing arts shall not deny, revoke, suspend or  
 20 otherwise take disciplinary action against a physician for health care services delegated to a  
 21 registered professional nurse provided the provisions of this section and the rules promulgated  
 22 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action  
 23 imposed as a result of an agreement between a physician and a registered professional nurse or  
 24 registered physician assistant, whether written or not, prior to August 28, 1993, all records of such  
 25 disciplinary licensure action and all records pertaining to the filing, investigation or review of an  
 26 alleged violation of this chapter incurred as a result of such an agreement shall be removed from the  
 27 records of the state board of registration for the healing arts and the division of professional  
 28 registration and shall not be disclosed to any public or private entity seeking such information from  
 29 the board or the division. The state board of registration for the healing arts shall take action to  
 30 correct reports of alleged violations and disciplinary actions as described in this section which have  
 31 been submitted to the National Practitioner Data Bank. In subsequent applications or  
 32 representations relating to his or her medical practice, a physician completing forms or documents  
 33 shall not be required to report any actions of the state board of registration for the healing arts for  
 34 which the records are subject to removal under this section.

35 6. Within thirty days of any change and on each renewal, the state board of registration for  
 36 the healing arts shall require every physician to identify whether the physician is engaged in any  
 37 collaborative practice ~~[agreement]~~ arrangement, including collaborative practice ~~[agreements]~~  
 38 arrangements delegating the authority to prescribe controlled substances, or physician assistant  
 39 ~~[agreement]~~ collaborative practice arrangement and also report to the board the name of each

1 licensed professional with whom the physician has entered into such ~~[agreement]~~ arrangement. The  
2 board ~~[may]~~ shall make this information available to the public. The board shall track the reported  
3 information and may routinely conduct random reviews of such ~~[agreements]~~ arrangements to  
4 ensure that ~~[agreements]~~ arrangements are carried out for compliance under this chapter.

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

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

22 9. It is the responsibility of the collaborating physician to determine and document the  
23 completion of at least a one-month period of time during which the advanced practice registered  
24 nurse shall practice with the collaborating physician continuously present before practicing in a  
25 setting where the collaborating physician is not continuously present. This limitation shall not apply  
26 to collaborative arrangements of providers of population-based public health services as defined by  
27 20 CSR 2150-5.100 as of April 30, 2008, or to collaborative practice arrangements between a  
28 primary care physician and a primary care advanced practice registered nurse or a behavioral health  
29 physician and a behavioral health advanced practice registered nurse, where the collaborating  
30 physician is new to a patient population to which the advanced practice registered nurse is familiar.

31 10. No agreement made under this section shall supersede current hospital licensing  
32 regulations governing hospital medication orders under protocols or standing orders for the purpose  
33 of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such  
34 protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical  
35 therapeutics committee.

36 11. No contract or other ~~[agreement]~~ term of employment shall require a physician to act as  
37 a collaborating physician for an advanced practice registered nurse against the physician's will. A  
38 physician shall have the right to refuse to act as a collaborating physician, without penalty, for a  
39 particular advanced practice registered nurse. No contract or other agreement shall limit the



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

12. No contract or other ~~[agreement]~~ term of employment shall require any advanced practice registered nurse to serve as a collaborating advanced practice registered nurse for any collaborating physician against the advanced practice registered nurse's will. An advanced practice registered nurse shall have the right to refuse to collaborate, without penalty, with a particular physician."; and

Further amend said bill, Page 46, Section 334.1720, Line 11, by inserting after all of said section and line the following:

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

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

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

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

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

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

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

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

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

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

(10) "Inactive ~~nurse~~ license status", as defined by rule pursuant to section 335.061;

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

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

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

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

~~(15)~~ (16) "Practice of practical nursing", the performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be given under the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse. For the purposes of this chapter, the term "direction" shall mean guidance or supervision provided by a person licensed by a state regulatory board to prescribe medications and treatments or a registered professional nurse, including, but not limited to, oral, written, or otherwise communicated orders or directives for patient care. When practical nursing care is delivered pursuant to the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse, such care may be delivered by a licensed practical nurse without direct physical oversight;

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

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

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

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

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

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

7 ~~[(16)—A]~~ (17) "Registered professional nurse" or "registered nurse", a person licensed  
8 pursuant to the provisions of this chapter to engage in the practice of professional nursing;

9 ~~[(17)]~~ (18) "Retired license status", any person licensed in this state under this chapter who  
10 retires from such practice. Such person shall file with the board an affidavit, on a form to be  
11 furnished by the board, which states the date on which the licensee retired from such practice, an  
12 intent to retire from the practice for at least two years, and such other facts as tend to verify the  
13 retirement as the board may deem necessary; but if the licensee thereafter reengages in the practice,  
14 the licensee shall renew his or her license with the board as provided by this chapter and by rule and  
15 regulation.

16 335.019. 1. An advanced practice registered nurse's prescriptive authority shall include  
17 authority to:

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

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

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

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

27 (2) Provides documentation of a minimum of three hundred clock hours preceptorial  
28 experience in the prescription of drugs, medicines, and therapeutic devices with a qualified  
29 preceptor; and

30 (3) Provides evidence of a minimum of one thousand hours of practice in an advanced  
31 practice nursing category prior to application for a certificate of prescriptive authority. The one  
32 thousand hours shall not include clinical hours obtained in the advanced practice nursing education  
33 program. The one thousand hours of practice in an advanced practice nursing category may include  
34 transmitting a prescription order orally or telephonically or to an inpatient medical record from  
35 protocols developed in collaboration with and signed by a licensed physician; and

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

1           335.036. 1. The board shall:

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

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

8           (3) Prescribe minimum standards for educational programs preparing persons for licensure  
9 as a registered professional nurse or licensed practical nurse pursuant to the provisions of sections  
10 335.011 to ~~[335.096]~~ 335.099;

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

13           (5) Designate as "approved" such programs as meet the requirements of sections 335.011 to  
14 ~~[335.096]~~ 335.099 and the rules and regulations enacted pursuant to such sections; and the board  
15 shall annually publish a list of such programs;

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

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

19           (8) Cause the prosecution of all persons violating provisions of sections 335.011 to  
20 ~~[335.096]~~ 335.099, and may incur such necessary expenses therefor;

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

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

26           3. All fees received by the board pursuant to the provisions of sections 335.011 to ~~[335.096]~~  
27 335.099 shall be deposited in the state treasury and be placed to the credit of the state board of  
28 nursing fund. All administrative costs and expenses of the board shall be paid from appropriations  
29 made for those purposes. The board is authorized to provide funding for the nursing education  
30 incentive program established in sections 335.200 to 335.203.

31           4. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall  
32 not be transferred and placed to the credit of general revenue until the amount in the fund at the end  
33 of the biennium exceeds two times the amount of the appropriation from the board's funds for the  
34 preceding fiscal year or, if the board requires by rule, permit renewal less frequently than yearly,  
35 then three times the appropriation from the board's funds for the preceding fiscal year. The amount,  
36 if any, in the fund which shall lapse is that amount in the fund which exceeds the appropriate  
37 multiple of the appropriations from the board's funds for the preceding fiscal year.

38           5. Any rule or portion of a rule, as that term is defined in section 536.010, that is created  
39 under the authority delegated in this chapter shall become effective only if it complies with and is

1 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. All rulemaking  
2 authority delegated prior to August 28, 1999, is of no force and effect and repealed. Nothing in this  
3 section shall be interpreted to repeal or affect the validity of any rule filed or adopted prior to  
4 August 28, 1999, if it fully complied with all applicable provisions of law. This section and chapter  
5 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter  
6 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held  
7 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after  
8 August 28, 1999, shall be invalid and void.

9 335.046. 1. An applicant for a license to practice as a registered professional nurse shall  
10 submit to the board a written application on forms furnished to the applicant. The original  
11 application shall contain the applicant's statements showing the applicant's education and other such  
12 pertinent information as the board may require. The applicant shall be of good moral character and  
13 have completed at least the high school course of study, or the equivalent thereof as determined by  
14 the state board of education, and have successfully completed the basic professional curriculum in  
15 an accredited or approved school of nursing and earned a professional nursing degree or diploma.  
16 Each application shall contain a statement that it is made under oath or affirmation and that its  
17 representations are true and correct to the best knowledge and belief of the person signing same,  
18 subject to the penalties of making a false affidavit or declaration. Applicants from non-English-  
19 speaking lands shall be required to submit evidence of proficiency in the English language. The  
20 applicant must be approved by the board and shall pass an examination as required by the board.  
21 The board may require by rule as a requirement for licensure that each applicant shall pass an oral or  
22 practical examination. Upon successfully passing the examination, the board may issue to the  
23 applicant a license to practice nursing as a registered professional nurse. The applicant for a license  
24 to practice registered professional nursing shall pay a license fee in such amount as set by the board.  
25 The fee shall be uniform for all applicants. Applicants from foreign countries shall be licensed as  
26 prescribed by rule.

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

1 that each applicant shall pass an oral or practical examination. Upon successfully passing the  
2 examination, the board may issue to the applicant a license to practice as a licensed practical nurse.  
3 The applicant for a license to practice licensed practical nursing shall pay a fee in such amount as  
4 may be set by the board. The fee shall be uniform for all applicants. Applicants from foreign  
5 countries shall be licensed as prescribed by rule.

6 3. (1) An applicant for a license to practice as an advanced practice registered nurse shall  
7 submit to the board a written application on forms furnished to the applicant. The original  
8 application shall contain:

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

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

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

16 (3) An applicant shall:

17 (a) Hold a current registered professional nurse license or privilege to practice, shall not be  
18 currently subject to discipline or any restrictions, and shall not hold an encumbered license or  
19 privilege to practice as a registered professional nurse or advanced practice registered nurse in any  
20 state or territory;

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

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

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

29 (4) Any person holding a document of recognition to practice nursing as an advanced  
30 practice registered nurse in this state that is current on August 28, 2023, shall be deemed to be  
31 licensed as an advanced practice registered nurse under the provisions of this section and shall be  
32 eligible for renewal of such license under the conditions and standards prescribed in this chapter and  
33 as prescribed by rule.

34 4. Upon refusal of the board to allow any applicant to ~~[sit for]~~ take either the registered  
35 professional nurses' examination or the licensed practical nurses' examination, ~~[as the case may be,]~~  
36 or upon refusal to issue an advanced practice registered nurse license, the board shall comply with  
37 the provisions of section 621.120 and advise the applicant of his or her right to have a hearing  
38 before the administrative hearing commission. The administrative hearing commission shall hear  
39 complaints taken pursuant to section 621.120.

1           [4.] 5. The board shall not deny a license because of sex, religion, race, ethnic origin, age or  
2 political affiliation.

3           335.051. 1. The board shall issue a license to practice nursing as ~~[either]~~ an advanced  
4 practice registered nurse, a registered professional nurse, or a licensed practical nurse without  
5 examination to an applicant who has duly become licensed as ~~[a]~~ an advanced practice registered  
6 nurse, registered nurse, or licensed practical nurse pursuant to the laws of another state, territory, or  
7 foreign country if the applicant meets the qualifications required of advanced practice registered  
8 nurses, registered nurses, or licensed practical nurses in this state at the time the applicant was  
9 originally licensed in the other state, territory, or foreign country.

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

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

23           335.056. 1. The license of every person licensed under the provisions of ~~[sections 335.011~~  
24 ~~to 335.096]~~ this chapter shall be renewed as provided. An application for renewal of license shall be  
25 mailed to every person to whom a license was issued or renewed during the current licensing period.  
26 The applicant shall complete the application and return it to the board by the renewal date with a  
27 renewal fee in an amount to be set by the board. The fee shall be uniform for all applicants. The  
28 certificates of renewal shall render the holder thereof a legal practitioner of nursing for the period  
29 stated in the certificate of renewal. Any person who practices nursing as an advanced practice  
30 registered nurse, a registered professional nurse, or ~~[as]~~ a licensed practical nurse during the time his  
31 or her license has lapsed shall be considered an illegal practitioner and shall be subject to the  
32 penalties provided for violation of the provisions of sections 335.011 to ~~[335.096]~~ 335.099.

33           2. The renewal of advanced practice registered nurse licenses and registered professional  
34 nurse licenses shall occur at the same time, as prescribed by rule. Failure to renew and maintain the  
35 registered professional nurse license or privilege to practice or failure to provide the required fee  
36 and evidence of active certification or maintenance of certification as prescribed by rules and  
37 regulations shall result in expiration of the advanced practice registered nurse license.

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

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

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

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

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

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

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

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

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

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



1 (3) Practice ~~[professional nursing or practical]~~ nursing as defined by sections 335.011 to  
 2 ~~[335.096]~~ 335.099 unless duly licensed to do so under the provisions of sections 335.011 to  
 3 ~~[335.096]~~ 335.099;

4 (4) Use in connection with his or her name any designation tending to imply that he or she is  
 5 a licensed advanced practice registered nurse, a licensed registered professional nurse, or a licensed  
 6 practical nurse unless duly licensed so to practice under the provisions of sections 335.011 to  
 7 ~~[335.096]~~ 335.099;

8 (5) Practice ~~[professional nursing or practical]~~ nursing during the time his or her license  
 9 issued under the provisions of sections 335.011 to ~~[335.096]~~ 335.099 shall be suspended or revoked;  
 10 or

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

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

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

23 ~~[3. (1) The boards shall jointly promulgate rules governing the practice of telehealth under~~  
 24 ~~this section. Such rules shall address, but not be limited to, appropriate standards for the use of~~  
 25 ~~telehealth.~~

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

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

36 Further amend said bill by amending the title, enacting clause, and intersectional references  
 37 accordingly.