

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for House Bill Nos. 348, 285 & 407, Page 1, Section A, Line
2 5, by inserting after all of said section the following:

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

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

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

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

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

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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.

6 334.036. 1. For purposes of this section, the following terms shall mean:

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

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

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

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

22 (d) Has proficiency in the English language.

23
24 Any graduate of a medical school [graduate] who could have applied for licensure and complied
25 with the provisions of this subdivision at any time between August 28, 2014, and August 28, 2017,
26 may apply for licensure and shall be deemed in compliance with the provisions of this subdivision;

27 (2) "Assistant physician collaborative practice arrangement", an agreement between a
28 physician and an assistant physician that meets the requirements of this section and section
29 334.037[;]

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

32 2. (1) An assistant physician collaborative practice arrangement shall limit the assistant
33 physician to providing only primary care services and only in medically underserved rural or urban
34 areas of this state [~~or in any pilot project areas established in which assistant physicians may~~
35 ~~practice~~].

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

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

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

2 3. (1) For purposes of this section, the licensure of assistant physicians shall take place
3 within processes established by rules of the state board of registration for the healing arts. The
4 board of healing arts is authorized to establish rules under chapter 536 establishing licensure and
5 renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such
6 other matters as are necessary to protect the public and discipline the profession. No licensure fee
7 for an assistant physician shall exceed the amount of any licensure fee for a physician assistant. An
8 application for licensure may be denied or the licensure of an assistant physician may be suspended
9 or revoked by the board in the same manner and for violation of the standards as set forth by section
10 334.100, or such other standards of conduct set by the board by rule. No rule or regulation shall
11 require an assistant physician to complete more hours of continuing medical education than that of a
12 licensed physician.

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

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

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

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

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

33 7. Each health carrier or health benefit plan that offers or issues health benefit plans that are
34 delivered, issued for delivery, continued, or renewed in this state shall reimburse an assistant
35 physician for the diagnosis, consultation, or treatment of an insured or enrollee on the same basis
36 that the health carrier or health benefit plan covers the service when it is delivered by another
37 comparable mid-level health care provider including, but not limited to, a physician assistant."; and
38

1 Further amend said bill, Page 3, Section 334.043, Line 72, by inserting after all of said section and
2 line the following:

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

11 2. (1) Collaborative practice arrangements, which shall be in writing, may delegate to a
12 registered professional nurse the authority to administer, dispense or prescribe drugs and provide
13 treatment if the registered professional nurse is an advanced practice registered nurse as defined in
14 subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
15 advanced practice registered nurse, as defined in section 335.016, the authority to administer,
16 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,
17 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not
18 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of
19 section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general
20 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled
21 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-
22 hour supply without refill.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

32 d. In addition to the waivers and exemptions provided in this subsection, an application for a
33 waiver for any other reason of any applicable geographic proximity shall be available if a physician
34 is collaborating with an advanced practice registered nurse in excess of any geographic proximity
35 limit. The board of nursing and the state board of registration for the healing arts shall review each
36 application for a waiver of geographic proximity and approve the application if the boards
37 determine that adequate supervision exists between the collaborating physician and the advanced
38 practice registered nurse. The boards shall have forty-five calendar days to review the completed
39 application for the waiver of geographic proximity. If no action is taken by the boards within forty-

1 five days after the submission of the application for a waiver, then the application shall be deemed
2 approved. If the application is denied by the boards, the provisions of section 536.063 for contested
3 cases shall apply and govern proceedings for appellate purposes; and

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

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

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

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

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

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

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

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

35 4. The state board of registration for the healing arts pursuant to section 334.125 and the
36 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
37 collaborative practice arrangements. Such rules shall be limited to ~~[specifying geographic areas to~~
38 ~~be covered,]~~ the methods of treatment that may be covered by collaborative practice arrangements
39 and the requirements for review of services provided pursuant to collaborative practice

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

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

33 6. Within thirty days of any change and on each renewal, the state board of registration for
34 the healing arts shall require every physician to identify whether the physician is engaged in any
35 collaborative practice [~~agreement~~] arrangement, including collaborative practice [~~agreements~~]
36 arrangements delegating the authority to prescribe controlled substances, or physician assistant
37 [~~agreement~~] collaborative practice arrangement and also report to the board the name of each
38 licensed professional with whom the physician has entered into such [~~agreement~~] arrangement. The
39 board [~~may~~] shall make this information available to the public. The board shall track the reported

1 information and may routinely conduct random reviews of such [~~agreements~~] arrangements to
2 ensure that [~~agreements~~] arrangements are carried out for compliance under this chapter.

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

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

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

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

34 11. No contract or other [~~agreement~~] term of employment shall require a physician to act as
35 a collaborating physician for an advanced practice registered nurse against the physician's will. A
36 physician shall have the right to refuse to act as a collaborating physician, without penalty, for a
37 particular advanced practice registered nurse. No contract or other agreement shall limit the
38 collaborating physician's ultimate authority over any protocols or standing orders or in the
39 delegation of the physician's authority to any advanced practice registered nurse, but this

1 requirement shall not authorize a physician in implementing such protocols, standing orders, or
 2 delegation to violate applicable standards for safe medical practice established by hospital's medical
 3 staff.

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

9
 10 Further amend said bill, Page 18, Section 334.1720, Line 11, by inserting after all of said section
 11 and line the following:

12
 13 "335.016. As used in this chapter, unless the context clearly requires otherwise, the
 14 following words and terms mean:

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

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

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

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

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

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

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

37 (8) "Certified registered nurse anesthetist", a registered nurse who is currently certified as a
 38 nurse anesthetist by the Council on Certification of Nurse Anesthetists, the ~~[Council on~~

1 ~~Recertification of Nurse Anesthetists]~~ National Board of Certification and Recertification for Nurse
 2 Anesthetists, or other nationally recognized certifying body approved by the board of nursing;

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

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

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

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

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

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

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

30 ~~[(15)]~~ (16) "Practice of professional nursing", the performance for compensation of any act
 31 or action which requires substantial specialized education, judgment and skill based on knowledge
 32 and application of principles derived from the biological, physical, social, behavioral, and nursing
 33 sciences, including, but not limited to:

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

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

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

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

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

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

7 ~~[(17)]~~ (18) "Retired license status", any person licensed in this state under this chapter who
8 retires from such practice. Such person shall file with the board an affidavit, on a form to be
9 furnished by the board, which states the date on which the licensee retired from such practice, an
10 intent to retire from the practice for at least two years, and such other facts as tend to verify the
11 retirement as the board may deem necessary; but if the licensee thereafter reengages in the practice,
12 the licensee shall renew his or her license with the board as provided by this chapter and by rule and
13 regulation.

14 335.019. 1. An advanced practice registered nurse's prescriptive authority shall include
15 authority to:

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

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

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

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

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

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

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

38 335.036. 1. The board shall:

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

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

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

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

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

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

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

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

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

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

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

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

37 5. Any rule or portion of a rule, as that term is defined in section 536.010, that is created
38 under the authority delegated in this chapter shall become effective only if it complies with and is
39 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. All rulemaking

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

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

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

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

5 3. (1) An applicant for a license to practice as an advanced practice registered nurse shall
6 submit to the board a written application on forms furnished to the applicant. The original
7 application shall contain:

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

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

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

15 (3) An applicant shall:

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

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

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

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

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

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

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

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

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

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

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

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

34 335.086. No person, firm, corporation or association shall:

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

37 (2) Practice [~~professional or practical~~] nursing as defined by sections 335.011 to [~~335.096~~]
38 335.099 under cover of any diploma, license, or record illegally or fraudulently obtained or signed
39 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.