

# SENATE AMENDMENT NO. \_\_\_\_\_

Offered by \_\_\_\_\_ of \_\_\_\_\_

Amend SS/SCS/Senate Bill No. 157, Page 1, Section TITLE, Lines 3-4,

2 by striking "collaborative practice arrangements with"; and

3 Further amend said bill and page, section A, line 3, by  
4 inserting after all of said line the following:

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

15 2. An advanced practice registered nurse, as defined  
16 in section 335.016, but not a certified registered nurse  
17 anesthetist as defined in subdivision (8) of section  
18 335.016, who holds a certificate of controlled substance  
19 prescriptive authority from the board of nursing under  
20 section 335.019 and who is delegated the authority to  
21 prescribe controlled substances under a collaborative  
22 practice arrangement under section 334.104 may prescribe any  
23 controlled substances listed in Schedules III, IV, and V of  
24 section 195.017, and may have restricted authority in  
25 Schedule II. Prescriptions for Schedule II medications  
26 prescribed by an advanced practice registered nurse who has

27 a certificate of controlled substance prescriptive authority  
28 are restricted to only those medications containing  
29 hydrocodone and Schedule II controlled substances for  
30 hospice patients pursuant to the provisions of section  
31 334.104. However, no such certified advanced practice  
32 registered nurse shall prescribe controlled substance for  
33 his or her own self or family. Schedule III narcotic  
34 controlled substance and Schedule II - hydrocodone  
35 prescriptions shall be limited to a one hundred twenty-hour  
36 supply without refill.

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

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

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

53 (2) As provided in section 195.265.

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

57 Further amend said bill, pages 1-9, section 334.104, by  
58 striking all of said section and inserting in lieu thereof  
59 the following:

60 "334.104. 1. A physician may enter into collaborative  
61 practice arrangements with registered professional nurses.  
62 Collaborative practice arrangements shall be in the form of  
63 written agreements, jointly agreed-upon protocols, or  
64 standing orders for the delivery of health care services.  
65 Collaborative practice arrangements, which shall be in  
66 writing, may delegate to a registered professional nurse the  
67 authority to administer or dispense drugs and provide  
68 treatment as long as the delivery of such health care  
69 services is within the scope of practice of the registered  
70 professional nurse and is consistent with that nurse's  
71 skill, training and competence.

72 2. (1) Collaborative practice arrangements, which  
73 shall be in writing, may delegate to a registered  
74 professional nurse the authority to administer, dispense or  
75 prescribe drugs and provide treatment if the registered  
76 professional nurse is an advanced practice registered nurse  
77 as defined in subdivision (2) of section 335.016.  
78 Collaborative practice arrangements may delegate to an  
79 advanced practice registered nurse, as defined in section  
80 335.016, the authority to administer, dispense, or prescribe  
81 controlled substances listed in Schedules III, IV, and V of  
82 section 195.017, and Schedule II - hydrocodone; except that,  
83 the collaborative practice arrangement shall not delegate  
84 the authority to administer any controlled substances listed  
85 in Schedules III, IV, and V of section 195.017, or Schedule  
86 II - hydrocodone for the purpose of inducing sedation or  
87 general anesthesia for therapeutic, diagnostic, or surgical  
88 procedures. Schedule III narcotic controlled substance and  
89 Schedule II - hydrocodone prescriptions shall be limited to  
90 a one hundred twenty-hour supply without refill.

91 (2) Notwithstanding any other provision of this  
92 section to the contrary, a collaborative practice

93 arrangement may delegate to an advanced practice registered  
94 nurse the authority to administer, dispense, or prescribe  
95 Schedule II controlled substances for hospice patients;  
96 provided, that the advanced practice registered nurse is  
97 employed by a hospice provider certified pursuant to chapter  
98 197 and the advanced practice registered nurse is providing  
99 care to hospice patients pursuant to a collaborative  
100 practice arrangement that designates the certified hospice  
101 as a location where the advanced practice registered nurse  
102 is authorized to practice and prescribe.

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

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

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

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

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

121       (3) A requirement that there shall be posted at every  
122 office where the advanced practice registered nurse is  
123 authorized to prescribe, in collaboration with a physician,  
124 a prominently displayed disclosure statement informing  
125 patients that they may be seen by an advanced practice

126 registered nurse and have the right to see the collaborating  
127 physician;

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

131 (5) The manner of collaboration between the  
132 collaborating physician and the advanced practice registered  
133 nurse, including how the collaborating physician and the  
134 advanced practice registered nurse will:

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

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

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

149 b. The collaborative practice arrangement may allow  
150 for geographic proximity to be waived for a maximum of  
151 twenty-eight days per calendar year for rural health clinics  
152 as defined by P.L. 95-210 (42 U.S.C. Section 1395x, as  
153 amended), as long as the collaborative practice arrangement  
154 includes alternative plans as required in paragraph (c) of  
155 this subdivision. This exception to geographic proximity  
156 shall apply only to independent rural health clinics,  
157 provider-based rural health clinics where the provider is a  
158 critical access hospital as provided in 42 U.S.C. Section

159 1395i-4, and provider-based rural health clinics where the  
160 main location of the hospital sponsor is greater than fifty  
161 miles from the clinic. The collaborative practice  
162 arrangement may allow for geographic proximity to be waived  
163 when the arrangement outlines the use of telehealth, as  
164 defined in section 191.1145; and

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

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

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

177 (7) A list of all other written practice agreements of  
178 the collaborating physician and the advanced practice  
179 registered nurse;

180 (8) The duration of the written practice agreement  
181 between the collaborating physician and the advanced  
182 practice registered nurse;

183 (9) A description of the time and manner of the  
184 collaborating physician's review of the advanced practice  
185 registered nurse's delivery of health care services. The  
186 description shall include provisions that the advanced  
187 practice registered nurse shall submit a minimum of ten  
188 percent of the charts documenting the advanced practice  
189 registered nurse's delivery of health care services to the  
190 collaborating physician for review by the collaborating  
191 physician, or any other physician designated in the

192 collaborative practice arrangement, every fourteen days;  
193 [and]

194 (10) The collaborating physician, or any other  
195 physician designated in the collaborative practice  
196 arrangement, shall review every fourteen days a minimum of  
197 twenty percent of the charts in which the advanced practice  
198 registered nurse prescribes controlled substances. The  
199 charts reviewed under this subdivision may be counted in the  
200 number of charts required to be reviewed under subdivision  
201 (9) of this subsection; and

202 (11) If a collaborative practice arrangement is used  
203 in clinical situations where a collaborating advanced  
204 practice registered nurse provides health care services that  
205 include the diagnosis and initiation of treatment for  
206 acutely or chronically ill or injured persons, then the  
207 collaborating physician or any other physician designated in  
208 the collaborative practice arrangement shall be present for  
209 sufficient periods of time, at least once every two weeks,  
210 except in extraordinary circumstances that shall be  
211 documented, to participate in a chart review and to provide  
212 necessary medical direction, medical services,  
213 consultations, and supervision of the health care staff.

214 4. The state board of registration for the healing  
215 arts pursuant to section 334.125 and the board of nursing  
216 pursuant to section 335.036 may jointly promulgate rules  
217 regulating the use of collaborative practice arrangements.  
218 Such rules shall be limited to [specifying geographic areas  
219 to be covered,] the methods of treatment that may be covered  
220 by collaborative practice arrangements and the requirements  
221 for review of services provided pursuant to collaborative  
222 practice arrangements including delegating authority to  
223 prescribe controlled substances. Any rules relating to  
224 geographic proximity shall allow a collaborating physician

225 and a collaborating advanced practice registered nurse to  
226 practice within two hundred miles by road of one another  
227 until August 28, 2025, if the nurse is providing services in  
228 a correctional center, as defined in section 217.010. Any  
229 rules relating to dispensing or distribution of medications  
230 or devices by prescription or prescription drug orders under  
231 this section shall be subject to the approval of the state  
232 board of pharmacy. Any rules relating to dispensing or  
233 distribution of controlled substances by prescription or  
234 prescription drug orders under this section shall be subject  
235 to the approval of the department of health and senior  
236 services and the state board of pharmacy. In order to take  
237 effect, such rules shall be approved by a majority vote of a  
238 quorum of each board. Neither the state board of  
239 registration for the healing arts nor the board of nursing  
240 may separately promulgate rules relating to collaborative  
241 practice arrangements. Such jointly promulgated rules shall  
242 be consistent with guidelines for federally funded clinics.  
243 The rulemaking authority granted in this subsection shall  
244 not extend to collaborative practice arrangements of  
245 hospital employees providing inpatient care within hospitals  
246 as defined pursuant to chapter 197 or population-based  
247 public health services as defined by 20 CSR 2150-5.100 as of  
248 April 30, 2008.

249 5. The state board of registration for the healing  
250 arts shall not deny, revoke, suspend or otherwise take  
251 disciplinary action against a physician for health care  
252 services delegated to a registered professional nurse  
253 provided the provisions of this section and the rules  
254 promulgated thereunder are satisfied. Upon the written  
255 request of a physician subject to a disciplinary action  
256 imposed as a result of an agreement between a physician and  
257 a registered professional nurse or registered physician

258 assistant, whether written or not, prior to August 28, 1993,  
259 all records of such disciplinary licensure action and all  
260 records pertaining to the filing, investigation or review of  
261 an alleged violation of this chapter incurred as a result of  
262 such an agreement shall be removed from the records of the  
263 state board of registration for the healing arts and the  
264 division of professional registration and shall not be  
265 disclosed to any public or private entity seeking such  
266 information from the board or the division. The state board  
267 of registration for the healing arts shall take action to  
268 correct reports of alleged violations and disciplinary  
269 actions as described in this section which have been  
270 submitted to the National Practitioner Data Bank. In  
271 subsequent applications or representations relating to his  
272 or her medical practice, a physician completing forms or  
273 documents shall not be required to report any actions of the  
274 state board of registration for the healing arts for which  
275 the records are subject to removal under this section.

276 6. Within thirty days of any change and on each  
277 renewal, the state board of registration for the healing  
278 arts shall require every physician to identify whether the  
279 physician is engaged in any collaborative practice  
280 [agreement] arrangement, including collaborative practice  
281 [agreements] arrangements delegating the authority to  
282 prescribe controlled substances, or physician assistant  
283 [agreement] collaborative practice arrangement and also  
284 report to the board the name of each licensed professional  
285 with whom the physician has entered into such [agreement]  
286 arrangement. The board [may] shall make this information  
287 available to the public. The board shall track the reported  
288 information and may routinely conduct random reviews of such  
289 [agreements] arrangements to ensure that [agreements]

290 arrangements are carried out for compliance under this  
291 chapter.

292         7. Notwithstanding any law to the contrary, a  
293 certified registered nurse anesthetist as defined in  
294 subdivision (8) of section 335.016 shall be permitted to  
295 provide anesthesia services without a collaborative practice  
296 arrangement provided that he or she is under the supervision  
297 of an anesthesiologist or other physician, dentist, or  
298 podiatrist who is immediately available if needed. Nothing  
299 in this subsection shall be construed to prohibit or prevent  
300 a certified registered nurse anesthetist as defined in  
301 subdivision (8) of section 335.016 from entering into a  
302 collaborative practice arrangement under this section,  
303 except that the collaborative practice arrangement may not  
304 delegate the authority to prescribe any controlled  
305 substances listed in Schedules III, IV, and V of section  
306 195.017, or Schedule II - hydrocodone.

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

321         9. It is the responsibility of the collaborating  
322 physician to determine and document the completion of at

323 least a one-month period of time during which the advanced  
324 practice registered nurse shall practice with the  
325 collaborating physician continuously present before  
326 practicing in a setting where the collaborating physician is  
327 not continuously present. This limitation shall not apply  
328 to collaborative arrangements of providers of population-  
329 based public health services as defined by 20 CSR 2150-5.100  
330 as of April 30, 2008, or to collaborative practice  
331 arrangements between a primary care physician and a primary  
332 care advanced practice registered nurse, where the  
333 collaborating physician is new to a patient population to  
334 which the advanced practice registered nurse is familiar.

335 10. No agreement made under this section shall  
336 supersede current hospital licensing regulations governing  
337 hospital medication orders under protocols or standing  
338 orders for the purpose of delivering inpatient or emergency  
339 care within a hospital as defined in section 197.020 if such  
340 protocols or standing orders have been approved by the  
341 hospital's medical staff and pharmaceutical therapeutics  
342 committee.

343 11. No contract or other [agreement] arrangement shall  
344 require a physician to act as a collaborating physician for  
345 an advanced practice registered nurse against the  
346 physician's will. A physician shall have the right to  
347 refuse to act as a collaborating physician, without penalty,  
348 for a particular advanced practice registered nurse. No  
349 contract or other agreement shall limit the collaborating  
350 physician's ultimate authority over any protocols or  
351 standing orders or in the delegation of the physician's  
352 authority to any advanced practice registered nurse, but  
353 this requirement shall not authorize a physician in  
354 implementing such protocols, standing orders, or delegation

355 to violate applicable standards for safe medical practice  
356 established by hospital's medical staff.

357 12. No contract or other [agreement] arrangement shall  
358 require any [advanced practice] registered nurse to serve as  
359 a collaborating [advanced practice] registered nurse for any  
360 collaborating physician against the [advanced practice]  
361 registered nurse's will. [An advanced practice] A  
362 registered nurse shall have the right to refuse to  
363 collaborate, without penalty, with a particular physician.

364 335.016. As used in this chapter, unless the context  
365 clearly requires otherwise, the following words and terms  
366 mean:

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

370 (2) "Advanced practice registered nurse" or "APRN", a  
371 [nurse who has education beyond the basic nursing education  
372 and is certified by a nationally recognized professional  
373 organization as a certified nurse practitioner, certified  
374 nurse midwife, certified registered nurse anesthetist, or a  
375 certified clinical nurse specialist. The board shall  
376 promulgate rules specifying which nationally recognized  
377 professional organization certifications are to be  
378 recognized for the purposes of this section. Advanced  
379 practice nurses and only such individuals may use the title  
380 "Advanced Practice Registered Nurse" and the abbreviation  
381 "APRN" person who is licensed under the provisions of this  
382 chapter to engage in the practice of advanced practice  
383 nursing as a certified clinical nurse specialist, certified  
384 nurse midwife, certified nurse practitioner, or certified  
385 registered nurse anesthetist;

- 386           (3) "Approval", official recognition of nursing  
387 education programs which meet standards established by the  
388 board of nursing;
- 389           (4) "Board" or "state board", the state board of  
390 nursing;
- 391           (5) "Certified clinical nurse specialist", a  
392 registered nurse who is currently certified as a clinical  
393 nurse specialist by a nationally recognized certifying board  
394 approved by the board of nursing;
- 395           (6) "Certified nurse midwife", a registered nurse who  
396 is currently certified as a nurse midwife by the American  
397 [College of Nurse Midwives] Midwifery Certification Board,  
398 or other nationally recognized certifying body approved by  
399 the board of nursing;
- 400           (7) "Certified nurse practitioner", a registered nurse  
401 who is currently certified as a nurse practitioner by a  
402 nationally recognized certifying body approved by the board  
403 of nursing;
- 404           (8) "Certified registered nurse anesthetist", a  
405 registered nurse who is currently certified as a nurse  
406 anesthetist by the Council on Certification of Nurse  
407 Anesthetists, the [Council on Recertification of Nurse  
408 Anesthetists] National Board of Certification and  
409 Recertification for Nurse Anesthetists, or other nationally  
410 recognized certifying body approved by the board of nursing;
- 411           (9) "Executive director", a qualified individual  
412 employed by the board as executive secretary or otherwise to  
413 administer the provisions of this chapter under the board's  
414 direction. Such person employed as executive director shall  
415 not be a member of the board;
- 416           (10) "Inactive [nurse] license status", as defined by  
417 rule pursuant to section 335.061;

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

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

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

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

436 (15) "Practice of practical nursing", the performance  
437 for compensation of selected acts for the promotion of  
438 health and in the care of persons who are ill, injured, or  
439 experiencing alterations in normal health processes. Such  
440 performance requires substantial specialized skill, judgment  
441 and knowledge. All such nursing care shall be given under  
442 the direction of a person licensed by a state regulatory  
443 board to prescribe medications and treatments or under the  
444 direction of a registered professional nurse. For the  
445 purposes of this chapter, the term "direction" shall mean  
446 guidance or supervision provided by a person licensed by a  
447 state regulatory board to prescribe medications and  
448 treatments or a registered professional nurse, including,  
449 but not limited to, oral, written, or otherwise communicated  
450 orders or directives for patient care. When practical

451 nursing care is delivered pursuant to the direction of a  
452 person licensed by a state regulatory board to prescribe  
453 medications and treatments or under the direction of a  
454 registered professional nurse, such care may be delivered by  
455 a licensed practical nurse without direct physical oversight;

456 [(15)] (16) "Practice of professional nursing", the  
457 performance for compensation of any act or action which  
458 requires substantial specialized education, judgment and  
459 skill based on knowledge and application of principles  
460 derived from the biological, physical, social, behavioral,  
461 and nursing sciences, including, but not limited to:

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

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

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

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

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

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

481 [(17)] (18) "Retired license status", any person  
482 licensed in this state under this chapter who retires from  
483 such practice. Such person shall file with the board an

484 affidavit, on a form to be furnished by the board, which  
485 states the date on which the licensee retired from such  
486 practice, an intent to retire from the practice for at least  
487 two years, and such other facts as tend to verify the  
488 retirement as the board may deem necessary; but if the  
489 licensee thereafter reengages in the practice, the licensee  
490 shall renew his or her license with the board as provided by  
491 this chapter and by rule and regulation.

492 335.019. 1. An advanced practice registered nurse's  
493 prescriptive authority shall include authority to:

494 (1) Prescribe, dispense, and administer medications  
495 and nonscheduled legend drugs, as defined in section  
496 338.330, within such APRN's practice and specialty; and

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

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

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

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

513 (3) Provides evidence of a minimum of one thousand  
514 hours of practice in an advanced practice nursing category  
515 prior to application for a certificate of prescriptive  
516 authority. The one thousand hours shall not include

517 clinical hours obtained in the advanced practice nursing  
518 education program. The one thousand hours of practice in an  
519 advanced practice nursing category may include transmitting  
520 a prescription order orally or telephonically or to an  
521 inpatient medical record from protocols developed in  
522 collaboration with and signed by a licensed physician; and

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

530 335.036. 1. The board shall:

531 (1) Elect for a one-year term a president and a  
532 secretary, who shall also be treasurer, and the board may  
533 appoint, employ and fix the compensation of a legal counsel  
534 and such board personnel as defined in subdivision (4) of  
535 subsection 11 of section 324.001 as are necessary to  
536 administer the provisions of sections 335.011 to [335.096]  
537 335.099;

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

541 (3) Prescribe minimum standards for educational  
542 programs preparing persons for licensure as a registered  
543 nurse or licensed practical nurse pursuant to the provisions  
544 of sections 335.011 to [335.096] 335.099;

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

547 (5) Designate as "approved" such programs as meet the  
548 requirements of sections 335.011 to [335.096] 335.099 and

549 the rules and regulations enacted pursuant to such sections;  
550 and the board shall annually publish a list of such programs;

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

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

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

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

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

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

574 4. The provisions of section 33.080 to the contrary  
575 notwithstanding, money in this fund shall not be transferred  
576 and placed to the credit of general revenue until the amount  
577 in the fund at the end of the biennium exceeds two times the  
578 amount of the appropriation from the board's funds for the  
579 preceding fiscal year or, if the board requires by rule,  
580 permit renewal less frequently than yearly, then three times  
581 the appropriation from the board's funds for the preceding

582 fiscal year. The amount, if any, in the fund which shall  
583 lapse is that amount in the fund which exceeds the  
584 appropriate multiple of the appropriations from the board's  
585 funds for the preceding fiscal year.

586         5. Any rule or portion of a rule, as that term is  
587 defined in section 536.010, that is created under the  
588 authority delegated in this chapter shall become effective  
589 only if it complies with and is subject to all of the  
590 provisions of chapter 536 and, if applicable, section  
591 536.028. All rulemaking authority delegated prior to August  
592 28, 1999, is of no force and effect and repealed. Nothing  
593 in this section shall be interpreted to repeal or affect the  
594 validity of any rule filed or adopted prior to August 28,  
595 1999, if it fully complied with all applicable provisions of  
596 law. This section and chapter 536 are nonseverable and if  
597 any of the powers vested with the general assembly pursuant  
598 to chapter 536 to review, to delay the effective date or to  
599 disapprove and annul a rule are subsequently held  
600 unconstitutional, then the grant of rulemaking authority and  
601 any rule proposed or adopted after August 28, 1999, shall be  
602 invalid and void.

603         335.046. 1. An applicant for a license to practice as  
604 a registered professional nurse shall submit to the board a  
605 written application on forms furnished to the applicant.  
606 The original application shall contain the applicant's  
607 statements showing the applicant's education and other such  
608 pertinent information as the board may require. The  
609 applicant shall be of good moral character and have  
610 completed at least the high school course of study, or the  
611 equivalent thereof as determined by the state board of  
612 education, and have successfully completed the basic  
613 professional curriculum in an accredited or approved school  
614 of nursing and earned a professional nursing degree or

615 diploma. Each application shall contain a statement that it  
616 is made under oath or affirmation and that its  
617 representations are true and correct to the best knowledge  
618 and belief of the person signing same, subject to the  
619 penalties of making a false affidavit or declaration.  
620 Applicants from non-English-speaking lands shall be required  
621 to submit evidence of proficiency in the English language.  
622 The applicant must be approved by the board and shall pass  
623 an examination as required by the board. The board may  
624 require by rule as a requirement for licensure that each  
625 applicant shall pass an oral or practical examination. Upon  
626 successfully passing the examination, the board may issue to  
627 the applicant a license to practice nursing as a registered  
628 professional nurse. The applicant for a license to practice  
629 registered professional nursing shall pay a license fee in  
630 such amount as set by the board. The fee shall be uniform  
631 for all applicants. Applicants from foreign countries shall  
632 be licensed as prescribed by rule.

633         2. An applicant for license to practice as a licensed  
634 practical nurse shall submit to the board a written  
635 application on forms furnished to the applicant. The  
636 original application shall contain the applicant's  
637 statements showing the applicant's education and other such  
638 pertinent information as the board may require. Such  
639 applicant shall be of good moral character, and have  
640 completed at least two years of high school, or its  
641 equivalent as established by the state board of education,  
642 and have successfully completed a basic prescribed  
643 curriculum in a state-accredited or approved school of  
644 nursing, earned a nursing degree, certificate or diploma and  
645 completed a course approved by the board on the role of the  
646 practical nurse. Each application shall contain a statement  
647 that it is made under oath or affirmation and that its

648 representations are true and correct to the best knowledge  
649 and belief of the person signing same, subject to the  
650 penalties of making a false affidavit or declaration.  
651 Applicants from non-English-speaking countries shall be  
652 required to submit evidence of their proficiency in the  
653 English language. The applicant must be approved by the  
654 board and shall pass an examination as required by the  
655 board. The board may require by rule as a requirement for  
656 licensure that each applicant shall pass an oral or  
657 practical examination. Upon successfully passing the  
658 examination, the board may issue to the applicant a license  
659 to practice as a licensed practical nurse. The applicant  
660 for a license to practice licensed practical nursing shall  
661 pay a fee in such amount as may be set by the board. The  
662 fee shall be uniform for all applicants. Applicants from  
663 foreign countries shall be licensed as prescribed by rule.

664 3. (1) An applicant for a license to practice as an  
665 advanced practice registered nurse shall submit to the board  
666 a written application on forms furnished to the applicant.  
667 The original application shall contain:

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

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

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

680 (3) An applicant shall:

681 (a) Hold a current registered professional nurse  
682 license or privilege to practice, shall not be currently  
683 subject to discipline or any restrictions, and shall not  
684 hold an encumbered license or privilege to practice as a  
685 registered professional nurse or advanced practice  
686 registered nurse in any state or territory;

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

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

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

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

707 4. Upon refusal of the board to allow any applicant to  
708 [sit for] take either the registered professional nurses'  
709 examination or the licensed practical nurses' examination,  
710 [as the case may be,] or upon refusal to issue an advanced  
711 practice registered nurse license, the board shall comply  
712 with the provisions of section 621.120 and advise the  
713 applicant of his or her right to have a hearing before the

714 administrative hearing commission. The administrative  
715 hearing commission shall hear complaints taken pursuant to  
716 section 621.120.

717 [4.] 5. The board shall not deny a license because of  
718 sex, religion, race, ethnic origin, age or political  
719 affiliation.

720 335.049. 1. Any advanced practice registered nurse  
721 actively practicing in a direct or indirect patient care  
722 setting shall:

723 (1) Report to the board the mailing address or  
724 addresses of his or her current practice location or  
725 locations;

726 (2) Notify the board within thirty days of any change  
727 in practice setting; and

728 (3) Notify the board within thirty days of any change  
729 in a mailing address of any of his or her practice locations.

730 2. Advanced practice registered nurses shall maintain  
731 an adequate and complete patient record for each patient  
732 that is retained on paper, microfilm, electronic media, or  
733 other media that is capable of being printed for review by  
734 the board. An adequate and complete patient record shall  
735 include documentation of the following information:

736 (1) Identification of the patient, including name,  
737 birth date, address, and telephone number;

738 (2) The date or dates the patient was seen;

739 (3) The current status of the patient, including the  
740 reason for the visit;

741 (4) Observation of pertinent physical findings;

742 (5) Assessment and clinical impression of diagnosis;

743 (6) Plan for care and treatment or additional  
744 consultations or diagnostic testing, if necessary. If  
745 treatment includes medication, the advanced practice  
746 registered nurse shall include in the patient record the

747 medication and dosage of any medication prescribed,  
748 dispensed, or administered; and

749 (7) Any informed consent for office procedures.

750 3. Patient records remaining under the care, custody,  
751 and control of the advanced practice registered nurse shall  
752 be maintained by the advanced practice registered nurse or  
753 his or her designee for a minimum of seven years from the  
754 date on which the last professional service was provided.

755 4. Any correction, addition, or change in any patient  
756 record made more than forty-eight hours after the final  
757 entry is entered in the record and signed by the advanced  
758 practice registered nurse shall be clearly marked and  
759 identified as such. The date, time, and name of the person  
760 making the correction, addition, or change, as well as the  
761 reason for the correction, addition, or change, shall be  
762 included.

763 5. Advanced practice registered nurses shall ensure  
764 that medical records are completed within thirty days  
765 following each patient encounter.

766 335.051. 1. The board shall issue a license to  
767 practice nursing as [either] an advanced practice registered  
768 nurse, a registered professional nurse, or a licensed  
769 practical nurse without examination to an applicant who has  
770 duly become licensed as [a] an advanced practice registered  
771 nurse, registered nurse, or licensed practical nurse  
772 pursuant to the laws of another state, territory, or foreign  
773 country if the applicant meets the qualifications required  
774 of advanced practice registered nurses, registered nurses,  
775 or licensed practical nurses in this state at the time the  
776 applicant was originally licensed in the other state,  
777 territory, or foreign country.

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

780           3. Upon application, the board shall issue a temporary  
781 permit to an applicant pursuant to subsection 1 of this  
782 section for a license as [either] an advanced practice  
783 registered nurse, a registered professional nurse, or a  
784 licensed practical nurse who has made a prima facie showing  
785 that the applicant meets all of the requirements for such a  
786 license. The temporary permit shall be effective only until  
787 the board shall have had the opportunity to investigate his  
788 or her qualifications for licensure pursuant to subsection 1  
789 of this section and to notify the applicant that his or her  
790 application for a license has been either granted or  
791 rejected. In no event shall such temporary permit be in  
792 effect for more than twelve months after the date of its  
793 issuance nor shall a permit be reissued to the same  
794 applicant. No fee shall be charged for such temporary  
795 permit. The holder of a temporary permit which has not  
796 expired, or been suspended or revoked, shall be deemed to be  
797 the holder of a license issued pursuant to section 335.046  
798 until such temporary permit expires, is terminated or is  
799 suspended or revoked.

800           335.056. 1. The license of every person licensed  
801 under the provisions of [sections 335.011 to 335.096] this  
802 chapter shall be renewed as provided. An application for  
803 renewal of license shall be mailed to every person to whom a  
804 license was issued or renewed during the current licensing  
805 period. The applicant shall complete the application and  
806 return it to the board by the renewal date with a renewal  
807 fee in an amount to be set by the board. The fee shall be  
808 uniform for all applicants. The certificates of renewal  
809 shall render the holder thereof a legal practitioner of  
810 nursing for the period stated in the certificate of  
811 renewal. Any person who practices nursing as an advanced  
812 practice registered nurse, a registered professional nurse,

813 or [as] a licensed practical nurse during the time his or  
814 her license has lapsed shall be considered an illegal  
815 practitioner and shall be subject to the penalties provided  
816 for violation of the provisions of sections 335.011 to  
817 [335.096] 335.099.

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

827 335.076. 1. Any person who holds a license to  
828 practice professional nursing in this state may use the  
829 title "Registered Professional Nurse" and the abbreviation  
830 ["R.N."] "RN". No other person shall use the title  
831 "Registered Professional Nurse" or the abbreviation ["R.N."]  
832 "RN". No other person shall assume any title or use any  
833 abbreviation or any other words, letters, signs, or devices  
834 to indicate that the person using the same is a registered  
835 professional nurse.

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

844 3. Any person who holds a license [or recognition] to  
845 practice advanced practice nursing in this state may use the

846 title "Advanced Practice Registered Nurse", the designations  
847 of "certified registered nurse anesthetist", "certified  
848 nurse midwife", "certified clinical nurse specialist", and  
849 "certified nurse practitioner", and the [abbreviation]  
850 abbreviations "APRN", [and any other title designations  
851 appearing on his or her license] "CRNA", "CNM", "CNS", and  
852 "NP", respectively. No other person shall use the title  
853 "Advanced Practice Registered Nurse" or the abbreviation  
854 "APRN". No other person shall assume any title or use any  
855 abbreviation or any other words, letters, signs, or devices  
856 to indicate that the person using the same is an advanced  
857 practice registered nurse.

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

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

871 6. Notwithstanding any law to the contrary, nothing in  
872 this chapter shall prohibit a Christian Science nurse from  
873 using the title "Christian Science nurse", so long as such  
874 person provides only religious nonmedical services when  
875 offering or providing such services to those who choose to  
876 rely upon healing by spiritual means alone and does not hold  
877 his or her own religious organization and does not hold  
878 himself or herself out as a registered nurse, advanced

879 practice registered nurse, nurse practitioner, licensed  
880 practical nurse, nurse midwife, clinical nurse specialist,  
881 or nurse anesthetist, unless otherwise authorized by law to  
882 do so.

883 335.086. No person, firm, corporation or association  
884 shall:

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

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

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

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

903 (5) Practice [professional nursing or practical]  
904 nursing during the time his or her license issued under the  
905 provisions of sections 335.011 to [335.096] 335.099 shall be  
906 suspended or revoked; or

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

910 335.175. 1. No later than January 1, 2014, there is  
911 hereby established within the state board of registration

912 for the healing arts and the state board of nursing the  
913 "Utilization of Telehealth by Nurses". An advanced practice  
914 registered nurse (APRN) providing nursing services under a  
915 collaborative practice arrangement under section 334.104 may  
916 provide such services outside the geographic proximity  
917 requirements of section 334.104 if the collaborating  
918 physician and advanced practice registered nurse utilize  
919 telehealth [in the care of the patient and if the services  
920 are provided in a rural area of need.] Telehealth providers  
921 shall be required to obtain patient consent before  
922 telehealth services are initiated and ensure confidentiality  
923 of medical information.

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

926 [3. (1) The boards shall jointly promulgate rules  
927 governing the practice of telehealth under this section.  
928 Such rules shall address, but not be limited to, appropriate  
929 standards for the use of telehealth.

930 (2) Any rule or portion of a rule, as that term is  
931 defined in section 536.010, that is created under the  
932 authority delegated in this section shall become effective  
933 only if it complies with and is subject to all of the  
934 provisions of chapter 536 and, if applicable, section  
935 536.028. This section and chapter 536 are nonseverable and  
936 if any of the powers vested with the general assembly  
937 pursuant to chapter 536 to review, to delay the effective  
938 date, or to disapprove and annul a rule are subsequently  
939 held unconstitutional, then the grant of rulemaking  
940 authority and any rule proposed or adopted after August 28,  
941 2013, shall be invalid and void.

942 4. For purposes of this section, "rural area of need"  
943 means any rural area of this state which is located in a

944 health professional shortage area as defined in section  
945 354.650.]" ; and

946 Further amend the title and enacting clause accordingly.