FIRST REGULAR SESSION HOUSE COMMITTEE SUBSTITUTE FOR SENATE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 157

102ND GENERAL ASSEMBLY

0779H.05C

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 191.500, 191.505, 191.510, 191.515, 191.520, 191.525, 191.530, 191.535, 191.540, 191.545, 191.550, 191.600, 191.828, 191.831, 195.070, 195.100, 324.520, 329.010, 334.036, 334.043, 334.100, 334.104, 334.506, 334.613, 334.735, 334.747, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 335.203, 335.212, 335.215, 335.218, 335.221, 335.224, 335.227, 335.230, 335.233, 335.236, 335.242, 335.245, 335.248, 335.251, 335.254, 335.257, 337.510, 337.615, 337.644, and 337.665, RSMo, and to enact in lieu thereof seventy-eight new sections relating to professions requiring licensure, with penalty provisions.

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

Section A. Sections 191.500, 191.505, 191.510, 191.515, 191.520, 191.525, 191.530,
191.535, 191.540, 191.545, 191.550, 191.600, 191.828, 191.831, 195.070, 195.100, 324.520,
329.010, 334.036, 334.043, 334.100, 334.104, 334.506, 334.613, 334.735, 334.747, 335.016,
335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 335.203, 335.212,
335.215, 335.218, 335.221, 335.224, 335.227, 335.230, 335.233, 335.236, 335.239, 335.242,
335.245, 335.248, 335.251, 335.254, 335.257, 337.510, 337.615, 337.644, and 337.665,
RSMo, are repealed and seventy-eight new sections enacted in lieu thereof, to be known as
sections 191.430, 191.435, 191.440, 191.445, 191.450, 191.600, 191.828, 191.831, 195.070,
195.100, 324.520, 329.010, 329.280, 334.036, 334.043, 334.100, 334.104, 334.506, 334.613,
334.735, 334.747, 334.1600, 334.1605, 334.1610, 334.1615, 334.1620, 334.1625, 334.1630,
334.1635, 334.1640, 334.1645, 334.1650, 334.1655, 334.1660, 334.1665, 334.1670,
334.1675, 334.1680, 334.1685, 334.1690, 334.1695, 334.1700, 334.1705, 334.1710,

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

334.1715, 334.1720, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076,
335.086, 335.175, 335.203, 335.205, 337.510, 337.550, 337.615, 337.644, 337.665,
337.1000, 337.1005, 337.1010, 337.1015, 337.1020, 337.1025, 337.1030, 337.1035,
337.1040, 337.1045, 337.1050, 337.1055, 337.1060, 337.1065, 337.1070, and 337.1075, to
read as follows:

191.430. 1. There is hereby established within the department of health and 2 senior services the "Health Professional Loan Repayment Program" to provide 3 forgivable loans for the purpose of repaying existing loans related to applicable 4 educational expenses for health care, mental health, and public health professionals. 5 The department of health and senior services shall be the administrative agency for the 6 implementation of the program established by this section.

7 2. The department of health and senior services shall prescribe the form and the time and method of filing applications and supervise the processing, including oversight 8 and monitoring of the program, and shall promulgate rules to implement the provisions 9 of sections 191.430 to 191.450. Any rule or portion of a rule, as that term is defined in 10 11 section 536.010, that is created under the authority delegated in this section shall 12 become effective only if it complies with and is subject to all of the provisions of chapter 13 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to 14 15 review, to delay the effective date, or to disapprove and annul a rule are subsequently 16 held unconstitutional, then the grant of rulemaking authority and any rule proposed or 17 adopted after August 28, 2023, shall be invalid and void.

18 3. The director of the department of health and senior services shall have the 19 discretion to determine the health professionals and practitioners who will receive 20 forgivable health professional loans from the department to pay their existing loans. 21 The director shall make such determinations each fiscal year based on evidence 22 associated with the greatest needs in the best interests of the public. The health care, 23 mental health, and public health professionals or disciplines funded in any given year 24 shall be contingent upon consultation with the office of workforce development in the 25 department of higher education and workforce development and the department of 26 mental health, or their successor agencies.

4. The department of health and senior services shall enter into a contract with each selected applicant who receives a health professional loan under this section. Each selected applicant shall apply the loan award to his or her educational debt. The contract shall detail the methods of forgiveness associated with a service obligation and the terms associated with the principal and interest accruing on the loan at the time of the award. The contract shall contain details concerning how forgiveness is earned, including when partial forgiveness is earned through a service obligation, and the termsand conditions associated with repayment of the loans for any obligation not served.

5. All health professional loans shall be made from funds appropriated by the general assembly to the health professional loan incentive fund established in section 191.445.

191.435. The department of health and senior services shall designate counties, communities, or sections of areas in the state as areas of defined need for health care, mental health, and public health services. If a county, community, or section of an area has been designated or determined as a professional shortage area, a shortage area, or a health care, mental health, or public health professional shortage area by the federal Department of Health and Human Services or its successor agency, the department of health and senior services shall designate it as an area of defined need under this section. If the director of the department of health and senior services determines that a county, community, or section of an area has an extraordinary need for health care professional services without a corresponding supply of such professionals, the department of health and senior services may designate it as an area of defined need under this section.

191.440. 1. The department of health and senior services shall enter into a contract with each individual qualifying for a forgivable loan under sections 191.430 to 3 191.450. The written contract between the department and the individual shall contain, 4 but not be limited to, the following:

5 (1) An agreement that the state agrees to award a loan and the individual agrees 6 to serve for a period equal to two years, or a longer period as the individual may agree 7 to, in an area of defined need as designated by the department, with such service period 8 to begin on the date identified on the signed contract;

9 (2) A provision that any financial obligations arising out of a contract entered 10 into and any obligation of the individual that is conditioned thereon is contingent upon 11 funds being appropriated for loans;

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(3) The area of defined need where the person will practice;

13 (4) A statement of the damages to which the state is entitled for the individual's
14 breach of the contract; and

15 (5) Such other statements of the rights and liabilities of the department and of 16 the individual not inconsistent with sections 191.430 to 191.450.

2. The department of health and senior services may stipulate specific practice sites, contingent upon department-generated health care, mental health, and public health professional need priorities, where applicants shall agree to practice for the duration of their participation in the program.

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191.445. There is hereby created in the state treasury the "Health Professional Loan Incentive Fund", which shall consist of any appropriations made by the general assembly, all funds recovered from an individual under section 191.450, and all funds generated by loan repayments received under sections 191.430 to 191.450. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, moneys in this fund shall be used solely by the department of health and senior services to provide loans under sections 191.430 to 191.450. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

191.450. 1. An individual who enters into a written contract with the 2 department of health and senior services, as described in section 191.440, and who fails 3 to maintain an acceptable employment status shall be liable to the state for any amount 4 awarded as a loan by the department directly to the individual who entered into the 5 contract that has not yet been forgiven.

6 2. An individual fails to maintain an acceptable employment status under this 7 section when the contracted individual involuntarily or voluntarily terminates 8 qualifying employment, is dismissed from such employment before completion of the 9 contractual service obligation within the specific time frame outlined in the contract, or 10 fails to respond to requests made by the department.

3. If an individual breaches the written contract of the individual by failing to
begin or complete such individual's service obligation, the state shall be entitled to
recover from the individual an amount equal to the sum of:

14 (1) The total amount of the loan awarded by the department or, if the 15 department had already awarded partial forgiveness at the time of the breach, the 16 amount of the loan not yet forgiven;

(2) The interest on the amount that would be payable if at the time the loan was
awarded it was a loan bearing interest at the maximum prevailing rate as determined by
the Treasurer of the United States;

20 (3) An amount equal to any damages incurred by the department as a result of 21 the breach; and

(4) Any legal fees or associated costs incurred by the department or the state ofMissouri in the collection of damages.

191.600. 1. Sections 191.600 to 191.615 establish a loan repayment program for graduates of approved medical schools, schools of osteopathic medicine, schools of dentistry 2 3 and accredited chiropractic colleges who practice in areas of defined need and shall be known as the "Health Professional Student Loan Repayment Program". Sections 191.600 to 191.615 4 shall apply to graduates of accredited chiropractic colleges when federal guidelines for 5 chiropractic shortage areas are developed. 6

7 2. The "Health Professional Student Loan and Loan Repayment Program Fund" is hereby created in the state treasury. All funds recovered from an individual pursuant to 8 9 section 191.614 and all funds generated by loan repayments and penalties received pursuant 10 to section 191.540 shall be credited to the fund. The moneys in the fund shall be used by the department of health and senior services to provide loan repayments pursuant to section 11 12 191.611 in accordance with sections 191.600 to 191.614 [and to provide loans pursuant to sections 191.500 to 191.550]. 13

191.828. 1. The following departments shall conduct on-going evaluations of the effect of the initiatives enacted by the following sections: 2

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(1) The department of commerce and insurance shall evaluate the effect of revising section 376.782 and sections 143.999, 208.178, 374.126, and 376.891 to 376.894; 4

5 (2) The department of health and senior services shall evaluate the effect of revising sections 105.711 and [sections 191.520 and] 191.600 and enacting section 191.411, and 6 sections 167.600 to 167.621, 191.231, 208.177, 431.064, and 660.016. In collaboration with 7 the state board of registration for the healing arts, the state board of nursing, and the state 8 9 board of pharmacy, the department of health and senior services shall also evaluate the effect of revising section 195.070, section 334.100, and section 335.016, and of sections 334.104 10 and 334.112, and section 338.095 and 338.198; 11

12 (3) The department of social services shall evaluate the effect of revising section 198.090, and sections 208.151, 208.152 and 208.215, and section 383.125, and of sections 13 167.600 to 167.621, 208.177, 208.178, 208.179, 208.181, and 211.490; 14

15 (4) The office of administration shall evaluate the effect of revising sections 105.711 16 and 105.721;

(5) The Missouri consolidated health care plan shall evaluate the effect of section 17 103.178; and 18

19 (6) The department of mental health shall evaluate the effect of section 191.831 as it 20 relates to substance abuse treatment and of section 191.835.

21 2. The department of revenue and office of administration shall make biannual reports 22 to the general assembly and the governor concerning the income received into the health 23 initiatives fund and the level of funding required to operate the programs and initiatives funded by the health initiatives fund at an optimal level. 24

191.831. 1. There is hereby established in the state treasury a "Health Initiatives Fund", to which shall be deposited all revenues designated for the fund under subsection 8 of 2 3 section 149.015, and subsection 3 of section 149.160, and section 167.609, and all other funds 4 donated to the fund or otherwise deposited pursuant to law. The state treasurer shall administer the fund. Money in the fund shall be appropriated to provide funding for 5 implementing the new programs and initiatives established by sections 105.711 and 105.721. 6 7 The moneys in the fund may further be used to fund those programs established by sections 8 191.411[, 191.520] and 191.600, sections 208.151 and 208.152, and sections 103.178, 9 143.999, 167.600 to 167.621, 188.230, 191.211, 191.231, 191.825 to 191.839, 192.013, 10 208.177, 208.178, 208.179 and 208.181, 211.490, 285.240, 337.093, 374.126, 376.891 to 376.894, 431.064, 660.016, 660.017 and 660.018; in addition, not less than fifteen percent of 11 the proceeds deposited to the health initiative fund pursuant to sections 149.015 and 149.160 12 shall be appropriated annually to provide funding for the C-STAR substance abuse 13 rehabilitation program of the department of mental health, or its successor program, and a C-14 15 STAR pilot project developed by the director of the division of alcohol and drug abuse and the director of the department of corrections as an alternative to incarceration, as provided in 16 17 subsections 2, 3, and 4 of this section. Such pilot project shall be known as the "Alt-care" 18 program. In addition, some of the proceeds deposited to the health initiatives fund pursuant to sections 149.015 and 149.160 shall be appropriated annually to the division of alcohol and 19 20 drug abuse of the department of mental health to be used for the administration and oversight 21 of the substance abuse traffic [offenders] offender program defined in section 302.010 [and 22 section 577.001]. The provisions of section 33.080 to the contrary notwithstanding, money in 23 the health initiatives fund shall not be transferred at the close of the biennium to the general 24 revenue fund.

25 2. The director of the division of alcohol and drug abuse and the director of the department of corrections shall develop and administer a pilot project to provide a 26 comprehensive substance abuse treatment and rehabilitation program as an alternative to 27 28 incarceration, hereinafter referred to as "Alt-care". Alt-care shall be funded using money 29 provided under subsection 1 of this section through the Missouri Medicaid program, the C-STAR program of the department of mental health, and the division of alcohol and drug 30 abuse's purchase-of-service system. Alt-care shall offer a flexible combination of clinical 31 services and living arrangements individually adapted to each client and her children. Alt-32 33 care shall consist of the following components:

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(1) Assessment and treatment planning;

35 (2) Community support to provide continuity, monitoring of progress and access to 36 services and resources;

37 (3) Counseling from individual to family therapy;

38 (4) Day treatment services which include accessibility seven days per week,
39 transportation to and from the Alt-care program, weekly drug testing, leisure activities,
40 weekly events for families and companions, job and education preparedness training, peer
41 support and self-help and daily living skills; and

42 (5) Living arrangement options which are permanent, substance-free and conducive 43 to treatment and recovery.

44 3. Any female who is pregnant or is the custodial parent of a child or children under 45 the age of twelve years, and who has pleaded guilty to or found guilty of violating the provisions of chapter 195, and whose controlled substance abuse was a precipitating or 46 contributing factor in the commission of the offense, and who is placed on probation may be 47 48 required, as a condition of probation, to participate in Alt-care, if space is available in the 49 pilot project area. Determinations of eligibility for the program, placement, and continued participation shall be made by the division of alcohol and drug abuse, in consultation with the 50 department of corrections. 51

4. The availability of space in Alt-care shall be determined by the director of the division of alcohol and drug abuse in conjunction with the director of the department of corrections. If the sentencing court is advised that there is no space available, the court shall consider other authorized dispositions.

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

7 2. An advanced practice registered nurse, as defined in section 335.016, but not a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016, who 8 holds a certificate of controlled substance prescriptive authority from the board of nursing 9 10 under section 335.019 and who is delegated the authority to prescribe controlled substances under a collaborative practice arrangement under section 334.104 may prescribe any 11 controlled substances listed in Schedules III, IV, and V of section 195.017, and may have 12 restricted authority in Schedule II. Prescriptions for Schedule II medications prescribed by an 13 advanced practice registered nurse who has a certificate of controlled substance prescriptive 14 15 authority are restricted to only those medications containing hydrocodone and Schedule II controlled substances for hospice patients pursuant to the provisions of section 334.104. 16 17 However, no such certified advanced practice registered nurse shall prescribe controlled substance for his or her own self or family. Schedule III narcotic controlled substance and 18

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Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supplywithout refill.

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

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

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

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(2) As provided in section 195.265.

5. An individual practitioner shall not prescribe or dispense a controlled substance forsuch practitioner's personal use except in a medical emergency.

195.100. 1. It shall be unlawful to distribute any controlled substance in acommercial container unless such container bears a label containing an identifying symbol forsuch substance in accordance with federal laws.

2. It shall be unlawful for any manufacturer of any controlled substance to distribute
such substance unless the labeling thereof conforms to the requirements of federal law and
contains the identifying symbol required in subsection 1 of this section.

3. The label of a controlled substance in Schedule II, III or IV shall, when dispensed
to or for a patient, contain a clear, concise warning that it is a criminal offense to transfer such
narcotic or dangerous drug to any person other than the patient.

4. Whenever a manufacturer sells or dispenses a controlled substance and whenever a wholesaler sells or dispenses a controlled substance in a package prepared by him or her, the manufacturer or wholesaler shall securely affix to each package in which that drug is contained a label showing in legible English the name and address of the vendor and the quantity, kind, and form of controlled substance contained therein. No person except a pharmacist for the purpose of filling a prescription under this chapter, shall alter, deface, or remove any label so affixed.

5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on a prescription issued by a physician, physician assistant, dentist, podiatrist, veterinarian, or advanced practice registered nurse, the pharmacist or practitioner shall affix to the container in which such drug is sold or dispensed a label showing his or her own name and address of the pharmacy or practitioner for whom he or she is lawfully acting; the name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal;

23 the name of the physician, physician assistant, dentist, podiatrist, advanced practice registered

nurse, or veterinarian by whom the prescription was written; [the name of the collaborating physician if the prescription is written by an advanced practice registered nurse or a physician

26 assistant,] and such directions as may be stated on the prescription. No person shall alter,

27 deface, or remove any label so affixed.

324.520. 1. As used in sections 324.520 to 324.524, the following terms mean:

2 (1) "Body piercing", the perforation of human tissue other than an ear for a 3 nonmedical purpose;

4 (2) "Branding", a permanent mark made on human tissue by burning with a hot iron 5 or other instrument;

(3) "Controlled substance", any substance defined in section 195.010;

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(4) "Minor", a person under the age of eighteen;

(5) "Tattoo", one or more of the following:

9 (a) [An indelible] A mark made on the body of another person by the insertion of a 10 pigment, ink, or both pigment and ink under the skin with the aid of needles or blades 11 using hand-held or machine-powered instruments; [or]

(b) A mark made on the face or body of another person for cosmetic purposes or
to any part of the body for scar coverage or other corrective purposes by the insertion of
a pigment, ink, or both pigment and ink under the skin with the aid of needles; or

(c) An indelible design made on the body of another person by production of scarsother than by branding.

No person shall knowingly tattoo, brand or perform body piercing on a minor
 unless such person obtains the prior written informed consent of the minor's parent or legal
 guardian. The minor's parent or legal guardian shall execute the written informed consent
 required pursuant to this subsection in the presence of the person performing the tattooing,
 branding or body piercing on the minor, or in the presence of an employee or agent of such
 person. Any person who fraudulently misrepresents himself or herself as a parent is guilty of
 a class B misdemeanor.

3. A person shall not tattoo, brand or perform body piercing on another person if the other person is under the influence of intoxicating liquor or a controlled substance.

4. A person who violates any provisions of sections 324.520 to 324.526 is guilty of a misdemeanor and shall be fined not more than five hundred dollars. If there is a subsequent violation within one year of the initial violation, such person shall be fined not less than five hundred dollars or more than one thousand dollars.

5. No person under the age of eighteen shall tattoo, brand or perform body piercingon another person.

329.010. As used in this chapter, unless the context clearly indicates otherwise, the 2 following words and terms mean:

3 (1) "Accredited school of cosmetology or school of manicuring", an establishment 4 operated for the purpose of teaching cosmetology as defined in this section and meeting the 5 criteria set forth under 34 C.F.R. Part 600, Sections 600.1 and 600.2;

- 6 (2) "Apprentice" or "student", a person who is engaged in training within a 7 cosmetology establishment or school, and while so training performs any of the practices of 8 the classified occupations within this chapter under the immediate direction and supervision 9 of a licensed cosmetologist or instructor;
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(3) "Board", the state board of cosmetology and barber examiners;

(4) "Cosmetologist", any person who, for compensation, engages in the practice ofcosmetology, as defined in subdivision (5) of this section;

13 (5) "Cosmetology" includes performing or offering to engage in any acts of the 14 classified occupations of cosmetology for compensation, which shall include:

15 (a) "Class CH - hairdresser" includes arranging, dressing, curling, singeing, waving, 16 permanent waving, cleansing, cutting, bleaching, tinting, coloring or similar work upon the hair of any person by any means; or removing superfluous hair from the body of any person 17 18 by means other than electricity, or any other means of arching or tinting eyebrows or tinting eyelashes. Class CH - hairdresser also includes any person who either with the person's hands 19 20 or with mechanical or electrical apparatuses or appliances, or by the use of cosmetic preparations, antiseptics, tonics, lotions or creams engages for compensation in any one or 21 22 any combination of the following: massaging, cleaning, stimulating, manipulating, 23 exercising, beautifying or similar work upon the scalp, face, neck, arms or bust;

(b) "Class MO - manicurist" includes cutting, trimming, polishing, coloring, tinting, cleaning or otherwise beautifying a person's fingernails, applying artificial fingernails, massaging, cleaning a person's hands and arms; pedicuring, which includes cutting, trimming, polishing, coloring, tinting, cleaning or otherwise beautifying a person's toenails, applying artificial toenails, massaging and cleaning a person's legs and feet;

(c) "Class CA - hairdressing and manicuring" includes all practices of cosmetology,
as defined in paragraphs (a) and (b) of this subdivision;

(d) "Class E - estheticians" includes the use of mechanical, electrical apparatuses or appliances, or by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, not to exceed ten percent phenol, engages for compensation, either directly or indirectly, in any one, or any combination, of the following practices: massaging, cleansing, stimulating, manipulating, exercising, beautifying or similar work upon the scalp, face, neck, ears, arms, hands, bust, torso, legs or feet and removing superfluous hair by means other than electric needle or any other means of arching or tinting eyebrows or tinting eyelashes, of any person;and

(e) "Personal service registration", a registration obtained from the board to
 provide services to placebound clients;

41 (6) "Cosmetology establishment", that part of any building wherein or whereupon any 42 of the classified occupations are practiced including any space rented within a licensed 43 establishment by a person licensed under this chapter, for the purpose of rendering 44 cosmetology services;

45 (7) "Cross-over license", a license that is issued to any person who has met the 46 licensure and examination requirements for both barbering and cosmetology;

47 (8) "Hair braider", any person who, for compensation, engages in the practice of hair48 braiding;

(9) "Hair braiding", in accordance with the requirements of section 329.275, the use
of techniques that result in tension on hair strands or roots by twisting, wrapping, waving,
extending, locking, or braiding of the hair by hand or mechanical device, but does not include
the application of dyes, reactive chemicals, or other preparations to alter the color of the hair
or to straighten, curl, or alter the structure of the hair;

54 (10) "Hairdresser", any person who, for compensation, engages in the practice of 55 cosmetology as defined in paragraph (a) of subdivision (5) of this section;

(11) "Instructor", any person who is licensed to teach cosmetology or any practices of
 cosmetology pursuant to this chapter;

58 (12) "Manicurist", any person who, for compensation, engages in any or all of the 59 practices in paragraph (b) of subdivision (5) of this section;

60 (13) "Parental consent", the written informed consent of a minor's parent or legal 61 guardian that must be obtained prior to providing body waxing on or near the genitalia;

62 (14) "Placebound client", a client who is ill, disabled, or otherwise unable to 63 travel to a cosmetology establishment;

64 (15) "School of cosmetology" or "school of manicuring", an establishment operated
65 for the purpose of teaching cosmetology as defined in subdivision (5) of this section.

329.280. 1. Any cosmetologist holding a current and active license to practice the categories of cosmetology described in paragraphs (a) to (d) of subdivision (5) of section 329.010 may register with the board for a personal service registration to provide services to placebound clients outside of a cosmetology establishment. An applicant for a personal service registration shall submit to the board an application, a fee as set by the board, and a copy of the applicant's current and active license. An applicant for a personal service registration may be denied such registration if the

8 applicant has pled guilty to, entered a plea of nolo contendere to, or been found guilty of
9 any of the offenses set forth in subsection 5 of section 329.050.

10 **2.** A personal service registrant shall keep his or her information that the board 11 requires in the initial registration current and up to date with the board.

12 **3.** A personal service registrant shall provide to the client or customer a copy of 13 the personal service registration and license upon request.

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4. The board may:

15 (1) Inspect the tools, equipment, and implements of any personal service 16 registrant one time each year to ensure that the registrant is following all sanitation 17 standards set by the board by rule;

18 (2) Inspect the tools, equipment, and implements of any personal service 19 registrant if a customer or client submits a complaint to the board about the registrant; 20 and

(3) Following all requirements set forth in section 329.140, revoke the personal
service registration of a registrant, discipline a registrant's license, or revoke the
registration and discipline the license of a registrant for any violation set forth in section
329.140 or for failure to follow the requirements of this section.

25 5. The board may promulgate regulations necessary for the administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that 26 27 is created under the authority delegated in this section shall become effective only if it 28 complies with and is subject to all of the provisions of chapter 536 and, if applicable, 29 section 536.028. This section and chapter 536 are nonseverable and if any of the powers 30 vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, 31 32 then the grant of rulemaking authority and any rule proposed or adopted after August 33 28, 2023, shall be invalid and void.

334.0

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

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(1) "Assistant physician", any graduate of a medical school [graduate] accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic

4 College Accreditation, or an organization accredited by the Educational Commission 5 for Foreign Medical Graduates who:

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

7 (b) Has successfully completed Step 2 of the United States Medical Licensing 8 Examination or the equivalent of such step of any other board-approved medical licensing 9 examination within the three-year period immediately preceding application for licensure as 10 an assistant physician, or within three years after graduation from a medical college or 11 osteopathic medical college, whichever is later;

12 (c) Has not completed an approved postgraduate residency and has successfully 13 completed Step 2 of the United States Medical Licensing Examination or the equivalent of 14 such step of any other board-approved medical licensing examination within the immediately 15 preceding three-year period unless when such three-year anniversary occurred he or she was 16 serving as a resident physician in an accredited residency in the United States and continued 17 to do so within thirty days prior to application for licensure as an assistant physician; and

18 19

(d) Has proficiency in the English language.

20 Any **graduate of a** medical school [graduate] who could have applied for licensure and 21 complied with the provisions of this subdivision at any time between August 28, 2014, and 22 August 28, 2017, may apply for licensure and shall be deemed in compliance with the 23 provisions of this subdivision;

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

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

29 2. (1) An assistant physician collaborative practice arrangement shall limit the 30 assistant physician to providing only primary care services and only in medically underserved 31 rural or urban areas of this state [or in any pilot project areas established in which assistant 32 physicians may practice].

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

35 (a) An assistant physician shall be considered a physician assistant for purposes of 36 regulations of the Centers for Medicare and Medicaid Services (CMS); and

37 (b) No supervision requirements in addition to the minimum federal law shall be38 required.

39 3. (1) For purposes of this section, the licensure of assistant physicians shall take place within processes established by rules of the state board of registration for the healing 40 arts. The board of healing arts is authorized to establish rules under chapter 536 establishing 41 licensure and renewal procedures, supervision, collaborative practice arrangements, fees, and 42 43 addressing such other matters as are necessary to protect the public and discipline the profession. No licensure fee for an assistant physician shall exceed the amount of any 44 45 licensure fee for a physician assistant. An application for licensure may be denied or the 46 licensure of an assistant physician may be suspended or revoked by the board in the same 47 manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule. No rule or regulation shall require an assistant 48

49 physician to complete more hours of continuing medical education than that of a licensed50 physician.

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

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

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

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

69 6. The provisions of section 334.037 shall apply to all assistant physician 70 collaborative practice arrangements. Any renewal of licensure under this section shall 71 include verification of actual practice under a collaborative practice arrangement in 72 accordance with this subsection during the immediately preceding licensure period.

73 7. Each health carrier or health benefit plan that offers or issues health benefit plans 74 that are delivered, issued for delivery, continued, or renewed in this state shall reimburse an 75 assistant physician for the diagnosis, consultation, or treatment of an insured or enrollee on 76 the same basis that the health carrier or health benefit plan covers the service when it is 77 delivered by another comparable mid-level health care provider including, but not limited to, 78 a physician assistant.

334.043. [Upon the applicant paying a fee equivalent to the required examination fee and furnishing the board with all locations of previous practice and licensure in chronological order, the board shall, under regulations prescribed by it, admit without examination qualified persons who meet the requirements of this state including, but not limited to, sections 334.031, 334.035 and 334.040, and who hold certificates of licensure in any state or territory of the United States or the District of Columbia authorizing them to practice in the same manner and to the same extent as physicians and surgeons are authorized to practice by this 8 chapter. Within the limits of this section, the board is authorized and empowered to negotiate

9 reciprocal compacts with licensing boards of other states for admission of licensed 10 practitioners from Missouri in other states] 1. For purposes of this section, the following 11 terms mean:

12 (1) "Board", the state board of registration for the healing arts in the state of 13 Missouri;

14 (2) "License", a license, certificate, registration, permit, accreditation, or 15 military occupational specialty that enables a person to legally practice an occupation or 16 profession in a particular jurisdiction;

17 (3) "Military", the Armed Forces of the United States, including the Air Force, 18 Army, Coast Guard, Marine Corps, Navy, Space Force, National Guard, and any other 19 military branch that is designated by Congress as part of the Armed Forces of the 20 United States, and all reserve components and auxiliaries. The term "military" also 21 includes the military reserves and militia of any United States territory or state;

(4) "Nonresident military spouse", a nonresident spouse of an active duty
member of the Armed Forces of the United States who has been transferred or is
scheduled to be transferred to the state of Missouri, or who has been transferred or is
scheduled to be transferred to an adjacent state and is or will be domiciled in the state of
Missouri, or has moved to the state of Missouri on a permanent change-of-station basis;
(5) "Oversight body", any board, department, agency, or office of a jurisdiction
that issues licenses;

(6) "Resident military spouse", a spouse of an active duty member of the Armed
Forces of the United States who has been transferred or is scheduled to be transferred to
the state of Missouri or an adjacent state and who is a permanent resident of the state of
Missouri, who is domiciled in the state of Missouri, or who has Missouri as his or her
home of record.

2. Any person who holds a valid current physician and surgeon license issued by another state, a branch or unit of the military, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit to the board an application for a physician and surgeon license in Missouri along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction.

40 **3.** The board shall:

41 (1) Within six months of receiving an application described in subsection 2 of 42 this section, waive any examination, educational, or experience requirements for 43 licensure in this state for the applicant if it determines that there were minimum 44 education requirements and, if applicable, work experience and clinical supervision

45 requirements in effect and the other jurisdiction verifies that the person met those 46 requirements in order to be licensed or certified in that jurisdiction. The board may 47 require an applicant to take and pass an examination specific to the laws of this state; or

48 (2) Within thirty days of receiving an application described in subsection 2 of 49 this section from a nonresident military spouse or a resident military spouse, waive any 50 examination, educational, or experience requirements for licensure in this state for the 51 applicant and issue such applicant a license under this section if such applicant 52 otherwise meets the requirements of this section.

53 4. (1) The board shall not waive any examination, educational, or experience 54 requirements for any applicant who has had his or her license revoked by an oversight body outside the state; who is currently under investigation, who has a complaint 55 56 pending, or who is currently under disciplinary action, except as provided in subdivision 57 (2) of this subsection, with an oversight body outside the state; who does not hold a 58 license in good standing with an oversight body outside the state; who has a criminal 59 record that would disqualify him or her for licensure in Missouri; or who does not hold 60 a valid current license in the other jurisdiction on the date the board receives his or her 61 application under this section.

(2) If another jurisdiction has taken disciplinary action against an applicant, the
board shall determine if the cause for the action was corrected and the matter resolved.
If the matter has not been resolved by that jurisdiction, the board may deny a license
until the matter is resolved.

5. Nothing in this section shall prohibit the board from denying a license to an applicant under this section for any reason described in section 334.100.

68 6. Any person who is licensed under the provisions of this section shall be subject 69 to the board's jurisdiction and all rules and regulations pertaining to the practice as a 70 physician and surgeon in this state.

71 7. This section shall not be construed to waive any requirement for an applicant 72 to pay any fees.

334.100. 1. The board may refuse to issue or renew any certificate of registration or authority, permit or license required pursuant to this chapter for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of the applicant's right to file a complaint with the administrative hearing commission as provided by chapter 621. As an alternative to a refusal to issue or renew any certificate, registration or authority, the board may, at its discretion, issue a license which is subject to probation, restriction or limitation to an applicant for licensure for any one or any combination of causes stated in subsection 2 of this section. The board's order of probation, limitation or restriction shall contain a statement

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10 of the discipline imposed, the basis therefor, the date such action shall become effective, and a 11 statement that the applicant has thirty days to request in writing a hearing before the 12 administrative hearing commission. If the board issues a probationary, limited or restricted 13 license to an applicant for licensure, either party may file a written petition with the 14 administrative hearing commission within thirty days of the effective date of the probationary, 15 limited or restricted license seeking review of the board's determination. If no written request 16 for a hearing is received by the administrative hearing commission within the thirty-day 17 period, the right to seek review of the board's decision shall be considered as waived.

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered the person's certificate of registration or authority, permit or license for any one or any combination of the following causes:

(1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage
to an extent that such use impairs a person's ability to perform the work of any profession
licensed or regulated by this chapter;

26 (2) The person has been finally adjudicated and found guilty, or entered a plea of 27 guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the 28 United States, for any offense reasonably related to the qualifications, functions or duties of 29 any profession licensed or regulated pursuant to this chapter, for any offense involving fraud, 30 dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not 31 sentence is imposed;

32 (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of 33 registration or authority, permit or license issued pursuant to this chapter or in obtaining 34 permission to take any examination given or required pursuant to this chapter;

35 (4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct or 36 unprofessional conduct in the performance of the functions or duties of any profession 37 licensed or regulated by this chapter, including, but not limited to, the following:

(a) Obtaining or attempting to obtain any fee, charge, tuition or other compensation
by fraud, deception or misrepresentation; willfully and continually overcharging or
overtreating patients; or charging for visits to the physician's office which did not occur
unless the services were contracted for in advance, or for services which were not rendered or
documented in the patient's records;

43 (b) Attempting, directly or indirectly, by way of intimidation, coercion or deception,44 to obtain or retain a patient or discourage the use of a second opinion or consultation;

45 (c) Willfully and continually performing inappropriate or unnecessary treatment,
 46 diagnostic tests or medical or surgical services;

47 (d) Delegating professional responsibilities to a person who is not qualified by 48 training, skill, competency, age, experience or licensure to perform such responsibilities;

49 (e) Misrepresenting that any disease, ailment or infirmity can be cured by a method,50 procedure, treatment, medicine or device;

51 (f) Performing or prescribing medical services which have been declared by board 52 rule to be of no medical or osteopathic value;

(g) Final disciplinary action by any professional medical or osteopathic association or society or licensed hospital or medical staff of such hospital in this or any other state or territory, whether agreed to voluntarily or not, and including, but not limited to, any removal, suspension, limitation, or restriction of the person's license or staff or hospital privileges, failure to renew such privileges or license for cause, or other final disciplinary action, if the action was in any way related to unprofessional conduct, professional incompetence, malpractice or any other violation of any provision of this chapter;

60 (h) Signing a blank prescription form; or dispensing, prescribing, administering or 61 otherwise distributing any drug, controlled substance or other treatment without sufficient 62 examination including failing to establish a valid physician-patient relationship pursuant to 63 section 334.108, or for other than medically accepted therapeutic or experimental or 64 investigative purposes duly authorized by a state or federal agency, or not in the course of 65 professional practice, or not in good faith to relieve pain and suffering, or not to cure an 66 ailment, physical infirmity or disease, except as authorized in section 334.104;

67 (i) Exercising influence within a physician-patient relationship for purposes of 68 engaging a patient in sexual activity;

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(j) Being listed on any state or federal sexual offender registry;

(k) Terminating the medical care of a patient without adequate notice or without
 making other arrangements for the continued care of the patient;

(1) Failing to furnish details of a patient's medical records to other treating physicians
 or hospitals upon proper request; or failing to comply with any other law relating to medical
 records;

75 (m) Failure of any applicant or licensee to cooperate with the board during any 76 investigation;

(n) Failure to comply with any subpoena or subpoena duces tecum from the board oran order of the board;

(o) Failure to timely pay license renewal fees specified in this chapter;

80 (p) Violating a probation agreement, order, or other settlement agreement with this 81 board or any other licensing agency;

82 (q) Failing to inform the board of the physician's current residence and business83 address;

(r) Advertising by an applicant or licensee which is false or misleading, or which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by any other physician. An applicant or licensee shall also be in violation of this provision if the applicant or licensee has a financial interest in any organization, corporation or association which issues or conducts such advertising;

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(s) Any other conduct that is unethical or unprofessional involving a minor;

91 (5) Any conduct or practice which is or might be harmful or dangerous to the mental 92 or physical health of a patient or the public; or incompetency, gross negligence or repeated 93 negligence in the performance of the functions or duties of any profession licensed or 94 regulated by this chapter. For the purposes of this subdivision, "repeated negligence" means 95 the failure, on more than one occasion, to use that degree of skill and learning ordinarily used 96 under the same or similar circumstances by the member of the applicant's or licensee's 97 profession;

98 (6) Violation of, or attempting to violate, directly or indirectly, or assisting or 99 enabling any person to violate, any provision of this chapter or chapter 324, or of any lawful 100 rule or regulation adopted pursuant to this chapter or chapter 324;

101 (7) Impersonation of any person holding a certificate of registration or authority, 102 permit or license or allowing any person to use his or her certificate of registration or 103 authority, permit, license or diploma from any school;

104 (8) Revocation, suspension, restriction, modification, limitation, reprimand, warning, 105 censure, probation or other final disciplinary action against the holder of or applicant for a license or other right to practice any profession regulated by this chapter by another state, 106 107 territory, federal agency or country, whether or not voluntarily agreed to by the licensee or applicant, including, but not limited to, the denial of licensure, surrender of the license, 108 109 allowing the license to expire or lapse, or discontinuing or limiting the practice of medicine while subject to an investigation or while actually under investigation by any licensing 110 111 authority, medical facility, branch of the Armed Forces of the United States of America, 112 insurance company, court, agency of the state or federal government, or employer;

(9) A person is finally adjudged incapacitated or disabled by a court of competentjurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by this chapter who is not registered and currently eligible to practice pursuant to this chapter; or knowingly performing any act which in any way aids, assists, procures, advises, or encourages any person to practice medicine who is not registered and currently eligible to practice pursuant to this chapter. A physician who works in accordance 120 with standing orders or protocols or in accordance with the provisions of section 334.104121 shall not be in violation of this subdivision;

(11) Issuance of a certificate of registration or authority, permit or license based upona material mistake of fact;

124 (12) Failure to display a valid certificate or license if so required by this chapter or 125 any rule promulgated pursuant to this chapter;

(13) Violation of the drug laws or rules and regulations of this state, including but notlimited to any provision of chapter 195, any other state, or the federal government;

128 (14) Knowingly making, or causing to be made, or aiding, or abetting in the making 129 of, a false statement in any birth, death or other certificate or document executed in 130 connection with the practice of the person's profession;

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(15) Knowingly making a false statement, orally or in writing to the board;

(16) Soliciting patronage in person or by agents or representatives, or by any other means or manner, under the person's own name or under the name of another person or concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as to the need or necessity for or appropriateness of health care services for all patients, or the qualifications of an individual person or persons to diagnose, render, or perform health care services;

138 (17) Using, or permitting the use of, the person's name under the designation of 139 "Doctor", "Dr.", "M.D.", or "D.O.", or any similar designation with reference to the 140 commercial exploitation of any goods, wares or merchandise;

141 (18) Knowingly making or causing to be made a false statement or misrepresentation 142 of a material fact, with intent to defraud, for payment pursuant to the provisions of chapter 143 208 or chapter 630 or for payment from Title XVIII or Title XIX of the Social Security Act; 144 Failure or refusal to properly guard against contagious, infectious or (19)communicable diseases or the spread thereof; maintaining an unsanitary office or 145 performing professional services under unsanitary conditions; or failure to report the 146 147 existence of an unsanitary condition in the office of a physician or in any health care facility 148 to the board, in writing, within thirty days after the discovery thereof;

(20) Any candidate for licensure or person licensed to practice as a physical therapist, paying or offering to pay a referral fee or[, notwithstanding section 334.010 to the contrary, practicing or offering to practice professional physical therapy independent of the prescription and direction of a person licensed and registered as a physician and surgeon pursuant to this chapter, as a dentist pursuant to chapter 332, as a podiatrist pursuant to chapter 330, as an advanced practice registered nurse under chapter 335, or any licensed and registered physician, dentist, podiatrist, or advanced practice registered nurse practicing in another 156 jurisdiction, whose license is in good standing] evaluating or treating a patient in a 157 manner inconsistent with section 334.506;

(21) Any candidate for licensure or person licensed to practice as a physical therapist,
treating or attempting to treat ailments or other health conditions of human beings other than
by professional physical therapy and as authorized by sections 334.500 to 334.620;

161 (22) Any person licensed to practice as a physician or surgeon, requiring, as a 162 condition of the physician-patient relationship, that the patient receive prescribed drugs, 163 devices or other professional services directly from facilities of that physician's office or other 164 entities under that physician's ownership or control. A physician shall provide the patient with a prescription which may be taken to the facility selected by the patient and a physician 165 knowingly failing to disclose to a patient on a form approved by the advisory commission for 166 167 professional physical therapists as established by section 334.625 which is dated and signed 168 by a patient or guardian acknowledging that the patient or guardian has read and understands that the physician has a pecuniary interest in a physical therapy or rehabilitation service 169 170 providing prescribed treatment and that the prescribed treatment is available on a competitive 171 basis. This subdivision shall not apply to a referral by one physician to another physician 172 within a group of physicians practicing together;

173 (23) A pattern of personal use or consumption of any controlled substance unless it is174 prescribed, dispensed or administered by another physician who is authorized by law to do so;

175 (24) Habitual intoxication or dependence on alcohol, evidence of which may include 176 more than one alcohol-related enforcement contact as defined by section 302.525;

177 (25) Failure to comply with a treatment program or an aftercare program entered into 178 as part of a board order, settlement agreement or licensee's professional health program;

179 (26) Revocation, suspension, limitation, probation, or restriction of any kind 180 whatsoever of any controlled substance authority, whether agreed to voluntarily or not, or 181 voluntary termination of a controlled substance authority while under investigation;

182 (27) For a physician to operate, conduct, manage, or establish an abortion facility, or 183 for a physician to perform an abortion in an abortion facility, if such facility comes under the 184 definition of an ambulatory surgical center pursuant to sections 197.200 to 197.240, and such 185 facility has failed to obtain or renew a license as an ambulatory surgical center.

186 3. Collaborative practice arrangements, protocols and standing orders shall be in 187 writing and signed and dated by a physician prior to their implementation.

4. After the filing of such complaint before the administrative hearing commission, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, warn, censure or place the person named in the complaint on probation on such terms and

conditions as the board deems appropriate for a period not to exceed ten years, or may 193 suspend the person's license, certificate or permit for a period not to exceed three years, or 194 195 restrict or limit the person's license, certificate or permit for an indefinite period of time, or 196 revoke the person's license, certificate, or permit, or administer a public or private reprimand, 197 or deny the person's application for a license, or permanently withhold issuance of a license or 198 require the person to submit to the care, counseling or treatment of physicians designated by 199 the board at the expense of the individual to be examined, or require the person to attend such 200 continuing educational courses and pass such examinations as the board may direct.

5. In any order of revocation, the board may provide that the person may not apply for reinstatement of the person's license for a period of time ranging from two to seven years following the date of the order of revocation. All stay orders shall toll this time period.

6. Before restoring to good standing a license, certificate or permit issued pursuant to this chapter which has been in a revoked, suspended or inactive state for any cause for more than two years, the board may require the applicant to attend such continuing medical education courses and pass such examinations as the board may direct.

7. In any investigation, hearing or other proceeding to determine a licensee's or applicant's fitness to practice, any record relating to any patient of the licensee or applicant shall be discoverable by the board and admissible into evidence, regardless of any statutory or common law privilege which such licensee, applicant, record custodian or patient might otherwise invoke. In addition, no such licensee, applicant, or record custodian may withhold records or testimony bearing upon a licensee's or applicant's fitness to practice on the ground of privilege between such licensee, applicant or record custodian and a patient.

8. The act of lawfully dispensing, prescribing, administering, or otherwise distributing ivermectin tablets or hydroxychloroquine sulfate tablets for human use shall not be grounds for denial, suspension, revocation, or other disciplinary action by the board.

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

9 2. (1) Collaborative practice arrangements, which shall be in writing, may delegate to 10 a registered professional nurse the authority to administer, dispense or prescribe drugs and 11 provide treatment if the registered professional nurse is an advanced practice registered nurse 12 as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may

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delegate to an advanced practice registered nurse, as defined in section 335.016, the authority 13 to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of 14 15 section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in 16 17 Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. 18 19 Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall 20 be limited to a one hundred twenty-hour supply without refill.

21 Notwithstanding any other provision of this section to the contrary, a (2) 22 collaborative practice arrangement may delegate to an advanced practice registered 23 nurse the authority to administer, dispense, or prescribe Schedule II controlled 24 substances for hospice patients; provided, that the advanced practice registered nurse is employed by a hospice provider certified pursuant to chapter 197 and the advanced 25 practice registered nurse is providing care to hospice patients pursuant to a 26 27 collaborative practice arrangement that designates the certified hospice as a location 28 where the advanced practice registered nurse is authorized to practice and prescribe.

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

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

35 3. The written collaborative practice arrangement shall contain at least the following36 provisions:

37 (1) Complete names, home and business addresses, zip codes, and telephone numbers38 of the collaborating physician and the advanced practice registered nurse;

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

42 (3) A requirement that there shall be posted at every office where the advanced 43 practice registered nurse is authorized to prescribe, in collaboration with a physician, a 44 prominently displayed disclosure statement informing patients that they may be seen by an 45 advanced practice registered nurse and have the right to see the collaborating physician;

46 (4) All specialty or board certifications of the collaborating physician and all 47 certifications of the advanced practice registered nurse; 48 (5) The manner of collaboration between the collaborating physician and the 49 advanced practice registered nurse, including how the collaborating physician and the 50 advanced practice registered nurse will:

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

53 (b) Maintain geographic proximity, except as specified in this paragraph. The 54 following provisions shall apply with respect to this requirement:

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

61 **b.** The collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as 62 63 defined by P.L. 95-210 (42 U.S.C. Section 1395x, as amended), as long as the collaborative 64 practice arrangement includes alternative plans as required in paragraph (c) of this 65 subdivision. This exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics where the provider is a critical access 66 67 hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics 68 where the main location of the hospital sponsor is greater than fifty miles from the clinic.

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

72 d. In addition to the waivers and exemptions provided in this subsection, an 73 application for a waiver for any other reason of any applicable geographic proximity shall be available if a physician is collaborating with an advanced practice registered 74 75 nurse in excess of any geographic proximity limit. The board of nursing and the state 76 board of registration for the healing arts shall review each application for a waiver of geographic proximity and approve the application if the boards determine that 77 78 adequate supervision exists between the collaborating physician and the advanced 79 practice registered nurse. The boards shall have forty-five calendar days to review the 80 completed application for the waiver of geographic proximity. If no action is taken by 81 the boards within forty-five days after the submission of the application for a waiver, 82 then the application shall be deemed approved. If the application is denied by the 83 boards, the provisions of section 536.063 for contested cases shall apply and govern proceedings for appellate purposes; and 84

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

88 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the 89 collaborating physician;

90 (6) A description of the advanced practice registered nurse's controlled substance 91 prescriptive authority in collaboration with the physician, including a list of the controlled 92 substances the physician authorizes the nurse to prescribe and documentation that it is 93 consistent with each professional's education, knowledge, skill, and competence;

94 (7) A list of all other written practice agreements of the collaborating physician and 95 the advanced practice registered nurse;

96 (8) The duration of the written practice agreement between the collaborating 97 physician and the advanced practice registered nurse;

98 (9) A description of the time and manner of the collaborating physician's review of 99 the advanced practice registered nurse's delivery of health care services. The description shall 100 include provisions that the advanced practice registered nurse shall submit a minimum of ten 101 percent of the charts documenting the advanced practice registered nurse's delivery of health 102 care services to the collaborating physician for review by the collaborating physician, or any 103 other physician designated in the collaborative practice arrangement, every fourteen days; 104 [and]

105 (10) The collaborating physician, or any other physician designated in the 106 collaborative practice arrangement, shall review every fourteen days a minimum of twenty 107 percent of the charts in which the advanced practice registered nurse prescribes controlled 108 substances. The charts reviewed under this subdivision may be counted in the number of 109 charts required to be reviewed under subdivision (9) of this subsection; and

110 (11) If a collaborative practice arrangement is used in clinical situations where a 111 collaborating advanced practice registered nurse provides health care services that 112 include the diagnosis and initiation of treatment for acutely or chronically ill or injured 113 persons, then the collaborating physician or any other physician designated in the 114 collaborative practice arrangement shall be present for sufficient periods of time, at 115 least once every two weeks, except in extraordinary circumstances that shall be documented, to participate in a chart review and to provide necessary medical direction, 116 117 medical services, consultations, and supervision of the health care staff.

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

122 collaborative practice arrangements and the requirements for review of services provided 123 pursuant to collaborative practice arrangements including delegating authority to prescribe 124 controlled substances. Any rules relating to geographic proximity shall allow a 125 collaborating physician and a collaborating advanced practice registered nurse to 126 practice within two hundred miles by road of one another until August 28, 2025, if the 127 nurse is providing services in a correctional center, as defined in section 217.010. Any 128 rules relating to dispensing or distribution of medications or devices by prescription or 129 prescription drug orders under this section shall be subject to the approval of the state board 130 of pharmacy. Any rules relating to dispensing or distribution of controlled substances by 131 prescription or prescription drug orders under this section shall be subject to the approval of 132 the department of health and senior services and the state board of pharmacy. In order to take 133 effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the 134 state board of registration for the healing arts nor the board of nursing may separately 135 promulgate rules relating to collaborative practice arrangements. Such jointly promulgated 136 rules shall be consistent with guidelines for federally funded clinics. The rulemaking 137 authority granted in this subsection shall not extend to collaborative practice arrangements of 138 hospital employees providing inpatient care within hospitals as defined pursuant to chapter 139 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 140 30, 2008.

141 5. The state board of registration for the healing arts shall not deny, revoke, suspend 142 or otherwise take disciplinary action against a physician for health care services delegated to a registered professional nurse provided the provisions of this section and the rules 143 promulgated thereunder are satisfied. Upon the written request of a physician subject to a 144 145 disciplinary action imposed as a result of an agreement between a physician and a registered 146 professional nurse or registered physician assistant, whether written or not, prior to August 147 28, 1993, all records of such disciplinary licensure action and all records pertaining to the 148 filing, investigation or review of an alleged violation of this chapter incurred as a result of 149 such an agreement shall be removed from the records of the state board of registration for the 150 healing arts and the division of professional registration and shall not be disclosed to any 151 public or private entity seeking such information from the board or the division. The state 152 board of registration for the healing arts shall take action to correct reports of alleged violations and disciplinary actions as described in this section which have been submitted to 153 154 the National Practitioner Data Bank. In subsequent applications or representations relating to his or her medical practice, a physician completing forms or documents shall not be required 155 156 to report any actions of the state board of registration for the healing arts for which the records are subject to removal under this section. 157

158 6. Within thirty days of any change and on each renewal, the state board of 159 registration for the healing arts shall require every physician to identify whether the physician 160 is engaged in any collaborative practice [agreement] arrangement, including collaborative 161 practice [agreements] arrangements delegating the authority to prescribe controlled 162 substances, or physician assistant [agreement] collaborative practice arrangement and 163 also report to the board the name of each licensed professional with whom the physician has 164 entered into such [agreement] arrangement. The board [may] shall make this information 165 available to the public. The board shall track the reported information and may routinely 166 conduct random reviews of such [agreements] arrangements to ensure that [agreements] 167 arrangements are carried out for compliance under this chapter.

168 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as 169 defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services 170 without a collaborative practice arrangement provided that he or she is under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if 171 172 needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into 173 174 a collaborative practice arrangement under this section, except that the collaborative practice 175 arrangement may not delegate the authority to prescribe any controlled substances listed in 176 Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

177 8. A collaborating physician shall not enter into a collaborative practice arrangement 178 with more than six full-time equivalent advanced practice registered nurses, full-time 179 equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any 180 combination thereof. This limitation shall not apply to collaborative arrangements of hospital 181 employees providing inpatient care service in hospitals as defined in chapter 197 or 182 population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 183 2008, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately 184 185 available if needed as set out in subsection 7 of this section.

186 9. It is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the advanced practice 187 registered nurse shall practice with the collaborating physician continuously present before 188 practicing in a setting where the collaborating physician is not continuously present. This 189 190 limitation shall not apply to collaborative arrangements of providers of population-based 191 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to 192 collaborative practice arrangements between a primary care physician and a primary 193 care advanced practice registered nurse or a behavioral health physician and a 194 behavioral health advanced practice registered nurse, where the collaborating physician

195 is new to a patient population to which the advanced practice registered nurse is 196 familiar.

197 10. No agreement made under this section shall supersede current hospital licensing 198 regulations governing hospital medication orders under protocols or standing orders for the 199 purpose of delivering inpatient or emergency care within a hospital as defined in section 200 197.020 if such protocols or standing orders have been approved by the hospital's medical 201 staff and pharmaceutical therapeutics committee.

202 11. No contract or other [agreement] term of employment shall require a physician 203 to act as a collaborating physician for an advanced practice registered nurse against the 204 physician's will. A physician shall have the right to refuse to act as a collaborating physician, 205 without penalty, for a particular advanced practice registered nurse. No contract or other 206 agreement shall limit the collaborating physician's ultimate authority over any protocols or 207 standing orders or in the delegation of the physician's authority to any advanced practice 208 registered nurse, but this requirement shall not authorize a physician in implementing such 209 protocols, standing orders, or delegation to violate applicable standards for safe medical 210 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.

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

2 (1) "Approved health care provider" [means], a person holding a current and active 3 license as a physician and surgeon under this chapter, a chiropractor under chapter 331, a 4 dentist under chapter 332, a podiatrist under chapter 330, a physician assistant under this 5 chapter, an advanced practice registered nurse under chapter 335, or any licensed and 6 registered physician, chiropractor, dentist, or podiatrist practicing in another jurisdiction 7 whose license is in good standing;

8 (2) "Consult" or "consultation", communication by telephone, by fax, in 9 writing, or in person with the patient's personally approved licensed health care 10 provider or a licensed health care provider of the patient's designation.

A physical therapist [shall not] may evaluate and initiate treatment [for a new
 injury or illness] on a patient without a prescription or referral from an approved health care
 provider, provided that the physical therapist has a doctorate of physical therapy degree
 or has five years of clinical practice as a physical therapist.

15 3. A physical therapist may provide educational resources and training, develop 16 fitness or wellness programs [for asymptomatic persons], or provide screening or consultative

services within the scope of physical therapy practice without [the] a prescription [and
direction of] or referral from an approved health care provider.

IA physical therapist may examine and treat without the prescription and direction
 of an approved health care provider any person with a recurring self-limited injury within one
 year of diagnosis by an approved health care provider or a chronic illness that has been
 previously diagnosed by an approved health care provider. The physical therapist shall:

(1) [Contact the patient's current approved health care provider within seven days of initiating physical therapy services under this subsection;] A physical therapist shall refer to an approved health care provider any patient whose condition at the time of evaluation or treatment is determined to be beyond the scope of practice of physical therapy. The physical therapist shall not provide physical therapy services or treatment after this referral has been made.

(2) [Not change an existing physical therapy referral available to the physical therapist without approval of the patient's current approved health care provider;] A physical therapist shall refer to an approved health care provider any patient who does not demonstrate measurable or functional improvement after ten visits or thirty days, whichever occurs first. The physical therapist shall not provide further therapy services or treatment after this referral has been made.

(3) [Refer to an approved health care provider any patient whose medical condition at
 the time of examination or treatment is determined to be beyond the scope of practice of
 physical therapy;

38 (4) Refer to an approved health care provider any patient whose condition for which
 39 physical therapy services are rendered under this subsection has not been documented to be
 40 progressing toward documented treatment goals after six visits or fourteen days, whichever
 41 first occurs;

42 (5) Notify the patient's current approved health care provider prior to the continuation of treatment if treatment rendered under this subsection is to continue beyond thirty days. 43 The physical therapist shall provide such notification for each successive period of thirty 44 45 days.] (a) A physical therapist shall consult with an approved health care provider if, after every ten visits or thirty days, whichever occurs first, the patient has demonstrated 46 measurable or functional improvement from the course of physical therapy services or 47 treatment provided and the physical therapist believes that continuation of the course of 48 49 physical therapy services or treatment is reasonable and necessary based on the physical therapist's evaluation of the patient. The physical therapist shall not provide further 50 51 physical therapy services or treatment until the consultation has occurred.

52 (b) The consultation with the approved health care provider shall include 53 information concerning:

a. The patient's condition for which physical therapy services or treatments were
 provided;

56 b. The basis for the course of services or treatment indicated, as determined 57 from the physical therapy evaluation of the patient;

58 c. The physical therapy services or treatment provided before the date of the 59 consultation;

60 d. The patient's demonstrated measurable or functional improvement from the 61 services or treatment provided before the date of the consultation;

62 e. The continuing physical therapy services or treatment proposed to be 63 provided following the consultation; and

64 f. The professional physical therapy basis for the continued physical therapy 65 services or treatment to be provided.

66 (c) Continued physical therapy services or treatment following the consultation 67 with and approval by an approved health care provider shall proceed in accordance 68 with any feedback, advice, opinion, or direction of the approved health care provider. 69 The physical therapist shall notify the consulting approved health care provider of 70 continuing physical therapy services or treatment and the patient's progress at least 71 every ten visits or thirty days after the initial consultation unless the consulting 72 approved health care provider directs otherwise.

(d) The provisions of this subdivision shall not apply to physical therapy services
performed within a primary or secondary school for individuals within ages not in
excess of twenty-one years.

76 5. The provision of physical therapy services of evaluation and screening pursuant to 77 this section shall be limited to a physical therapist, and any authority for evaluation and screening granted within this section may not be delegated. Upon each reinitiation of 78 physical therapy services, a physical therapist shall provide a full physical therapy evaluation 79 prior to the reinitiation of physical therapy treatment. [Physical therapy treatment provided 80 pursuant to the provisions of subsection 4 of this section may be delegated by physical 81 82 therapists to physical therapist assistants only if the patient's current approved health care provider has been so informed as part of the physical therapist's seven-day notification upon 83 reinitiation of physical therapy services as required in subsection 4 of this section.] Nothing 84 in this subsection shall be construed as to limit the ability of physical therapists or physical 85 therapist assistants to provide physical therapy services in accordance with the provisions of 86 this chapter, and upon the referral of an approved health care provider. Nothing in this 87 88 subsection shall prohibit an approved health care provider from acting within the scope of 89 their practice as defined by the applicable chapters of RSMo.

6. No person licensed to practice, or applicant for licensure, as a physical therapist orphysical therapist assistant shall make a medical diagnosis.

7. A physical therapist shall only delegate physical therapy treatment to a physical therapist assistant or to a person in an entry level of a professional education program approved by the Commission on Accreditation in Physical Therapy Education (CAPTE) who satisfies supervised clinical education requirements related to the person's physical therapist or physical therapist assistant education. The entry-level person shall be under the supervision of a physical therapist.

334.613. 1. The board may refuse to issue or renew a license to practice as a physical 2 therapist or physical therapist assistant for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for 3 the refusal and shall advise the applicant of the applicant's right to file a complaint with the 4 administrative hearing commission as provided by chapter 621. As an alternative to a refusal 5 to issue or renew a license to practice as a physical therapist or physical therapist assistant, the 6 board may, at its discretion, issue a license which is subject to probation, restriction, or 7 8 limitation to an applicant for licensure for any one or any combination of causes stated in subsection 2 of this section. The board's order of probation, limitation, or restriction shall 9 10 contain a statement of the discipline imposed, the basis therefor, the date such action shall become effective, and a statement that the applicant has thirty days to request in writing a 11 hearing before the administrative hearing commission. If the board issues a probationary, 12 limited, or restricted license to an applicant for licensure, either party may file a written 13 14 petition with the administrative hearing commission within thirty days of the effective date of the probationary, limited, or restricted license seeking review of the board's determination. If 15 no written request for a hearing is received by the administrative hearing commission within 16 the thirty-day period, the right to seek review of the board's decision shall be considered as 17 waived. 18

19 2. The board may cause a complaint to be filed with the administrative hearing 20 commission as provided by chapter 621 against any holder of a license to practice as a 21 physical therapist or physical therapist assistant who has failed to renew or has surrendered 22 his or her license for any one or any combination of the following causes:

(1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage
to an extent that such use impairs a person's ability to perform the work of a physical therapist
or physical therapist assistant;

(2) The person has been finally adjudicated and found guilty, or entered a plea of
guilty or nolo contendere, in a criminal prosecution under the laws of any state, of the United
States, or of any country, for any offense directly related to the duties and responsibilities of

29 the occupation, as set forth in section 324.012, regardless of whether or not sentence is 30 imposed;

(3) Use of fraud, deception, misrepresentation, or bribery in securing any certificate
of registration or authority, permit, or license issued under this chapter or in obtaining
permission to take any examination given or required under this chapter;

(4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or
 unprofessional conduct in the performance of the functions or duties of a physical therapist
 or physical therapist assistant, including but not limited to the following:

(a) Obtaining or attempting to obtain any fee, charge, tuition, or other compensation
by fraud, deception, or misrepresentation; willfully and continually overcharging or
overtreating patients; or charging for sessions of physical therapy which did not occur
unless the services were contracted for in advance, or for services which were not rendered or
documented in the patient's records;

42 (b) Attempting, directly or indirectly, by way of intimidation, coercion, or deception,43 to obtain or retain a patient or discourage the use of a second opinion or consultation;

44 (c) Willfully and continually performing inappropriate or unnecessary treatment or 45 services;

46 (d) Delegating professional responsibilities to a person who is not qualified by 47 training, skill, competency, age, experience, or licensure to perform such responsibilities;

48 (e) Misrepresenting that any disease, ailment, or infirmity can be cured by a method,
49 procedure, treatment, medicine, or device;

50 (f) Performing services which have been declared by board rule to be of no physical 51 therapy value;

52 (g) Final disciplinary action by any professional association, professional society, 53 licensed hospital or medical staff of the hospital, or physical therapy facility in this or any 54 other state or territory, whether agreed to voluntarily or not, and including but not limited to 55 any removal, suspension, limitation, or restriction of the person's professional employment, 56 malpractice, or any other violation of any provision of this chapter;

57 (h) Administering treatment without sufficient examination, or for other than 58 medically accepted therapeutic or experimental or investigative purposes duly authorized by a 59 state or federal agency, or not in the course of professional physical therapy practice;

60 (i) Engaging in or soliciting sexual relationships, whether consensual or 61 nonconsensual, while a physical therapist or physical therapist assistant/patient relationship 62 exists; making sexual advances, requesting sexual favors, or engaging in other verbal conduct 63 or physical contact of a sexual nature with patients or clients;

(j) Terminating the care of a patient without adequate notice or without making otherarrangements for the continued care of the patient;

66 (k) Failing to furnish details of a patient's physical therapy records to treating 67 physicians, other physical therapists, or hospitals upon proper request; or failing to comply 68 with any other law relating to physical therapy records;

69 (1) Failure of any applicant or licensee, other than the licensee subject to the 70 investigation, to cooperate with the board during any investigation;

(m) Failure to comply with any subpoena or subpoena duces tecum from the board oran order of the board;

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(n) Failure to timely pay license renewal fees specified in this chapter;

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(o) Violating a probation agreement with this board or any other licensing agency;

75 (p) Failing to inform the board of the physical therapist's or physical therapist 76 assistant's current telephone number, residence, and business address;

(q) Advertising by an applicant or licensee which is false or misleading, or which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by any other physical therapist or physical therapist assistant. An applicant or licensee shall also be in violation of this provision if the applicant or licensee has a financial interest in any organization, corporation, or association which issues or conducts such advertising;

(5) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health of a patient or the public; or incompetency, gross negligence, or repeated negligence in the performance of the functions or duties of a physical therapist or physical therapist assistant. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;

90 (6) Violation of, or attempting to violate, directly or indirectly, or assisting or 91 enabling any person to violate, any provision of this chapter, or of any lawful rule adopted 92 under this chapter;

(7) Impersonation of any person licensed as a physical therapist or physical therapistassistant or allowing any person to use his or her license or diploma from any school;

95 (8) Revocation, suspension, restriction, modification, limitation, reprimand, warning, censure, probation, or other final disciplinary action against a physical therapist or physical 96 97 therapist assistant for a license or other right to practice as a physical therapist or physical 98 therapist assistant by another state, territory, federal agency or country, whether or not 99 voluntarily agreed to by the licensee or applicant, including but not limited to the denial of 100 licensure, surrender of the license, allowing the license to expire or lapse, or discontinuing or 101 limiting the practice of physical therapy while subject to an investigation or while actually 102 under investigation by any licensing authority, medical facility, branch of the Armed Forces

103 of the United States of America, insurance company, court, agency of the state or federal104 government, or employer;

105 (9) A person is finally adjudged incapacitated or disabled by a court of competent 106 jurisdiction;

107 (10) Assisting or enabling any person to practice or offer to practice who is not 108 licensed and currently eligible to practice under this chapter; or knowingly performing any act 109 which in any way aids, assists, procures, advises, or encourages any person to practice 110 physical therapy who is not licensed and currently eligible to practice under this chapter;

(11) Issuance of a license to practice as a physical therapist or physical therapistassistant based upon a material mistake of fact;

113 (12) Failure to display a valid license pursuant to practice as a physical therapist or114 physical therapist assistant;

(13) Knowingly making, or causing to be made, or aiding, or abetting in the making
of, a false statement in any document executed in connection with the practice of physical
therapy;

(14) Soliciting patronage in person or by agents or representatives, or by any other means or manner, under the person's own name or under the name of another person or concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as to the need or necessity for or appropriateness of physical therapy services for all patients, or the qualifications of an individual person or persons to render, or perform physical therapy services;

(15) Using, or permitting the use of, the person's name under the designation of
"physical therapist", "physiotherapist", "registered physical therapist", "P.T.", "Ph.T.",
"P.T.T.", "D.P.T.", "M.P.T." or "R.P.T.", "physical therapist assistant", "P.T.A.", "L.P.T.A.",
"C.P.T.A.", or any similar designation with reference to the commercial exploitation of any
goods, wares or merchandise;

(16) Knowingly making or causing to be made a false statement or misrepresentation
of a material fact, with intent to defraud, for payment under chapter 208 or chapter 630 or for
payment from Title XVIII or Title XIX of the Social Security Act;

132 (17) Failure or refusal to properly guard against contagious, infectious, or 133 communicable diseases or the spread thereof; maintaining an unsanitary facility or 134 performing professional services under unsanitary conditions; or failure to report the 135 existence of an unsanitary condition in any physical therapy facility to the board, in writing, 136 within thirty days after the discovery thereof;

(18) Any candidate for licensure or person licensed to practice as a physical therapist
 or physical therapist assistant paying or offering to pay a referral fee or[, notwithstanding
 section 334.010 to the contrary, practicing or offering to practice professional physical

therapy independent of the prescription and direction of a person licensed and registered as a physician and surgeon under this chapter, as a physician assistant under this chapter, as a chiropractor under chapter 331, as a dentist under chapter 332, as a podiatrist under chapter 330, as an advanced practice registered nurse under chapter 335, or any licensed and registered physician, chiropractor, dentist, podiatrist, or advanced practice registered nurse practicing in another jurisdiction, whose license is in good standing] evaluating or treating a patient in a manner inconsistent with section 334.506;

147 (19) Any candidate for licensure or person licensed to practice as a physical therapist 148 or physical therapist assistant treating or attempting to treat ailments or other health 149 conditions of human beings other than by professional physical therapy and as authorized by 150 sections 334.500 to 334.685;

(20) A pattern of personal use or consumption of any controlled substance unless it isprescribed, dispensed, or administered by a physician who is authorized by law to do so;

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(21) Failing to maintain adequate patient records under section 334.602;

154 (22) Attempting to engage in conduct that subverts or undermines the integrity of the 155 licensing examination or the licensing examination process, including but not limited to 156 utilizing in any manner recalled or memorized licensing examination questions from or with 157 any person or entity, failing to comply with all test center security procedures, communicating 158 or attempting to communicate with any other examinees during the test, or copying or sharing 159 licensing examination questions or portions of questions;

160 (23) Any candidate for licensure or person licensed to practice as a physical therapist 161 or physical therapist assistant who requests, receives, participates or engages directly or 162 indirectly in the division, transferring, assigning, rebating or refunding of fees received for 163 professional services or profits by means of a credit or other valuable consideration such as 164 wages, an unearned commission, discount or gratuity with any person who referred a patient, 165 or with any relative or business associate of the referring person;

166 (24) Being unable to practice as a physical therapist or physical therapist assistant 167 with reasonable skill and safety to patients by reasons of incompetency, or because of illness, 168 drunkenness, excessive use of drugs, narcotics, chemicals, or as a result of any mental or 169 physical condition. The following shall apply to this subdivision:

(a) In enforcing this subdivision the board shall, after a hearing by the board, upon a finding of probable cause, require a physical therapist or physical therapist assistant to submit to a reexamination for the purpose of establishing his or her competency to practice as a physical therapist or physical therapist assistant conducted in accordance with rules adopted for this purpose by the board, including rules to allow the examination of the pattern and practice of such physical therapist's or physical therapist assistant's professional conduct, or to 176 submit to a mental or physical examination or combination thereof by a facility or 177 professional approved by the board;

(b) For the purpose of this subdivision, every physical therapist and physical therapist
assistant licensed under this chapter is deemed to have consented to submit to a mental or
physical examination when directed in writing by the board;

(c) In addition to ordering a physical or mental examination to determine competency, the board may, notwithstanding any other law limiting access to medical or other health data, obtain medical data and health records relating to a physical therapist, physical therapist assistant or applicant without the physical therapist's, physical therapist assistant's or applicant's consent;

186 (d) Written notice of the reexamination or the physical or mental examination shall be 187 sent to the physical therapist or physical therapist assistant, by registered mail, addressed to 188 the physical therapist or physical therapist assistant at the physical therapist's or physical therapist assistant's last known address. Failure of a physical therapist or physical therapist 189 190 assistant to submit to the examination when directed shall constitute an admission of the 191 allegations against the physical therapist or physical therapist assistant, in which case the 192 board may enter a final order without the presentation of evidence, unless the failure was due 193 to circumstances beyond the physical therapist's or physical therapist assistant's control. A 194 physical therapist or physical therapist assistant whose right to practice has been affected 195 under this subdivision shall, at reasonable intervals, be afforded an opportunity to 196 demonstrate that the physical therapist or physical therapist assistant can resume the 197 competent practice as a physical therapist or physical therapist assistant with reasonable skill 198 and safety to patients;

(e) In any proceeding under this subdivision neither the record of proceedings nor the
 orders entered by the board shall be used against a physical therapist or physical therapist
 assistant in any other proceeding. Proceedings under this subdivision shall be conducted by
 the board without the filing of a complaint with the administrative hearing commission;

(f) When the board finds any person unqualified because of any of the grounds set forth in this subdivision, it may enter an order imposing one or more of the disciplinary measures set forth in subsection 3 of this section.

3. After the filing of such complaint before the administrative hearing commission,
the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a
finding by the administrative hearing commission that the grounds provided in subsection 2
of this section for disciplinary action are met, the board may, singly or in combination:

(1) Warn, censure or place the physical therapist or physical therapist assistant named
in the complaint on probation on such terms and conditions as the board deems appropriate
for a period not to exceed ten years;
213 (2) Suspend the physical therapist's or physical therapist assistant's license for a 214 period not to exceed three years;

(3) Restrict or limit the physical therapist's or physical therapist assistant's license foran indefinite period of time;

217 (4) Revoke the physical therapist's or physical therapist assistant's license;

218 (5) Administer a public or private reprimand;

(6) Deny the physical therapist's or physical therapist assistant's application for alicense;

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(7) Permanently withhold issuance of a license;

(8) Require the physical therapist or physical therapist assistant to submit to the care,
counseling or treatment of physicians designated by the board at the expense of the physical
therapist or physical therapist assistant to be examined;

225 (9) Require the physical therapist or physical therapist assistant to attend such 226 continuing educational courses and pass such examinations as the board may direct.

4. In any order of revocation, the board may provide that the physical therapist or physical therapist assistant shall not apply for reinstatement of the physical therapist's or physical therapist assistant's license for a period of time ranging from two to seven years following the date of the order of revocation. All stay orders shall toll this time period.

5. Before restoring to good standing a license issued under this chapter which has been in a revoked, suspended, or inactive state for any cause for more than two years, the board may require the applicant to attend such continuing medical education courses and pass such examinations as the board may direct.

235 6. In any investigation, hearing or other proceeding to determine a physical 236 therapist's, physical therapist assistant's or applicant's fitness to practice, any record relating to 237 any patient of the physical therapist, physical therapist assistant, or applicant shall be 238 discoverable by the board and admissible into evidence, regardless of any statutory or 239 common law privilege which such physical therapist, physical therapist assistant, applicant, 240 record custodian, or patient might otherwise invoke. In addition, no such physical therapist, 241 physical therapist assistant, applicant, or record custodian may withhold records or testimony 242 bearing upon a physical therapist's, physical therapist assistant's, or applicant's fitness to 243 practice on the grounds of privilege between such physical therapist, physical therapist 244 assistant, applicant, or record custodian and a patient.

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

2 (1) "Applicant", any individual who seeks to become licensed as a physician 3 assistant;

4 (2) "Certification" or "registration", a process by a certifying entity that grants 5 recognition to applicants meeting predetermined qualifications specified by such certifying 6 entity;

7 (3) "Certifying entity", the nongovernmental agency or association which certifies or 8 registers individuals who have completed academic and training requirements;

9 (4) "Collaborative practice arrangement", written agreements, jointly agreed upon 10 protocols, or standing orders, all of which shall be in writing, for the delivery of health care 11 services;

12 (5) "Department", the department of commerce and insurance or a designated agency13 thereof;

14 (6) "License", a document issued to an applicant by the board acknowledging that the 15 applicant is entitled to practice as a physician assistant;

16 (7) "Physician assistant", a person who has graduated from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician 17 18 Assistant or its successor agency, prior to 2001, or the Committee on Allied Health Education 19 and Accreditation or the Commission on Accreditation of Allied Health Education Programs, who has passed the certifying examination administered by the National Commission on 20 21 Certification of Physician Assistants and has active certification by the National Commission 22 on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician assistant for three years 23 prior to August 28, 1989, who has passed the National Commission on Certification of 24 25 Physician Assistants examination, and has active certification of the National Commission on 26 Certification of Physician Assistants;

(8) "Recognition", the formal process of becoming a certifying entity as required bythe provisions of sections 334.735 to 334.749.

29 2. The scope of practice of a physician assistant shall consist only of the following30 services and procedures:

- 31 (1) Taking patient histories;
- 32 (2) Performing physical examinations of a patient;

33 (3) Performing or assisting in the performance of routine office laboratory and patient34 screening procedures;

- 35
- (4) Performing routine therapeutic procedures;

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

(6) Instructing and counseling patients regarding mental and physical health usingprocedures reviewed and approved by a collaborating physician;

40 (7) Assisting the supervising physician in institutional settings, including reviewing 41 of treatment plans, ordering of tests and diagnostic laboratory and radiological services, and 42 ordering of therapies, using procedures reviewed and approved by a licensed physician;

43 (8) Assisting in surgery; and

44 (9) Performing such other tasks not prohibited by law under the collaborative practice 45 arrangement with a licensed physician as the physician assistant has been trained and is 46 proficient to perform.

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3. Physician assistants shall not perform or prescribe abortions.

48 4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless pursuant to a collaborative practice arrangement in accordance with the law, nor 49 prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the 50 51 measurement of visual power or visual efficiency of the human eye, nor administer or monitor 52 general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing of drugs, medications, devices or therapies by a physician assistant shall be 53 54 pursuant to a collaborative practice arrangement which is specific to the clinical conditions 55 treated by the supervising physician and the physician assistant shall be subject to the 56 following:

57 (1) A physician assistant shall only prescribe controlled substances in accordance 58 with section 334.747;

59 (2) The types of drugs, medications, devices or therapies prescribed by a physician 60 assistant shall be consistent with the scopes of practice of the physician assistant and the 61 collaborating physician;

62 (3) All prescriptions shall conform with state and federal laws and regulations and 63 shall include the name, address and telephone number of the physician assistant [and the 64 supervising physician];

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

68 (5) A physician assistant shall not prescribe any drugs, medicines, devices or 69 therapies the collaborating physician is not qualified or authorized to prescribe.

5. A physician assistant shall clearly identify himself or herself as a physician assistant and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician assistant shall practice or attempt to practice without physician collaboration or in any location where the collaborating physician is not immediately available for consultation, assistance and intervention, except as otherwise provided in this section, and in an emergency situation, nor shall any physician assistant bill a patient

independently or directly for any services or procedure by the physician assistant; except that, nothing in this subsection shall be construed to prohibit a physician assistant from enrolling with a third-party plan or the department of social services as a MO HealthNet or Medicaid provider while acting under a collaborative practice arrangement between the physician and physician assistant.

82 6. The licensing of physician assistants shall take place within processes established 83 by the state board of registration for the healing arts through rule and regulation. The board 84 of healing arts is authorized to establish rules pursuant to chapter 536 establishing licensing and renewal procedures, collaboration, collaborative practice arrangements, fees, and 85 86 addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensing may be denied or the license of a physician assistant 87 88 may be suspended or revoked by the board in the same manner and for violation of the 89 standards as set forth by section 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be 90 91 required to be licensed as physician assistants. All applicants for physician assistant licensure 92 who complete a physician assistant training program after January 1, 2008, shall have a 93 master's degree from a physician assistant program.

7. At all times the physician is responsible for the oversight of the activities of, andaccepts responsibility for, health care services rendered by the physician assistant.

96 8. (1) A physician may enter into collaborative practice arrangements with physician 97 assistants. Collaborative practice arrangements, which shall be in writing, may delegate to a 98 physician assistant the authority to prescribe, administer, or dispense drugs and provide treatment which is within the skill, training, and competence of the physician assistant. 99 100 Collaborative practice arrangements may delegate to a physician assistant, as defined in 101 section 334.735, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone. 102 103 Schedule III narcotic controlled substances and Schedule II - hydrocodone prescriptions shall 104 be limited to a one hundred twenty-hour supply without refill. Such collaborative practice 105 arrangements shall be in the form of a written arrangement, jointly agreed-upon protocols, or 106 standing orders for the delivery of health care services.

107 (2) Notwithstanding any other provision of this section to the contrary, a 108 collaborative practice arrangement may delegate to a physician assistant the authority 109 to administer, dispense, or prescribe Schedule II controlled substances for hospice 110 patients; provided, that the physician assistant is employed by a hospice provider 111 certified pursuant to chapter 197 and the physician assistant is providing care to hospice 112 patients pursuant to a collaborative practice arrangement that designates the certified

113 hospice as a location where the physician assistant is authorized to practice and 114 prescribe.

9. The written collaborative practice arrangement shall contain at least the followingprovisions:

(1) Complete names, home and business addresses, zip codes, and telephone numbersof the collaborating physician and the physician assistant;

(2) A list of all other offices or locations, other than those listed in subdivision (1) of
 this subsection, where the collaborating physician has authorized the physician assistant to
 prescribe;

122 (3) A requirement that there shall be posted at every office where the physician 123 assistant is authorized to prescribe, in collaboration with a physician, a prominently displayed 124 disclosure statement informing patients that they may be seen by a physician assistant and 125 have the right to see the collaborating physician;

126 (4) All specialty or board certifications of the collaborating physician and all 127 certifications of the physician assistant;

128 (5) The manner of collaboration between the collaborating physician and the 129 physician assistant, including how the collaborating physician and the physician assistant 130 will:

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

(b) Maintain geographic proximity, as determined by the board of registration for thehealing arts; and

135 (c) Provide coverage during absence, incapacity, infirmity, or emergency of the 136 collaborating physician;

137 (6) A list of all other written collaborative practice arrangements of the collaborating138 physician and the physician assistant;

139 (7) The duration of the written practice arrangement between the collaborating 140 physician and the physician assistant;

141 (8) A description of the time and manner of the collaborating physician's review of 142 the physician assistant's delivery of health care services. The description shall include 143 provisions that the physician assistant shall submit a minimum of ten percent of the charts 144 documenting the physician assistant's delivery of health care services to the collaborating 145 physician for review by the collaborating physician, or any other physician designated in the 146 collaborative practice arrangement, every fourteen days. Reviews may be conducted 147 electronically;

148 (9) The collaborating physician, or any other physician designated in the 149 collaborative practice arrangement, shall review every fourteen days a minimum of twenty

150 percent of the charts in which the physician assistant prescribes controlled substances. The 151 charts reviewed under this subdivision may be counted in the number of charts required to be

152 reviewed under subdivision (8) of this subsection; and

153 (10) A statement that no collaboration requirements in addition to the federal law 154 shall be required for a physician-physician assistant team working in a certified community 155 behavioral health clinic as defined by Pub.L. 113-93, or a rural health clinic under the federal 156 Rural Health Services Act, Pub.L. 95-210, as amended, or a federally qualified health center 157 as defined in 42 U.S.C. Section [1395 of the Public Health Service Act] 1395x, as amended.

158 10. The state board of registration for the healing arts under section 334.125 may 159 promulgate rules regulating the use of collaborative practice arrangements.

160 11. The state board of registration for the healing arts shall not deny, revoke, suspend, 161 or otherwise take disciplinary action against a collaborating physician for health care services 162 delegated to a physician assistant, provided that the provisions of this section and the rules 163 promulgated thereunder are satisfied.

164 Within thirty days of any change and on each renewal, the state board of 12. 165 registration for the healing arts shall require every physician to identify whether the physician 166 is engaged in any collaborative practice arrangement, including collaborative practice 167 arrangements delegating the authority to prescribe controlled substances, and also report to 168 the board the name of each physician assistant with whom the physician has entered into such 169 arrangement. The board may make such information available to the public. The board shall 170 track the reported information and may routinely conduct random reviews of such 171 arrangements to ensure that the arrangements are carried out in compliance with this chapter.

172 13. The collaborating physician shall determine and document the completion of a 173 period of time during which the physician assistant shall practice with the collaborating 174 physician continuously present before practicing in a setting where the collaborating 175 physician is not continuously present. This limitation shall not apply to collaborative 176 arrangements of providers of population-based public health services as defined by 20 CSR 177 2150-5.100 as of April 30, 2009.

178 No contract or other arrangement shall require a physician to act as a 14. 179 collaborating physician for a physician assistant against the physician's will. A physician 180 shall have the right to refuse to act as a supervising physician, without penalty, for a particular 181 physician assistant. No contract or other agreement shall limit the collaborating physician's 182 ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any physician assistant. No contract or other arrangement shall require any 183 184 physician assistant to collaborate with any physician against the physician assistant's will. A 185 physician assistant shall have the right to refuse to collaborate, without penalty, with a 186 particular physician.

187 15. Physician assistants shall file with the board a copy of their collaborating 188 physician form.

189 16. No physician shall be designated to serve as a collaborating physician for more 190 than six full-time equivalent licensed physician assistants, full-time equivalent advanced 191 practice registered nurses, or full-time equivalent assistant physicians, or any combination 192 This limitation shall not apply to physician assistant collaborative practice thereof. 193 arrangements of hospital employees providing inpatient care service in hospitals as defined in 194 chapter 197, or to a certified registered nurse anesthetist providing anesthesia services under 195 the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of section 334.104. 196

197 17. No arrangement made under this section shall supercede current hospital licensing 198 regulations governing hospital medication orders under protocols or standing orders for the 199 purpose of delivering inpatient or emergency care within a hospital, as defined in section 200 197.020, if such protocols or standing orders have been approved by the hospital's medical 201 staff and pharmaceutical therapeutics committee.

334.747. 1. (1) A physician assistant with a certificate of controlled substance prescriptive authority as provided in this section may prescribe any controlled substance 2 3 listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the authority to prescribe controlled substances in a collaborative 4 5 practice arrangement. Such authority shall be listed on the collaborating physician form on file with the state board of healing arts. The collaborating physician shall maintain the right 6 7 to limit a specific scheduled drug or scheduled drug category that the physician assistant is permitted to prescribe. Any limitations shall be listed on the collaborating physician form. 8 9 Prescriptions for Schedule II medications prescribed by a physician assistant with authority to prescribe delegated in a collaborative practice arrangement are restricted to only those 10 medications containing hydrocodone. Physician assistants shall not prescribe controlled 11 substances for themselves or members of their families. Schedule III narcotic controlled 12 13 substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply 14 without refill for patients receiving medication-assisted treatment for substance use disorders 15 under the direction of the collaborating physician. Physician assistants who are authorized to 16 prescribe controlled substances under this section shall register with the federal Drug 17 18 Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for 19 20 controlled substances.

21 (2) Notwithstanding any other provision of this section to the contrary, a 22 collaborative practice arrangement may delegate to a physician assistant the authority to administer, dispense, or prescribe Schedule II controlled substances for hospice patients; provided, that the physician assistant is employed by a hospice provider certified pursuant to chapter 197 and the physician assistant is providing care to hospice patients pursuant to a collaborative practice arrangement that designates the certified hospice as a location where the physician assistant is authorized to practice and prescribe.

29 2. The collaborating physician shall be responsible to determine and document the 30 completion of at least one hundred twenty hours in a four-month period by the physician 31 assistant during which the physician assistant shall practice with the collaborating physician 32 on-site prior to prescribing controlled substances when the collaborating physician is not on-33 site. Such limitation shall not apply to physician assistants of population-based public health 34 services as defined in 20 CSR 2150-5.100 as of April 30, 2009.

35 3. A physician assistant shall receive a certificate of controlled substance prescriptive 36 authority from the board of healing arts upon verification of the completion of the following 37 educational requirements:

(1) Successful completion of an advanced pharmacology course that includes clinical
training in the prescription of drugs, medicines, and therapeutic devices. A course or courses
with advanced pharmacological content in a physician assistant program accredited by the
Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its
predecessor agency shall satisfy such requirement;

43 (2) Completion of a minimum of three hundred clock hours of clinical training by the 44 collaborating physician in the prescription of drugs, medicines, and therapeutic devices;

45 (3) Completion of a minimum of one year of supervised clinical practice or 46 supervised clinical rotations. One year of clinical rotations in a program accredited by the 47 Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its 48 predecessor agency, which includes pharmacotherapeutics as a component of its clinical 49 training, shall satisfy such requirement. Proof of such training shall serve to document 50 experience in the prescribing of drugs, medicines, and therapeutic devices;

51 (4) A physician assistant previously licensed in a jurisdiction where physician 52 assistants are authorized to prescribe controlled substances may obtain a state bureau of 53 narcotics and dangerous drugs registration if a collaborating physician can attest that the 54 physician assistant has met the requirements of subdivisions (1) to (3) of this subsection and 55 provides documentation of existing federal Drug Enforcement Agency registration.

334.1600. Sections 334.1600 to 334.1720 shall be known and may be cited as the 2 "Interstate Medical Licensure Compact".

334.1605. In order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the Interstate Medical

3 Licensure Compact have allied in common purpose to develop a comprehensive process 4 that complements the existing licensing and regulatory authority of state medical 5 boards, provides a streamlined process that allows physicians to become licensed in 6 multiple states, thereby enhancing the portability of a medical license and ensuring the 7 safety of patients. The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act. The Compact also adopts the 8 9 prevailing standard for licensure and affirms that the practice of medicine occurs where 10 the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the 11 12 patient is located. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that 13 state issued to a physician through the procedures in the Compact. 14

334.1610. In this compact:

2 (1) "Bylaws" means those bylaws established by the Interstate Commission 3 pursuant to section 334.1655.

4 (2) "Commissioner" means the voting representative appointed by each member 5 board pursuant to section 334.1655.

6 (3) "Conviction" means a finding by a court that an individual is guilty of a 7 criminal offense through adjudication, or entry of a plea of guilt or no contest to the 8 charge by the offender. Evidence of an entry of a conviction of a criminal offense by the 9 court shall be considered final for purposes of disciplinary action by a member board.

(4) "Expedited License" means a full and unrestricted medical license granted
 by a member state to an eligible physician through the process set forth in the Compact.
 (5) "Interstate Commission" means the interstate commission created pursuant

13 to section 334.1655.

14 (6) "License" means authorization by a member state for a physician to engage 15 in the practice of medicine, which would be unlawful without authorization.

16 (7) "Medical Practice Act" means laws and regulations governing the practice of 17 allopathic and osteopathic medicine within a member state.

18 (8) "Member Board" means a state agency in a member state that acts in the 19 sovereign interests of the state by protecting the public through licensure, regulation, 20 and education of physicians as directed by the state government.

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(9) "Member State" means a state that has enacted the Compact.

(10) "Practice of Medicine" means that clinical prevention, diagnosis, or
treatment of human disease, injury, or condition requiring a physician to obtain and
maintain a license in compliance with the Medical Practice Act of a member state.

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(11) "Physician" means any person who:

(a) Is a graduate of a medical school accredited by the Liaison Committee on
Medical Education, the Commission on Osteopathic College Accreditation, or a medical
school listed in the International Medical Education Directory or its equivalent;

(b) Passed each component of the United States Medical Licensing Examination
 (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination
 (COMLEX-USA) within three attempts, or any of its predecessor examinations
 accepted by a state medical board as an equivalent examination for licensure purposes;

33 (c) Successfully completed graduate medical education approved by the
 34 Accreditation Council for Graduate Medical Education or the American Osteopathic
 35 Association;

36 (d) Holds specialty certification or a time-unlimited specialty certificate
37 recognized by the American Board of Medical Specialties or the American
38 Osteopathic Association's Bureau of Osteopathic Specialists;

(e) Possesses a full and unrestricted license to engage in the practice of medicine
 issued by a member board;

41 (f) Has never been convicted, received adjudication, deferred adjudication, 42 community supervision, or deferred disposition for any offense by a court of 43 appropriate jurisdiction;

44 (g) Has never held a license authorizing the practice of medicine subjected to 45 discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding 46 any action related to non-payment of fees related to a license;

47 (h) Has never had a controlled substance license or permit suspended or revoked
48 by a state or the United States Drug Enforcement Administration; and

49 (i) Is not under active investigation by a licensing agency or law enforcement 50 authority in any state, federal, or foreign jurisdiction.

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(12) "Offense" means a felony, gross misdemeanor, or crime of moral turpitude.
(13) "Rule" means a written statement by the Interstate Commission promulgated pursuant to section 334.1660 of the Compact that is of general

54 applicability, implements, interprets, or prescribes a policy or provision of the 55 Compact, or an organizational, procedural, or practice requirement of the Interstate 56 Commission, and has the force and effect of statutory law in a member state, and 57 includes the amendment, repeal, or suspension of an existing rule.

(14) "State" means any state, commonwealth, district, or territory of the United
States.

(15) "State of Principal License" means a member state where a physician holds
 a license to practice medicine and which has been designated as such by the physician
 for purposes of registration and participation in the Compact.

334.1615. 1. A physician must meet the eligibility requirements as defined in
subdivision (11) of section 334.1610 to receive an expedited license under the terms and
provisions of the Compact.

4 2. A physician who does not meet the requirements of subdivision (11) of section 5 334.1610 may obtain a license to practice medicine in a member state if the individual 6 complies with all laws and requirements, other than the Compact, relating to the 7 issuance of a license to practice medicine in that state.

334.1620. 1. A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

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(1) The state of principal residence for the physician, or

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(3) The location of the physician's employer, or

8 (4) If no state qualifies under subdivision (1), (2), or (3) of this subsection, the 9 state designated as state of residence for purpose of federal income tax.

(2) The state where at least 25% of the practice of medicine occurs, or

10 2. A physician may redesignate a member state as state of principal license at 11 any time, as long as the state meets the requirements of subsection 1 of this section.

12 **3.** The Interstate Commission is authorized to develop rules to facilitate 13 redesignation of another member state as the state of principal license.

334.1625. 1. A physician seeking licensure through the Compact shall file an 2 application for an expedited license with the member board of the state selected by the 3 physician as the state of principal license.

2. Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the Interstate Commission.

8 (1) Static qualifications, which include verification of medical education, 9 graduate medical education, results of any medical or licensing examination, and other 10 qualifications as determined by the Interstate Commission through rule, shall not be 11 subject to additional primary source verification where already primary source verified 12 by the state of principal license.

13 (2) The member board within the state selected as the state of principal license 14 shall, in the course of verifying eligibility, perform a criminal background check of an 15 applicant, including the use of the results of fingerprint or other biometric data checks 16 compliant with the requirements of the Federal Bureau of Investigation, with the

exception of federal employees who have suitability determination in accordance with 5C.F.R. §731.202.

(3) Appeal on the determination of eligibility shall be made to the member statewhere the application was filed and shall be subject to the law of that state.

3. Upon verification in subsection 2 of this section, physicians eligible for an expedited license shall complete the registration process established by the Interstate Commission to receive a license in a member state selected pursuant to subsection 1 of this section, including the payment of any applicable fees.

4. After receiving verification of eligibility under subsection 2 of this section and any fees under subsection 3 of this section, a member board shall issue an expedited license to the physician. This license shall authorize the physician to practice medicine in the issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the issuing member board and member state.

5. An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

6. An expedited license obtained through the Compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a nondisciplinary reason, without redesignation of a new state of principal licensure.

7. The Interstate Commission is authorized to develop rules regarding the
 application process, including payment of any applicable fees, and the issuance of an
 expedited license.

334.1630. 1. A member state issuing an expedited license authorizing the 2 practice of medicine in that state may impose a fee for a license issued or renewed 3 through the Compact.

4 **2.** The Interstate Commission is authorized to develop rules regarding fees for 5 expedited licenses.

334.1635. 1. A physician seeking to renew an expedited license granted in a 2 member state shall complete a renewal process with the Interstate Commission if the 3 physician:

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(1) Maintains a full and unrestricted license in a state of principal license;

5 (2) Has not been convicted, received adjudication, deferred adjudication, 6 community supervision, or deferred disposition for any offense by a court of 7 appropriate jurisdiction;

8 (3) Has not had a license authorizing the practice of medicine subject to 9 discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding 10 any action related to non-payment of fees related to a license; and (4) Has not had a controlled substance license or permit suspended or revokedby a state or the United States Drug Enforcement Administration.

2. Physicians shall comply with all continuing professional development or
 continuing medical education requirements for renewal of a license issued by a member
 state.

16 **3.** The Interstate Commission shall collect any renewal fees charged for the 17 renewal of a license and distribute the fees to the applicable member board.

4. Upon receipt of any renewal fees collected in subsection 3 of this section, a
member board shall renew the physician's license.

5. Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.

6. The Interstate Commission is authorized to develop rules to address renewal
of licenses obtained through the Compact.

334.1640. 1. The Interstate Commission shall establish a database of all 2 physicians licensed, or who have applied for licensure, under section 334.1625.

3 2. Notwithstanding any other provision of law, member boards shall report to
4 the Interstate Commission any public action or complaints against a licensed physician
5 who has applied or received an expedited license through the Compact.

6 **3.** Member boards shall report disciplinary or investigatory information 7 determined as necessary and proper by rule of the Interstate Commission.

8 4. Member boards may report any non-public complaint, disciplinary, or 9 investigatory information not required by subsection 3 of this section to the Interstate 10 Commission.

11 5. Member boards shall share complaint or disciplinary information about a 12 physician upon request of another member board.

6. All information provided to the Interstate Commission or distributed by
member boards shall be confidential, filed under seal, and used only for investigatory or
disciplinary matters.

16 7. The Interstate Commission is authorized to develop rules for mandated or 17 discretionary sharing of information by member boards.

334.1645. 1. Licensure and disciplinary records of physicians are deemed 2 investigative.

2. In addition to the authority granted to a member board by its respective 4 Medical Practice Act or other applicable state law, a member board may participate 5 with other member boards in joint investigations of physicians licensed by the member 6 boards. 7 **3.** A subpoena issued by a member state shall be enforceable in other member 8 states.

9 4. Member boards may share any investigative, litigation, or compliance 10 materials in furtherance of any joint or individual investigation initiated under the 11 Compact.

12 5. Any member state may investigate actual or alleged violations of the statutes
13 authorizing the practice of medicine in any other member state in which a physician
14 holds a license to practice medicine.

334.1650. 1. Any disciplinary action taken by any member board against a
physician licensed through the Compact shall be deemed unprofessional conduct which
may be subject to discipline by other member boards, in addition to any violation of the
Medical Practice Act or regulations in that state.

5 2. If a license granted to a physician by the member board in the state of 6 principal license is revoked, surrendered or relinquished in lieu of discipline, or 7 suspended, then all licenses issued to the physician by member boards shall 8 automatically be placed, without further action necessary by any member board, on 9 the same status. If the member board in the state of principal license subsequently 10 reinstates the physician's license, a license issued to the physician by any other member 11 board shall remain encumbered until that respective member board takes action to 12 reinstate the license in a manner consistent with the Medical Practice Act of that state.

3. If disciplinary action is taken against a physician by a member board not in
the state of principal license, any other member board may deem the action conclusive
as to matter of law and fact decided, and:

16 (1) Impose the same or lesser sanction(s) against the physician so long as such 17 sanctions are consistent with the Medical Practice Act of that state; or

(2) Pursue separate disciplinary action against the physician under its respective
 Medical Practice Act, regardless of the action taken in other member states.

20 4. If a license granted to a physician by a member board is revoked, surrendered 21 or relinquished in lieu of discipline, or suspended, then any license(s) issued to the 22 physician by any other member board(s) shall be suspended, automatically and immediately without further action necessary by the other member board(s), for ninety 23 24 (90) days upon entry of the order by the disciplining board, to permit the member board (s) to investigate the basis for the action under the Medical Practice Act of that state. A 25 26 member board may terminate the automatic suspension of the license it issued prior to 27 the completion of the ninety (90) day suspension period in a manner consistent with the 28 Medical Practice Act of that state.

334.1655. 1. The member states hereby create the "Interstate Medical Licensure 2 Compact Commission".

3 2. The purpose of the Interstate Commission is the administration of the 4 Interstate Medical Licensure Compact, which is a discretionary state function.

5 3. The Interstate Commission shall be a body corporate and joint agency of the 6 member states and shall have all the responsibilities, powers, and duties set forth in the 7 Compact, and such additional powers as may be conferred upon it by a subsequent 8 concurrent action of the respective legislatures of the member states in accordance with 9 the terms of the Compact.

4. The Interstate Commission shall consist of two voting representatives appointed by each member state who shall serve as Commissioners. In states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, the member state shall appoint one representative from each member board. A Commissioner shall be a(n):

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(1) Allopathic or osteopathic physician appointed to a member board;

18 (2) Executive director, executive secretary, or similar executive of a member19 board; or

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(3) Member of the public appointed to a member board.

5. The Interstate Commission shall meet at least once each calendar year. A portion of this meeting shall be a business meeting to address such matters as may properly come before the Commission, including the election of officers. The chairperson may call additional meetings and shall call for a meeting upon the request of a majority of the member states.

6. The bylaws may provide for meetings of the Interstate Commission to be conducted by telecommunication or electronic communication.

7. Each Commissioner participating at a meeting of the Interstate Commission is entitled to one vote. A majority of Commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Interstate Commission. A Commissioner shall not delegate a vote to another Commissioner. In the absence of its Commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of subsection 4 of this section.

8. The Interstate Commission shall provide public notice of all meetings and all meetings shall be open to the public. The Interstate Commission may close a meeting, in

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full or in portion, where it determines by a two-thirds vote of the Commissioners presentthat an open meeting would be likely to:

39 (1) Relate solely to the internal personnel practice and procedures of the40 Interstate Commission;

(2) Discuss matters specifically exempted from disclosure by federal statute;

42 (3) Discuss trade secrets, commercial, or financial information that is privileged 43 or confidential;

44 (4) Involve accusing a person of a crime, or formally censuring a person;

45 (5) Discuss information of a personal nature where disclosure would constitute a 46 clearly unwarranted invasion of personal privacy;

(6) Discuss investigative records compiled for law enforcement purposes; or

48 (7) Specifically relate to the participation in a civil action or other legal 49 proceeding.

9. The Interstate Commission shall keep minutes which shall fully describe all
matters discussed in a meeting and shall provide a full and accurate summary of actions
taken, including record of any roll call votes.

53 10. The Interstate Commission shall make its information and official records, to 54 the extent not otherwise designated in the Compact or by its rules, available to the 55 public for inspection.

56 11. The Interstate Commission shall establish an executive committee, which 57 shall include officers, members, and others as determined by the bylaws. The executive 58 committee shall have the power to act on behalf of the Interstate Commission, with the 59 exception of rulemaking, during periods when the Interstate Commission is not in 60 session. When acting on behalf of the Interstate Commission, the executive committee 61 shall oversee the administration of the Compact including enforcement and compliance 62 with the provisions of the Compact, its bylaws and rules, and other such duties as 63 necessary.

12. The Interstate Commission shall establish other committees for governance
 and administration of the Compact.

334.1660. The powers and duties of the Interstate Commission shall be to:

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(1) Oversee and maintain the administration of the Compact;

3 (2) Promulgate rules which shall be binding to the extent and in the manner 4 provided for in the Compact;

5 (3) Issue, upon the request of a member state or member board, advisory 6 opinions concerning the meaning or interpretation of the Compact, its bylaws, rules, 7 and actions;

8 (4) Enforce compliance with Compact provisions, the rules promulgated by the 9 Interstate Commission, and the bylaws, using all necessary and proper means, including 10 but not limited to the use of judicial process;

- 11 (5) Establish and appoint committees including, but not limited to, an executive 12 committee as required by section 334.1655, which shall have the power to act on behalf 13 of the Interstate Commission in carrying out its powers and duties;
- (6) Pay, or provide for the payment of the expenses related to the establishment,
 organization, and ongoing activities of the Interstate Commission;

(7) Establish and maintain one or more offices;

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(8) Borrow, accept, hire, or contract for services of personnel;

18 (9) Purchase and maintain insurance and bonds;

(10) Employ an executive director who shall have such powers to employ, select
or appoint employees, agents, or consultants, and to determine their qualifications,
define their duties, and fix their compensation;

(11) Establish personnel policies and programs relating to conflicts of interest,
 rates of compensation, and qualifications of personnel;

(12) Accept donations and grants of money, equipment, supplies, materials, and
 services and to receive, utilize, and dispose of it in a manner consistent with the conflict
 of interest policies established by the Interstate Commission;

(13) Lease, purchase, accept contributions or donations of, or otherwise to own,
hold, improve or use, any property, real, personal, or mixed;

29 (14) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise 30 dispose of any property, real, personal, or mixed;

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(15) Establish a budget and make expenditures;

32 (16) Adopt a seal and bylaws governing the management and operation of the33 Interstate Commission;

34 (17) Report annually to the legislatures and governors of the member states 35 concerning the activities of the Interstate Commission during the preceding year. Such 36 reports shall also include reports of financial audits and any recommendations that may 37 have been adopted by the Interstate Commission;

- (18) Coordinate education, training, and public awareness regarding the
 Compact, its implementation, and its operation;
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(19) Maintain records in accordance with the bylaws;

(20) Seek and obtain trademarks, copyrights, and patents; and

42 (21) Perform such functions as may be necessary or appropriate to achieve the 43 purpose of the Compact. 334.1665. 1. The Interstate Commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff. The total assessment must be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated upon a formula to be determined by the Interstate Commission, which shall promulgate a rule binding upon all member states.

8 2. The Interstate Commission shall not incur obligations of any kind prior to 9 securing the funds adequate to meet the same.

10 **3.** The Interstate Commission shall not pledge the credit of any of the member 11 states, except by, and with the authority of, the member state.

4. The Interstate Commission shall be subject to a yearly financial audit
conducted by a certified or licensed accountant and the report of the audit shall be
included in the annual report of the Interstate Commission.

334.1670. 1. The Interstate Commission shall, by a majority of Commissioners present and voting, adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes of the Compact within twelve (12) months of the first Interstate Commission meeting.

5 2. The Interstate Commission shall elect or appoint annually from among its 6 Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall 7 have such authority and duties as may be specified in the bylaws. The chairperson, or in 8 the chairperson's absence or disability, the vice-chairperson, shall preside at all 9 meetings of the Interstate Commission.

10 **3.** Officers selected in subsection 2 of this section shall serve without 11 remuneration for the Interstate Commission.

4. The officers and employees of the Interstate Commission shall be immune 12 from suit and liability, either personally or in their official capacity, for a claim for 13 14 damage to or loss of property or personal injury or other civil liability caused or arising 15 out of, or relating to, an actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of Interstate 16 Commission employment, duties, or responsibilities; provided that such person shall not 17 be protected from suit or liability for damage, loss, injury, or liability caused by the 18 19 intentional or willful and wanton misconduct of such person.

5. The liability of the executive director and employees of the Interstate Commission or representatives of the Interstate Commission, acting within the scope of such person's employment or duties for acts, errors, or omissions occurring within such person's state, may not exceed the limits of liability set forth under the constitution and laws of that state for state officials, employees, and agents. The Interstate Commission
is considered to be an instrumentality of the states for the purpose of any such action.
Nothing in this subsection shall be construed to protect such person from suit or liability
for damage, loss, injury, or liability caused by the intentional or willful and wanton
misconduct of such person.

29 6. The Interstate Commission shall defend the executive director, its employees, 30 and subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an Interstate Commission representative, shall defend 31 32 such Interstate Commission representative in any civil action seeking to impose liability 33 arising out of an actual or alleged act, error or omission that occurred within the scope of Interstate Commission employment, duties or responsibilities, or that the defendant 34 35 had a reasonable basis for believing occurred within the scope of Interstate Commission 36 employment, duties, or responsibilities, provided that the actual or alleged act, error, or 37 omission did not result from intentional or willful and wanton misconduct on the part of 38 such person.

39 7. To the extent not covered by the state involved, member state, or the Interstate 40 Commission, the representatives or employees of the Interstate Commission shall be 41 held harmless in the amount of a settlement or judgement, including attorney's fees and 42 costs, obtained against such persons arising out of an actual or alleged act, error, or 43 omission that occurred within the scope of the Interstate Commission employment, 44 duties, or responsibilities, or that such persons had a reasonable basis for believing 45 occurred within the scope of Interstate Commission employment, duties, or 46 responsibilities, provided that the actual or alleged act, error, or omission did not 47 result from intentional or willful and wanton misconduct on the part of such person.

334.1675. 1. The Interstate Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purpose of the Compact. Notwithstanding the foregoing, in the event the Interstate Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the Interstate Commission shall be invalid and have no force or effect.

7 2. Rules deemed appropriate for the operations of the Interstate Commission 8 shall be made pursuant to a rulemaking process that substantially conforms to the 9 "Model State Administrative Procedure Act" of 2010, and subsequent amendments 10 thereto.

3. Not later than thirty (30) days after a rule is promulgated, any person may file
a petition for judicial review of the rule in the United States District Court for the
District of Columbia or the federal district where the Interstate Commission has its

principal offices, provided that the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. The court shall give deference to the actions of the Interstate Commission consistent with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the Interstate Commission.

334.1680. 1. The executive, legislative, and judicial branches of state government in each member state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of the Compact and the rules promulgated hereunder shall have standing as statutory law but shall not override existing state authority to regulate the practice of medicine.

7 2. All courts shall take judicial notice of the Compact and the rules in any 8 judicial or administrative proceeding in a member state pertaining to the subject matter 9 of the Compact which may affect the powers, responsibilities or actions of the Interstate 10 Commission.

3. The Interstate Commission shall be entitled to receive all services of process in any such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the Interstate Commission shall render a judgment or order void as to the Interstate Commission, the Compact, or promulgated rules.

334.1685. 1. The Interstate Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the Compact.

2. The Interstate Commission may, by majority vote of the Commissioners, initiate legal action in the United States District Court for the District of Columbia, or, at the discretion of the Interstate Commission, in the federal district where the Interstate Commission has its principal offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and bylaws, against a member state in default. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

11 **3.** The remedies herein shall not be the exclusive remedies of the Interstate 12 Commission. The Interstate Commission may avail itself of any other remedies 13 available under state law or regulation of a profession.

334.1690. 1. The grounds for default include, but are not limited to, failure of a member state to perform such obligations or responsibilities imposed upon it by the

3 Compact, or the rules and bylaws of the Interstate Commission promulgated under the 4 Compact.

5 2. If the Interstate Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the Compact, or the bylaws 6 7 or promulgated rules, the Interstate Commission shall:

8 (1) Provide written notice to the defaulting state and other member states, of the 9 nature of the default, the means of curing the default, and any action taken by the Interstate Commission. The Interstate Commission shall specify the conditions by 10 which the defaulting state must cure its default; and 11

12 (2) Provide remedial training and specific technical assistance regarding the 13 default.

14 3. If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact upon an affirmative vote of a majority of the 15 Commissioners and all rights, privileges, and benefits conferred by the Compact shall 16 17 terminate on the effective date of termination. A cure of the default does not relieve the 18 offending state of obligations or liabilities incurred during the period of the default.

19 4. Termination of membership in the Compact shall be imposed only after all 20 other means of securing compliance have been exhausted. Notice of intent to terminate shall be given by the Interstate Commission to the governor, the majority and minority 21 22 leaders of the defaulting state's legislature, and each of the member states.

23 5. The Interstate Commission shall establish rules and procedures to address 24 licenses and physicians that are materially impacted by the termination of a member state, or the withdrawal of a member state. 25

26 6. The member state which has been terminated is responsible for all dues, 27 obligations, and liabilities incurred through the effective date of termination including 28 obligations, the performance of which extends beyond the effective date of termination. 29 7. The Interstate Commission shall not bear any costs relating to any state that 30 has been found to be in default or which has been terminated from the Compact, unless 31 otherwise mutually agreed upon in writing between the Interstate Commission and the

32 defaulting state.

33 8. The defaulting state may appeal the action of the Interstate Commission by petitioning the United States District Court for the District of Columbia or the federal 34 35 district where the Interstate Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees. 36

334.1695. 1. The Interstate Commission shall attempt, upon the request of a 2 member state, to resolve disputes which are subject to the Compact and which may arise 3 among member states or member boards.

4 2. The Interstate Commission shall promulgate rules providing for both 5 mediation and binding dispute resolution as appropriate.

334.1700. 1. Any state is eligible to become a member of the Compact.

2 2. The Compact shall become effective and binding upon legislative enactment of 3 the Compact into law by no less than seven (7) states. Thereafter, it shall become 4 effective and binding on a state upon enactment of the Compact into law by that state.

5 3. The governors of non-member states, or their designees, shall be invited to 6 participate in the activities of the Interstate Commission on a non-voting basis prior to 7 adoption of the Compact by all states.

8 4. The Interstate Commission may propose amendments to the Compact for 9 enactment by the member states. No amendment shall become effective and binding 10 upon the Interstate Commission and the member states unless and until it is enacted 11 into law by unanimous consent of the member states.

334.1705. 1. Once effective, the Compact shall continue in force and remain
binding upon each and every member state; provided that a member state may
withdraw from the Compact by specifically repealing the statute which enacted the
Compact into law.

5 2. Withdrawal from the Compact shall be by the enactment of a statute 6 repealing the same, but shall not take effect until one (1) year after the effective date of 7 such statute and until written notice of the withdrawal has been given by the 8 withdrawing state to the governor of each other member state.

9 3. The withdrawing state shall immediately notify the chairperson of the 10 Interstate Commission in writing upon the introduction of legislation repealing the 11 Compact in the withdrawing state.

4. The Interstate Commission shall notify the other member states of the
withdrawing state's intent to withdraw within sixty (60) days of its receipt of notice
provided under subsection 3 of this section.

5. The withdrawing state is responsible for all dues, obligations and liabilities incurred through the effective date of withdrawal, including obligations, the performance of which extend beyond the effective date of withdrawal.

6. Reinstatement following withdrawal of a member state shall occur upon the
withdrawing state reenacting the Compact or upon such later date as determined by the
Interstate Commission.

7. The Interstate Commission is authorized to develop rules to address the
impact of the withdrawal of a member state on licenses granted in other member states
to physicians who designated the withdrawing member state as the state of principal
license.

334.1710. 1. The Compact shall dissolve effective upon the date of the 2 withdrawal or default of the member state which reduces the membership of the 3 Compact to one (1) member state.

2. Upon the dissolution of the Compact, the Compact becomes null and void and
shall be of no further force or effect, and the business and affairs of the Interstate
Commission shall be concluded, and surplus funds shall be distributed in accordance
with the bylaws.

334.1715. 1. The provisions of the Compact shall be severable, and if any
phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions
of the Compact shall be enforceable.

4 **2.** The provisions of the Compact shall be liberally construed to effectuate its 5 purposes.

6 **3.** Nothing in the Compact shall be construed to prohibit the applicability of 7 other interstate compacts to which the member states are members.

334.1720. 1. Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

3 2. All laws in a member state in conflict with the Compact are superseded to the 4 extent of the conflict.

5 **3.** All lawful actions of the Interstate Commission, including all rules and bylaws 6 promulgated by the Commission, are binding upon the member states.

4. All agreements between the Interstate Commission and the member states are
8 binding in accordance with their terms.

9 5. In the event any provision of the Compact exceeds the constitutional limits 10 imposed on the legislature of any member state, such provision shall be ineffective to the 11 extent of the conflict with the constitutional provision in question in that member state.

335.016. As used in this chapter, unless the context clearly requires otherwise, the 2 following words and terms mean:

3 (1) "Accredited", the official authorization or status granted by an agency for a 4 program through a voluntary process;

5 (2) "Advanced practice registered nurse" or "APRN", a [nurse who has education 6 beyond the basic nursing education and is certified by a nationally recognized professional 7 organization as a certified nurse practitioner, certified nurse midwife, certified registered 8 nurse anesthetist, or a certified clinical nurse specialist. The board shall promulgate rules 9 specifying which nationally recognized professional organization certifications are to be 10 recognized for the purposes of this section. Advanced practice nurses and only such 11 individuals may use the title "Advanced Practice Registered Nurse" and the abbreviation 12 "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;

15 (3) "Approval", official recognition of nursing education programs which meet 16 standards established by the board of nursing;

17

(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;

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

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

37 (12) "Licensed practical nurse" or "practical nurse", a person licensed pursuant to the
 38 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;

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

47 (15) "Practice of practical nursing", the performance for compensation of selected 48 acts for the promotion of health and in the care of persons who are ill, injured, or experiencing 49 alterations in normal health processes. Such performance requires substantial specialized

50 skill, judgment and knowledge. All such nursing care shall be given under the direction of a 51 person licensed by a state regulatory board to prescribe medications and treatments or under 52 the direction of a registered professional nurse. For the purposes of this chapter, the term 53 "direction" shall mean guidance or supervision provided by a person licensed by a state 54 regulatory board to prescribe medications and treatments or a registered professional nurse, 55 including, but not limited to, oral, written, or otherwise communicated orders or directives for 56 patient care. When practical nursing care is delivered pursuant to the direction of a person 57 licensed by a state regulatory board to prescribe medications and treatments or under the 58 direction of a registered professional nurse, such care may be delivered by a licensed practical 59 nurse without direct physical oversight;

60 [(15)] (16) "Practice of professional nursing", the performance for compensation of 61 any act or action which requires substantial specialized education, judgment and skill based 62 on knowledge and application of principles derived from the biological, physical, social, 63 behavioral, and nursing sciences, including, but not limited to:

64 (a) Responsibility for the promotion and teaching of health care and the prevention65 of illness to the patient and his or her family;

66 (b) Assessment, **data collection**, nursing diagnosis, nursing care, **evaluation**, and 67 counsel of persons who are ill, injured, or experiencing alterations in normal health processes;

68 (c) The administration of medications and treatments as prescribed by a person 69 licensed by a state regulatory board to prescribe medications and treatments;

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

(e) The teaching and supervision of other persons in the performance of any of theforegoing;

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

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

335.019. 1. An advanced practice registered nurse's prescriptive authority shall 2 include authority to:

3 (1) Prescribe, dispense, and administer medications and nonscheduled legend 4 drugs, as defined in section 338.330, within such APRN's practice and specialty; and 5 (2) Notwithstanding any other provision of this chapter to the contrary, receive, 6 prescribe, administer, and provide nonscheduled legend drug samples from 7 pharmaceutical manufacturers to patients at no charge to the patient or any other party.

8 **2.** The board of nursing may grant a certificate of controlled substance prescriptive 9 authority to an advanced practice registered nurse who:

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

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

16 (3) Provides evidence of a minimum of one thousand hours of practice in an advanced 17 practice nursing category prior to application for a certificate of prescriptive authority. The 18 one thousand hours shall not include clinical hours obtained in the advanced practice nursing 19 education program. The one thousand hours of practice in an advanced practice nursing 20 category may include transmitting a prescription order orally or telephonically or to an 21 inpatient medical record from protocols developed in collaboration with and signed by a 22 licensed physician; and

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

335.036. 1. The board shall:

2 (1) Elect for a one-year term a president and a secretary, who shall also be treasurer, 3 and the board may appoint, employ and fix the compensation of a legal counsel and such 4 board personnel as defined in subdivision (4) of subsection 11 of section 324.001 as are 5 necessary to administer the 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 7 carry into effect the provisions of sections 335.011 to [335.096] **335.099**;

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

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

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

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

18 (7) Examine, license, and cause to be renewed the licenses of duly qualified19 applicants;

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

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

24 2. The board shall set the amount of the fees which this chapter authorizes and 25 requires by rules and regulations. The fees shall be set at a level to produce revenue which 26 shall not substantially exceed the cost and expense of administering this chapter.

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

32 4. The provisions of section 33.080 to the contrary notwithstanding, money in this 33 fund shall not be transferred and placed to the credit of general revenue until the amount in 34 the fund at the end of the biennium exceeds two times the amount of the appropriation from the board's funds for the preceding fiscal year or, if the board requires by rule, permit renewal 35 36 less frequently than yearly, then three times the appropriation from the board's funds for the 37 preceding fiscal year. The amount, if any, in the fund which shall lapse is that amount in the 38 fund which exceeds the appropriate multiple of the appropriations from the board's funds for 39 the preceding fiscal year.

40 5. Any rule or portion of a rule, as that term is defined in section 536.010, that is 41 created under the authority delegated in this chapter shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. 42 All rulemaking authority delegated prior to August 28, 1999, is of no force and effect and 43 repealed. Nothing in this section shall be interpreted to repeal or affect the validity of any 44 45 rule filed or adopted prior to August 28, 1999, if it fully complied with all applicable provisions of law. This section and chapter 536 are nonseverable and if any of the powers 46 47 vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of 48

rulemaking authority and any rule proposed or adopted after August 28, 1999, shall be invalidand void.

335.046. 1. An applicant for a license to practice as a registered professional nurse shall submit to the board a written application on forms furnished to the applicant. The 2 3 original application shall contain the applicant's statements showing the applicant's education and other such pertinent information as the board may require. The applicant shall be of good 4 5 moral character and have completed at least the high school course of study, or the equivalent thereof as determined by the state board of education, and have successfully completed the 6 basic professional curriculum in an accredited or approved school of nursing and earned a 7 professional nursing degree or diploma. Each application shall contain a statement that it is 8 9 made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false 10 affidavit or declaration. Applicants from non-English-speaking lands shall be required to 11 submit evidence of proficiency in the English language. The applicant must be approved by 12 the board and shall pass an examination as required by the board. The board may require by 13 14 rule as a requirement for licensure that each applicant shall pass an oral or practical examination. Upon successfully passing the examination, the board may issue to the 15 16 applicant a license to practice nursing as a registered professional nurse. The applicant for a license to practice registered professional nursing shall pay a license fee in such amount as set 17 by the board. The fee shall be uniform for all applicants. Applicants from foreign countries 18 shall be licensed as prescribed by rule. 19

20 2. An applicant for license to practice as a licensed practical nurse shall submit to the 21 board a written application on forms furnished to the applicant. The original application shall 22 contain the applicant's statements showing the applicant's education and other such pertinent information as the board may require. Such applicant shall be of good moral character, and 23 have completed at least two years of high school, or its equivalent as established by the state 24 25 board of education, and have successfully completed a basic prescribed curriculum in a stateaccredited or approved school of nursing, earned a nursing degree, certificate or diploma and 26 27 completed a course approved by the board on the role of the practical nurse. Each application shall contain a statement that it is made under oath or affirmation and that its representations 28 are true and correct to the best knowledge and belief of the person signing same, subject to the 29 penalties of making a false affidavit or declaration. Applicants from non-English-speaking 30 countries shall be required to submit evidence of their proficiency in the English language. 31 The applicant must be approved by the board and shall pass an examination as required by the 32 33 board. The board may require by rule as a requirement for licensure that each applicant shall 34 pass an oral or practical examination. Upon successfully passing the examination, the board may issue to the applicant a license to practice as a licensed practical nurse. The applicant for 35

36 a license to practice licensed practical nursing shall pay a fee in such amount as may be set by

the board. The fee shall be uniform for all applicants. Applicants from foreign countries shallbe licensed as prescribed by rule.

39 3. (1) An applicant for a license to practice as an advanced practice registered 40 nurse shall submit to the board a written application on forms furnished to the 41 applicant. The original application shall contain:

42 (a) Statements showing the applicant's education and other such pertinent 43 information as the board may require; and

44 (b) A statement that it is made under oath or affirmation and that its 45 representations are true and correct to the best knowledge and belief of the person 46 signing same, subject to the penalties of making a false affidavit or declaration.

47 (2) The applicant for a license to practice as an advanced practice registered 48 nurse shall pay a fee in such amount as may be set by the board. The fee shall be 49 uniform for all applicants.

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(3) An applicant shall:

51 (a) Hold a current registered professional nurse license or privilege to practice, 52 shall not be currently subject to discipline or any restrictions, and shall not hold an 53 encumbered license or privilege to practice as a registered professional nurse or 54 advanced practice registered nurse in any state or territory;

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

59 (c) Be currently certified by a national certifying body recognized by the 60 Missouri state board of nursing in the advanced practice registered nurse role; and

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

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

4. Upon refusal of the board to allow any applicant to [sit for] take either the
registered professional nurses' examination or the licensed practical nurses' examination, [as
the case may be,] or upon refusal to issue an advanced practice registered nurse license,
the board shall comply with the provisions of section 621.120 and advise the applicant of his

72 or her right to have a hearing before the administrative hearing commission. The 73 administrative hearing commission shall hear complaints taken pursuant to section 621.120.

74 [4.] 5. The board shall not deny a license because of sex, religion, race, ethnic origin,75 age or political affiliation.

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

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

3. Upon application, the board shall issue a temporary permit to an applicant pursuant 10 to subsection 1 of this section for a license as [either] an advanced practice registered 11 12 nurse, a registered professional nurse, or a licensed practical nurse who has made a prima facie showing that the applicant meets all of the requirements for such a license. The 13 14 temporary permit shall be effective only until the board shall have had the opportunity to investigate his or her qualifications for licensure pursuant to subsection 1 of this section and 15 to notify the applicant that his or her application for a license has been either granted or 16 rejected. In no event shall such temporary permit be in effect for more than twelve months 17 18 after the date of its issuance nor shall a permit be reissued to the same applicant. No fee shall be charged for such temporary permit. The holder of a temporary permit which has not 19 20 expired, or been suspended or revoked, shall be deemed to be the holder of a license issued pursuant to section 335.046 until such temporary permit expires, is terminated or is suspended 21 22 or revoked.

335.056. 1. The license of every person licensed under the provisions of [sections 335.011 to 335.096] this chapter shall be renewed as provided. An application for renewal 2 of license shall be mailed to every person to whom a license was issued or renewed during the 3 current licensing period. The applicant shall complete the application and return it to the 4 board by the renewal date with a renewal fee in an amount to be set by the board. The fee 5 shall be uniform for all applicants. The certificates of renewal shall render the holder thereof 6 a legal practitioner of nursing for the period stated in the certificate of renewal. Any person 7 who practices nursing as an advanced practice registered nurse, a registered professional 8 9 nurse, or [as] a licensed practical nurse during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of 10 the provisions of sections 335.011 to [335.096] 335.099. 11

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

A licensed nurse who holds an APRN license shall be disciplined on their
 APRN license 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.

12 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 13 14 designations of "certified registered nurse anesthetist", "certified nurse midwife", "certified clinical nurse specialist", and "certified nurse practitioner", and the 15 16 [abbreviation] abbreviations "APRN", [and any other title designations appearing on his or her license] "CRNA", "CNM", "CNS", and "NP", respectively. No other person shall 17 use the title "Advanced Practice Registered Nurse" or the abbreviation "APRN". No other 18 person shall assume any title or use any abbreviation or any other words, letters, signs, or 19 20 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:

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

4 (2) Practice [professional or practical] nursing as defined by sections 335.011 to 5 [335.096] 335.099 under cover of any diploma, license, or record illegally or fraudulently 6 obtained or signed or issued unlawfully or under fraudulent representation;

7 (3) Practice [professional nursing or practical] nursing as defined by sections 335.011
8 to [335.096] 335.099 unless duly licensed to do so under the provisions of sections 335.011 to
9 [335.096] 335.099;

10 (4) Use in connection with his **or her** name any designation tending to imply that he 11 **or she** is a licensed **advanced practice registered nurse**, **a licensed** registered professional 12 nurse, or a licensed practical nurse unless duly licensed so to practice under the provisions of 13 sections 335.011 to [335.096] 335.099;

14 (5) Practice [professional nursing or practical] nursing during the time his or her 15 license issued under the provisions of sections 335.011 to [335.096] **335.099** shall be 16 suspended or revoked; or

17 (6) Conduct a nursing education program for the preparation of professional or 18 practical nurses unless the program has been accredited by the board.

335.175. 1. No later than January 1, 2014, there is hereby established within the state board of registration for the healing arts and the state board of nursing the "Utilization of 2 3 Telehealth by Nurses". An advanced practice registered nurse (APRN) providing nursing services under a collaborative practice arrangement under section 334.104 may provide such 4 services outside the geographic proximity requirements of section 334.104 if the 5 collaborating physician and advanced practice registered nurse utilize telehealth [in the 6 care of the patient and if the services are provided in a rural area of need]. Telehealth 7 providers shall be required to obtain patient consent before telehealth services are initiated 8 and ensure confidentiality of medical information. 9

10 2. As used in this section, "telehealth" shall have the same meaning as such term is 11 defined in section 191.1145. 12 [3. (1) The boards shall jointly promulgate rules governing the practice of telehealth
 13 under this section. Such rules shall address, but not be limited to, appropriate standards for
 14 the use of telehealth.

15 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies 16 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. 17 18 This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to 19 disapprove and annul a rule are subsequently held unconstitutional, then the grant of 20 rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid 21 22 and void.

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

335.203. 1. There is hereby established the "Nursing Education Incentive Program"within the state board of nursing.

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

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

4. The board and the department shall determine categories and areas of need for
designating grants to eligible institutions of higher education. In establishing categories and
areas of need, the board and department may consider criteria including, but not limited to:
(1) Data generated from licensure renewal data and the department of health and

15 senior services; and

16

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

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

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

335.205. The board, in addition to any other duties it may have regarding licensure of nurses, shall collect, at the time of any initial license application or license renewal application, a nursing education incentive program surcharge from each person licensed or relicensed under chapter 335, in the amount of one dollar per year for practical nurses and five dollars per year for registered professional nurses. These funds shall be deposited in the state board of nursing fund described in section 335.036.

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

2 (1) "License", a license, certificate, registration, permit, accreditation, or
3 military occupational specialty that enables a person to legally practice an occupation or
4 profession in a particular jurisdiction;

5 (2) "Military", the Armed Forces of the United States, including the Air Force, 6 Army, Coast Guard, Marine Corps, Navy, Space Force, National Guard and any other 7 military branch that is designated by Congress as part of the Armed Forces of the 8 United States, and all reserve components and auxiliaries. Such term also includes the 9 military reserves and militia of any United States territory or state;

10 (3) "Nonresident military spouse", a nonresident spouse of an active duty 11 member of the Armed Forces of the United States who has been transferred or is 12 scheduled to be transferred to the state of Missouri, or who has been transferred or is 13 scheduled to be transferred to an adjacent state and is or will be domiciled in the state of 14 Missouri, or has moved to the state of Missouri on a permanent change-of-station basis; 15 (4) "Resident military spouse", a spouse of an active duty member of the Armed

15 (4) "Resident military spouse", a spouse of an active duty member of the Armed 16 Forces of the United States who has been transferred or is scheduled to be transferred to 17 the state of Missouri or an adjacent state and who is a permanent resident of the state of 18 Missouri, who is domiciled in the state of Missouri, or who has Missouri as his or her 19 home of record.

20 **2.** Each applicant for licensure as a professional counselor shall furnish evidence to 21 the committee that the applicant is at least eighteen years of age, is a United States citizen or 22 is legally present in the United States; and

(1) The applicant has completed a course of study as defined by the board rule leading
to a master's, specialist's, or doctoral degree with a major in counseling, except any applicant
who has held a license as a professional counselor in this state or currently holds a license as a

26 professional counselor in another state shall not be required to have completed any courses 27 related to career development; and

28 (2) The applicant has completed acceptable supervised counseling as defined by board rule. If the applicant has a master's degree with a major in counseling as defined by 29 board rule, the applicant shall complete at least two years of acceptable supervised counseling 30 experience subsequent to the receipt of the master's degree. The composition and number of 31 32 hours comprising the acceptable supervised counseling experience shall be defined by board 33 rule. An applicant may substitute thirty semester hours of post master's graduate study for one of the two required years of acceptable supervised counseling experience if such hours 34 35 are clearly related to counseling;

36 (3) After August 28, 2007, each applicant shall have completed a minimum of three
37 hours of graduate level coursework in diagnostic systems either in the curriculum leading to a
38 degree or as post master's graduate level course work;

39 (4) Upon examination, the applicant is possessed of requisite knowledge of the 40 profession, including techniques and applications, research and its interpretation, and 41 professional affairs and ethics.

42 [2. Any person holding a current license, certificate of registration, or permit from 43 another state or territory of the United States to practice as a professional counselor who does 44 not meet the requirements in section 324.009 and who is at least eighteen years of age, and is 45 a United States citizen or is legally present in the United States may be granted a license 46 without examination to engage in the practice of professional counseling in this state upon the 47 application to the board, payment of the required fee as established by the board, and 48 satisfying one of the following requirements:

49 (1) Approval by the American Association of State Counseling Boards (AASCB) or
 50 its successor organization according to the eligibility criteria established by AASCB. The
 51 successor organization shall be defined by board rule; or

52 (2) In good standing and currently certified by the National Board for Certified 53 Counselors or its successor organization and has completed acceptable supervised counseling 54 experience as defined by board rule. The successor organization shall be defined by board 55 rule.]

3. (1) Any person who holds a valid current professional counselor license issued by another state, a branch or unit of the military, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit an application for a professional counselor license in Missouri along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction, to the committee.

62 (2) The committee shall:

63 (a) Within six months of receiving an application described in subdivision (1) of 64 this subsection, waive any examination, educational, or experience requirements for 65 licensure in this state for the applicant if it determines that there were minimum 66 education requirements and, if applicable, work experience and clinical supervision 67 requirements in effect and the other state verifies that the person met those 68 requirements in order to be licensed or certified in that state. The committee may 69 require an applicant to take and pass an examination specific to the laws of this state; or

(b) Within thirty days of receiving an application described in subdivision (1) of this subsection from a nonresident military spouse or a resident military spouse, waive any examination, educational, or experience requirements for licensure in this state for the applicant and issue such applicant a license under this subsection if such applicant otherwise meets the requirements of this section.

75 The committee shall not waive any examination, educational, or (3) (a) experience requirements for any applicant who has had his or her license revoked by a 76 77 committee outside the state; who is currently under investigation, who has a complaint 78 pending, or who is currently under disciplinary action, except as provided in paragraph 79 (b) of this subdivision, with a committee outside the state; who does not hold a license in 80 good standing with a committee outside the state; who has a criminal record that would disqualify him or her for licensure in Missouri; or who does not hold a valid current 81 82 license in the other jurisdiction on the date the committee receives his or her application 83 under this section.

(b) If another jurisdiction has taken disciplinary action against an applicant, the committee shall determine if the cause for the action was corrected and the matter resolved. If the matter has not been resolved by that jurisdiction, the committee may deny a license until the matter is resolved.

88 (4) Nothing in this subsection shall prohibit the committee from denying a
 89 license to an applicant under this subsection for any reason described in section 337.525.

90 (5) Any person who is licensed under the provisions of this subsection shall be 91 subject to the committee's jurisdiction and all rules and regulations pertaining to the 92 practice as a licensed professional counselor in this state.

93 (6) This subsection shall not be construed to waive any requirement for an 94 applicant to pay any fees.

4. The committee shall issue a license to each person who files an application and fee and who furnishes evidence satisfactory to the committee that the applicant has complied with the provisions of this act and has taken and passed a written, open-book examination on Missouri laws and regulations governing the practice of professional counseling as defined in section 337.500. The division shall issue a provisional professional counselor license to any
applicant who meets all requirements of this section, but who has not completed the required 100 acceptable supervised counseling experience and such applicant may reapply for licensure as 101 102 a professional counselor upon completion of such acceptable supervised counseling 103 experience.

104 [4-] 5. All persons licensed to practice professional counseling in this state shall pay 105 on or before the license renewal date a renewal license fee and shall furnish to the committee 106 satisfactory evidence of the completion of the requisite number of hours of continuing education as required by rule, including two hours of suicide assessment, referral, treatment, 107 108 and management training, which shall be no more than forty hours biennially. The continuing education requirements may be waived by the committee upon presentation to the committee 109 110 of satisfactory evidence of the illness of the licensee or for other good cause.

337.550. SECTION 1: PURPOSE

2 The purpose of this Compact is to facilitate interstate practice of Licensed Professional Counselors with the goal of improving public access to Professional 3 4 Counseling services. The practice of Professional Counseling occurs in the State where 5 the client is located at the time of the counseling services. The Compact preserves the 6 regulatory authority of States to protect public health and safety through the current 7 system of State licensure.

8

This Compact is designed to achieve the following objectives:

9 A. Increase public access to Professional Counseling services by providing for 10 the mutual recognition of other Member State licenses;

11

B. Enhance the States' ability to protect the public's health and safety;

12 Encourage the cooperation of Member States in regulating multistate С. 13 practice for Licensed Professional Counselors;

14

D. Support spouses of relocating Active Duty Military personnel;

Enhance the exchange of licensure, investigative, and disciplinary 15 E. information among Member States; 16

17 F. Allow for the use of Telehealth technology to facilitate increased access to 18 **Professional Counseling services;**

19 G. Support the uniformity of Professional Counseling licensure requirements 20 throughout the States to promote public safety and public health benefits;

21 H. Invest all Member States with the authority to hold a Licensed Professional 22 Counselor accountable for meeting all State practice laws in the State in which the client 23 is located at the time care is rendered through the mutual recognition of Member State 24 licenses;

25

I. Eliminate the necessity for licenses in multiple States; and

J. Provide opportunities for interstate practice by Licensed Professional
 Counselors who meet uniform licensure requirements.

28

SECTION 2. DEFINITIONS

As used in this Compact, and except as otherwise provided, the following definitions shall apply:

A. "Active Duty Military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Chapters 1209 and 1211.

B. "Adverse Action" means any administrative, civil, equitable or criminal action permitted by a State's laws which is imposed by a licensing board or other authority against a Licensed Professional Counselor, including actions against an individual's license or Privilege to Practice such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other Encumbrance on licensure affecting a Licensed Professional Counselor's authorization to practice, including issuance of a cease and desist action.

41 C. "Alternative Program" means a non-disciplinary monitoring or practice 42 remediation process approved by a Professional Counseling Licensing Board to address 43 Impaired Practitioners.

D. "Continuing Competence/Education" means a requirement, as a condition of license renewal, to provide evidence of participation in, and/or completion of, educational and professional activities relevant to practice or area of work.

47 E. "Counseling Compact Commission" or "Commission" means the national 48 administrative body whose membership consists of all States that have enacted the 49 Compact.

50

F. "Current Significant Investigative Information" means:

51 **1.** Investigative Information that a Licensing Board, after a preliminary inquiry 52 that includes notification and an opportunity for the Licensed Professional Counselor to 53 respond, if required by State law, has reason to believe is not groundless and, if proved 54 true, would indicate more than a minor infraction; or

55 2. Investigative Information that indicates that the Licensed Professional 56 Counselor represents an immediate threat to public health and safety regardless of 57 whether the Licensed Professional Counselor has been notified and had an opportunity 58 to respond.

59 G. "Data System" means a repository of information about Licensees, including, 60 but not limited to, continuing education, examination, licensure, investigative, Privilege 61 to Practice and Adverse Action information. H. "Encumbered License" means a license in which an Adverse Action restricts
the practice of licensed Professional Counseling by the Licensee and said Adverse
Action has been reported to the National Practitioners Data Bank (NPDB).

65 I. "Encumbrance" means a revocation or suspension of, or any limitation on, the 66 full and unrestricted practice of Licensed Professional Counseling by a Licensing Board.

57 J. "Executive Committee" means a group of directors elected or appointed to act 58 on behalf of, and within the powers granted to them by, the Commission.

69 K. "Home State" means the Member State that is the Licensee's primary State 70 of residence.

L. "Impaired Practitioner" means an individual who has a condition(s) that may impair their ability to practice as a Licensed Professional Counselor without some type of intervention and may include, but are not limited to, alcohol and drug dependence, mental health impairment, and neurological or physical impairments.

M. "Investigative Information" means information, records, and documents received or generated by a Professional Counseling Licensing Board pursuant to an investigation.

N. "Jurisprudence Requirement" if required by a Member State, means the
assessment of an individual's knowledge of the laws and Rules governing the practice of
Professional Counseling in a State.

81 O. "Licensed Professional Counselor" means a counselor licensed by a Member 82 State, regardless of the title used by that State, to independently assess, diagnose, and 83 treat behavioral health conditions.

P. "Licensee" means an individual who currently holds an authorization from the State to practice as a Licensed Professional Counselor.

86 Q. "Licensing Board" means the agency of a State, or equivalent, that is 87 responsible for the licensing and regulation of Licensed Professional Counselors.

88

R. "Member State" means a State that has enacted the Compact.

89 S. "Privilege to Practice" means a legal authorization, which is equivalent to a 90 license, permitting the practice of Professional Counseling in a Remote State.

91 T. "Professional Counseling" means the assessment, diagnosis, and treatment of 92 behavioral health conditions by a Licensed Professional Counselor.

U. "Remote State" means a Member State other than the Home State, where a
Licensee is exercising or seeking to exercise the Privilege to Practice.

95 V. "Rule" means a regulation promulgated by the Commission that has the force96 of law.

W. "Single State License" means a Licensed Professional Counselor license
issued by a Member State that authorizes practice only within the issuing State and does
not include a Privilege to Practice in any other Member State.

100X. "State" means any state, commonwealth, district, or territory of the United101States of America that regulates the practice of Professional Counseling.

102 Y. "Telehealth" means the application of telecommunication technology to
 103 deliver Professional Counseling services remotely to assess, diagnose, and treat
 104 behavioral health conditions.

105 Z. "Unencumbered License" means a license that authorizes a Licensed
 106 Professional Counselor to engage in the full and unrestricted practice of Professional
 107 Counseling.

108

SECTION 3. STATE PARTICIPATION IN THE COMPACT

109 A. To Participate in the Compact, a State must currently:

110 **1. License and regulate Licensed Professional Counselors;**

- 111 **2.** Require Licensees to pass a nationally recognized exam approved by the 112 Commission;
- 113 **3.** Require Licensees to have a 60 semester-hour (or 90 quarter-hour) master's 114 degree in counseling or 60 semester-hours (or 90 quarter-hours) of graduate course 115 work including the following topic areas:
- **a. Professional Counseling Orientation and Ethical Practice**;
- 117 **b.** Social and Cultural Diversity;
- 118 c. Human Growth and Development;
- 119 d. Career Development;
- 120 e. Counseling and Helping Relationships;
- 121 f. Group Counseling and Group Work;
- 122 g. Diagnosis and Treatment; Assessment and Testing;
- 123 h. Research and Program Evaluation; and
- i. Other areas as determined by the Commission.
- 125 4. Require Licensees to complete a supervised postgraduate professional 126 experience as defined by the Commission;
- 127 5. Have a mechanism in place for receiving and investigating complaints about
- 128 Licensees.
- 129 **B.** A Member State shall:
- 130 **1.** Participate fully in the Commission's Data System, including using the 131 Commission's unique identifier as defined in Rules;

132
 2. Notify the Commission, in compliance with the terms of the Compact and
 133 Rules, of any Adverse Action or the availability of Investigative Information regarding a
 134 Licensee;

3. Implement or utilize procedures for considering the criminal history records of applicants for an initial Privilege to Practice. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that State's criminal records;

a. A member state must fully implement a criminal background check
requirement, within a time frame established by rule, by receiving the results of the
Federal Bureau of Investigation record search and shall use the results in making
licensure decisions.

b. Communication between a Member State, the Commission and among
Member States regarding the verification of eligibility for licensure through the
Compact shall not include any information received from the Federal Bureau of
Investigation relating to a federal criminal records check performed by a Member State
under Public Law 92-544.

150

4. Comply with the Rules of the Commission;

151 5. Require an applicant to obtain or retain a license in the Home State and meet
152 the Home State's qualifications for licensure or renewal of licensure, as well as all other
153 applicable State laws;

6. Grant the Privilege to Practice to a Licensee holding a valid Unencumbered License in another Member State in accordance with the terms of the Compact and Rules; and

157 7. Provide for the attendance of the State's commissioner to the Counseling158 Compact Commission meetings.

159

C. Member States may charge a fee for granting the Privilege to Practice.

D. Individuals not residing in a Member State shall continue to be able to apply for a Member State's Single State License as provided under the laws of each Member State. However, the Single State License granted to these individuals shall not be recognized as granting a Privilege to Practice Professional Counseling in any other Member State.

165 E. Nothing in this Compact shall affect the requirements established by a 166 Member State for the issuance of a Single State License.

167 F. A license issued to a Licensed Professional Counselor by a Home State to a 168 resident in that State shall be recognized by each Member State as authorizing a

169 Licensed Professional Counselor to practice Professional Counseling, under a Privilege

to Practice, in each Member State. 170

171 **SECTION 4. PRIVILEGE TO PRACTICE**

172 A. To exercise the Privilege to Practice under the terms and provisions of the 173 Compact, the Licensee shall:

174 1. Hold a license in the Home State;

175 2. Have a valid United States Social Security Number or National Practitioner 176 Identifier;

177 3. Be eligible for a Privilege to Practice in any Member State in accordance with 178 Section 4(D), (G) and (H);

179 4. Have not had any Encumbrance or restriction against any license or Privilege to Practice within the previous two (2) years; 180

181 5. Notify the Commission that the Licensee is seeking the Privilege to Practice within a Remote State(s); 182

183 6. Pay any applicable fees, including any State fee, for the Privilege to Practice;

184 7. Meet any Continuing Competence/Education requirements established by the 185 Home State;

186 8. Meet any Jurisprudence Requirements established by the Remote State(s) in 187 which the Licensee is seeking a Privilege to Practice; and

188 9. Report to the Commission any Adverse Action, Encumbrance, or restriction 189 on license taken by any non-Member State within 30 days from the date the action is 190 taken.

191 **B.** The Privilege to Practice is valid until the expiration date of the Home State 192 license. The Licensee must comply with the requirements of Section 4(A) to maintain 193 the Privilege to Practice in the Remote State.

194 C. A Licensee providing Professional Counseling in a Remote State under the 195 Privilege to Practice shall adhere to the laws and regulations of the Remote State.

196 D. A Licensee providing Professional Counseling services in a Remote State is 197 subject to that State's regulatory authority. A Remote State may, in accordance with due process and that State's laws, remove a Licensee's Privilege to Practice in the 198 199 Remote State for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens. The Licensee may be ineligible for 200 201 a Privilege to Practice in any Member State until the specific time for removal has 202 passed and all fines are paid.

203 E. If a Home State license is encumbered, the Licensee shall lose the Privilege to Practice in any Remote State until the following occur: 204

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1. The Home State license is no longer encumbered; and

206 **2.** Have not had any Encumbrance or restriction against any license or Privilege 207 to Practice within the previous two (2) years.

F. Once an Encumbered License in the Home State is restored to good standing, the Licensee must meet the requirements of Section 4(A) to obtain a Privilege to Practice in any Remote State.

G. If a Licensee's Privilege to Practice in any Remote State is removed, the individual may lose the Privilege to Practice in all other Remote States until the following occur:

1. The specific period of time for which the Privilege to Practice was removed has ended;

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2. All fines have been paid; and

3. Have not had any Encumbrance or restriction against any license or Privilege
to Practice within the previous two (2) years.

H. Once the requirements of Section 4(G) have been met, the Licensee must meet the requirements in Section 4(A) to obtain a Privilege to Practice in a Remote State.

221 SECTION 5: OBTAINING A NEW HOME STATE LICENSE BASED ON A 222 PRIVILEGE TO PRACTICE

A. A Licensed Professional Counselor may hold a Home State license, which allows for a Privilege to Practice in other Member States, in only one Member State at a time.

B. If a Licensed Professional Counselor changes primary State of residence by
 moving between two Member States:

1. The Licensed Professional Counselor shall file an application for obtaining a new Home State license based on a Privilege to Practice, pay all applicable fees, and notify the current and new Home State in accordance with applicable Rules adopted by the Commission.

232 2. Upon receipt of an application for obtaining a new Home State license by 233 virtue of a Privilege to Practice, the new Home State shall verify that the Licensed 234 Professional Counselor meets the pertinent criteria outlined in Section 4 via the Data 235 System, without need for primary source verification except for:

a. a Federal Bureau of Investigation fingerprint based criminal background
 check if not previously performed or updated pursuant to applicable rules adopted by
 the Commission in accordance with Public Law 92-544;

b. other criminal background check as required by the new Home State; and
c. completion of any requisite Jurisprudence Requirements of the new Home
State.

3. The former Home State shall convert the former Home State license into a
Privilege to Practice once the new Home State has activated the new Home State license
in accordance with applicable Rules adopted by the Commission.

4. Notwithstanding any other provision of this Compact, if the Licensed Professional Counselor cannot meet the criteria in Section 4, the new Home State may apply its requirements for issuing a new Single State License.

5. The Licensed Professional Counselor shall pay all applicable fees to the new
Home State in order to be issued a new Home State license.

C. If a Licensed Professional Counselor changes Primary State of Residence by moving from a Member State to a non-Member State, or from a non-Member State to a Member State, the State criteria shall apply for issuance of a Single State License in the new State.

D. Nothing in this Compact shall interfere with a Licensee's ability to hold a Single State License in multiple States, however for the purposes of this Compact, a Licensee shall have only one Home State license.

E. Nothing in this Compact shall affect the requirements established by a Member State for the issuance of a Single State License.

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SECTION 6. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

Active Duty Military personnel, or their spouse, shall designate a Home State where the individual has a current license in good standing. The individual may retain the Home State designation during the period the service member is on active duty. Subsequent to designating a Home State, the individual shall only change their Home State through application for licensure in the new State, or through the process outlined in Section 5.

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SECTION 7. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

A. Member States shall recognize the right of a Licensed Professional Counselor, licensed by a Home State in accordance with Section 3 and under Rules promulgated by the Commission, to practice Professional Counseling in any Member State via Telehealth under a Privilege to Practice as provided in the Compact and Rules promulgated by the Commission.

B. A Licensee providing Professional Counseling services in a Remote State
under the Privilege to Practice shall adhere to the laws and regulations of the Remote
State.

275 SECTION 8. ADVERSE ACTIONS

A. In addition to the other powers conferred by State law, a Remote State shall have the authority, in accordance with existing State due process law, to: Take Adverse Action against a Licensed Professional Counselor's Privilege to
 Practice within that Member State, and

280 2. Issue subpoenas for both hearings and investigations that require the 281 attendance and testimony of witnesses as well as the production of evidence. Subpoenas 282 issued by a Licensing Board in a Member State for the attendance and testimony of 283 witnesses or the production of evidence from another Member State shall be enforced in 284 the latter State by any court of competent jurisdiction, according to the practice and 285 procedure of that court applicable to subpoenas issued in proceedings pending before it. 286 The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees 287 required by the service statutes of the State in which the witnesses or evidence are 288 located.

3. Only the Home State shall have the power to take Adverse Action against a
Licensed Professional Counselor's license issued by the Home State.

B. For purposes of taking Adverse Action, the Home State shall give the same priority and effect to reported conduct received from a Member State as it would if the conduct had occurred within the Home State. In so doing, the Home State shall apply its own State laws to determine appropriate action.

C. The Home State shall complete any pending investigations of a Licensed Professional Counselor who changes primary State of residence during the course of the investigations. The Home State shall also have the authority to take appropriate action (s) and shall promptly report the conclusions of the investigations to the administrator of the Data System. The administrator of the coordinated licensure information system shall promptly notify the new Home State of any Adverse Actions.

301 D. A Member State, if otherwise permitted by State law, may recover from the 302 affected Licensed Professional Counselor the costs of investigations and dispositions of 303 cases resulting from any Adverse Action taken against that Licensed Professional 304 Counselor.

E. A Member State may take Adverse Action based on the factual findings of the
 Remote State, provided that the Member State follows its own procedures for taking the
 Adverse Action.

F. Joint Investigations:

In addition to the authority granted to a Member State by its respective
 Professional Counseling practice act or other applicable State law, any Member State
 may participate with other Member States in joint investigations of Licensees.

312 2. Member States shall share any investigative, litigation, or compliance 313 materials in furtherance of any joint or individual investigation initiated under the 314 Compact.

315 G. If Adverse Action is taken by the Home State against the license of a Licensed Professional Counselor, the Licensed Professional Counselor's Privilege to Practice in all 316 317 other Member States shall be deactivated until all Encumbrances have been removed from the State license. All Home State disciplinary orders that impose Adverse Action 318 319 against the license of a Licensed Professional Counselor shall include a Statement that 320 the Licensed Professional Counselor's Privilege to Practice is deactivated in all Member 321 States during the pendency of the order.

322 If a Member State takes Adverse Action, it shall promptly notify the H. 323 administrator of the Data System. The administrator of the Data System shall promptly 324 notify the Home State of any Adverse Actions by Remote States.

325 I. Nothing in this Compact shall override a Member State's decision that 326 participation in an Alternative Program may be used in lieu of Adverse Action.

327 **SECTION 9.** ESTABLISHMENT OF COUNSELING COMPACT 328 COMMISSION

329 A. The Compact Member States hereby create and establish a joint public 330 agency known as the Counseling Compact Commission:

331

1. The Commission is an instrumentality of the Compact States.

332 2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the 333 334 principal office of the Commission is located. The Commission may waive venue and 335 jurisdictional defenses to the extent it adopts or consents to participate in alternative 336 dispute resolution proceedings.

337 3. Nothing in this Compact shall be construed to be a waiver of sovereign 338 immunity.

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

340 1. Each Member State shall have and be limited to one (1) delegate selected by that Member State's Licensing Board. 341

342 2. The delegate shall be either:

343 a. A current member of the Licensing Board at the time of appointment, who is a Licensed Professional Counselor or public member; or 344

345

b. An administrator of the Licensing Board.

346 3. Any delegate may be removed or suspended from office as provided by the law 347 of the State from which the delegate is appointed.

348 4. The Member State Licensing Board shall fill any vacancy occurring on the 349 Commission within 60 days.

5. Each delegate shall be entitled to one (1) vote with regard to the promulgation of Rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.

353 6. A delegate shall vote in person or by such other means as provided in the 354 bylaws. The bylaws may provide for delegates' participation in meetings by telephone 355 or other means of communication.

356 7. The Commission shall meet at least once during each calendar year.357 Additional meetings shall be held as set forth in the bylaws.

358 8. The Commission shall by Rule establish a term of office for delegates and may
359 by Rule establish term limits.

360 C. The Commission shall have the following powers and duties:

361

1. Establish the fiscal year of the Commission;

362 **2.** Establish bylaws;

363 **3.** Maintain its financial records in accordance with the bylaws;

3644. Meet and take such actions as are consistent with the provisions of this365 Compact and the bylaws;

366 5. Promulgate Rules which shall be binding to the extent and in the manner367 provided for in the Compact;

368 6. Bring and prosecute legal proceedings or actions in the name of the 369 Commission, provided that the standing of any State Licensing Board to sue or be sued 370 under applicable law shall not be affected;

371

7. Purchase and maintain insurance and bonds;

8. Borrow, accept, or contract for services of personnel, including, but not imited to, employees of a Member State;

9. Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

378 10. Accept any and all appropriate donations and grants of money, equipment, 379 supplies, materials, and services, and to receive, utilize, and dispose of the same; 380 provided that at all times the Commission shall avoid any appearance of impropriety 381 and/or conflict of interest;

382 11. Lease, purchase, accept appropriate gifts or donations of, or otherwise to 383 own, hold, improve or use, any property, real, personal or mixed; provided that at all 384 times the Commission shall avoid any appearance of impropriety;

385 12. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise
386 dispose of any property real, personal, or mixed;

HCS SS SCS SB 157 84 387 13. Establish a budget and make expenditures; 388 14. Borrow money: 389 15. Appoint committees, including standing committees composed of members, 390 State regulators, State legislators or their representatives, and consumer 391 representatives, and such other interested persons as may be designated in this 392 Compact and the bylaws; 393 16. Provide and receive information from, and cooperate with, law enforcement 394 agencies; 395 17. Establish and elect an Executive Committee; and 396 18. Perform such other functions as may be necessary or appropriate to achieve 397 the purposes of this Compact consistent with the State regulation of Professional 398 Counseling licensure and practice. 399 **D.** The Executive Committee 400 1. The Executive Committee shall have the power to act on behalf of the 401 Commission according to the terms of this Compact. 402 2. The Executive Committee shall be composed of up to eleven (11) members: 403 a. Seven voting members who are elected by the Commission from the current 404 membership of the Commission; and 405 b. Up to four (4) ex-officio, nonvoting members from four (4) recognized 406 national professional counselor organizations. 407 c. The ex-officio members will be selected by their respective organizations. 408 3. The Commission may remove any member of the Executive Committee as provided in bylaws. 409 410 4. The Executive Committee shall meet at least annually. 411 5. The Executive Committee shall have the following duties and responsibilities: 412 Recommend to the entire Commission changes to the Rules or bylaws, a. 413 changes to this Compact legislation, fees paid by Compact Member States such as 414 annual dues, and any Commission Compact fee charged to Licensees for the Privilege to 415 **Practice:** 416 Ensure Compact administration services are appropriately provided, b. 417 contractual or otherwise: 418 c. Prepare and recommend the budget; 419 d. Maintain financial records on behalf of the Commission; 420 e. Monitor Compact compliance of Member States and provide compliance 421 reports to the Commission; 422 f. Establish additional committees as necessary; and 423 g. Other duties as provided in Rules or bylaws.

E. Meetings of the Commission

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425 1. All meetings shall be open to the public, and public notice of meetings shall be 426 given in the same manner as required under the Rulemaking provisions in Section 11. 427 2. The Commission or the Executive Committee or other committees of the 428 Commission may convene in a closed, non-public meeting if the Commission or 429 Executive Committee or other committees of the Commission must discuss: 430 a. Non-compliance of a Member State with its obligations under the Compact; 431 b. The employment, compensation, discipline or other matters, practices or 432 procedures related to specific employees or other matters related to the Commission's 433 internal personnel practices and procedures; 434 c. Current, threatened, or reasonably anticipated litigation; 435 d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or 436 real estate: 437 e. Accusing any person of a crime or formally censuring any person; 438 f. Disclosure of trade secrets or commercial or financial information that is 439 privileged or confidential; 440 Disclosure of information of a personal nature where disclosure would g. 441 constitute a clearly unwarranted invasion of personal privacy; 442 h. Disclosure of investigative records compiled for law enforcement purposes; 443 i. Disclosure of information related to any investigative reports prepared by or 444 on behalf of or for use of the Commission or other committee charged with 445 responsibility of investigation or determination of compliance issues pursuant to the 446 Compact; or 447 j. Matters specifically exempted from disclosure by federal or Member State 448 statute. 449 3. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and 450 451 shall reference each relevant exempting provision. 452 4. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, 453 454 and the reasons therefore, including a description of the views expressed. All documents 455 considered in connection with an action shall be identified in such minutes. All minutes 456 and documents of a closed meeting shall remain under seal, subject to release by a 457 majority vote of the Commission or order of a court of competent jurisdiction. 458 F. Financing of the Commission 459 1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities. 460

461 **2.** The Commission may accept any and all appropriate revenue sources, 462 donations, and grants of money, equipment, supplies, materials, and services.

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

470 **4.** The Commission shall not incur obligations of any kind prior to securing the 471 funds adequate to meet the same; nor shall the Commission pledge the credit of any of 472 the Member States, except by and with the authority of the Member State.

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

479

G. Qualified Immunity, Defense, and Indemnification

480 1. The members, officers, executive director, employees and representatives of 481 the Commission shall be immune from suit and liability, either personally or in their 482 official capacity, for any claim for damage to or loss of property or personal injury or 483 other civil liability caused by or arising out of any actual or alleged act, error or 484 omission that occurred, or that the person against whom the claim is made had a 485 reasonable basis for believing occurred within the scope of Commission employment, 486 duties or responsibilities; provided that nothing in this paragraph shall be construed to 487 protect any such person from suit and/or liability for any damage, loss, injury, or 488 liability caused by the intentional or willful or wanton misconduct of that person.

489 The Commission shall defend any member, officer, executive director, 2. employee or representative of the Commission in any civil action seeking to impose 490 491 liability arising out of any actual or alleged act, error, or omission that occurred within 492 the scope of Commission employment, duties, or responsibilities, or that the person 493 against whom the claim is made had a reasonable basis for believing occurred within the 494 scope of Commission employment, duties, or responsibilities; provided that nothing 495 herein shall be construed to prohibit that person from retaining his or her own counsel; 496 and provided further, that the actual or alleged act, error, or omission did not result 497 from that person's intentional or willful or wanton misconduct.

498 3. The Commission shall indemnify and hold harmless any member, officer, 499 executive director, employee, or representative of the Commission for the amount of any 500 settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, 501 502 duties, or responsibilities, or that such person had a reasonable basis for believing 503 occurred within the scope of Commission employment, duties, or responsibilities, 504 provided that the actual or alleged act, error, or omission did not result from the 505 intentional or willful or wanton misconduct of that person.

506

SECTION 10. DATA SYSTEM

507 A. The Commission shall provide for the development, maintenance, operation, 508 and utilization of a coordinated database and reporting system containing licensure, 509 Adverse Action, and Investigative Information on all licensed individuals in Member 510 States.

511 B. Notwithstanding any other provision of State law to the contrary, a Member 512 State shall submit a uniform data set to the Data System on all individuals to whom this 513 Compact is applicable as required by the Rules of the Commission, including:

- **1. Identifying information;**
- 515 **2.** Licensure data;

516 **3.** Adverse Actions against a license or Privilege to Practice;

6. Current Significant Investigative Information; and

- 517 4. Non-confidential information related to Alternative Program participation;
- 5. Any denial of application for licensure, and the reason(s) for such denial;
- 519

520 7. Other information that may facilitate the administration of this Compact, as 521 determined by the Rules of the Commission.

522 C. Investigative Information pertaining to a Licensee in any Member State will 523 only be available to other Member States.

524 D. The Commission shall promptly notify all Member States of any Adverse 525 Action taken against a Licensee or an individual applying for a license. Adverse Action 526 information pertaining to a Licensee in any Member State will be available to any other 527 Member State.

528 E. Member States contributing information to the Data System may designate 529 information that may not be shared with the public without the express permission of 530 the contributing State.

531 F. Any information submitted to the Data System that is subsequently required 532 to be expunded by the laws of the Member State contributing the information shall be 533 removed from the Data System.

534 SECTION 11. RULEMAKING

A. The Commission shall promulgate reasonable Rules in order to effectively and efficiently achieve the purpose of the Compact. Notwithstanding the foregoing, in the event the Commission exercises its Rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the Commission shall be invalid and have no force or effect.

540 B. The Commission shall exercise its Rulemaking powers pursuant to the 541 criteria set forth in this Section and the Rules adopted thereunder. Rules and 542 amendments shall become binding as of the date specified in each Rule or amendment.

543 C. If a majority of the legislatures of the Member States rejects a Rule, by 544 enactment of a statute or resolution in the same manner used to adopt the Compact 545 within four (4) years of the date of adoption of the Rule, then such Rule shall have no 546 further force and effect in any Member State.

547 D. Rules or amendments to the Rules shall be adopted at a regular or special 548 meeting of the Commission.

549 E. Prior to promulgation and adoption of a final Rule or Rules by the 550 Commission, and at least thirty (30) days in advance of the meeting at which the Rule 551 will be considered and voted upon, the Commission shall file a Notice of Proposed 552 Rulemaking:

553

1. On the website of the Commission or other publicly accessible platform; and

554 2. On the website of each Member State Professional Counseling Licensing 555 Board or other publicly accessible platform or the publication in which each State 556 would otherwise publish proposed Rules.

557 F. The Notice of Proposed Rulemaking shall include:

558 **1.** The proposed time, date, and location of the meeting in which the Rule will be 559 considered and voted upon;

560 2. The text of the proposed Rule or amendment and the reason for the proposed561 Rule;

562 **3.** A request for comments on the proposed Rule from any interested person; 563 and

564 **4.** The manner in which interested persons may submit notice to the Commission 565 of their intention to attend the public hearing and any written comments.

566 G. Prior to adoption of a proposed Rule, the Commission shall allow persons to 567 submit written data, facts, opinions, and arguments, which shall be made available to 568 the public.

569 H. The Commission shall grant an opportunity for a public hearing before it 570 adopts a Rule or amendment if a hearing is requested by:

571 **1.** At least twenty-five (25) persons;

572

2. A State or federal governmental subdivision or agency; or

573 **3.** An association having at least twenty-five (25) members.

574 I. If a hearing is held on the proposed Rule or amendment, the Commission shall 575 publish the place, time, and date of the scheduled public hearing. If the hearing is held 576 via electronic means, the Commission shall publish the mechanism for access to the 577 electronic hearing.

578 **1.** All persons wishing to be heard at the hearing shall notify the executive 579 director of the Commission or other designated member in writing of their desire to 580 appear and testify at the hearing not less than five (5) business days before the scheduled 581 date of the hearing.

582 **2.** Hearings shall be conducted in a manner providing each person who wishes to 583 comment a fair and reasonable opportunity to comment orally or in writing.

3. All hearings will be recorded. A copy of the recording will be made availableon request.

4. Nothing in this section shall be construed as requiring a separate hearing on each Rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

589 J. Following the scheduled hearing date, or by the close of business on the 590 scheduled hearing date if the hearing was not held, the Commission shall consider all 591 written and oral comments received.

592 K. If no written notice of intent to attend the public hearing by interested parties 593 is received, the Commission may proceed with promulgation of the proposed Rule 594 without a public hearing.

L. The Commission shall, by majority vote of all members, take final action on the proposed Rule and shall determine the effective date of the Rule, if any, based on the Rulemaking record and the full text of the Rule.

598 M. Upon determination that an emergency exists, the Commission may consider 599 and adopt an emergency Rule without prior notice, opportunity for comment, or 600 hearing, provided that the usual Rulemaking procedures provided in the Compact and 601 in this section shall be retroactively applied to the Rule as soon as reasonably possible, in 602 no event later than ninety (90) days after the effective date of the Rule. For the purposes 603 of this provision, an emergency Rule is one that must be adopted immediately in order 604 to:

605 **1. Meet an imminent threat to public health, safety, or welfare;**

606 **2.** Prevent a loss of Commission or Member State funds;

607 **3.** Meet a deadline for the promulgation of an administrative Rule that is 608 established by federal law or Rule; or

609

4. Protect public health and safety.

610 N. The Commission or an authorized committee of the Commission may direct 611 revisions to a previously adopted Rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. 612 613 Public notice of any revisions shall be posted on the website of the Commission. The 614 revision shall be subject to challenge by any person for a period of thirty (30) days after 615 posting. The revision may be challenged only on grounds that the revision results in a 616 material change to a Rule. A challenge shall be made in writing and delivered to the 617 chair of the Commission prior to the end of the notice period. If no challenge is made, 618 the revision will take effect without further action. If the revision is challenged, the 619 revision may not take effect without the approval of the Commission.

620 SECTION 12. OVERSIGHT, DISPUTE RESOLUTION, AND 621 ENFORCEMENT

622 A. Oversight

623 1. The executive, legislative, and judicial branches of State government in each 624 Member State shall enforce this Compact and take all actions necessary and 625 appropriate to effectuate the Compact's purposes and intent. The provisions of this 626 Compact and the Rules promulgated hereunder shall have standing as statutory law.

627 2. All courts shall take judicial notice of the Compact and the Rules in any 628 judicial or administrative proceeding in a Member State pertaining to the subject 629 matter of this Compact which may affect the powers, responsibilities, or actions of the 630 Commission.

3. The Commission shall be entitled to receive service of process in any such
proceeding and shall have standing to intervene in such a proceeding for all purposes.
Failure to provide service of process to the Commission shall render a judgment or
order void as to the Commission, this Compact, or promulgated Rules.

635

B. Default, Technical Assistance, and Termination

636 1. If the Commission determines that a Member State has defaulted in the 637 performance of its obligations or responsibilities under this Compact or the 638 promulgated Rules, the Commission shall:

a. Provide written notice to the defaulting State and other Member States of the
nature of the default, the proposed means of curing the default and/or any other action
to be taken by the Commission; and

642 b. Provide remedial training and specific technical assistance regarding the 643 default.

644 C. If a State in default fails to cure the default, the defaulting State may be 645 terminated from the Compact upon an affirmative vote of a majority of the Member

646 States, and all rights, privileges and benefits conferred by this Compact may be
647 terminated on the effective date of termination. A cure of the default does not relieve
648 the offending State of obligations or liabilities incurred during the period of default.

649 D. Termination of membership in the Compact shall be imposed only after all 650 other means of securing compliance have been exhausted. Notice of intent to suspend or 651 terminate shall be given by the Commission to the governor, the majority and minority 652 leaders of the defaulting State's legislature, and each of the Member States.

E. A State that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

F. The Commission shall not bear any costs related to a State that is found to be
in default or that has been terminated from the Compact, unless agreed upon in writing
between the Commission and the defaulting State.

659 G. The defaulting State may appeal the action of the Commission by petitioning 660 the U.S. District Court for the District of Columbia or the federal district where the 661 Commission has its principal offices. The prevailing member shall be awarded all costs 662 of such litigation, including reasonable attorney's fees.

663 H. Dispute Resolution

664 **1.** Upon request by a Member State, the Commission shall attempt to resolve 665 disputes related to the Compact that arise among Member States and between member 666 and non-Member States.

667 **2.** The Commission shall promulgate a Rule providing for both mediation and 668 binding dispute resolution for disputes as appropriate.

669 I. Enforcement

670 **1.** The Commission, in the reasonable exercise of its discretion, shall enforce the 671 provisions and Rules of this Compact.

2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a Member State in default to enforce compliance with the provisions of the Compact and its promulgated Rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

3. The remedies herein shall not be the exclusive remedies of the Commission.
The Commission may pursue any other remedies available under federal or State law.

681 SECTION 13. DATE OF IMPLEMENTATION OF THE COUNSELING
682 COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND
683 AMENDMENT

A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the tenth Member State. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of Rules. Thereafter, the Commission shall meet and exercise Rulemaking powers necessary to the implementation and administration of the Compact.

B. Any State that joins the Compact subsequent to the Commission's initial
adoption of the Rules shall be subject to the Rules as they exist on the date on which the
Compact becomes law in that State. Any Rule that has been previously adopted by the
Commission shall have the full force and effect of law on the day the Compact becomes
law in that State.

695 C. Any Member State may withdraw from this Compact by enacting a statute 696 repealing the same.

697 **1.** A Member State's withdrawal shall not take effect until six (6) months after 698 enactment of the repealing statute.

699 2. Withdrawal shall not affect the continuing requirement of the withdrawing
700 State's Professional Counseling Licensing Board to comply with the investigative and
701 Adverse Action reporting requirements of this act prior to the effective date of
702 withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any Professional Counseling licensure agreement or other cooperative arrangement between a Member State and a non-Member State that does not conflict with the provisions of this Compact.

E. This Compact may be amended by the Member States. No amendment to this
Compact shall become effective and binding upon any Member State until it is enacted
into the laws of all Member States.

710

SECTION 14. CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any Member State or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held

718 contrary to the constitution of any Member State, the Compact shall remain in full force

719 and effect as to the remaining Member States and in full force and effect as to the

720 Member State affected as to all severable matters.

721

SECTION 15. BINDING EFFECT OF COMPACT AND OTHER LAWS

A. A Licensee providing Professional Counseling services in a Remote State under the Privilege to Practice shall adhere to the laws and regulations, including scope of practice, of the Remote State.

B. Nothing herein prevents the enforcement of any other law of a Member Statethat is not inconsistent with the Compact.

727 C. Any laws in a Member State in conflict with the Compact are superseded to 728 the extent of the conflict.

D. Any lawful actions of the Commission, including all Rules and bylaws properly promulgated by the Commission, are binding upon the Member States.

E. All permissible agreements between the Commission and the Member States
are binding in accordance with their terms.

F. In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any Member State, the provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that Member State.

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

2 (1) "License", a license, certificate, registration, permit, accreditation, or
3 military occupational specialty that enables a person to legally practice an occupation or
4 profession in a particular jurisdiction;

5 (2) "Military", the Armed Forces of the United States, including the Air Force, 6 Army, Coast Guard, Marine Corps, Navy, Space Force, National Guard, and any other 7 military branch that is designated by Congress as part of the Armed Forces of the 8 United States, and all reserve components and auxiliaries. The term "military" also 9 includes the military reserves and militia of any United States territory or state;

(3) "Nonresident military spouse", a nonresident spouse of an active-duty
member of the Armed Forces of the United States who has been transferred or is
scheduled to be transferred to the state of Missouri, or who has been transferred or is
scheduled to be transferred to an adjacent state and is or will be domiciled in the state of
Missouri, or has moved to the state of Missouri on a permanent change-of-station basis;
(4) "Oversight body", any board, department, agency, or office of a jurisdiction
that issues licenses;

17 (5) "Resident military spouse", a spouse of an active-duty member of the Armed
18 Forces of the United States who has been transferred or is scheduled to be transferred to
19 the state of Missouri or an adjacent state and who is a permanent resident of the state of

20 Missouri, who is domiciled in the state of Missouri, or who has Missouri as his or her 21 home of record.

22 **2.** Each applicant for licensure as a clinical social worker shall furnish evidence to the 23 committee that:

(1) The applicant has a master's degree from a college or university program of social
work accredited by the council of social work education or a doctorate degree from a school
of social work acceptable to the committee;

27 (2) The applicant has completed at least three thousand hours of supervised clinical 28 experience with a qualified clinical supervisor, as defined in section 337.600, in no less than twenty-four months and no more than forty-eight consecutive calendar months. For any 29 applicant who has successfully completed at least four thousand hours of supervised clinical 30 experience with a qualified clinical supervisor, as defined in section 337.600, within the same 31 time frame prescribed in this subsection, the applicant shall be eligible for application of 32 licensure at three thousand hours and shall be furnished a certificate by the state committee 33 34 for social workers acknowledging the completion of said additional hours;

(3) The applicant has achieved a passing score, as defined by the committee, on an
examination approved by the committee. The eligibility requirements for such examination
shall be promulgated by rule of the committee; and

38 (4) The applicant is at least eighteen years of age, is a United States citizen or has 39 status as a legal resident alien, and has not been finally adjudicated and found guilty, or 40 entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any 41 state, of the United States, or of any country, for any offense directly related to the duties and 42 responsibilities of the occupation, as set forth in section 324.012, regardless of whether or not 43 sentence has been imposed.

44 2. Any person holding a current license, certificate of registration, or permit from another state or territory of the United States or the District of Columbia to practice clinical 45 social work who does not meet the requirements of section 324.009 and who has had no 46 disciplinary action taken against the license, certificate of registration, or permit for the 47 48 preceding five years may be granted a license to practice clinical social work in this state if the person has received a masters or doctoral degree from a college or university program of 49 social work accredited by the council of social work education and has been licensed to 50 practice clinical social work for the preceding five years.] 51

52 3. (1) Any person who holds a valid current clinical social work license issued by 53 another state, a branch or unit of the military, a territory of the United States, or the 54 District of Columbia, and who has been licensed for at least one year in such other 55 jurisdiction, may submit to the committee an application for a clinical social work 56 license in Missouri along with proof of current licensure and proof of licensure for at
 57 least one year in the other jurisdiction.

58

(2) The committee shall:

59 (a) Within six months of receiving an application described in subdivision (1) of this subsection, waive any examination, educational, or experience requirements for 60 licensure in this state for the applicant if it determines that there were minimum 61 62 education requirements and, if applicable, work experience and clinical supervision 63 requirements in effect and the other jurisdiction verifies that the person met those requirements in order to be licensed or certified in that jurisdiction. The committee 64 65 may require an applicant to take and pass an examination specific to the laws of this 66 state: or

67 (b) Within thirty days of receiving an application described in subdivision (1) of 68 this subsection from a nonresident military spouse or a resident military spouse, waive 69 any examination, educational, or experience requirements for licensure in this state for 70 the applicant and issue such applicant a license under this subsection if such applicant 71 otherwise meets the requirements of this subsection.

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72 (3) **(a)** The committee shall not waive any examination, educational, or 73 experience requirements for any applicant who has had his or her license revoked by an 74 oversight body outside the state; who is currently under investigation, who has a 75 complaint pending, or who is currently under disciplinary action, except as provided in 76 paragraph (b) of this subdivision, with an oversight body outside the state; who does not 77 hold a license in good standing with an oversight body outside the state; who has a 78 criminal record that would disqualify him or her for licensure in Missouri; or who does 79 not hold a valid current license in the other jurisdiction on the date the committee 80 receives his or her application under this section.

(b) If another jurisdiction has taken disciplinary action against an applicant, the committee shall determine if the cause for the action was corrected and the matter resolved. If the matter has not been resolved by that jurisdiction, the committee may deny a license until the matter is resolved.

85 (4) Nothing in this subsection shall prohibit the committee from denying a 86 license to an applicant under this subsection for any reason described in section 337.630.

87 (5) Any person who is licensed under the provisions of this subsection shall be 88 subject to the committee's jurisdiction and all rules and regulations pertaining to the 89 practice as a licensed clinical social worker in this state.

90 (6) This subsection shall not be construed to waive any requirement for an 91 applicant to pay any fees. 4. The committee shall issue a license to each person who files an application and fee as required by the provisions of sections 337.600 to 337.689 and who furnishes evidence satisfactory to the committee that the applicant has complied with the provisions of subdivisions (1) to (4) of subsection [4] 2 of this section [or with the provisions of subsection 2 of this section].

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

2 (1) "License", a license, certificate, registration, permit, accreditation, or
3 military occupational specialty that enables a person to legally practice an occupation or
4 profession in a particular jurisdiction;

5 (2) "Military", the Armed Forces of the United States, including the Air Force, 6 Army, Coast Guard, Marine Corps, Navy, Space Force, National Guard, and any other 7 military branch that is designated by Congress as part of the Armed Forces of the 8 United States, and all reserve components and auxiliaries. The term "military" also 9 includes the military reserves and militia of any United States territory or state;

(3) "Nonresident military spouse", a nonresident spouse of an active-duty
member of the Armed Forces of the United States who has been transferred or is
scheduled to be transferred to the state of Missouri, or who has been transferred or is
scheduled to be transferred to an adjacent state and is or will be domiciled in the state of
Missouri, or has moved to the state of Missouri on a permanent change-of-station basis;
(4) "Oversight body", any board, department, agency, or office of a jurisdiction
that issues licenses;

17 (5) "Resident military spouse", a spouse of an active-duty member of the Armed 18 Forces of the United States who has been transferred or is scheduled to be transferred to 19 the state of Missouri or an adjacent state and who is a permanent resident of the state of 20 Missouri, who is domiciled in the state of Missouri, or who has Missouri as his or her 21 home of record.

22 **2.** Each applicant for licensure as a master social worker shall furnish evidence to the 23 committee that:

(1) The applicant has a master's or doctorate degree in social work from an accreditedsocial work degree program approved by the council of social work education;

(2) The applicant has achieved a passing score, as defined by the committee, on an
examination approved by the committee. The eligibility requirements for such examination
shall be determined by the state committee for social workers;

(3) The applicant is at least eighteen years of age, is a United States citizen or has status as a legal resident alien, and has not been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state, of the United States, or of any country, for any offense directly related to the duties and

responsibilities of the occupation, as set forth in section 324.012, regardless [or] of whether or
 not sentence is imposed;

(4) The applicant has submitted a written application on forms prescribed by the stateboard; and

(5) The applicant has submitted the required licensing fee, as determined by thecommittee.

39 [2.] 3. Any applicant who answers in the affirmative to any question on the
40 application that relates to possible grounds for denial of licensure under section 337.630 shall
41 submit a sworn affidavit setting forth in detail the facts which explain such answer and copies
42 of appropriate documents related to such answer.

43 [3.] 4. The committee shall issue a license to each person who files an application and 44 fee as required by the provisions of sections 337.600 to 337.689 and who furnishes evidence 45 satisfactory to the committee that the applicant has complied with the provisions of 46 subsection [4] 2 of this section. The license shall refer to the individual as a licensed master 47 social worker and shall recognize that individual's right to practice licensed master social 48 work as defined in section 337.600.

5. (1) Any person who holds a valid current master social work license issued by another state, a branch or unit of the military, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit to the committee an application for a master social work license in Missouri along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction.

55

(2) The committee shall:

56 (a) Within six months of receiving an application described in subdivision (1) of this subsection, waive any examination, educational, or experience requirements for 57 58 licensure in this state for the applicant if it determines that there were minimum 59 education requirements and, if applicable, work experience and clinical supervision 60 requirements in effect and the other jurisdiction verifies that the person met those requirements in order to be licensed or certified in that jurisdiction. The committee 61 may require an applicant to take and pass an examination specific to the laws of this 62 63 state; or

64 (b) Within thirty days of receiving an application described in subdivision (1) of 65 this subsection from a nonresident military spouse or a resident military spouse, waive 66 any examination, educational, or experience requirements for licensure in this state for 67 the applicant and issue such applicant a license under this subsection if such applicant 68 otherwise meets the requirements of this subsection. 69 The committee shall not waive any examination, educational, or (3) (a) 70 experience requirements for any applicant who has had his or her license revoked by an 71 oversight body outside the state; who is currently under investigation, who has a 72 complaint pending, or who is currently under disciplinary action, except as provided in 73 paragraph (b) of this subdivision, with an oversight body outside the state; who does not 74 hold a license in good standing with an oversight body outside the state; who has a 75 criminal record that would disqualify him or her for licensure in Missouri; or who does 76 not hold a valid current license in the other jurisdiction on the date the committee 77 receives his or her application under this section.

(b) If another jurisdiction has taken disciplinary action against an applicant, the
committee shall determine if the cause for the action was corrected and the matter
resolved. If the matter has not been resolved by that jurisdiction, the committee may
deny a license until the matter is resolved.

82 (4) Nothing in this subsection shall prohibit the committee from denying a 83 license to an applicant under this subsection for any reason described in section 337.630.

(5) Any person who is licensed under the provisions of this subsection shall be
 subject to the committee's jurisdiction and all rules and regulations pertaining to the
 practice as a licensed master social worker in this state.

87 (6) This subsection shall not be construed to waive any requirement for an 88 applicant to pay any fees.

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

2

(1) "License", a license, certificate, registration, permit, accreditation, or military occupational specialty that enables a person to legally practice an occupation or

4 profession in a particular jurisdiction;

5 (2) "Military", the Armed Forces of the United States, including the Air Force, 6 Army, Coast Guard, Marine Corps, Navy, Space Force, National Guard, and any other 7 military branch that is designated by Congress as part of the Armed Forces of the 8 United States, and all reserve components and auxiliaries. The term "military" also 9 includes the military reserves and militia of any United States territory or state;

(3) "Nonresident military spouse", a nonresident spouse of an active-duty
member of the Armed Forces of the United States who has been transferred or is
scheduled to be transferred to the state of Missouri, or who has been transferred or is
scheduled to be transferred to an adjacent state and is or will be domiciled in the state of
Missouri, or has moved to the state of Missouri on a permanent change-of-station basis;
(4) "Oversight body", any board, department, agency, or office of a jurisdiction
that issues licenses;

17 (5) "Resident military spouse", a spouse of an active-duty member of the Armed 18 Forces of the United States who has been transferred or is scheduled to be transferred to 19 the state of Missouri or an adjacent state and who is a permanent resident of the state of 20 Missouri, who is domiciled in the state of Missouri, or who has Missouri as his or her 21 home of record.

22 2. Each applicant for licensure as a baccalaureate social worker shall furnish evidence23 to the committee that:

(1) The applicant has a baccalaureate degree in social work from an accredited socialwork degree program approved by the council of social work education;

(2) The applicant has achieved a passing score, as defined by the committee, on an
examination approved by the committee. The eligibility requirements for such examination
shall be determined by the state committee for social work;

(3) The applicant is at least eighteen years of age, is a United States citizen or has status as a legal resident alien, and has not been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state, of the United States, or of any country, for any offense directly related to the duties and responsibilities of the occupation, as set forth in section 324.012, regardless of whether or not sentence is imposed;

(4) The applicant has submitted a written application on forms prescribed by the stateboard; and

37 (5) The applicant has submitted the required licensing fee, as determined by the 38 committee.

39 [2.] 3. Any applicant who answers in the affirmative to any question on the 40 application that relates to possible grounds for denial of licensure pursuant to section 337.630 41 shall submit a sworn affidavit setting forth in detail the facts which explain such answer and 42 copies of appropriate documents related to such answer.

43 [3.] 4. The committee shall issue a license to each person who files an application and 44 fee as required by the provisions of sections 337.600 to 337.689 and who furnishes evidence 45 satisfactory to the committee that the applicant has complied with the provisions of 46 subsection [+] 2 of this section.

47 [4.] 5. The committee shall issue a certificate to practice independently under 48 subsection 3 of section 337.653 to any licensed baccalaureate social worker who has 49 satisfactorily completed three thousand hours of supervised experience with a qualified 50 baccalaureate supervisor in no less than twenty-four months and no more than forty-eight 51 consecutive calendar months.

52 6. (1) Any person who holds a valid current baccalaureate social work license 53 issued by another state, a branch or unit of the military, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit to the committee an application for a baccalaureate social work license in Missouri along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction.

58

(2) The committee shall:

59 (a) Within six months of receiving an application described in subdivision (1) of 60 this subsection, waive any examination, educational, or experience requirements for licensure in this state for the applicant if it determines that there were minimum 61 education requirements and, if applicable, work experience and clinical supervision 62 requirements in effect and the other jurisdiction verifies that the person met those 63 requirements in order to be licensed or certified in that jurisdiction. The committee 64 65 may require an applicant to take and pass an examination specific to the laws of this state; or 66

67 (b) Within thirty days of receiving an application described in subdivision (1) of 68 this subsection from a nonresident military spouse or a resident military spouse, waive 69 any examination, educational, or experience requirements for licensure in this state for 70 the applicant and issue such applicant a license under this subsection if such applicant 71 otherwise meets the requirements of this subsection.

72 The committee shall not waive any examination, educational, or (3) **(a)** 73 experience requirements for any applicant who has had his or her license revoked by an 74 oversight body outside the state; who is currently under investigation, who has a 75 complaint pending, or who is currently under disciplinary action, except as provided in 76 paragraph (b) of this subdivision, with an oversight body outside the state; who does not 77 hold a license in good standing with an oversight body outside the state; who has a 78 criminal record that would disqualify him or her for licensure in Missouri; or who does 79 not hold a valid current license in the other jurisdiction on the date the committee 80 receives his or her application under this section.

(b) If another jurisdiction has taken disciplinary action against an applicant, the committee shall determine if the cause for the action was corrected and the matter resolved. If the matter has not been resolved by that jurisdiction, the committee may deny a license until the matter is resolved.

85 (4) Nothing in this subsection shall prohibit the committee from denying a 86 license to an applicant under this subsection for any reason described in section 337.630.

87 (5) Any person who is licensed under the provisions of this subsection shall be 88 subject to the committee's jurisdiction and all rules and regulations pertaining to the 89 practice as a licensed baccalaureate social worker in this state.

(6) This subsection shall not be construed to waive any requirement for an applicant to pay any fees.
337.1000. 1. Sections 337.1000 to 337.1075 shall be known and may be cited as
2 the "Social Work Licensure Compact".

2. The purpose of this Compact is to facilitate interstate practice of Regulated
Social Workers by improving public access to competent Social Work Services. The
Compact preserves the regulatory authority of States to protect public health and safety
through the current system of State licensure.

7 8 3. This Compact is designed to achieve the following objectives:

(1) Increase public access to Social Work Services;

9 (2) Reduce overly burdensome and duplicative requirements associated with 10 holding multiple licenses;

11 (3) Enhance the Member States' ability to protect the public's health and safety;

12 (4) Encourage the cooperation of Member States in regulating multistate 13 practice;

14 (5) Promote mobility and address workforce shortages by eliminating the 15 necessity for licenses in multiple States by providing for the mutual recognition of other 16 Member State licenses;

17 (6) Support military families;

18 (7) Facilitate the exchange of licensure and disciplinary information among
 19 Member States;

(8) Authorize all Member States to hold a Regulated Social Worker accountable
for abiding by a Member State's laws, regulations, and applicable professional
standards in the Member State in which the client is located at the time care is rendered;
and

(9) Allow for the use of telehealth to facilitate increased access to regulatedSocial Work Services.

337.1005. As used in this Compact, and except as otherwise provided, the 2 following definitions shall apply:

3 (1) "Active Military Member" means any individual with full-time duty status in
4 the active armed forces of the United States including members of the National Guard
5 and Reserve.

6 (2) "Adverse Action" means any administrative, civil, equitable or criminal 7 action permitted by a State's laws which is imposed by a Licensing Authority or other 8 authority against a Regulated Social Worker, including actions against an individual's 9 license or Multistate Authorization to Practice such as revocation, suspension, 10 probation, monitoring of the Licensee, limitation on the Licensee's practice, or any other Encumbrance on licensure affecting a Regulated Social Worker's authorization to
 practice, including issuance of a cease and desist action.

(3) "Alternative Program" means a non-disciplinary monitoring or practice
 remediation process approved by a Licensing Authority to address practitioners with an
 Impairment.

16 (4) "Charter Member States" means Member States who have enacted 17 legislation to adopt this Compact where such legislation predates the effective date of 18 this Compact as described in section 337.1065.

19 (5) "Compact Commission" or "Commission" means the government agency 20 whose membership consists of all States that have enacted this Compact, which is 21 known as the Social Work Licensure Compact Commission, as described in section 22 337.1045, and which shall operate as an instrumentality of the Member States.

23

(6) "Current Significant Investigative Information" means:

(a) Investigative information that a Licensing Authority, after a preliminary
inquiry that includes notification and an opportunity for the Regulated Social Worker
to respond has reason to believe is not groundless and, if proved true, would indicate
more than a minor infraction as may be defined by the Commission; or

(b) Investigative information that indicates that the Regulated Social Worker
represents an immediate threat to public health and safety, as may be defined by the
Commission, regardless of whether the Regulated Social Worker has been notified and
has had an opportunity to respond.

32 (7) "Data System" means a repository of information about Licensees, including, 33 continuing education, examination, licensure, Current Significant Investigative 34 Information, Disqualifying Event, Multistate License(s) and Adverse Action 35 information or other information as required by the Commission.

36 (8) "Domicile" means the jurisdiction in which the Licensee resides and intends
 37 to remain indefinitely.

(9) "Disqualifying Event" means any Adverse Action or incident which results
 in an Encumbrance that disqualifies or makes the Licensee ineligible to either obtain,
 retain or renew a Multistate License.

(10) "Encumbrance" means a revocation or suspension of, or any limitation on,
the full and unrestricted practice of Social Work licensed and regulated by a Licensing
Authority.

44 (11) "Executive Committee" means a group of delegates elected or appointed to 45 act on behalf of, and within the powers granted to them by, the compact and 46 Commission.

(12) "Home State" means the Member State that is the Licensee's primary 47 48 Domicile.

49 (13) "Impairment" means a condition(s) that may impair a practitioner's ability to engage in full and unrestricted practice as a Regulated Social Worker without some 50 type of intervention and may include alcohol and drug dependence, mental health 51 impairment, and neurological or physical impairments. 52

53 (14) "Licensee(s)" means an individual who currently holds a license from a 54 State to practice as a Regulated Social Worker.

55 (15) "Licensing Authority" means the board or agency of a Member State, or 56 equivalent, that is responsible for the licensing and regulation of Regulated Social 57 Workers.

(16) "Member State" means a state, commonwealth, district, or territory of the 58 59 United States of America that has enacted this Compact.

(17) "Multistate Authorization to Practice" means a legally authorized privilege 60 to practice, which is equivalent to a license, associated with a Multistate License 61 62 permitting the practice of Social Work in a Remote State.

(18) "Multistate License" means a license to practice as a Regulated Social 63 64 Worker issued by a Home State Licensing Authority that authorizes the Regulated 65 Social Worker to practice in all Member States under Multistate Authorization to 66 Practice.

67 "Qualifying National Exam" means a national licensing examination (19) 68 approved by the Commission.

69 (20) "Regulated Social Worker" means any clinical, master's or bachelor's Social Worker licensed by a Member State regardless of the title used by that Member 70 71 State.

72 (21) "Remote State" means a Member State other than the Licensee's Home 73 State.

74 (22) "Rule(s)" or "Rule(s) of the Commission" means a regulation or regulations 75 duly promulgated by the Commission, as authorized by the Compact, that has the force 76 of law.

77 (23) "Single State License" means a Social Work license issued by any State that authorizes practice only within the issuing State and does not include Multistate 78 79 Authorization to Practice in any Member State.

80 (24) "Social Work" or "Social Work Services" means the application of social 81 work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, 82 families, groups, organizations, and communities through the care and services 83

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86 87 provided by a Regulated Social Worker as set forth in the Member State's statutes and

(25) "State" means any state, commonwealth, district, or territory of the United

regulations in the State where the services are being provided.

States of America that regulates the practice of Social Work.

88 (26) "Unencumbered License" means a license that authorizes a Regulated 89 Social Worker to engage in the full and unrestricted practice of Social Work. 337.1010. 1. To be eligible to participate in the compact, a potential Member State must currently meet all of the following criteria: 2 3 (1) License and regulate the practice of Social Work at either the clinical, 4 master's, or bachelor's category. 5 (2) Require applicants for licensure to graduate from a program that is: 6 (a) Operated by a college or university recognized by the Licensing Authority; 7 (b) Accredited, or in candidacy by an institution that subsequently becomes 8 accredited, by an accrediting agency recognized by either: 9 a. the Council for Higher Education Accreditation, or its successor; or 10 b. the United States Department of Education; and 11 (c) Corresponds to the licensure sought as outlined in section 337.1015. 12 (3) Require applicants for clinical licensure to complete a period of supervised 13 practice. 14 (4) Have a mechanism in place for receiving, investigating, and adjudicating 15 complaints about Licensees. 16 2. To maintain membership in the Compact a Member State shall: 17 (1) Require that applicants for a Multistate License pass a Qualifying National Exam for the corresponding category of Multistate License sought as outlined in section 18 19 337.1015: 20 Participate fully in the Commission's Data System, including using the (2) 21 Commission's unique identifier as defined in Rules; 22 (3) Notify the Commission, in compliance with the terms of the Compact and 23 Rules, of any Adverse Action or the availability of Current Significant Investigative Information regarding a Licensee; 24 25 Implement procedures for considering the criminal history records of (4) applicants for a Multistate License. Such procedures shall include the submission of 26 27 fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau 28 29 of Investigation and the agency responsible for retaining that State's criminal records; 30 (5) Comply with the Rules of the Commission;

31 (6) Require an applicant to obtain or retain a license in the Home State and meet
32 the Home State's qualifications for licensure or renewal of licensure, as well as all other
33 applicable Home State laws;

34(7) Authorize a Licensee holding a Multistate License in any Member State to35practice in accordance with the terms of the Compact and Rules of the Commission; and

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(8) Designate a delegate to participate in the Commission meetings.

37 3. A Member State meeting the requirements of subsections 1 and 2 of this section shall designate the categories of Social Work licensure that are eligible for 38 39 issuance of a Multistate License for applicants in such Member State. To the extent that 40 any Member State does not meet the requirements for participation in the Compact at any particular category of Social Work licensure, such Member State may choose, but is 41 42 not obligated to, issue a Multistate License to applicants that otherwise meet the 43 requirements of section 337.1015 for issuance of a Multistate License in such category or 44 categories of licensure.

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4. The Home State may charge a fee for granting the Multistate License.

337.1015. 1. To be eligible for a Multistate License under the terms and 2 provisions of the Compact, an applicant, regardless of category must:

3

(1) Hold or be eligible for an active, Unencumbered License in the Home State;

4

(2) Pay any applicable fees, including any State fee, for the Multistate License;

5 (3) Submit, in connection with an application for a Multistate License, 6 fingerprints or other biometric data for the purpose of obtaining criminal history record 7 information from the Federal Bureau of Investigation and the agency responsible for 8 retaining that State's criminal records;

9 (4) Notify the Home State of any Adverse Action, Encumbrance, or restriction 10 on any professional license taken by any Member State or non-Member State within 30 11 days from the date the action is taken;

12 (5) Meet any continuing competence requirements established by the Home 13 State;

14 (6) Abide by the laws, regulations, and applicable standards in the Member 15 State where the client is located at the time care is rendered.

16 **2.** An applicant for a clinical-category Multistate License must meet all of the 17 following requirements:

18

(1) Fulfill a competency requirement, which shall be satisfied by either:

19 (a) Passage of a clinical-category Qualifying National Exam; or

20 (b) Licensure of the applicant in their Home State at the clinical category, 21 beginning prior to such time as a Qualifying National Exam was required by the Home

22 State and accompanied by a period of continuous Social Work licensure thereafter, all of which may be further governed by the Rules of the Commission; or 23 24 (c) The substantial equivalency of the foregoing competency requirements which 25 the Commission may determine by Rule. 26 (2) Attain at least a master's degree in Social Work from a program that is: 27 (a) Operated by a college or university recognized by the Licensing Authority; 28 and 29 (b) Accredited, or in candidacy that subsequently becomes accredited, by an 30 accrediting agency recognized by either: 31 a. the Council for Higher Education Accreditation or its successor; or 32 b. the United States Department of Education. 33 (3) Fulfill a practice requirement, which shall be satisfied by demonstrating 34 completion of either: 35 (a) A period of postgraduate supervised clinical practice equal to a minimum of 36 three thousand hours; or 37 (b) A minimum of two years of full-time postgraduate supervised clinical 38 practice; or 39 (c) The substantial equivalency of the foregoing practice requirements which the Commission may determine by Rule. 40 41 3. An applicant for a master's-category Multistate License must meet all of the 42 following requirements: 43 (1) Fulfill a competency requirement, which shall be satisfied by either: 44 (a) Passage of a masters-category Qualifying National Exam; 45 (b) Licensure of the applicant in their Home State at the master's category, 46 beginning prior to such time as a Qualifying National Exam was required by the Home State at the master's category and accompanied by a continuous period of Social Work 47 licensure thereafter, all of which may be further governed by the Rules of the 48 49 Commission; or 50 (c) The substantial equivalency of the foregoing competency requirements which the Commission may determine by Rule. 51 52 (2) Attain at least a master's degree in Social Work from a program that is: 53 (a) Operated by a college or university recognized by the Licensing Authority; 54 and 55 (b) Accredited, or in candidacy that subsequently becomes accredited, by an 56 accrediting agency recognized by either: 57 a. the Council for Higher Education Accreditation or its successor; or 58 b. the United States Department of Education.

59 4. An applicant for a bachelor's-category Multistate License must meet all of the 60 following requirements: 61 (1) Fulfill a competency requirement, which shall be satisfied by either: 62 (a) Passage of a bachelor's-category Qualifying National Exam; 63 (b) Licensure of the applicant in their Home State at the bachelor's category, beginning prior to such time as a Qualifying National Exam was required by the Home 64 65 State and accompanied by a period of continuous Social Work licensure thereafter, all of which may be further governed by the Rules of the Commission; or 66 67 (c) The substantial equivalency of the foregoing competency requirements which 68 the Commission may determine by Rule. 69 (2) Attain at least a bachelor's degree in Social Work from a program that is: 70 (a) Operated by a college or university recognized by the Licensing Authority; 71 and 72 (b) Accredited, or in candidacy that subsequently becomes accredited, by an 73 accrediting agency recognized by either: 74 a. the Council for Higher Education Accreditation or its successor; or 75 b. the United States Department of Education. 76 5. The Multistate License for a Regulated Social Worker is subject to the renewal requirements of the Home State. The Regulated Social Worker must maintain 77 78 compliance with the requirements of subsection 1 of this section to be eligible to renew a 79 Multistate License. 80 6. The Regulated Social Worker's services in a Remote State are subject to that Member State's regulatory authority. A Remote State may, in accordance with due 81 82 process and that Member State's laws, remove a Regulated Social Worker's Multistate 83 Authorization to Practice in the Remote State for a specific period of time, impose fines, 84 and take any other necessary actions to protect the health and safety of its citizens. 85 7. If a Multistate License is encumbered, the Regulated Social Worker's 86 Multistate Authorization to Practice shall be deactivated in all Remote States until the Multistate License is no longer encumbered. 87 88 8. If a Multistate Authorization to Practice is encumbered in a Remote State, the regulated Social Worker's Multistate Authorization to Practice may be deactivated in 89 90 that State until the Multistate Authorization to Practice is no longer encumbered. 337.1020. 1. Upon receipt of an application for a Multistate License, the Home 2 State Licensing Authority shall determine the applicant's eligibility for a Multistate 3 License in accordance with section 337.1015 of this Compact. 4 2. If such applicant is eligible pursuant to section 337.1015 of this Compact, the

5 Home State Licensing Authority shall issue a Multistate License that authorizes the

6 applicant or Regulated Social Worker to practice in all Member States under a7 Multistate Authorization to Practice.

8 3. Upon issuance of a Multistate License, the Home State Licensing Authority 9 shall designate whether the Regulated Social Worker holds a Multistate License in the 10 Bachelors, Masters, or Clinical category of Social Work.

4. A Multistate License issued by a Home State to a resident in that State shall be
 recognized by all Compact Member States as authorizing Social Work Practice under a
 Multistate Authorization to Practice corresponding to each category of licensure
 regulated in each Member State.

337.1025. 1. Nothing in this Compact, nor any Rule of the Commission, shall be construed to limit, restrict, or in any way reduce the ability of a Member State to enact and enforce laws, regulations, or other rules related to the practice of Social Work in that State, where those laws, regulations, or other rules are not inconsistent with the provisions of this Compact.

6 2. Nothing in this Compact shall affect the requirements established by a 7 Member State for the issuance of a Single State License.

8 3. Nothing in this Compact, nor any Rule of the Commission, shall be construed 9 to limit, restrict, or in any way reduce the ability of a Member State to take Adverse 10 Action against a Licensee's Single State License to practice Social Work in that State.

4. Nothing in this Compact, nor any Rule of the Commission, shall be construed
to limit, restrict, or in any way reduce the ability of a Remote State to take Adverse
Action against a Licensee's Multistate Authorization to Practice in that State.

5. Nothing in this Compact, nor any Rule of the Commission, shall be construed to limit, restrict, or in any way reduce the ability of a Licensee's Home State to take Adverse Action against a Licensee's Multistate License based upon information provided by a Remote State.

337.1030. 1. A Licensee can hold a Multistate License, issued by their Home 2 State, in only one Member State at any given time.

3 2. If a Licensee changes their Home State by moving between two Member 4 States:

5 (1) The Licensee shall immediately apply for the reissuance of their Multistate 6 License in their new Home State. The Licensee shall pay all applicable fees and notify 7 the prior Home State in accordance with the Rules of the Commission.

8 (2) Upon receipt of an application to reissue a Multistate License, the new Home 9 State shall verify that the Multistate License is active, unencumbered and eligible for 10 reissuance under the terms of the Compact and the Rules of the Commission. The
11 Multistate License issued by the prior Home State will be deactivated and all Member 12 States notified in accordance with the applicable Rules adopted by the Commission.

(3) Prior to the reissuance of the Multistate License, the new Home State shall conduct procedures for considering the criminal history records of the Licensee. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that State's criminal records.

(4) If required for initial licensure, the new Home State may require completionof jurisprudence requirements in the new Home State.

(5) Notwithstanding any other provision of this Compact, if a Licensee does not
meet the requirements set forth in this Compact for the reissuance of a Multistate
License by the new Home State, then the Licensee shall be subject to the new Home
State requirements for the issuance of a Single State License in that State.

3. If a Licensee changes their primary State of residence by moving from a
Member State to a non-Member State, or from a non-Member State to a Member State,
then the Licensee shall be subject to the State requirements for the issuance of a Single
State License in the new Home State.

4. Nothing in this Compact shall interfere with a Licensee's ability to hold a Single State License in multiple States; however, for the purposes of this Compact, a Licensee shall have only one Home State, and only one Multistate License.

32 5. Nothing in this Compact shall interfere with the requirements established by a
33 Member State for the issuance of a Single State License.

337.1035. An Active Military Member or their spouse shall designate a Home2State where the individual has a Multistate License. The individual may retain their

3 Home State designation during the period the service member is on active duty.

337.1040. 1. In addition to the other powers conferred by State law, a Remote2 State shall have the authority, in accordance with existing State due process law, to:

3 (1) Take Adverse Action against a Regulated Social Worker's Multistate 4 Authorization to Practice only within that Member State, and issue subpoenas for both 5 hearings and investigations that require the attendance and testimony of witnesses as 6 well as the production of evidence. Subpoenas issued by a Licensing Authority in a 7 Member State for the attendance and testimony of witnesses or the production of 8 evidence from another Member State shall be enforced in the latter State by any court 9 of competent jurisdiction, according to the practice and procedure of that court 10 applicable to subpoenas issued in proceedings pending before it. The issuing Licensing

Authority shall pay any witness fees, travel expenses, mileage, and other fees requiredby the service statutes of the State in which the witnesses or evidence are located.

(2) Only the Home State shall have the power to take Adverse Action against a
 Regulated Social Worker's Multistate License.

2. For purposes of taking Adverse Action, the Home State shall give the same priority and effect to reported conduct received from a Member State as it would if the conduct had occurred within the Home State. In so doing, the Home State shall apply its own State laws to determine appropriate action.

The Home State shall complete any pending investigations of a Regulated
 Social Worker who changes their Home State during the course of the investigations.
 The Home State shall also have the authority to take appropriate action(s) and shall
 promptly report the conclusions of the investigations to the administrator of the Data
 System. The administrator of the Data System shall promptly notify the new Home
 State of any Adverse Actions.

4. A Member State, if otherwise permitted by State law, may recover from the affected Regulated Social Worker the costs of investigations and dispositions of cases resulting from any Adverse Action taken against that Regulated Social Worker.

5. A Member State may take Adverse Action based on the factual findings of another Member State, provided that the Member State follows its own procedures for taking the Adverse Action.

6. (1) In addition to the authority granted to a Member State by its respective
Social Work practice act or other applicable State law, any Member State may
participate with other Member States in joint investigations of Licensees.

34 (2) Member States shall share any investigative, litigation, or compliance
 35 materials in furtherance of any joint or individual investigation initiated under the
 36 Compact.

37 7. If Adverse Action is taken by the Home State against the Multistate License of 38 a Regulated Social Worker, the Regulated Social Worker's Multistate Authorization to 39 Practice in all other Member States shall be deactivated until all Encumbrances have 40 been removed from the Multistate License. All Home State disciplinary orders that 41 impose Adverse Action against the license of a Regulated Social Worker shall include a statement that the Regulated Social Worker's Multistate Authorization to Practice is 42 43 deactivated in all Member States until all conditions of the decision, order or agreement are satisfied. 44

45 **8.** If a Member State takes Adverse Action, it shall promptly notify the 46 administrator of the Data System. The administrator of the Data System shall promptly

47 notify the Home State and all other Member States of any Adverse Actions by Remote 48 States.

49 9. Nothing in this Compact shall override a Member State's decision that participation in an Alternative Program may be used in lieu of Adverse Action. 50

51 10. Nothing in this Compact shall authorize a Member State to demand the 52 issuance of subpoenas for attendance and testimony of witnesses or the production of 53 evidence from another Member State for lawful actions within that Member State.

54 11. Nothing in this Compact shall authorize a Member State to impose discipline 55 against a Regulated Social Worker who holds a Multistate Authorization to Practice for 56 lawful actions within another Member State.

337.1045. 1. The Compact Member States hereby create and establish a joint government agency whose membership consists of all Member States that have enacted 2 3 the compact known as the Social Work Licensure Compact Commission. The 4 Commission is an instrumentality of the Compact States acting jointly and not an 5 instrumentality of any one State. The Commission shall come into existence on or after 6 the effective date of the Compact as set forth in section 337.1065.

7 2. (1) Each Member State shall have and be limited to one (1) delegate selected 8 by that Member State's State Licensing Authority.

9

(2) The delegate shall be either:

10 **(a)** A current member of the State Licensing Authority at the time of appointment, who is a Regulated Social Worker or public member of the State Licensing 11 12 Authority; or

13

(b) An administrator of the State Licensing Authority or their designee.

14 (3) The Commission shall by Rule or bylaw establish a term of office for delegates and may by Rule or bylaw establish term limits. 15

16 (4) The Commission may recommend removal or suspension of any delegate 17 from office.

18 (5) A Member State's State Licensing Authority shall fill any vacancy of its 19 delegate occurring on the Commission within 60 days of the vacancy.

20 Each delegate shall be entitled to one vote on all matters before the (6) 21 Commission requiring a vote by Commission delegates.

22 (7) A delegate shall vote in person or by such other means as provided in the 23 bylaws. The bylaws may provide for delegates to meet by telecommunication, 24 videoconference, or other means of communication.

25 The Commission shall meet at least once during each calendar year. (8) Additional meetings may be held as set forth in the bylaws. The Commission may meet 26 by telecommunication, video conference or other similar electronic means. 27

28 **3.** The Commission shall have the following powers:

29 (1) Establish the fiscal year of the Commission;

30 (2) Establish code of conduct and conflict of interest policies;

- 31 (3) Establish and amend Rules and bylaws;
- 32 (4) Maintain its financial records in accordance with the bylaws;

33 (5) Meet and take such actions as are consistent with the provisions of this
34 Compact, the Commission's Rules, and the bylaws;

35 (6) Initiate and conclude legal proceedings or actions in the name of the 36 Commission, provided that the standing of any State Licensing Board to sue or be sued 37 under applicable law shall not be affected;

(7) Maintain and certify records and information provided to a Member State as
the authenticated business records of the Commission, and designate an agent to do so
on the Commission's behalf;

41

(8) Purchase and maintain insurance and bonds;

42 (9) Borrow, accept, or contract for services of personnel, including, but not 43 limited to, employees of a Member State;

44

(10) Conduct an annual financial review;

(11) Hire employees, elect or appoint officers, fix compensation, define duties,
grant such individuals appropriate authority to carry out the purposes of the Compact,
and establish the Commission's personnel policies and programs relating to conflicts of
interest, qualifications of personnel, and other related personnel matters;

49

50 (13) Accept any and all appropriate gifts, donations, grants of money, other 51 sources of revenue, equipment, supplies, materials, and services, and receive, utilize, and 52 dispose of the same; provided that at all times the Commission shall avoid any 53 appearance of impropriety or conflict of interest;

54 (14) Lease, purchase, retain, own, hold, improve, or use any property, real, 55 personal, or mixed, or any undivided interest therein;

56 (15) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise 57 dispose of any property real, personal, or mixed;

58

(16) Establish a budget and make expenditures;

(17) Borrow money;

59

60 (18) Appoint committees, including standing committees, composed of members, 61 State regulators, State legislators or their representatives, and consumer 62 representatives, and such other interested persons as may be designated in this 63 Compact and the bylaws;

interest, qualifications of personnel, and other re (12) Assess and collect fees;

64 (19) Provide and receive information from, and cooperate with, law enforcement
65 agencies;
66 (20) Establish and elect an Executive Committee, including a chair and a vice
67 chair:

68 (21) Determine whether a State's adopted language is materially different from 69 the model compact language such that the State would not qualify for participation in 70 the Compact; and

(22) Perform such other functions as may be necessary or appropriate to achieve
 the purposes of this Compact.

4. (1) The Executive Committee shall have the power to act on behalf of the
Commission according to the terms of this Compact. The powers, duties, and
responsibilities of the Executive Committee shall include:

(a) Oversee the day-to-day activities of the administration of the compact
including enforcement and compliance with the provisions of the compact, its Rules and
bylaws, and other such duties as deemed necessary;

(b) Recommend to the Commission changes to the Rules or bylaws, changes to
this Compact legislation, fees charged to Compact Member States, fees charged to
Licensees, and other fees;

82 (c) Ensure Compact administration services are appropriately provided, 83 including by contract;

84 (d) Prepare and recommend the budget;

85

(e) Maintain financial records on behalf of the Commission;

86 (f) Monitor Compact compliance of Member States and provide compliance 87 reports to the Commission;

88

(g) Establish additional committees as necessary;

(h) Exercise the powers and duties of the Commission during the interim
between Commission meetings, except for adopting or amending Rules, adopting or
amending bylaws, and exercising any other powers and duties expressly reserved to the
Commission by Rule or bylaw; and

93

(i) Other duties as provided in the Rules or bylaws of the Commission.

94 (2) The Executive Committee shall be composed of up to eleven (11) members:

95 (a) The chair and vice chair of the Commission shall be voting members of the
 96 Executive Committee; and

97 (b) The Commission shall elect five voting members from the current 98 membership of the Commission.

99 (c) Up to four (4) ex-officio, nonvoting members from four (4) recognized 100 national Social Work organizations.

(d) The ex-officio members will be selected by their respective organizations.

102 (3) The Commission may remove any member of the Executive Committee as103 provided in the Commission's bylaws.

104

101

(4) The Executive Committee shall meet at least annually.

(a) Executive Committee meetings shall be open to the public, except that the
 Executive Committee may meet in a closed, non-public meeting as provided in
 subdivision (2) of subsection 6 of this section.

(b) The Executive Committee shall give seven (7) days' notice of its meetings,
posted on its website and as determined to provide notice to persons with an interest in
the business of the Commission.

111 (c) The Executive Committee may hold a special meeting in accordance with
112 paragraph (b) of subdivision (1) of subsection 6 of this section.

113 5. The Commission shall adopt and provide to the Member States an annual 114 report.

115 6. (1) All meetings shall be open to the public, except that the Commission may 116 meet in a closed, non-public meeting as provided in subdivision (2) of this subsection.

(a) Public notice for all meetings of the full Commission of meetings shall be
given in the same manner as required under the Rulemaking provisions in section
337.1055, except that the Commission may hold a special meeting as provided in
paragraph (b) of this subdivision.

121 (b) The Commission may hold a special meeting when it must meet to conduct 122 emergency business by giving 48 hours' notice to all commissioners, on the 123 Commission's website, and other means as provided in the Commission's Rules. The 124 Commission's legal counsel shall certify that the Commission's need to meet qualifies as 125 an emergency.

(2) The Commission or the Executive Committee or other committees of the
 Commission may convene in a closed, non-public meeting for the Commission or
 Executive Committee or other committees of the Commission to receive legal advice or
 to discuss:

130

(a) Non-compliance of a Member State with its obligations under the Compact;

131 (b) The employment, compensation, discipline or other matters, practices or132 procedures related to specific employees;

133 (c) Current or threatened discipline of a Licensee by the Commission or by a
134 Member State's Licensing Authority;

135

(d) Current, threatened, or reasonably anticipated litigation;

(e) Negotiation of contracts for the purchase, lease, or sale of goods, services, orreal estate;

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

(g) Trade secrets or commercial or financial information that is privileged orconfidential;

(h) Information of a personal nature where disclosure would constitute a clearly
 unwarranted invasion of personal privacy;

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(i) Investigative records compiled for law enforcement purposes;

(j) Information related to any investigative reports prepared by or on behalf of
 or for use of the Commission or other committee charged with responsibility of
 investigation or determination of compliance issues pursuant to the Compact;

147 (k) Matters specifically exempted from disclosure by federal or Member State148 law; or

149

(1) Other matters as promulgated by the Commission by Rule.

(3) If a meeting, or portion of a meeting, is closed, the presiding officer shall state
that the meeting will be closed and reference each relevant exempting provision, and
such reference shall be recorded in the minutes.

153 (4) The Commission shall keep minutes that fully and clearly describe all 154 matters discussed in a meeting and shall provide a full and accurate summary of actions 155 taken, and the reasons therefor, including a description of the views expressed. All 156 documents considered in connection with an action shall be identified in such minutes. 157 All minutes and documents of a closed meeting shall remain under seal, subject to 158 release only by a majority vote of the Commission or order of a court of competent 159 jurisdiction.

160 7. (1) The Commission shall pay, or provide for the payment of, the reasonable 161 expenses of its establishment, organization, and ongoing activities.

162 (2) The Commission may accept any and all appropriate revenue sources as 163 provided in subdivision (13) of subsection 3 of this section.

(3) The Commission may levy on and collect an annual assessment from each Member State and impose fees on Licensees of Member States to whom it grants a Multistate License to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount for Member States shall be allocated based upon a formula that the Commission shall promulgate by Rule.

171 (4) The Commission shall not incur obligations of any kind prior to securing the 172 funds adequate to meet the same; nor shall the Commission pledge the credit of any of 173 the Member States, except by and with the authority of the Member State. 174 (5) The Commission shall keep accurate accounts of all receipts and 175 disbursements. The receipts and disbursements of the Commission shall be subject 176 to the financial review and accounting procedures established under its bylaws. 177 However, all receipts and disbursements of funds handled by the Commission shall be 178 subject to an annual financial review by a certified or licensed public accountant, and 179 the report of the financial review shall be included in and become part of the annual 180 report of the Commission.

181 8. (1) The members, officers, executive director, employees and representatives 182 of the Commission shall be immune from suit and liability, both personally and in their 183 official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or 184 185 omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, 186 187 duties or responsibilities; provided that nothing in this subdivision shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability 188 189 caused by the intentional or willful or wanton misconduct of that person. The 190 procurement of insurance of any type by the Commission shall not in any way 191 compromise or limit the immunity granted hereunder.

192 The Commission shall defend any member, officer, executive director, (2) 193 employee, and representative of the Commission in any civil action seeking to impose 194 liability arising out of any actual or alleged act, error, or omission that occurred within 195 the scope of Commission employment, duties, or responsibilities, or as determined by 196 the Commission that the person against whom the claim is made had a reasonable basis 197 for believing occurred within the scope of Commission employment, duties, or 198 responsibilities; provided that nothing herein shall be construed to prohibit that 199 person from retaining their own counsel at their own expense; and provided further, 200 that the actual or alleged act, error, or omission did not result from that person's 201 intentional or willful or wanton misconduct.

202 (3) The Commission shall indemnify and hold harmless any member, officer, executive director, employee, and representative of the Commission for the amount of 203 204 any settlement or judgment obtained against that person arising out of any actual or 205 alleged act, error, or omission that occurred within the scope of Commission 206 employment, duties, or responsibilities, or that such person had a reasonable basis 207 for believing occurred within the scope of Commission employment, duties, or 208 responsibilities, provided that the actual or alleged act, error, or omission did not 209 result from the intentional or willful or wanton misconduct of that person.

210 (4) Nothing herein shall be construed as a limitation on the liability of any 211 Licensee for professional malpractice or misconduct, which shall be governed solely by 212 any other applicable State laws. 213 (5) Nothing in this Compact shall be interpreted to waive or otherwise abrogate

214 a Member State's state action immunity or state action affirmative defense with respect 215 to antitrust claims under the Sherman Act, Clayton Act, or any other State or federal 216 antitrust or anticompetitive law or regulation.

217 (6) Nothing in this Compact shall be construed to be a waiver of sovereign 218 immunity by the Member States or by the Commission.

337.1050. 1. The Commission shall provide for the development, maintenance, 2 operation, and utilization of a coordinated Data System.

2. The Commission shall assign each applicant for a Multistate License a unique 3 4 identifier, as determined by the Rules of the Commission.

5 3. Notwithstanding any other provision of State law to the contrary, a Member State shall submit a uniform data set to the Data System on all individuals to whom this 6 7 Compact is applicable as required by the Rules of the Commission, including:

- 8 (1) Identifying information;
 - (2) Licensure data;

10 (3) Adverse Actions against a license and information related thereto;

11 (4) Non-confidential information related to Alternative Program participation, the beginning and ending dates of such participation, and other information related to 12

13 such participation not made confidential under Member State law;

- 14 (5) Any denial of application for licensure, and the reason or reasons for such 15 denial:
- 16

9

(6) The presence of Current Significant Investigative Information; and

17 (7) Other information that may facilitate the administration of this Compact or the protection of the public, as determined by the Rules of the Commission. 18

19 4. The records and information provided to a Member State pursuant to this 20 Compact or through the Data System, when certified by the Commission or an agent 21 thereof, shall constitute the authenticated business records of the Commission, and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or 22 23 administrative proceedings in a Member State.

24 5. (1) Current Significant Investigative Information pertaining to a Licensee in 25 any Member State will only be available to other Member States.

26 (2) It is the responsibility of the Member States to report any Adverse Action 27 against a Licensee and to monitor the database to determine whether Adverse Action

has been taken against a Licensee. Adverse Action information pertaining to a Licensee
in any Member State will be available to any other Member State.

6. Member States contributing information to the Data System may designate
 information that may not be shared with the public without the express permission of
 the contributing State.

7. Any information submitted to the Data System that is subsequently expunged
pursuant to federal law or the laws of the Member State contributing the information
shall be removed from the Data System.

337.1055. 1. The Commission shall promulgate reasonable Rules in order to effectively and efficiently implement and administer the purposes and provisions of the Compact. A Rule shall be invalid and have no force or effect only if a court of competent jurisdiction holds that the Rule is invalid because the Commission exercised its rulemaking authority in a manner that is beyond the scope and purposes of the Compact, or the powers granted hereunder, or based upon another applicable standard of review.

8 2. The Rules of the Commission shall have the force of law in each Member 9 State, provided however that where the Rules of the Commission conflict with the laws 10 of the Member State that establish the Member State's laws, regulations, and applicable 11 standards that govern the practice of Social Work as held by a court of competent 12 jurisdiction, the Rules of the Commission shall be ineffective in that State to the extent 13 of the conflict.

3. The Commission shall exercise its Rulemaking powers pursuant to the criteria set forth in this Section and the Rules adopted thereunder. Rules shall become binding on the day following adoption or the date specified in the rule or amendment, whichever is later.

4. If a majority of the legislatures of the Member States rejects a Rule or portion of a Rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within four (4) years of the date of adoption of the Rule, then such Rule shall have no further force and effect in any Member State.

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5. Rules shall be adopted at a regular or special meeting of the Commission.

6. Prior to adoption of a proposed Rule, the Commission shall hold a public
hearing and allow persons to provide oral and written comments, data, facts, opinions,
and arguments.

7. Prior to adoption of a proposed Rule by the Commission, and at least thirty
(30) days in advance of the meeting at which the Commission will hold a public hearing
on the proposed Rule, the Commission shall provide a Notice of Proposed Rulemaking:
(1) On the website of the Commission or other publicly accessible platform;

30 (2) To persons who have requested notice of the Commission's notices of 31 proposed rulemaking; and

32

(3) In such other way(s) as the Commission may by Rule specify.

33 8. The Notice of Proposed Rulemaking shall include:

(1) The time, date, and location of the public hearing at which the Commission
will hear public comments on the proposed Rule and, if different, the time, date, and
location of the meeting where the Commission will consider and vote on the proposed
Rule;

(2) If the hearing is held via telecommunication, video conference, or other
 electronic means, the Commission shall include the mechanism for access to the hearing
 in the Notice of Proposed Rulemaking;

41

(3) The text of the proposed Rule and the reason therefor;

42 (4) A request for comments on the proposed Rule from any interested person;43 and

44

(5) The manner in which interested persons may submit written comments.

45
9. All hearings will be recorded. A copy of the recording and all written
46 comments and documents received by the Commission in response to the proposed Rule
47 shall be available to the public.

10. Nothing in this section shall be construed as requiring a separate hearing on
each Rule. Rules may be grouped for the convenience of the Commission at hearings
required by this section.

51 **11.** The Commission shall, by majority vote of all members, take final action on 52 the proposed Rule based on the Rulemaking record and the full text of the Rule.

53 (1) The Commission may adopt changes to the proposed Rule provided the 54 changes do not enlarge the original purpose of the proposed Rule.

55 (2) The Commission shall provide an explanation of the reasons for substantive 56 changes made to the proposed Rule as well as reasons for substantive changes not made 57 that were recommended by commenters.

58 (3) The Commission shall determine a reasonable effective date for the Rule. 59 Except for an emergency as provided in subsection 12 of this section, the effective date 60 of the rule shall be no sooner than 30 days after issuing the notice that it adopted or 61 amended the Rule.

62 **12.** Upon determination that an emergency exists, the Commission may consider 63 and adopt an emergency Rule with 48 hours' notice, with opportunity to comment, 64 provided that the usual Rulemaking procedures provided in the Compact and in this 65 section shall be retroactively applied to the Rule as soon as reasonably possible, in no

his section. le Commission s Rule based on t

66 event later than ninety (90) days after the effective date of the Rule. For the purposes of
67 this provision, an emergency Rule is one that must be adopted immediately in order to:

- 68 (1) Meet an imminent threat to public health, safety, or welfare;
- 69

(2) Prevent a loss of Commission or Member State funds;

70 (3) Meet a deadline for the promulgation of a Rule that is established by federal
71 law or rule; or

72

(4) Protect public health and safety.

73 13. The Commission or an authorized committee of the Commission may direct 74 revisions to a previously adopted Rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any 75 revisions shall be posted on the website of the Commission. The revision shall be subject 76 77 to challenge by any person for a period of thirty (30) days after posting. The revision 78 may be challenged only on grounds that the revision results in a material change to a Rule. A challenge shall be made in writing and delivered to the Commission prior to the 79 80 end of the notice period. If no challenge is made, the revision will take effect without 81 further action. If the revision is challenged, the revision may not take effect without the 82 approval of the Commission.

14. No Member State's rulemaking requirements shall apply under thiscompact.

337.1060. 1. (1) The executive and judicial branches of State government in 2 each Member State shall enforce this Compact and take all actions necessary and 3 appropriate to implement the Compact.

4 (2) Except as otherwise provided in this Compact, venue is proper and judicial 5 proceedings by or against the Commission shall be brought solely and exclusively in a 6 court of competent jurisdiction where the principal office of the Commission is located. 7 The Commission may waive venue and jurisdictional defenses to the extent it adopts or 8 consents to participate in alternative dispute resolution proceedings. Nothing herein 9 shall affect or limit the selection or propriety of venue in any action against a Licensee 10 for professional malpractice, misconduct or any such similar matter.

11 (3) The Commission shall be entitled to receive service of process in any 12 proceeding regarding the enforcement or interpretation of the Compact and shall have 13 standing to intervene in such a proceeding for all purposes. Failure to provide the 14 Commission service of process shall render a judgment or order void as to the 15 Commission, this Compact, or promulgated Rules.

16 2. (1) If the Commission determines that a Member State has defaulted in the 17 performance of its obligations or responsibilities under this Compact or the 18 promulgated Rules, the Commission shall provide written notice to the defaulting

State. The notice of default shall describe the default, the proposed means of curing the default, and any other action that the Commission may take, and shall offer training and specific technical assistance regarding the default.

(2) The Commission shall provide a copy of the notice of default to the otherMember States.

3. If a State in default fails to cure the default, the defaulting State may be terminated from the Compact upon an affirmative vote of a majority of the delegates of the Member States, and all rights, privileges and benefits conferred on that State by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending State of obligations or liabilities incurred during the period of default.

4. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting State's legislature, the defaulting State's State Licensing Authority and each of the Member States' State Licensing Authority.

- 35 5. A State that has been terminated is responsible for all assessments,
 36 obligations, and liabilities incurred through the effective date of termination, including
 37 obligations that extend beyond the effective date of termination.
- 6. Upon the termination of a State's membership from this Compact, that State shall immediately provide notice to all Licensees within that State of such termination. The terminated State shall continue to recognize all licenses granted pursuant to this Compact for a minimum of six (6) months after the date of said notice of termination.

42 7. The Commission shall not bear any costs related to a State that is found to be
43 in default or that has been terminated from the Compact, unless agreed upon in writing
44 between the Commission and the defaulting State.

8. The defaulting State may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

9. (1) Upon request by a Member State, the Commission shall attempt to resolve
disputes related to the Compact that arise among Member States and between Member
and non-Member States.

52 (2) The Commission shall promulgate a Rule providing for both mediation and 53 binding dispute resolution for disputes as appropriate.

54 10. (1) By majority vote as provided by Rule, the Commission may initiate legal 55 action against a Member State in default in the United States District Court for the

56 District of Columbia or the federal district where the Commission has its principal 57 offices to enforce compliance with the provisions of the Compact and its promulgated 58 Rules. The relief sought may include both injunctive relief and damages. In the event 59 judicial enforcement is necessary, the prevailing party shall be awarded all costs of such 60 litigation, including reasonable attorney's fees. The remedies herein shall not be the 61 exclusive remedies of the Commission. The Commission may pursue any other 62 remedies available under federal or the defaulting Member State's law.

(2) A Member State may initiate legal action against the Commission in the U.S.
District Court for the District of Columbia or the federal district where the Commission
has its principal offices to enforce compliance with the provisions of the Compact and its
promulgated Rules. The relief sought may include both injunctive relief and damages.
In the event judicial enforcement is necessary, the prevailing party shall be awarded all
costs of such litigation, including reasonable attorney's fees.

69 (3) No person other than a Member State shall enforce this compact against the70 Commission.

337.1065. 1. The Compact shall come into effect on the date on which the **2** Compact statute is enacted into law in the seventh Member State.

3 (1) On or after the effective date of the Compact, the Commission shall convene 4 and review the enactment of each of the first seven Member States ("Charter Member 5 States") to determine if the statute enacted by each such Charter Member State is 6 materially different than the model Compact statute.

7 (a) A Charter Member State whose enactment is found to be materially different 8 from the model Compact statute shall be entitled to the default process set forth in 9 section 337.1060.

10 (b) If any Member State is later found to be in default, or is terminated or 11 withdraws from the Compact, the Commission shall remain in existence and the 12 Compact shall remain in effect even if the number of Member States should be less than 13 seven.

(2) Member States enacting the Compact subsequent to the seven initial Charter
Member States shall be subject to the process set forth in subdivision (21) of subsection
3 of section 337.1045 to determine if their enactments are materially different from the
model Compact statute and whether they qualify for participation in the Compact.

(3) All actions taken for the benefit of the Commission or in furtherance of the
 purposes of the administration of the Compact prior to the effective date of the Compact
 or the Commission coming into existence shall be considered to be actions of the
 Commission unless specifically repudiated by the Commission.

(4) Any State that joins the Compact subsequent to the Commission's initial adoption of the Rules and bylaws shall be subject to the Rules and bylaws as they exist on the date on which the Compact becomes law in that State. Any Rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that State.

27 **2.** Any Member State may withdraw from this Compact by enacting a statute 28 repealing the same.

29 (1) A Member State's withdrawal shall not take effect until 180 days after 30 enactment of the repealing statute.

(2) Withdrawal shall not affect the continuing requirement of the withdrawing
 State's Licensing Authority to comply with the investigative and Adverse Action
 reporting requirements of this Compact prior to the effective date of withdrawal.

34 (3) Upon the enactment of a statute withdrawing from this compact, a State shall
35 immediately provide notice of such withdrawal to all Licensees within that State.
36 Notwithstanding any subsequent statutory enactment to the contrary, such withdrawing
37 State shall continue to recognize all licenses granted pursuant to this compact for a
38 minimum of 180 days after the date of such notice of withdrawal.

39 **3.** Nothing contained in this Compact shall be construed to invalidate or prevent 40 any licensure agreement or other cooperative arrangement between a Member State 41 and a non-Member State that does not conflict with the provisions of this Compact.

42 4. This Compact may be amended by the Member States. No amendment to this 43 Compact shall become effective and binding upon any Member State until it is enacted 44 into the laws of all Member States.

337.1070. 1. This Compact and the Commission's rulemaking authority shall be liberally construed so as to effectuate the purposes, and the implementation and administration of the Compact. Provisions of the Compact expressly authorizing or requiring the promulgation of Rules shall not be construed to limit the Commission's rulemaking authority solely for those purposes.

6 2. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is held by a court of competent jurisdiction to be 7 contrary to the constitution of any Member State, a State seeking participation in the 8 9 Compact, or of the United States, or the applicability thereof to any government, 10 agency, person or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this Compact and the applicability thereof 11 12 to any other government, agency, person or circumstance shall not be affected thereby. 13 3. Notwithstanding subsection 2 of this section, the Commission may deny a State's participation in the Compact or, in accordance with the requirements of 14

15 subsection 2 of section 337.1060, terminate a Member State's participation in the 16 Compact, if it determines that a constitutional requirement of a Member State is a 17 material departure from the Compact. Otherwise, if this Compact shall be held to be 18 contrary to the constitution of any Member State, the Compact shall remain in full force 19 and effect as to the remaining Member States and in full force and effect as to the 20 Member State affected as to all severable matters.

337.1075. 1. A Licensee providing services in a Remote State under a Multistate Authorization to Practice shall adhere to the laws and regulations, including laws, regulations, and applicable standards, of the Remote State where the client is located at the time care is rendered.

5 2. Nothing herein shall prevent or inhibit the enforcement of any other law of a 6 Member State that is not inconsistent with the Compact.

3. Any laws, statutes, regulations, or other legal requirements in a Member State
in conflict with the Compact are superseded to the extent of the conflict.

- 9 4. All permissible agreements between the Commission and the Member States 10 are binding in accordance with their terms.
- [191.500. As used in sections 191.500 to 191.550, unless the context 2 clearly indicates otherwise, the following terms mean: (1) "Area of defined need", a community or section of an urban area of 3 4 this state which is certified by the department of health and senior services as 5 being in need of the services of a physician to improve the patient-doctor ratio in the area, to contribute professional physician services to an area of 6 7 economic impact, or to contribute professional physician services to an area 8 suffering from the effects of a natural disaster; (2) "Department", the department of health and senior services; 9 (3) "Eligible student", a full time student accepted and enrolled in a 10 formal course of instruction leading to a degree of doctor of medicine or 11 12 doctor of osteopathy, including psychiatry, at a participating school, or a doctor of dental surgery, doctor of dental medicine, or a bachelor of science 13 14 degree in dental hygiene; (4) "Financial assistance", an amount of money paid by the state of 15 16 Missouri to a qualified applicant pursuant to sections 191.500 to 191.550; (5) "Participating school", an institution of higher learning within this 17 state which grants the degrees of doctor of medicine or doctor of osteopathy, 18 and which is accredited in the appropriate degree program by the American 19 20 Medical Association or the American Osteopathic Association, or a degree 21 program by the American Dental Association or the American Psychiatric Association, and applicable residency programs for each degree type and 22 23 discipline; 24 (6) "Primary care", general or family practice, internal medicine, pediatric, psychiatric, obstetric and gynecological care as provided to the 25 general public by physicians licensed and registered pursuant to chapter 334, 26

- 27 dental practice, or a dental hygienist licensed and registered pursuant to
 28 chapter 332;
- 29 (7) "Resident", any natural person who has lived in this state for one or
 30 more years for any purpose other than the attending of an educational
 31 institution located within this state;
- (8) "Rural area", a town or community within this state which is not
 within a standard metropolitan statistical area, and has a population of six
 thousand or fewer inhabitants as determined by the last preceding federal
 decennial census or any unincorporated area not within a standard
 metropolitan statistical area.]
- [191.505. The department of health and senior services shall be the administrative agency for the implementation of the program established by sections 191.500 to 191.550. The department shall promulgate reasonable rules and regulations for the exercise of its functions in the effectuation of the purposes of sections 191.500 to 191.550. It shall prescribe the form and the time and method of filing applications and supervise the processing thereof.]
- [191.510. The department shall enter into a contract with each applicant receiving a state loan under sections 191.500 to 191.550 for repayment of the principal and interest and for forgiveness of a portion thereof for participation in the service areas as provided in sections 191.500 to 191.550.]
- [191.515. An eligible student may apply to the department for a loan under sections 191.500 to 191.550 only if, at the time of his application and throughout the period during which he receives the loan, he has been formally accepted as a student in a participating school in a course of study leading to the degree of doctor of medicine or doctor of osteopathy, including psychiatry, or a doctor of dental surgery, a doctor of dental medicine, or a bachelor of science degree in dental hygiene, and is a resident of this state.]
- [191.520. No loan to any eligible student shall exceed twenty-five thousand dollars for each academic year, which shall run from August first of any year through July thirty first of the following year. All loans shall be made from funds appropriated to the medical school loan and loan repayment program fund created by section 191.600, by the general assembly.]
- [191.525. No more than twenty-five loans shall be made to eligible students during the first academic year this program is in effect. Twenty-five 2 3 new loans may be made for the next three academic years until a total of one 4 hundred loans are available. At least one-half of the loans shall be made to 5 students from rural areas as defined in section 191.500. An eligible student 6 may receive loans for each academic year he is pursuing a course of study 7 directly leading to a degree of doctor of medicine or doctor of osteopathy, 8 doctor of dental surgery, or doctor of dental medicine, or a bachelor of science 9 degree in dental hygiene.]

	[191.530. Interest at the rate of nine and one-half percent per year shall
2	be charged on all loans made under sections 191.500 to 191.550 but one fourth
$\frac{2}{3}$	of the interest and principal of the total loan at the time of the awarding of the
4 5	degree shall be forgiven for each year of participation by an applicant in the
	practice of his profession in a rural area or an area of defined need. The
6	department shall grant a deferral of interest and principal payments to a loan
7	recipient who is pursuing an internship or a residency in primary care. The
8	deferral shall not exceed three years. The status of each loan recipient
9	receiving a deferral shall be reviewed annually by the department to ensure
10	compliance with the intent of this provision. The loan recipient will repay the
11	loan beginning with the calendar year following completion of his internship
12	or his primary care residency in accordance with the loan contract.]
	[191.535. If a student ceases his study prior to receiving a degree,
2	interest at the rate specified in section 191.530 shall be charged on the amount
3	received from the state under the provisions of sections 191.500 to 191.550.]
2	[191.540. 1. The department shall establish schedules and procedures
2	for repayment of the principal and interest of any loan made under the
3	provisions of sections 191.500 to 191.550 and not forgiven as provided in
4	section 191.530.
5	2. A penalty shall be levied against a person in breach of contract.
6	Such penalty shall be twice the sum of the principal and the accrued interest.]
	[191.545. When necessary to protect the interest of the state in any
2	loan transaction under sections 191.500 to 191.550, the board may institute
3	any action to recover any amount due.]
•	[191.550. The contracts made with the participating students shall be
2	approved by the attorney general.]
	[335.212. As used in sections 335.212 to 335.242, the following terms
2	mean:
3	(1) "Board", the Missouri state board of nursing;
4	(2) "Department", the Missouri department of health and senior
5	services;
6	(3) "Director", director of the Missouri department of health and
7	senior services:
8	(4) "Eligible student", a resident who has been accepted as a full-time
9	student in a formal course of instruction leading to an associate degree, a
10	diploma, a bachelor of science, a master of science in nursing (M.S.N.), a
11	doctorate in nursing (Ph.D. or D.N.P.), or a student with a master of science in
12	nursing seeking a doctorate in education (Ed.D.), or leading to the completion
13	of educational requirements for a licensed practical nurse. The doctoral
14	applicant may be a part-time student;
15	(5) "Participating school", an institution within this state which is
16	approved by the board for participation in the professional and practical
17	nursing student loan program established by sections 335.212 to 335.242,

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having a nursing department and offering a course of instruction based on
 nursing theory and clinical nursing experience;

20 (6) "Qualified applicant", an eligible student approved by the board for
 21 participation in the professional and practical nursing student loan program
 22 established by sections 335.212 to 335.242;

23 (7) "Qualified employment", employment on a full-time basis in 24 Missouri in a position requiring licensure as a licensed practical nurse or 25 registered professional nurse in any hospital as defined in section 197.020 or in 26 any agency, institution, or organization located in an area of need as 27 determined by the department of health and senior services. Any forgiveness 28 of such principal and interest for any qualified applicant engaged in qualified 29 employment on a less than full time basis may be prorated to reflect the 30 amounts provided in this section;

31 (8) "Resident", any person who has lived in this state for one or more
 32 years for any purpose other than the attending of an educational institution
 33 located within this state.]

[335.215. 1. The department of health and senior services shall be the
 administrative agency for the implementation of the professional and practical
 nursing student loan program established under sections 335.212 to 335.242,
 and the nursing student loan repayment program established under sections
 335.245 to 335.259.

2. An advisory panel of nurses shall be appointed by the director. It shall be composed of not more than eleven members representing practical, associate degree, diploma, baccalaureate and graduate nursing education, community health, primary care, hospital, long-term care, a consumer, and the Missouri state board of nursing. The panel shall make recommendations to the director on the content of any rules, regulations or guidelines prior to their promulgation. The panel may make recommendations to the director regarding fund allocations for loans and loan repayment based on current nursing shortage needs.

153. The department of health and senior services shall promulgate16reasonable rules and regulations for the exercise of its function pursuant to17sections 335.212 to 335.259. It shall prescribe the form, the time and method18of filing applications and supervise the proceedings thereof. No rule or portion19of a rule promulgated under the authority of sections 335.212 to 335.257 shall20become effective unless it has been promulgated pursuant to the provisions of21section 536.024.

22 4. Ninety-five percent of funds loaned pursuant to sections 335.212 to 23 335.242 shall be loaned to qualified applicants who are enrolled in 24 professional nursing programs in participating schools and five percent of 25 the funds loaned pursuant to sections 335.212 to 335.242 shall be loaned to 26 qualified applicants who are enrolled in practical nursing programs. Priority 27 shall be given to eligible students who have established financial need. All 28 loan repayment funds pursuant to sections 335.245 to 335.259 shall be used to 29 reimburse successful associate, diploma, baccalaureate or graduate 30 professional nurse applicants' educational loans who agree to serve in areas 31 of defined need as determined by the department.]

	[335.218. There is hereby established the "Professional and Practical
2	Nursing Student Loan and Nurse Loan Repayment Fund". All fees pursuant to
3	section 335.221, general revenue appropriations to the student loan or loan
4	repayment program, voluntary contributions to support or match the student
5	loan and loan repayment program activities, funds collected from repayment
6	and penalties, and funds received from the federal government shall be
7	deposited in the state treasury and be placed to the credit of the professional
8	and practical nursing student loan and nurse loan repayment fund. The fund
9	shall be managed by the department of health and senior services and all
10	administrative costs and expenses incurred as a result of the effectuation of
11	sections 335.212 to 335.259 shall be paid from this fund.]

[335.221. The board, in addition to any other duties it may have 2 regarding licensure of nurses, shall collect, at the time of licensure or licensure 3 renewal, an education surcharge from each person licensed or relicensed 4 pursuant to sections 335.011 to 335.096, in the amount of one dollar per year 5 for practical nurses and five dollars per year for professional nurses. These 6 funds shall be deposited in the professional and practical nursing student loan 7 and nurse loan repayment fund. All expenditures authorized by sections 8 335.212 to 335.259 shall be paid from funds appropriated by the general 9 assembly from the professional and practical nursing student loan and nurse 10 loan repayment fund. The provisions of section 33.080 to the contrary 11 notwithstanding, money in this fund shall not be transferred and placed to the 12 eredit of general revenue.]

[335.224. The department of health and senior services shall enter into
 a contract with each qualified applicant receiving financial assistance under
 the provisions of sections 335.212 to 335.242 for repayment of the principal
 and interest.]

[335.227. An eligible student may apply to the department for financial assistance under the provisions of sections 335.212 to 335.242 if, at the time of his application for a loan, the eligible student has formally applied for acceptance at a participating school. Receipt of financial assistance is contingent upon acceptance and continued enrollment at a participating school.]

[335.230. Financial assistance to any qualified applicant shall not exceed ten thousand dollars for each academic year for a professional nursing program and shall not exceed five thousand dollars for each academic year for a practical nursing program. All financial assistance shall be made from funds credited to the professional and practical nursing student loan and nurse loan repayment fund. A qualified applicant may receive financial assistance for each academic year he remains a student in good standing at a participating school.]

•	[335.233. The department shall establish schedules for repayment of
2	the principal and interest on any financial assistance made under the
3	provisions of sections 335.212 to 335.242. Interest at the rate of nine and
4	one-half percent per annum shall be charged on all financial assistance made
5	under the provisions of sections 335.212 to 335.242, but the interest and
6	principal of the total financial assistance granted to a qualified applicant at the
7	time of the successful completion of a nursing degree, diploma program or a
8	practical nursing program shall be forgiven through qualified employment.]
	[335.236. The financial assistance recipient shall repay the financial
2	assistance principal and interest beginning not more than six months after
$\frac{2}{3}$	completion of the degree for which the financial assistance was made in
4	accordance with the repayment contract. If an eligible student ceases his study
5	prior to successful completion of a degree or graduation at a participating
6	school, interest at the rate specified in section 335.233 shall be charged on the
7	amount of financial assistance received from the state under the provisions of
8	sections 335.212 to 335.242, and repayment, in accordance with the repayment
9	contract, shall begin within ninety days of the date the financial aid recipient
10	ceased to be an eligible student. All funds repaid by recipients of financial
10	assistance to the department shall be deposited in the professional and practical
12	nursing student loan and nurse loan repayment fund for use pursuant to
12	sections 335.212 to 335.259.]
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	[335.239. The department shall grant a deferral of interest and
2	principal payments to a financial assistance recipient who is pursuing an
3	advanced degree, special nursing program, or upon special conditions
4	established by the department. The deferral shall not exceed four years.
5	The status of each deferral shall be reviewed annually by the department of
6	health and senior services to ensure compliance with the intent of this section.]
2	[335.242. When necessary to protect the interest of the state in any
2	financial assistance transaction under sections 335.212 to 335.259, the
3	department of health and senior services may institute any action to recover
4	any amount due.]
	[335.245. As used in sections 335.245 to 335.259, the following terms
2	mean:
3	(1) "Department", the Missouri department of health and senior
4	Services:
5	(2) "Eligible applicant", a Missouri licensed nurse who has attained
6	either an associate degree, a diploma, a bachelor of science, or graduate degree
7	in nursing from an accredited institution approved by the board of nursing or a
8	student nurse in the final year of a full-time baccalaureate school of nursing
9	leading to a baccalaureate degree or graduate nursing program leading to a
10	master's degree in nursing and has agreed to serve in an area of defined need as
11	established by the department;
12	(3) "Participating school", an institution within this state which grants
13	an associate degree in nursing, grants a bachelor or master of science degree in

nursing or provides a diploma nursing program which is accredited by the state
 board of nursing, or a regionally accredited institution in this state which
 provides a bachelor of science completion program for registered professional
 nurses:

18 (4) "Qualified employment", employment on a full time basis in 19 Missouri in a position requiring licensure as a licensed practical nurse or 20 registered professional nurse in any hospital as defined in section 197.020 or 21 public or nonprofit agency, institution, or organization located in an area of 22 need as determined by the department of health and senior services. Any 23 forgiveness of such principal and interest for any qualified applicant engaged 24 in qualified employment on a less than full-time basis may be prorated to 25 reflect the amounts provided in this section.]

- 335.248. Sections 335.245 to 335.259 shall be known as the "Nursing" 2 Student Loan Repayment Program". The department of health and senior 3 services shall be the administrative agency for the implementation of the 4 authority established by sections 335.245 to 335.259. The department shall 5 promulgate reasonable rules and regulations necessary to implement sections 6 335.245 to 335.259. Promulgated rules shall include, but not be limited to, 7 applicant eligibility, selection criteria, prioritization of service obligation sites 8 and the content of loan repayment contracts, including repayment schedules 9 for those in default and penalties. The department shall promulgate rules 10 regarding recruitment opportunities for minority students into nursing schools. 11 Priority for student loan repayment shall be given to eligible applicants who 12 have demonstrated financial need. All funds collected by the department from 13 participants not meeting their contractual obligations to the state shall be 14 deposited in the professional and practical nursing student loan and nurse loan 15 repayment fund for use pursuant to sections 335.212 to 335.259.]
- [335.251. Upon proper verification to the department by the eligible 2 applicant of securing qualified employment in this state, the department shall 3 enter into a loan repayment contract with the eligible applicant to repay the 4 interest and principal on the educational loans of the applicant to the limit of 5 the contract, which contract shall provide for instances of less than full-time 6 qualified employment consistent with the provisions of section 335.233, out of 7 any appropriation made to the professional and practical nursing student loan 8 and nurse loan repayment fund. If the applicant breaches the contract by 9 failing to begin or complete the qualified employment, the department is entitled to recover the total of the loan repayment paid by the department plus 10 11 interest on the repaid amount at the rate of nine and one-half percent per 12 annum.
- [335.254. Sections 335.212 to 335.259 shall not be construed to require the department to enter into contracts with individuals who qualify for nursing education loans or nursing loan repayment programs when federal, state and local funds are not available for such purposes.]

	[335.257. Successful applicants for whom loan payments are made
2	under the provisions of sections 335.245 to 335.259 shall verify to the
3	department twice each year in the manner prescribed by the department that
4	qualified employment in this state is being maintained.]

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