

# 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[.];

162 c. The collaborative practice arrangement may allow  
163 for geographic proximity to be waived when the arrangement  
164 outlines the use of telehealth, as defined in section  
165 191.1145;

166 d. In addition to the waivers and exemptions provided  
167 in this subsection, an application for a waiver for any  
168 other reason of any applicable geographic proximity shall be  
169 available if a physician is collaborating with an advanced  
170 practice registered nurse in excess of any geographic  
171 proximity limit. The board of nursing and the state board  
172 of registration for the healing arts shall review each  
173 application for a waiver of geographic proximity and approve  
174 the application if the boards determine that adequate  
175 supervision exists between the collaborating physician and  
176 the advanced practice registered nurse. The boards shall  
177 have forty-five calendar days to review the completed  
178 application for the waiver of geographic proximity. If no  
179 action is taken by the boards within forty-five days after  
180 the submission of the application for a waiver, then the  
181 application shall be deemed approved. If the application is  
182 denied by the boards, the provisions of section 536.063 for  
183 contested cases shall apply and govern proceedings for  
184 appellate purposes; and

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

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

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

197 (7) A list of all other written practice agreements of  
198 the collaborating physician and the advanced practice  
199 registered nurse;

200 (8) The duration of the written practice agreement  
201 between the collaborating physician and the advanced  
202 practice registered nurse;

203 (9) A description of the time and manner of the  
204 collaborating physician's review of the advanced practice  
205 registered nurse's delivery of health care services. The  
206 description shall include provisions that the advanced  
207 practice registered nurse shall submit a minimum of ten  
208 percent of the charts documenting the advanced practice  
209 registered nurse's delivery of health care services to the  
210 collaborating physician for review by the collaborating  
211 physician, or any other physician designated in the  
212 collaborative practice arrangement, every fourteen days;

213 **[and]**

214 (10) The collaborating physician, or any other  
215 physician designated in the collaborative practice  
216 arrangement, shall review every fourteen days a minimum of  
217 twenty percent of the charts in which the advanced practice  
218 registered nurse prescribes controlled substances. The  
219 charts reviewed under this subdivision may be counted in the  
220 number of charts required to be reviewed under subdivision

221 (9) of this subsection; and

222 (11) If a collaborative practice arrangement is used  
223 in clinical situations where a collaborating advanced

224 practice registered nurse provides health care services that  
225 include the diagnosis and initiation of treatment for  
226 acutely or chronically ill or injured persons, then the  
227 collaborating physician or any other physician designated in  
228 the collaborative practice arrangement shall be present for  
229 sufficient periods of time, at least once every two weeks,  
230 except in extraordinary circumstances that shall be  
231 documented, to participate in a chart review and to provide  
232 necessary medical direction, medical services,  
233 consultations, and supervision of the health care staff.

234 4. The state board of registration for the healing  
235 arts pursuant to section 334.125 and the board of nursing  
236 pursuant to section 335.036 may jointly promulgate rules  
237 regulating the use of collaborative practice arrangements.  
238 Such rules shall be limited to [specifying geographic areas  
239 to be covered,] the methods of treatment that may be covered  
240 by collaborative practice arrangements and the requirements  
241 for review of services provided pursuant to collaborative  
242 practice arrangements including delegating authority to  
243 prescribe controlled substances. Any rules relating to  
244 geographic proximity shall allow a collaborating physician  
245 and a collaborating advanced practice registered nurse to  
246 practice within two hundred miles by road of one another  
247 until August 28, 2025, if the nurse is providing services in  
248 a correctional center, as defined in section 217.010. Any  
249 rules relating to dispensing or distribution of medications  
250 or devices by prescription or prescription drug orders under  
251 this section shall be subject to the approval of the state  
252 board of pharmacy. Any rules relating to dispensing or  
253 distribution of controlled substances by prescription or  
254 prescription drug orders under this section shall be subject  
255 to the approval of the department of health and senior  
256 services and the state board of pharmacy. In order to take

257 effect, such rules shall be approved by a majority vote of a  
258 quorum of each board. Neither the state board of  
259 registration for the healing arts nor the board of nursing  
260 may separately promulgate rules relating to collaborative  
261 practice arrangements. Such jointly promulgated rules shall  
262 be consistent with guidelines for federally funded clinics.  
263 The rulemaking authority granted in this subsection shall  
264 not extend to collaborative practice arrangements of  
265 hospital employees providing inpatient care within hospitals  
266 as defined pursuant to chapter 197 or population-based  
267 public health services as defined by 20 CSR 2150-5.100 as of  
268 April 30, 2008.

269 5. The state board of registration for the healing  
270 arts shall not deny, revoke, suspend or otherwise take  
271 disciplinary action against a physician for health care  
272 services delegated to a registered professional nurse  
273 provided the provisions of this section and the rules  
274 promulgated thereunder are satisfied. Upon the written  
275 request of a physician subject to a disciplinary action  
276 imposed as a result of an agreement between a physician and  
277 a registered professional nurse or registered physician  
278 assistant, whether written or not, prior to August 28, 1993,  
279 all records of such disciplinary licensure action and all  
280 records pertaining to the filing, investigation or review of  
281 an alleged violation of this chapter incurred as a result of  
282 such an agreement shall be removed from the records of the  
283 state board of registration for the healing arts and the  
284 division of professional registration and shall not be  
285 disclosed to any public or private entity seeking such  
286 information from the board or the division. The state board  
287 of registration for the healing arts shall take action to  
288 correct reports of alleged violations and disciplinary  
289 actions as described in this section which have been

290 submitted to the National Practitioner Data Bank. In  
291 subsequent applications or representations relating to his  
292 or her medical practice, a physician completing forms or  
293 documents shall not be required to report any actions of the  
294 state board of registration for the healing arts for which  
295 the records are subject to removal under this section.

296 6. Within thirty days of any change and on each  
297 renewal, the state board of registration for the healing  
298 arts shall require every physician to identify whether the  
299 physician is engaged in any collaborative practice  
300 [agreement] arrangement, including collaborative practice  
301 [agreements] arrangements delegating the authority to  
302 prescribe controlled substances, or physician assistant  
303 [agreement] collaborative practice arrangement and also  
304 report to the board the name of each licensed professional  
305 with whom the physician has entered into such [agreement]  
306 arrangement. The board [may] shall make this information  
307 available to the public. The board shall track the reported  
308 information and may routinely conduct random reviews of such  
309 [agreements] arrangements to ensure that [agreements]  
310 arrangements are carried out for compliance under this  
311 chapter.

312 7. Notwithstanding any law to the contrary, a  
313 certified registered nurse anesthetist as defined in  
314 subdivision (8) of section 335.016 shall be permitted to  
315 provide anesthesia services without a collaborative practice  
316 arrangement provided that he or she is under the supervision  
317 of an anesthesiologist or other physician, dentist, or  
318 podiatrist who is immediately available if needed. Nothing  
319 in this subsection shall be construed to prohibit or prevent  
320 a certified registered nurse anesthetist as defined in  
321 subdivision (8) of section 335.016 from entering into a  
322 collaborative practice arrangement under this section,

323 except that the collaborative practice arrangement may not  
324 delegate the authority to prescribe any controlled  
325 substances listed in Schedules III, IV, and V of section  
326 195.017, or Schedule II - hydrocodone.

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

341 9. It is the responsibility of the collaborating  
342 physician to determine and document the completion of at  
343 least a one-month period of time during which the advanced  
344 practice registered nurse shall practice with the  
345 collaborating physician continuously present before  
346 practicing in a setting where the collaborating physician is  
347 not continuously present. This limitation shall not apply  
348 to collaborative arrangements of providers of population-  
349 based public health services as defined by 20 CSR 2150-5.100  
350 as of April 30, 2008, or to collaborative practice  
351 arrangements between a primary care physician and a primary  
352 care advanced practice registered nurse or a behavioral  
353 health physician and a behavioral health advanced practice  
354 registered nurse, where the collaborating physician is new

355 to a patient population to which the advanced practice  
356 registered nurse is familiar.

357 10. No agreement made under this section shall  
358 supersede current hospital licensing regulations governing  
359 hospital medication orders under protocols or standing  
360 orders for the purpose of delivering inpatient or emergency  
361 care within a hospital as defined in section 197.020 if such  
362 protocols or standing orders have been approved by the  
363 hospital's medical staff and pharmaceutical therapeutics  
364 committee.

365 11. No contract or other **[agreement]** term of  
366 employment shall require a physician to act as a  
367 collaborating physician for an advanced practice registered  
368 nurse against the physician's will. A physician shall have  
369 the right to refuse to act as a collaborating physician,  
370 without penalty, for a particular advanced practice  
371 registered nurse. No contract or other agreement shall  
372 limit the collaborating physician's ultimate authority over  
373 any protocols or standing orders or in the delegation of the  
374 physician's authority to any advanced practice registered  
375 nurse, but this requirement shall not authorize a physician  
376 in implementing such protocols, standing orders, or  
377 delegation to violate applicable standards for safe medical  
378 practice established by hospital's medical staff.

379 12. No contract or other **[agreement]** term of  
380 employment shall require any advanced practice registered  
381 nurse to serve as a collaborating advanced practice  
382 registered nurse for any collaborating physician against the  
383 advanced practice registered nurse's will. An advanced  
384 practice registered nurse shall have the right to refuse to  
385 collaborate, without penalty, with a particular physician.

386           335.016. As used in this chapter, unless the context  
387 clearly requires otherwise, the following words and terms  
388 mean:

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

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

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

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

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

417           (6) "Certified nurse midwife", a registered nurse who  
418 is currently certified as a nurse midwife by the American

419 [College of Nurse Midwives] Midwifery Certification Board,  
420 or other nationally recognized certifying body approved by  
421 the board of nursing;

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

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

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

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

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

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

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

451 holders of a license to practice advanced practice,  
452 professional, or practical nursing;

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

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

478 [(15)] (16) "Practice of professional nursing", the  
479 performance for compensation of any act or action which  
480 requires substantial specialized education, judgment and  
481 skill based on knowledge and application of principles  
482 derived from the biological, physical, social, behavioral,  
483 and nursing sciences, including, but not limited to:

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

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

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

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

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

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

503 [(17)] (18) "Retired license status", any person  
504 licensed in this state under this chapter who retires from  
505 such practice. Such person shall file with the board an  
506 affidavit, on a form to be furnished by the board, which  
507 states the date on which the licensee retired from such  
508 practice, an intent to retire from the practice for at least  
509 two years, and such other facts as tend to verify the  
510 retirement as the board may deem necessary; but if the  
511 licensee thereafter reengages in the practice, the licensee  
512 shall renew his or her license with the board as provided by  
513 this chapter and by rule and regulation.

514 335.019. 1. An advanced practice registered nurse's  
515 prescriptive authority shall include authority to:

516           (1) Prescribe, dispense, and administer medications  
517 and nonscheduled legend drugs, as defined in section  
518 338.330, within such APRN's practice and specialty; and

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

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

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

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

535           (3) Provides evidence of a minimum of one thousand  
536 hours of practice in an advanced practice nursing category  
537 prior to application for a certificate of prescriptive  
538 authority. The one thousand hours shall not include  
539 clinical hours obtained in the advanced practice nursing  
540 education program. The one thousand hours of practice in an  
541 advanced practice nursing category may include transmitting  
542 a prescription order orally or telephonically or to an  
543 inpatient medical record from protocols developed in  
544 collaboration with and signed by a licensed physician; and

545           (4) Has a controlled substance prescribing authority  
546 delegated in the collaborative practice arrangement under  
547 section 334.104 with a physician who has an unrestricted  
548 federal Drug Enforcement Administration registration number

549 and who is actively engaged in a practice comparable in  
550 scope, specialty, or expertise to that of the advanced  
551 practice registered nurse.

552 335.036. 1. The board shall:

553 (1) Elect for a one-year term a president and a  
554 secretary, who shall also be treasurer, and the board may  
555 appoint, employ and fix the compensation of a legal counsel  
556 and such board personnel as defined in subdivision (4) of  
557 subsection 11 of section 324.001 as are necessary to  
558 administer the provisions of sections 335.011 to ~~335.096~~  
559 335.099;

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

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

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

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

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

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

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

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

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

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

596 4. The provisions of section 33.080 to the contrary  
597 notwithstanding, money in this fund shall not be transferred  
598 and placed to the credit of general revenue until the amount  
599 in the fund at the end of the biennium exceeds two times the  
600 amount of the appropriation from the board's funds for the  
601 preceding fiscal year or, if the board requires by rule,  
602 permit renewal less frequently than yearly, then three times  
603 the appropriation from the board's funds for the preceding  
604 fiscal year. The amount, if any, in the fund which shall  
605 lapse is that amount in the fund which exceeds the  
606 appropriate multiple of the appropriations from the board's  
607 funds for the preceding fiscal year.

608 5. Any rule or portion of a rule, as that term is  
609 defined in section 536.010, that is created under the  
610 authority delegated in this chapter shall become effective  
611 only if it complies with and is subject to all of the  
612 provisions of chapter 536 and, if applicable, section

613 536.028. All rulemaking authority delegated prior to August  
614 28, 1999, is of no force and effect and repealed. Nothing  
615 in this section shall be interpreted to repeal or affect the  
616 validity of any rule filed or adopted prior to August 28,  
617 1999, if it fully complied with all applicable provisions of  
618 law. This section and chapter 536 are nonseverable and if  
619 any of the powers vested with the general assembly pursuant  
620 to chapter 536 to review, to delay the effective date or to  
621 disapprove and annul a rule are subsequently held  
622 unconstitutional, then the grant of rulemaking authority and  
623 any rule proposed or adopted after August 28, 1999, shall be  
624 invalid and void.

625 335.046. 1. An applicant for a license to practice as  
626 a registered professional nurse shall submit to the board a  
627 written application on forms furnished to the applicant.  
628 The original application shall contain the applicant's  
629 statements showing the applicant's education and other such  
630 pertinent information as the board may require. The  
631 applicant shall be of good moral character and have  
632 completed at least the high school course of study, or the  
633 equivalent thereof as determined by the state board of  
634 education, and have successfully completed the basic  
635 professional curriculum in an accredited or approved school  
636 of nursing and earned a professional nursing degree or  
637 diploma. Each application shall contain a statement that it  
638 is made under oath or affirmation and that its  
639 representations are true and correct to the best knowledge  
640 and belief of the person signing same, subject to the  
641 penalties of making a false affidavit or declaration.  
642 Applicants from non-English-speaking lands shall be required  
643 to submit evidence of proficiency in the English language.  
644 The applicant must be approved by the board and shall pass  
645 an examination as required by the board. The board may

646 require by rule as a requirement for licensure that each  
647 applicant shall pass an oral or practical examination. Upon  
648 successfully passing the examination, the board may issue to  
649 the applicant a license to practice nursing as a registered  
650 professional nurse. The applicant for a license to practice  
651 registered professional nursing shall pay a license fee in  
652 such amount as set by the board. The fee shall be uniform  
653 for all applicants. Applicants from foreign countries shall  
654 be licensed as prescribed by rule.

655         2. An applicant for license to practice as a licensed  
656 practical nurse shall submit to the board a written  
657 application on forms furnished to the applicant. The  
658 original application shall contain the applicant's  
659 statements showing the applicant's education and other such  
660 pertinent information as the board may require. Such  
661 applicant shall be of good moral character, and have  
662 completed at least two years of high school, or its  
663 equivalent as established by the state board of education,  
664 and have successfully completed a basic prescribed  
665 curriculum in a state-accredited or approved school of  
666 nursing, earned a nursing degree, certificate or diploma and  
667 completed a course approved by the board on the role of the  
668 practical nurse. Each application shall contain a statement  
669 that it is made under oath or affirmation and that its  
670 representations are true and correct to the best knowledge  
671 and belief of the person signing same, subject to the  
672 penalties of making a false affidavit or declaration.  
673 Applicants from non-English-speaking countries shall be  
674 required to submit evidence of their proficiency in the  
675 English language. The applicant must be approved by the  
676 board and shall pass an examination as required by the  
677 board. The board may require by rule as a requirement for  
678 licensure that each applicant shall pass an oral or

679 practical examination. Upon successfully passing the  
680 examination, the board may issue to the applicant a license  
681 to practice as a licensed practical nurse. The applicant  
682 for a license to practice licensed practical nursing shall  
683 pay a fee in such amount as may be set by the board. The  
684 fee shall be uniform for all applicants. Applicants from  
685 foreign countries shall be licensed as prescribed by rule.

686 3. (1) An applicant for a license to practice as an  
687 advanced practice registered nurse shall submit to the board  
688 a written application on forms furnished to the applicant.  
689 The original application shall contain:

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

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

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

702 (3) An applicant shall:

703 (a) Hold a current registered professional nurse  
704 license or privilege to practice, shall not be currently  
705 subject to discipline or any restrictions, and shall not  
706 hold an encumbered license or privilege to practice as a  
707 registered professional nurse or advanced practice  
708 registered nurse in any state or territory;

709 (b) Have completed an accredited graduate-level  
710 advanced practice registered nurse program and achieved at  
711 least one certification as a clinical nurse specialist,

712 nurse midwife, nurse practitioner, or registered nurse  
 713 anesthetist, with at least one population focus prescribed  
 714 by rule of the board;

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

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

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

729 4. Upon refusal of the board to allow any applicant to  
 730 [sit for] take either the registered professional nurses'  
 731 examination or the licensed practical nurses' examination,  
 732 [as the case may be,] or upon refusal to issue an advanced  
 733 practice registered nurse license, the board shall comply  
 734 with the provisions of section 621.120 and advise the  
 735 applicant of his or her right to have a hearing before the  
 736 administrative hearing commission. The administrative  
 737 hearing commission shall hear complaints taken pursuant to  
 738 section 621.120.

739 [4.] 5. The board shall not deny a license because of  
 740 sex, religion, race, ethnic origin, age or political  
 741 affiliation.

742 335.051. 1. The board shall issue a license to  
 743 practice nursing as [either] an advanced practice registered  
 744 nurse, a registered professional nurse, or a licensed

745 practical nurse without examination to an applicant who has  
746 duly become licensed as [a] an advanced practice registered  
747 nurse, registered nurse, or licensed practical nurse  
748 pursuant to the laws of another state, territory, or foreign  
749 country if the applicant meets the qualifications required  
750 of advanced practice registered nurses, registered nurses,  
751 or licensed practical nurses in this state at the time the  
752 applicant was originally licensed in the other state,  
753 territory, or foreign country.

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

756 3. Upon application, the board shall issue a temporary  
757 permit to an applicant pursuant to subsection 1 of this  
758 section for a license as [either] an advanced practice  
759 registered nurse, a registered professional nurse, or a  
760 licensed practical nurse who has made a prima facie showing  
761 that the applicant meets all of the requirements for such a  
762 license. The temporary permit shall be effective only until  
763 the board shall have had the opportunity to investigate his  
764 or her qualifications for licensure pursuant to subsection 1  
765 of this section and to notify the applicant that his or her  
766 application for a license has been either granted or  
767 rejected. In no event shall such temporary permit be in  
768 effect for more than twelve months after the date of its  
769 issuance nor shall a permit be reissued to the same  
770 applicant. No fee shall be charged for such temporary  
771 permit. The holder of a temporary permit which has not  
772 expired, or been suspended or revoked, shall be deemed to be  
773 the holder of a license issued pursuant to section 335.046  
774 until such temporary permit expires, is terminated or is  
775 suspended or revoked.

776 335.056. 1. The license of every person licensed  
777 under the provisions of [sections 335.011 to 335.096] this

778 chapter shall be renewed as provided. An application for  
779 renewal of license shall be mailed to every person to whom a  
780 license was issued or renewed during the current licensing  
781 period. The applicant shall complete the application and  
782 return it to the board by the renewal date with a renewal  
783 fee in an amount to be set by the board. The fee shall be  
784 uniform for all applicants. The certificates of renewal  
785 shall render the holder thereof a legal practitioner of  
786 nursing for the period stated in the certificate of  
787 renewal. Any person who practices nursing as an advanced  
788 practice registered nurse, a registered professional nurse,  
789 or [as] a licensed practical nurse during the time his or  
790 her license has lapsed shall be considered an illegal  
791 practitioner and shall be subject to the penalties provided  
792 for violation of the provisions of sections 335.011 to  
793 [335.096] 335.099.

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

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

806 335.076. 1. Any person who holds a license to  
807 practice professional nursing in this state may use the  
808 title "Registered Professional Nurse" and the abbreviation  
809 ["R.N."] "RN". No other person shall use the title  
810 "Registered Professional Nurse" or the abbreviation ["R.N."]

811 "RN". No other person shall assume any title or use any  
812 abbreviation or any other words, letters, signs, or devices  
813 to indicate that the person using the same is a registered  
814 professional nurse.

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

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

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

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

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

862           335.086. No person, firm, corporation or association  
863 shall:

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

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

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

876 (4) Use in connection with his or her name any  
877 designation tending to imply that he or she is a licensed  
878 advanced practice registered nurse, a licensed registered  
879 professional nurse, or a licensed practical nurse unless  
880 duly licensed so to practice under the provisions of  
881 sections 335.011 to ~~335.096~~ 335.099;

882 (5) Practice ~~professional nursing or practical~~  
883 nursing during the time his or her license issued under the  
884 provisions of sections 335.011 to ~~335.096~~ 335.099 shall be  
885 suspended or revoked; or

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

889 335.175. 1. No later than January 1, 2014, there is  
890 hereby established within the state board of registration  
891 for the healing arts and the state board of nursing the  
892 "Utilization of Telehealth by Nurses". An advanced practice  
893 registered nurse (APRN) providing nursing services under a  
894 collaborative practice arrangement under section 334.104 may  
895 provide such services outside the geographic proximity  
896 requirements of section 334.104 if the collaborating  
897 physician and advanced practice registered nurse utilize  
898 telehealth ~~in the care of the patient and if the services~~  
899 ~~are provided in a rural area of need.]~~ Telehealth providers  
900 shall be required to obtain patient consent before  
901 telehealth services are initiated and ensure confidentiality  
902 of medical information.

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

905 ~~3. (1) The boards shall jointly promulgate rules~~  
906 ~~governing the practice of telehealth under this section.~~  
907 ~~Such rules shall address, but not be limited to, appropriate~~  
908 ~~standards for the use of telehealth.~~

909           (2) Any rule or portion of a rule, as that term is  
910 defined in section 536.010, that is created under the  
911 authority delegated in this section shall become effective  
912 only if it complies with and is subject to all of the  
913 provisions of chapter 536 and, if applicable, section  
914 536.028. This section and chapter 536 are nonseverable and  
915 if any of the powers vested with the general assembly  
916 pursuant to chapter 536 to review, to delay the effective  
917 date, or to disapprove and annul a rule are subsequently  
918 held unconstitutional, then the grant of rulemaking  
919 authority and any rule proposed or adopted after August 28,  
920 2013, shall be invalid and void.

921           4. For purposes of this section, "rural area of need"  
922 means any rural area of this state which is located in a  
923 health professional shortage area as defined in section  
924 354.650.]; and

925           Further amend the title and enacting clause accordingly.