

SENATE SUBSTITUTE

FOR

HOUSE BILL NO. 402

AN ACT

To repeal sections 190.600, 190.603, 190.606, 190.612, 191.305, 191.500, 191.505, 191.510, 191.515, 191.520, 191.525, 191.530, 191.535, 191.540, 191.545, 191.550, 191.600, 191.828, 191.831, 192.745, 194.300, 195.070, 195.100, 196.1050, 197.005, 197.020, 205.375, 208.030, 334.036, 334.104, 334.735, 334.747, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 335.203, 335.212, 335.215, 335.218, 335.221, 335.224, 335.227, 335.230, 335.233, 335.236, 335.239, 335.242, 335.245, 335.248, 335.251, 335.254, 335.257, 632.305, 701.336, 701.340, 701.342, 701.344, and 701.348, RSMo, and to enact in lieu thereof sixty new sections relating to health care.

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

Section A. Sections 190.600, 190.603, 190.606, 190.612,
 2 191.305, 191.500, 191.505, 191.510, 191.515, 191.520, 191.525,
 3 191.530, 191.535, 191.540, 191.545, 191.550, 191.600, 191.828,
 4 191.831, 192.745, 194.300, 195.070, 195.100, 196.1050, 197.005,
 5 197.020, 205.375, 208.030, 334.036, 334.104, 334.735, 334.747,
 6 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076,
 7 335.086, 335.175, 335.203, 335.212, 335.215, 335.218, 335.221,
 8 335.224, 335.227, 335.230, 335.233, 335.236, 335.239, 335.242,
 9 335.245, 335.248, 335.251, 335.254, 335.257, 632.305, 701.336,
 10 701.340, 701.342, 701.344, and 701.348, RSMo, are repealed and
 11 sixty new sections enacted in lieu thereof, to be known as
 12 sections 9.384, 190.600, 190.603, 190.606, 190.612, 190.613,
 13 191.240, 191.305, 191.430, 191.435, 191.440, 191.445, 191.450,
 14 191.600, 191.828, 191.831, 191.1820, 191.1825, 191.1830,
 15 191.1835, 191.1840, 191.1845, 191.1850, 191.1855, 192.530,

16 192.745, 194.300, 195.070, 195.100, 196.1050, 197.005, 197.020,
17 197.145, 197.185, 205.375, 205.377, 208.030, 334.036, 334.104,
18 334.735, 334.747, 335.016, 335.019, 335.036, 335.046, 335.051,
19 335.056, 335.076, 335.086, 335.175, 335.203, 335.205, 579.088,
20 630.1150, 632.305, 701.336, 701.340, 701.342, 701.344, and
21 701.348, to read as follows:

2 9.384. The month of March of each year shall be known
3 and designated as "Rare Kidney Disease Awareness Month".
4 More than one in seven people is estimated to have rare
5 kidney disease. Ninety percent of patients with rare kidney
6 disease stages 1-3 are undiagnosed. Rare kidney disease,
7 when diagnosed, is often found in late stages after
8 irreversible damage to the kidneys has already occurred.
9 People who inherit two variants of the APOL1 gene are at a
10 significantly increased risk of developing kidney disease.
11 These risk variants are found exclusively in people of sub-
12 Saharan African ancestry. It is recommended to the people
13 of the state and to state departments that the month be
14 appropriately observed through activities that will increase
15 awareness of rare kidney disease, available screening and
16 genetic testing options, and efforts to improve treatment
for patients.

2 190.600. 1. Sections 190.600 to 190.621 shall be
3 known and may be cited as the "Outside the Hospital Do-Not-
4 Resuscitate Act".

5 2. As used in sections 190.600 to 190.621, unless the
6 context clearly requires otherwise, the following terms
7 shall mean:

8 (1) "Attending physician":

9 (a) A physician licensed under chapter 334 selected by
10 or assigned to a patient who has primary responsibility for
treatment and care of the patient; or

11 (b) If more than one physician shares responsibility
12 for the treatment and care of a patient, one such physician
13 who has been designated the attending physician by the
14 patient or the patient's representative shall serve as the
15 attending physician;

16 (2) "Cardiopulmonary resuscitation" or "CPR",
17 emergency medical treatment administered to a patient in the
18 event of the patient's cardiac or respiratory arrest, and
19 shall include cardiac compression, endotracheal intubation
20 and other advanced airway management, artificial
21 ventilation, defibrillation, administration of cardiac
22 resuscitation medications, and related procedures;

23 (3) "Department", the department of health and senior
24 services;

25 (4) "Emergency medical services personnel", paid or
26 volunteer firefighters, law enforcement officers, first
27 responders, emergency medical technicians, or other
28 emergency service personnel acting within the ordinary
29 course and scope of their professions, but excluding
30 physicians;

31 (5) "Health care facility", any institution, building,
32 or agency or portion thereof, private or public, excluding
33 federal facilities and hospitals, whether organized for
34 profit or not, used, operated, or designed to provide health
35 services, medical treatment, or nursing, rehabilitative, or
36 preventive care to any person or persons. Health care
37 facility includes but is not limited to ambulatory surgical
38 facilities, health maintenance organizations, home health
39 agencies, hospices, infirmaries, renal dialysis centers,
40 long-term care facilities licensed under sections 198.003 to
41 198.186, medical assistance facilities, mental health
42 centers, outpatient facilities, public health centers,

43 rehabilitation facilities, and residential treatment
44 facilities;

45 (6) "Hospital", a place devoted primarily to the
46 maintenance and operation of facilities for the diagnosis,
47 treatment, or care for not less than twenty-four consecutive
48 hours in any week of three or more nonrelated individuals
49 suffering from illness, disease, injury, deformity, or other
50 abnormal physical conditions; or a place devoted primarily
51 to provide for not less than twenty-four consecutive hours
52 in any week medical or nursing care for three or more
53 nonrelated individuals. Hospital does not include any long-
54 term care facility licensed under sections 198.003 to
55 198.186;

56 (7) "Outside the hospital do-not-resuscitate
57 identification" or "outside the hospital DNR
58 identification", a standardized identification card,
59 bracelet, or necklace of a single color, form, and design as
60 described by rule of the department that signifies that the
61 patient's attending physician has issued an outside the
62 hospital do-not-resuscitate order for the patient and has
63 documented the grounds for the order in the patient's
64 medical file;

65 (8) "Outside the hospital do-not-resuscitate order" or
66 "outside the hospital DNR order", a written physician's
67 order signed by the patient and the attending physician, or
68 the patient's representative and the attending physician, in
69 a form promulgated by rule of the department which
70 authorizes emergency medical services personnel to withhold
71 or withdraw cardiopulmonary resuscitation from the patient
72 in the event of cardiac or respiratory arrest;

73 (9) "Outside the hospital do-not-resuscitate protocol"
74 or "outside the hospital DNR protocol", a standardized
75 method or procedure promulgated by rule of the department

76 for the withholding or withdrawal of cardiopulmonary
77 resuscitation by emergency medical services personnel from a
78 patient in the event of cardiac or respiratory arrest;

79 (10) "Patient", a person eighteen years of age or
80 older who is not incapacitated, as defined in section
81 475.010, and who is otherwise competent to give informed
82 consent to an outside the hospital do-not-resuscitate order
83 at the time such order is issued, and who, with his [or her]
84 attending physician, has executed an outside the hospital do-
85 not-resuscitate order under sections 190.600 to 190.621. A
86 person who has a patient's representative shall also be a
87 patient for the purposes of sections 190.600 to 190.621, if
88 the person or the person's patient's representative has
89 executed an outside the hospital do-not-resuscitate order
90 under sections 190.600 to 190.621. A person under eighteen
91 years of age shall also be a patient for purposes of
92 sections 190.600 to 190.621 if the person has had a do-not-
93 resuscitate order issued on his behalf under the provisions
94 of section 191.250;

95 (11) "Patient's representative":

96 (a) An attorney in fact designated in a durable power
97 of attorney for health care for a patient determined to be
98 incapacitated under sections 404.800 to 404.872; or

99 (b) A guardian or limited guardian appointed under
100 chapter 475 to have responsibility for an incapacitated
101 patient.

190.603. 1. A patient or patient's representative and
2 the patient's attending physician may execute an outside the
3 hospital do-not-resuscitate order. An outside the hospital
4 do-not-resuscitate order shall not be effective unless it is
5 executed by the patient or patient's representative and the
6 patient's attending physician, and it is in the form
7 promulgated by rule of the department.

8 2. A patient under eighteen years of age is not
9 authorized to execute an outside the hospital do-not-
10 resuscitate order for himself but may have a do-not-
11 resuscitate order issued on his behalf by one parent or
12 legal guardian or by a juvenile or family court under the
13 provisions of section 191.250. Such do-not-resuscitate
14 order shall also function as an outside the hospital do-not-
15 resuscitate order for the purposes of sections 190.600 to
16 190.621 unless such do-not-resuscitate order authorized
17 under the provisions of section 191.250 states otherwise.

18 3. If an outside the hospital do-not-resuscitate order
19 has been executed, it shall be maintained as the first page
20 of a patient's medical record in a health care facility
21 unless otherwise specified in the health care facility's
22 policies and procedures.

23 [3.] 4. An outside the hospital do-not-resuscitate
24 order shall be transferred with the patient when the patient
25 is transferred from one health care facility to another
26 health care facility. If the patient is transferred outside
27 of a hospital, the outside the hospital DNR form shall be
28 provided to any other facility, person, or agency
29 responsible for the medical care of the patient or to the
30 patient or patient's representative.

 190.606. The following persons and entities shall not
2 be subject to civil, criminal, or administrative liability
3 and are not guilty of unprofessional conduct for the
4 following acts or omissions that follow discovery of an
5 outside the hospital do-not-resuscitate identification upon
6 a patient or a do-not-resuscitate order functioning as an
7 outside the hospital do-not-resuscitate order for a patient
8 under eighteen years of age, or upon being presented with an
9 outside the hospital do-not-resuscitate order [from
10 Missouri, another state, the District of Columbia, or a

11 territory of the United States]; provided that the acts or
12 omissions are done in good faith and in accordance with the
13 provisions of sections 190.600 to 190.621 and the provisions
14 of an outside the hospital do-not-resuscitate order executed
15 under sections 190.600 to 190.621:

16 (1) Physicians, persons under the direction or
17 authorization of a physician, emergency medical services
18 personnel, or health care facilities that cause or
19 participate in the withholding or withdrawal of
20 cardiopulmonary resuscitation from such patient; and

21 (2) Physicians, persons under the direction or
22 authorization of a physician, emergency medical services
23 personnel, or health care facilities that provide
24 cardiopulmonary resuscitation to such patient under an oral
25 or written request communicated to them by the patient or
26 the patient's representative.

190.612. 1. Emergency medical services personnel are
2 authorized to comply with the outside the hospital do-not-
3 resuscitate protocol when presented with an outside the
4 hospital do-not-resuscitate identification or an outside the
5 hospital do-not-resuscitate order. However, emergency
6 medical services personnel shall not comply with an outside
7 the hospital do-not-resuscitate order or the outside the
8 hospital do-not-resuscitate protocol when the patient or
9 patient's representative expresses to such personnel in any
10 manner, before or after the onset of a cardiac or
11 respiratory arrest, the desire to be resuscitated.

12 2. [Emergency medical services personnel are
13 authorized to comply with the outside the hospital do-not-
14 resuscitate protocol when presented with an outside the
15 hospital do-not-resuscitate order from another state, the
16 District of Columbia, or a territory of the United States if
17 such order is on a standardized written form:

18 (1) Signed by the patient or the patient's
19 representative and a physician who is licensed to practice
20 in the other state, the District of Columbia, or the
21 territory of the United States; and

22 (2) Such form has been previously reviewed and
23 approved by the department of health and senior services to
24 authorize emergency medical services personnel to withhold
25 or withdraw cardiopulmonary resuscitation from the patient
26 in the event of a cardiac or respiratory arrest.

27 Emergency medical services personnel shall not comply with
28 an outside the hospital do-not-resuscitate order from
29 another state, the District of Columbia, or a territory of
30 the United States or the outside the hospital do-not-
31 resuscitate protocol when the patient or patient's
32 representative expresses to such personnel in any manner,
33 before or after the onset of a cardiac or respiratory
34 arrest, the desire to be resuscitated.]

35 (1) Except as provided in subdivision (2) of this
36 subsection, emergency medical services personnel are
37 authorized to comply with the outside the hospital do-not-
38 resuscitate protocol when presented with a do-not-
39 resuscitate order functioning as an outside the hospital do-
40 not-resuscitate order for a patient under eighteen years of
41 age if such do-not-resuscitate order has been authorized by
42 one parent or legal guardian or by a juvenile or family
43 court under the provisions of section 191.250.

44 (2) Emergency medical services personnel shall not
45 comply with a do-not-resuscitate order or the outside the
46 hospital do-not-resuscitate protocol when the patient under
47 eighteen years of age, either parent of such patient, the
48 patient's legal guardian, or the juvenile or family court
49 expresses to such personnel in any manner, before or after

50 the onset of a cardiac or respiratory arrest, the desire for
51 the patient to be resuscitated.

52 3. If a physician or a health care facility other than
53 a hospital admits or receives a patient with an outside the
54 hospital do-not-resuscitate identification or an outside the
55 hospital do-not-resuscitate order, and the patient or
56 patient's representative has not expressed or does not
57 express to the physician or health care facility the desire
58 to be resuscitated, and the physician or health care
59 facility is unwilling or unable to comply with the outside
60 the hospital do-not-resuscitate order, the physician or
61 health care facility shall take all reasonable steps to
62 transfer the patient to another physician or health care
63 facility where the outside the hospital do-not-resuscitate
64 order will be complied with.

190.613. 1. A patient or patient's representative and
2 the patient's attending physician may execute an outside the
3 hospital do-not-resuscitate order through the presentation
4 of a properly executed outside the hospital do-not-
5 resuscitate order from another state, the District of
6 Columbia, or a territory of the United States, or a
7 Transportable Physician Orders for Patient Preferences
8 (TPOPP)/Physician Orders for Life-Sustaining Treatment
9 (POLST) form containing a specific do-not-resuscitate
10 section.

11 2. Any outside the hospital do-not-resuscitate form
12 identified from another state, the District of Columbia, or
13 a territory of the United States, or a TPOPP/POLST form
14 shall:

15 (1) Have been previously reviewed and approved by the
16 department as in compliance with the provision of sections
17 190.600 to 190.621;

18 (2) Not be accepted for a patient under eighteen years
19 of age, except as allowed under section 191.250; and

20 (3) Not be effective during such time as the patient
21 is pregnant as set forth in section 190.609.

22 A patient or patient's representative may express to
23 emergency medical services personnel, at any time and by any
24 means, the intent to revoke the outside the hospital do-not-
25 resuscitate order.

26 3. The provisions of section 190.606 shall apply to
27 the good faith acts or omissions of emergency medical
28 services personnel under this section.

191.240. 1. For purposes of this section, the
2 following terms mean:

3 (1) "Health care provider", the same meaning given to
4 the term in section 191.900;

5 (2) "Patient examination", a prostate, anal, or pelvic
6 examination.

7 2. A health care provider, or any student or trainee
8 under the supervision of a health care provider, shall not
9 knowingly perform a patient examination upon an anesthetized
10 or unconscious patient in a health care facility unless:

11 (1) The patient or a person authorized to make health
12 care decisions for the patient has given specific informed
13 consent to the patient examination for nonmedical purposes;

14 (2) The patient examination is necessary for
15 diagnostic or treatment purposes;

16 (3) The collection of evidence through a forensic
17 examination, as defined under subsection 8 of section
18 595.220, for a suspected sexual assault on the anesthetized
19 or unconscious patient is necessary because the evidence
20 will be lost or the patient is unable to give informed
21 consent due to a medical condition; or

22 (4) Circumstances are present which imply consent, as
23 described in section 431.063.

24 3. A health care provider shall notify a patient of
25 any patient examination performed under subdivisions (2) to
26 (4) of subsection 2 of this section if the patient is unable
27 to give verbal or written consent.

28 4. A health care provider who violates the provisions
29 of this section, or who supervises a student or trainee who
30 violates the provisions of this section, shall be subject to
31 discipline by any licensing board that licenses the health
32 care provider.

191.305. 1. The "Missouri Genetic Advisory
2 Committee", consisting of fifteen members, is hereby created
3 to advise the department in all genetic programs including
4 metabolic disease screening programs, hemophilia, sickle
5 cell anemia, and cystic fibrosis programs. Members of the
6 committee shall be appointed by the [governor, by and with
7 the advice and consent of the senate] director of the
8 department of health and senior services. The first
9 appointments to the committee shall consist of five members
10 to serve three-year terms, five members to serve two-year
11 terms, and five members to serve one-year terms as
12 designated by the [governor] director. Each member of the
13 committee shall serve for a term of three years thereafter.

14 2. The committee shall be composed of persons who
15 reside in the state of Missouri, and a majority shall be
16 licensed physicians. At least one member shall be a
17 specialist in genetics; at least one member shall be a
18 licensed obstetrician/gynecologist; at least one member
19 shall be a licensed pediatrician in private practice; at
20 least one member shall be a consumer, family member of a
21 consumer or representative of a consumer group; at least one
22 member shall be a licensed physician experienced in the

23 study and treatment of hemophilia; at least one member shall
24 be a specialist in sickle cell anemia; and at least one
25 member shall be a specialist in cystic fibrosis.

26 3. Members of the committee shall not receive any
27 compensation for their services, but they shall, subject to
28 appropriations, be reimbursed for actual and necessary
29 expenses incurred in the performance of their duties from
30 funds appropriated for that purpose.

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

10 2. The department of health and senior services shall
11 prescribe the form and the time and method of filing
12 applications and supervise the processing, including
13 oversight and monitoring of the program, and shall
14 promulgate rules to implement the provisions of sections
15 191.430 to 191.450. Any rule or portion of a rule, as that
16 term is defined in section 536.010, that is created under
17 the authority delegated in this section shall become
18 effective only if it complies with and is subject to all of
19 the provisions of chapter 536 and, if applicable, section
20 536.028. This section and chapter 536 are nonseverable and
21 if any of the powers vested with the general assembly
22 pursuant to chapter 536 to review, to delay the effective
23 date, or to disapprove and annul a rule are subsequently
24 held unconstitutional, then the grant of rulemaking

25 authority and any rule proposed or adopted after August 28,
26 2023, shall be invalid and void.

27 3. The director of the department of health and senior
28 services shall have the discretion to determine the health
29 professionals and practitioners who will receive forgivable
30 health professional loans from the department to pay their
31 existing loans. The director shall make such determinations
32 each fiscal year based on evidence associated with the
33 greatest needs in the best interests of the public. The
34 health care, mental health, and public health professionals
35 or disciplines funded in any given year shall be contingent
36 upon consultation with the office of workforce development
37 in the department of higher education and workforce
38 development and the department of mental health, or their
39 successor agencies.

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

52 5. All health professional loans shall be made from
53 funds appropriated by the general assembly to the health
54 professional loan incentive fund established in section
55 191.445.

191.435. The department of health and senior services
2 shall designate counties, communities, or sections of areas

3 in the state as areas of defined need for health care,
4 mental health, and public health services. If a county,
5 community, or section of an area has been designated or
6 determined as a professional shortage area, a shortage area,
7 or a health care, mental health, or public health
8 professional shortage area by the federal Department of
9 Health and Human Services or its successor agency, the
10 department of health and senior services shall designate it
11 as an area of defined need under this section. If the
12 director of the department of health and senior services
13 determines that a county, community, or section of an area
14 has an extraordinary need for health care professional
15 services without a corresponding supply of such
16 professionals, the department of health and senior services
17 may designate it as an area of defined need under this
18 section.

19 191.440. 1. The department of health and senior
20 services shall enter into a contract with each individual
21 qualifying for a forgivable loan under sections 191.430 to
22 191.450. The written contract between the department and
23 the individual shall contain, but not be limited to, the
24 following:

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

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

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

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

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

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

191.445. There is hereby created in the state treasury
2 the "Health Professional Loan Incentive Fund", which shall
3 consist of any appropriations made by the general assembly,
4 all funds recovered from an individual under section
5 191.450, and all funds generated by loan repayments received
6 under sections 191.430 to 191.450. The state treasurer
7 shall be custodian of the fund. In accordance with sections
8 30.170 and 30.180, the state treasurer may approve
9 disbursements. The fund shall be a dedicated fund and, upon
10 appropriation, moneys in this fund shall be used solely by
11 the department of health and senior services to provide
12 loans under sections 191.430 to 191.450. Notwithstanding
13 the provisions of section 33.080 to the contrary, any moneys
14 remaining in the fund at the end of the biennium shall not
15 revert to the credit of the general revenue fund. The state
16 treasurer shall invest moneys in the fund in the same manner
17 as other funds are invested. Any interest and moneys earned
18 on such investments shall be credited to the fund.

191.450. 1. An individual who enters into a written
2 contract with the department of health and senior services,

3 as described in section 191.440, and who fails to maintain
4 an acceptable employment status shall be liable to the state
5 for any amount awarded as a loan by the department directly
6 to the individual who entered into the contract that has not
7 yet been forgiven.

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

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

19 (1) The total amount of the loan awarded by the
20 department or, if the department had already awarded partial
21 forgiveness at the time of the breach, the amount of the
22 loan not yet forgiven;

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

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

29 (4) Any legal fees or associated costs incurred by the
30 department or the state of Missouri in the collection of
31 damages.

191.600. 1. Sections 191.600 to 191.615 establish a
2 loan repayment program for graduates of approved medical
3 schools, schools of osteopathic medicine, schools of
4 dentistry and accredited chiropractic colleges who practice

5 in areas of defined need and shall be known as the "Health
6 Professional Student Loan Repayment Program". Sections
7 191.600 to 191.615 shall apply to graduates of accredited
8 chiropractic colleges when federal guidelines for
9 chiropractic shortage areas are developed.

10 2. The "Health Professional Student Loan and Loan
11 Repayment Program Fund" is hereby created in the state
12 treasury. All funds recovered from an individual pursuant
13 to section 191.614 and all funds generated by loan
14 repayments and penalties received pursuant to section
15 191.540 shall be credited to the fund. The moneys in the
16 fund shall be used by the department of health and senior
17 services to provide loan repayments pursuant to section
18 191.611 in accordance with sections 191.600 to 191.614 [and
19 to provide loans pursuant to sections 191.500 to 191.550].

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

4 (1) The department of commerce and insurance shall
5 evaluate the effect of revising section 376.782 and sections
6 143.999, 208.178, 374.126, and 376.891 to 376.894;

7 (2) The department of health and senior services shall
8 evaluate the effect of revising sections 105.711 and
9 [sections 191.520 and] 191.600 and enacting section 191.411,
10 and sections 167.600 to 167.621, 191.231, 208.177, 431.064,
11 and 660.016. In collaboration with the state board of
12 registration for the healing arts, the state board of
13 nursing, and the state board of pharmacy, the department of
14 health and senior services shall also evaluate the effect of
15 revising section 195.070, section 334.100, and section
16 335.016, and of sections 334.104 and 334.112, and section
17 338.095 and 338.198;

18 (3) The department of social services shall evaluate
19 the effect of revising section 198.090, and sections
20 208.151, 208.152 and 208.215, and section 383.125, and of
21 sections 167.600 to 167.621, 208.177, 208.178, 208.179,
22 208.181, and 211.490;

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

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

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

30 2. The department of revenue and office of
31 administration shall make biannual reports to the general
32 assembly and the governor concerning the income received
33 into the health initiatives fund and the level of funding
34 required to operate the programs and initiatives funded by
35 the health initiatives fund at an optimal level.

191.831. 1. There is hereby established in the state
2 treasury a "Health Initiatives Fund", to which shall be
3 deposited all revenues designated for the fund under
4 subsection 8 of section 149.015, and subsection 3 of section
5 149.160, and section 167.609, and all other funds donated to
6 the fund or otherwise deposited pursuant to law. The state
7 treasurer shall administer the fund. Money in the fund
8 shall be appropriated to provide funding for implementing
9 the new programs and initiatives established by sections
10 105.711 and 105.721. The moneys in the fund may further be
11 used to fund those programs established by sections
12 191.411[, 191.520] and 191.600, sections 208.151 and
13 208.152, and sections 103.178, 143.999, 167.600 to 167.621,
14 188.230, 191.211, 191.231, 191.825 to 191.839, 192.013,
15 208.177, 208.178, 208.179 and 208.181, 211.490, 285.240,

16 337.093, 374.126, 376.891 to 376.894, 431.064, 660.016,
17 660.017 and 660.018; in addition, not less than fifteen
18 percent of the proceeds deposited to the health initiative
19 fund pursuant to sections 149.015 and 149.160 shall be
20 appropriated annually to provide funding for the C-STAR
21 substance abuse rehabilitation program of the department of
22 mental health, or its successor program, and a C-STAR pilot
23 project developed by the director of the division of alcohol
24 and drug abuse and the director of the department of
25 corrections as an alternative to incarceration, as provided
26 in subsections 2, 3, and 4 of this section. Such pilot
27 project shall be known as the "Alt-care" program. In
28 addition, some of the proceeds deposited to the health
29 initiatives fund pursuant to sections 149.015 and 149.160
30 shall be appropriated annually to the division of alcohol
31 and drug abuse of the department of mental health to be used
32 for the administration and oversight of the substance abuse
33 traffic [offenders] offender program defined in section
34 302.010 [and section 577.001]. The provisions of section
35 33.080 to the contrary notwithstanding, money in the health
36 initiatives fund shall not be transferred at the close of
37 the biennium to the general revenue fund.

38 2. The director of the division of alcohol and drug
39 abuse and the director of the department of corrections
40 shall develop and administer a pilot project to provide a
41 comprehensive substance abuse treatment and rehabilitation
42 program as an alternative to incarceration, hereinafter
43 referred to as "Alt-care". Alt-care shall be funded using
44 money provided under subsection 1 of this section through
45 the Missouri Medicaid program, the C-STAR program of the
46 department of mental health, and the division of alcohol and
47 drug abuse's purchase-of-service system. Alt-care shall
48 offer a flexible combination of clinical services and living

49 arrangements individually adapted to each client and her
50 children. Alt-care shall consist of the following
51 components:

- 52 (1) Assessment and treatment planning;
- 53 (2) Community support to provide continuity,
54 monitoring of progress and access to services and resources;
- 55 (3) Counseling from individual to family therapy;
- 56 (4) Day treatment services which include accessibility
57 seven days per week, transportation to and from the Alt-care
58 program, weekly drug testing, leisure activities, weekly
59 events for families and companions, job and education
60 preparedness training, peer support and self-help and daily
61 living skills; and
- 62 (5) Living arrangement options which are permanent,
63 substance-free and conducive to treatment and recovery.

64 3. Any female who is pregnant or is the custodial
65 parent of a child or children under the age of twelve years,
66 and who has pleaded guilty to or found guilty of violating
67 the provisions of chapter 195, and whose controlled
68 substance abuse was a precipitating or contributing factor
69 in the commission of the offense, and who is placed on
70 probation may be required, as a condition of probation, to
71 participate in Alt-care, if space is available in the pilot
72 project area. Determinations of eligibility for the
73 program, placement, and continued participation shall be
74 made by the division of alcohol and drug abuse, in
75 consultation with the department of corrections.

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

191.1820. 1. Sections 191.1820 to 191.1855 shall be known and may be cited as the "Missouri Parkinson's Disease Registry Act".

2. For purposes of sections 191.1820 to 191.1855, the following terms mean:

(1) "Advisory committee", the Parkinson's disease registry advisory committee established in section 191.1830 to assist in the development and implementation of the registry;

(2) "Medical university", the University of Missouri and any other medical research university in the state that enters into a memorandum of understanding with the University of Missouri if deemed appropriate by the University of Missouri;

(3) "Parkinson's disease", a chronic and progressive neurologic disorder that:

(a) Results from deficiency of the neurotransmitter dopamine as the consequence of specific degenerative changes in the area of the brain called the basal ganglia;

(b) Is characterized by tremor at rest, slow movements, muscle rigidity, stooped posture, and unsteady or shuffling gait; and

(c) Includes motor and nonmotor symptoms and side effects including, but not limited to, autonomic dysfunction, thinking and mood changes, and other physical changes;

(4) "Parkinsonism", any condition that causes a combination of the movement abnormalities observed in Parkinson's disease, such as tremor at rest, slow movement, muscle rigidity, impaired speech, or muscle stiffness, with symptoms often overlapping, and that may evolve from what appears to be Parkinson's disease. The term "parkinsonism" shall include, but not be limited to, multiple system

34 atrophy, dementia with Lewy bodies, corticobasal
35 degeneration, and progressive supranuclear palsy;

36 (5) "Registry", the registry established by the
37 medical university in section 191.1825.

191.1825. 1. Beginning January 1, 2024, the medical
2 university shall establish a registry to collect data on the
3 incidence of Parkinson's disease in Missouri and other
4 epidemiological data as required in sections 191.1820 to
5 191.1855. The database and system of collection and
6 dissemination of information shall be under the direction of
7 the medical university. The medical university may enter
8 into contracts, grants, or other agreements as are necessary
9 for the implementation of the registry.

10 2. The registry shall become functional and able to
11 collect reporting data by August 28, 2024.

12 3. All patients diagnosed with Parkinson's disease or
13 parkinsonism, as determined by the advice of the advisory
14 committee, shall be notified in writing and orally about the
15 collection of information and patient data on Parkinson's
16 disease and parkinsonism. If a patient does not wish to
17 participate in the collection of data for purposes of
18 research in the registry, the patient shall affirmatively
19 opt out in writing after an opportunity to review relevant
20 documents and ask questions. No patient shall be required
21 to participate in the registry.

191.1830. 1. Within ninety days of August 28, 2023,
2 the medical university shall establish the "Parkinson's
3 Disease Registry Advisory Committee", which shall assist in
4 the development and implementation of the registry,
5 determine the data to be collected, and generally advise the
6 medical university.

7 2. The committee shall be composed of at least the
8 following members:

- 9 (1) A neurologist;
10 (2) A movement disorder specialist;
11 (3) A primary care provider;
12 (4) A physician informaticist;
13 (5) A patient living with Parkinson's disease;
14 (6) A public health professional;
15 (7) A population health researcher familiar with
16 registries; and
17 (8) A Parkinson's disease researcher.

191.1835. 1. The medical university shall establish,
2 with the advice of the advisory committee, a system for the
3 collection and dissemination of information determining the
4 incidence and prevalence of Parkinson's disease and
5 parkinsonism.

6 2. (1) Parkinson's disease and parkinsonism shall be
7 designated as diseases required to be reported to the
8 registry. Beginning August 28, 2024, all cases of
9 Parkinson's disease and parkinsonism diagnosed or treated in
10 this state shall be reported to the registry.

11 (2) Notwithstanding the provisions of subdivision (1)
12 of this subsection to the contrary, the mere incidence of a
13 patient with Parkinson's disease or parkinsonism shall be
14 the sole required information for the registry for any
15 patient who chooses not to participate as described in
16 section 191.1825. No further data shall be reported to the
17 registry for patients who choose not to participate.

18 3. The medical university may create, review, and
19 revise a list of data points required to be collected as
20 part of the mandated reporting of Parkinson's disease and
21 parkinsonism under this section. Any such list shall
22 include, but not be limited to, necessary triggering
23 diagnostic conditions consistent with the latest
24 International Statistical Classification of Diseases and

25 Related Health Problems and resulting case data on issues
26 including, but not limited to, diagnosis, treatment, and
27 survival.

28 4. At least ninety days before reporting to the
29 registry is required under this section, the medical
30 university shall publish on its website a notice about the
31 mandatory reporting of Parkinson's disease and parkinsonism
32 and may also provide such notice to professional
33 associations representing physicians, nurse practitioners,
34 and hospitals.

35 5. Beginning August 28, 2024, any hospital, facility,
36 physician, surgeon, physician assistant, or nurse
37 practitioner diagnosing or responsible for providing primary
38 treatment to patients with Parkinson's disease or patients
39 with parkinsonism shall report each case of Parkinson's
40 disease and each case of parkinsonism to the registry in a
41 format prescribed by the medical university.

42 6. The medical university shall be authorized to enter
43 into data-sharing contracts with data-reporting entities and
44 their associated electronic medical record system vendors to
45 securely and confidentially receive information related to
46 Parkinson's disease testing, diagnosis, and treatment.

47 7. The medical university may implement and administer
48 this section through a bulletin or similar instruction to
49 providers without the need for regulatory action.

191.1840. The medical university may enter into
2 agreements to furnish data collected in the registry to
3 other states' Parkinson's disease registries, federal
4 Parkinson's disease control agencies, local health officers,
5 or health researchers for the study of Parkinson's disease.
6 Before confidential information is disclosed to those
7 agencies, officers, researchers, or out-of-state registries,
8 the requesting entity shall agree in writing to maintain the

9 confidentiality of the information and, if a researcher,
10 shall:

11 (1) Obtain approval of the researcher's institutional
12 review board for the protection of human subjects
13 established in accordance with 45 CFR 46; and

14 (2) Provide documentation to the medical university
15 that demonstrates to the medical university's satisfaction
16 that the researcher has established the procedures and
17 ability to maintain the confidentiality of the information.

191.1845. 1. Except as otherwise provided in sections
2 191.1820 to 191.1855, all information collected under
3 sections 191.1820 to 191.1855 shall be confidential. For
4 purposes of sections 191.1820 to 191.1855, this information
5 shall be referred to as confidential information.

6 2. To ensure privacy, the medical university shall use
7 a coding system for the registry that removes any
8 identifying information about patients.

9 3. Notwithstanding any other provision of law to the
10 contrary, a disclosure authorized under sections 191.1820 to
11 191.1855 shall include only the information necessary for
12 the stated purpose of the requested disclosure, shall be
13 used for the approved purpose, and shall not be further
14 disclosed.

15 4. Provided the security of confidential information
16 has been documented, the furnishing of confidential
17 information to the medical university or its authorized
18 representatives in accordance with sections 191.1820 to
19 191.1855 shall not expose any person, agency, or entity
20 furnishing the confidential information to liability and
21 shall not be considered a waiver of any privilege or a
22 violation of a confidential relationship.

23 5. The medical university shall maintain an accurate
24 record of all persons given access to confidential

25 information. The record shall include the name of the
26 person authorizing access; the name, title, address, and
27 organizational affiliation of the person given access; dates
28 of access; and the specific purpose for which the
29 confidential information is to be used. The record of
30 access shall be open to public inspection during normal
31 operating hours of the medical university.

32 6. (1) Notwithstanding any other provision of law to
33 the contrary, confidential information shall not be
34 available for subpoena and shall not be disclosed,
35 discoverable, or compelled to be produced in any civil,
36 criminal, administrative, or other proceeding. Confidential
37 information shall not be deemed admissible as evidence in
38 any civil, criminal, administrative, or other tribunal or
39 court for any reason.

40 (2) The provisions of this subsection shall not be
41 construed to prohibit the publication by the medical
42 university of reports and statistical compilations that do
43 not in any way identify individual cases or individual
44 sources of information.

45 (3) Notwithstanding the restrictions in this
46 subsection to the contrary, the individual to whom the
47 information pertains shall have access to his or her own
48 information.

191.1850. Sections 191.1820 to 191.1855 shall not
2 preempt the authority of facilities or individuals providing
3 diagnostic or treatment services to patients with
4 Parkinson's disease or parkinsonism to maintain their own
5 facility-based registries for Parkinson's disease or
6 parkinsonism.

191.1855. 1. Before January 1, 2025, and before
2 January first every year thereafter, the medical university
3 shall provide a report to the general assembly that includes:

4 (1) A program summary update for that year on the
5 incidence and prevalence of Parkinson's disease in the state
6 by county;

7 (2) The number of records that have been included and
8 reported to the registry; and

9 (3) Demographic information, such as a breakdown of
10 patients by age, gender, and race.

11 2. The medical university shall also publish the
12 annual report required under this section in a downloadable
13 format on its website or on the registry's webpage.

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

3 (1) "Department", the department of health and senior
4 services;

5 (2) "Health care provider", the same meaning given to
6 the term in section 376.1350;

7 (3) "Voluntary nonopioid directive form", a form that
8 may be used by a patient to deny or refuse the
9 administration or prescription of a controlled substance
10 containing an opioid by a health care provider.

11 2. In consultation with the board of registration for
12 the healing arts and the board of pharmacy, the department
13 shall develop and publish a uniform voluntary nonopioid
14 directive form.

15 3. The voluntary nonopioid directive form developed by
16 the department shall indicate to all prescribing health care
17 providers that the named patient shall not be offered,
18 prescribed, supplied with, or otherwise administered a
19 controlled substance containing an opioid.

20 4. The voluntary nonopioid directive form shall be
21 posted in a downloadable format on the department's publicly
22 accessible website.

23 5. (1) A patient may execute and file a voluntary
24 nonopioid directive form with a health care provider. Each
25 health care provider shall sign and date the form in the
26 presence of the patient as evidence of acceptance and shall
27 provide a signed copy of the form to the patient.

28 (2) The patient executing and filing a voluntary
29 nonopioid directive form with a health care provider shall
30 sign and date the form in the presence of the health care
31 provider or a designee of the health care provider. In the
32 case of a patient who is unable to execute and file a
33 voluntary nonopioid directive form, the patient may
34 designate a duly authorized guardian or health care proxy to
35 execute and file the form in accordance with subdivision (1)
36 of this subsection.

37 (3) A patient may revoke the voluntary nonopioid
38 directive form for any reason and may do so by written or
39 oral means.

40 6. The department shall promulgate regulations for the
41 implementation of the voluntary nonopioid directive form
42 that shall include, but not be limited to:

43 (1) A standard method for the recording and
44 transmission of the voluntary nonopioid directive form,
45 which shall include verification by the patient's health
46 care provider and shall comply with the written consent
47 requirements of the Public Health Service Act, 42 U.S.C.
48 Section 290dd-2(b), and 42 CFR Part 2, relating to
49 confidentiality of alcohol and drug abuse patient records,
50 provided that the voluntary nonopioid directive form shall
51 also provide the basic procedures necessary to revoke the
52 voluntary nonopioid directive form;

53 (2) Procedures to record the voluntary nonopioid
54 directive form in the patient's medical record or, if

55 available, the patient's interoperable electronic medical
56 record;

57 (3) Requirements and procedures for a patient to
58 appoint a duly authorized guardian or health care proxy to
59 override a previously filed voluntary nonopioid directive
60 form and circumstances under which an attending health care
61 provider may override a previously filed voluntary nonopioid
62 directive form based on documented medical judgment, which
63 shall be recorded in the patient's medical record;

64 (4) Procedures to ensure that any recording, sharing,
65 or distributing of data relative to the voluntary nonopioid
66 directive form complies with all federal and state
67 confidentiality laws; and

68 (5) Appropriate exemptions for health care providers
69 and emergency medical personnel to prescribe or administer a
70 controlled substance containing an opioid when, in their
71 professional medical judgment, a controlled substance
72 containing an opioid is necessary, or the provider and
73 medical personnel are acting in good faith.

74 The department shall develop and publish guidelines on its
75 publicly accessible website that shall address, at a
76 minimum, the content of the regulations promulgated under
77 this subsection. Any rule or portion of a rule, as that
78 term is defined in section 536.010, that is created under
79 the authority delegated in this section shall become
80 effective only if it complies with and is subject to all of
81 the provisions of chapter 536 and, if applicable, section
82 536.028. This section and chapter 536 are nonseverable and
83 if any of the powers vested with the general assembly
84 pursuant to chapter 536 to review, to delay the effective
85 date, or to disapprove and annul a rule are subsequently
86 held unconstitutional, then the grant of rulemaking

87 authority and any rule proposed or adopted after August 28,
88 2023, shall be invalid and void.

89 7. A written prescription that is presented at an
90 outpatient pharmacy or a prescription that is electronically
91 transmitted to an outpatient pharmacy is presumed to be
92 valid for the purposes of this section, and a pharmacist in
93 an outpatient setting shall not be held in violation of this
94 section for dispensing a controlled substance in
95 contradiction to a voluntary nonopioid directive form,
96 except upon evidence that the pharmacist acted knowingly
97 against the voluntary nonopioid directive form.

98 8. (1) A health care provider or an employee of a
99 health care provider acting in good faith shall not be
100 subject to criminal or civil liability and shall not be
101 considered to have engaged in unprofessional conduct for
102 failing to offer or administer a prescription or medication
103 order for a controlled substance containing an opioid under
104 the voluntary nonopioid directive form.

105 (2) A person acting as a representative or an agent
106 pursuant to a health care proxy shall not be subject to
107 criminal or civil liability for making a decision under
108 subdivision (3) of subsection 6 of this section in good
109 faith.

110 (3) Notwithstanding any other provision of law, a
111 professional licensing board, at its discretion, may limit,
112 condition, or suspend the license of, or assess fines
113 against, a health care provider who recklessly or
114 negligently fails to comply with a patient's voluntary
115 nonopioid directive form.

192.745. 1. The "Missouri Brain Injury Advisory
2 Council" is hereby established in the department of health
3 and senior services. The members of the council [that are
4 serving on February 2, 2005, shall continue to fulfill their

5 current terms. Through attrition, the council shall
6 decrease from the present twenty-five members to fifteen
7 members. Thereafter, the successors to each of these
8 members] shall serve a three-year term and until the
9 member's successor is appointed by the [governor with the
10 advice and consent of the senate] director of the department
11 of health and senior services. The members appointed by the
12 [governor] director shall include: four people with brain
13 injuries or relatives of persons with brain injuries, and
14 eleven other individuals from professional groups, health
15 institutions, community groups, and private industry. In
16 addition to the fifteen council members, individuals
17 representing state agencies with services that impact brain
18 injury survivors and their families shall participate on the
19 council in an ex officio nonvoting capacity. These
20 individuals shall be appointed by the respective agency.

21 2. The Missouri brain injury advisory council is
22 assigned to the department of health and senior services.
23 The department shall submit estimates of requirements for
24 appropriations on behalf of the council for the necessary
25 staff and expenses to carry out the duties and
26 responsibilities assigned by the council.

27 3. Meetings of the full council shall be held at least
28 four times a year or at the call of the council chairperson,
29 who shall be elected by the council. Subcommittees may meet
30 on an as-needed basis.

31 4. Members of the council shall not receive any
32 compensation for their services, but they shall, subject to
33 appropriations, be reimbursed for actual and necessary
34 expenses incurred in the performance of their duties from
35 funds appropriated for this purpose.

36 5. The council shall adopt written procedures to
37 govern its activities.

38 6. The council, under the direction of the department,
39 shall make recommendations to the department director for
40 developing and administering a state plan to provide
41 services for brain-injured persons.

42 7. No member of the council may participate in or seek
43 to influence a decision or vote of the council if the member
44 would be directly involved with the matter or if the member
45 would derive income from it. A violation of the prohibition
46 contained herein shall be grounds for a person to be removed
47 as a member of the council by the department director.

48 8. The council shall be advisory and shall:

49 (1) Promote meetings and programs for the discussion
50 of reducing the debilitating effects of brain injuries and
51 disseminate information in cooperation with any other
52 department, agency or entity on the prevention, evaluation,
53 care, treatment and rehabilitation of persons affected by
54 brain injuries;

55 (2) Study and review current prevention, evaluation,
56 care, treatment and rehabilitation technologies and
57 recommend appropriate preparation, training, retraining and
58 distribution of manpower and resources in the provision of
59 services to brain-injured persons through private and public
60 residential facilities, day programs and other specialized
61 services;

62 (3) Recommend specific methods, means and procedures
63 to improve and upgrade the state's service delivery system
64 for brain-injured citizens of this state;

65 (4) Participate in developing and disseminating
66 criteria and standards which may be required for future
67 funding or licensing of facilities, day programs and other
68 specialized services for brain-injured persons in this state;

69 (5) Report annually to the department director on its
70 activities, and on the results of its studies and the
71 recommendations of the council.

72 9. The department may accept on behalf of the council
73 federal funds, gifts and donations from individuals, private
74 organizations and foundations, and any other funds that may
75 become available.

194.300. 1. There is established within the
2 department of health and senior services the "Organ Donation
3 Advisory Committee", which shall consist of the following
4 members appointed by the [governor with the advice and
5 consent of the senate] director of the department of health
6 and senior services:

7 (1) Four representatives of organ and tissue
8 procurement organizations;

9 (2) Four members representative of organ recipients,
10 families of organ recipients, organ donors and families of
11 organ donors;

12 (3) One health care representative from a hospital
13 located in Missouri; and

14 (4) One representative of the department of health and
15 senior services.

16 2. Members of the advisory committee shall receive no
17 compensation for their services, but may be reimbursed for
18 the reasonable and necessary expenses incurred in the
19 performance of their duties out of appropriations made for
20 that purpose. Members shall serve for five year terms and
21 shall serve at the pleasure of the [governor] director.

195.070. 1. A physician, podiatrist, dentist, a
2 registered optometrist certified to administer
3 pharmaceutical agents as provided in section 336.220, or an
4 assistant physician in accordance with section 334.037 or a
5 physician assistant in accordance with section 334.747 in

6 good faith and in the course of his or her professional
7 practice only, may prescribe, administer, and dispense
8 controlled substances or he or she may cause the same to be
9 administered or dispensed by an individual as authorized by
10 statute.

11 2. An advanced practice registered nurse, as defined
12 in section 335.016, but not a certified registered nurse
13 anesthetist as defined in subdivision (8) of section
14 335.016, who holds a certificate of controlled substance
15 prescriptive authority from the board of nursing under
16 section 335.019 and who is delegated the authority to
17 prescribe controlled substances under a collaborative
18 practice arrangement under section 334.104 may prescribe any
19 controlled substances listed in Schedules III, IV, and V of
20 section 195.017, and may have restricted authority in
21 Schedule II. Prescriptions for Schedule II medications
22 prescribed by an advanced practice registered nurse who has
23 a certificate of controlled substance prescriptive authority
24 are restricted to only those medications containing
25 hydrocodone and Schedule II controlled substances for
26 hospice patients pursuant to the provisions of section
27 334.104. However, no such certified advanced practice
28 registered nurse shall prescribe controlled substance for
29 his or her own self or family. Schedule III narcotic
30 controlled substance and Schedule II - hydrocodone
31 prescriptions shall be limited to a one hundred twenty-hour
32 supply without refill.

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

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

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

49 (2) As provided in section 195.265.

50 5. An individual practitioner shall not prescribe or
51 dispense a controlled substance for such practitioner's
52 personal use except in a medical emergency.

195.100. 1. It shall be unlawful to distribute any
2 controlled substance in a commercial container unless such
3 container bears a label containing an identifying symbol for
4 such substance in accordance with federal laws.

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

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

15 4. Whenever a manufacturer sells or dispenses a
16 controlled substance and whenever a wholesaler sells or
17 dispenses a controlled substance in a package prepared by
18 him or her, the manufacturer or wholesaler shall securely
19 affix to each package in which that drug is contained a

20 label showing in legible English the name and address of the
21 vendor and the quantity, kind, and form of controlled
22 substance contained therein. No person except a pharmacist
23 for the purpose of filling a prescription under this
24 chapter, shall alter, deface, or remove any label so affixed.

25 5. Whenever a pharmacist or practitioner sells or
26 dispenses any controlled substance on a prescription issued
27 by a physician, physician assistant, dentist, podiatrist,
28 veterinarian, or advanced practice registered nurse, the
29 pharmacist or practitioner shall affix to the container in
30 which such drug is sold or dispensed a label showing his or
31 her own name and address of the pharmacy or practitioner for
32 whom he or she is lawfully acting; the name of the patient
33 or, if the patient is an animal, the name of the owner of
34 the animal and the species of the animal; the name of the
35 physician, physician assistant, dentist, podiatrist,
36 advanced practice registered nurse, or veterinarian by whom
37 the prescription was written; [the name of the collaborating
38 physician if the prescription is written by an advanced
39 practice registered nurse or a physician assistant,] and
40 such directions as may be stated on the prescription. No
41 person shall alter, deface, or remove any label so affixed.

196.1050. 1. The proceeds of any monetary settlement
2 or portion of a global settlement between the attorney
3 general of the state and any drug manufacturers,
4 distributors, pharmacies, or combination thereof to resolve
5 an opioid-related cause of action against such drug
6 manufacturers, distributors, pharmacies, or combination
7 thereof in a state or federal court shall only be utilized
8 to pay for opioid addiction treatment and prevention
9 services and health care and law enforcement costs related
10 to opioid addiction treatment and prevention. Under no
11 circumstances shall such settlement moneys be utilized to

12 fund other services, programs, or expenses not reasonably
13 related to opioid addiction treatment and prevention.

14 2. (1) There is hereby established in the state
15 treasury the "Opioid Addiction Treatment and Recovery Fund",
16 which shall consist of the proceeds of any settlement
17 described in subsection 1 of this section, as well as any
18 funds appropriated by the general assembly, or gifts,
19 grants, donations, or bequests. The state treasurer shall
20 be custodian of the fund. In accordance with sections
21 30.170 and 30.180, the state treasurer may approve
22 disbursements. The fund shall be a dedicated fund and money
23 in the fund shall be used by the department of mental
24 health, the department of health and senior services, the
25 department of social services, the department of public
26 safety, the department of corrections, and the judiciary for
27 the purposes set forth in subsection 1 of this section.

28 (2) Notwithstanding the provisions of section 33.080
29 to the contrary, any moneys remaining in the fund at the end
30 of the biennium shall not revert to the credit of the
31 general revenue fund.

32 (3) The state treasurer shall invest moneys in the
33 fund in the same manner as other funds are invested. Any
34 interest and moneys earned on such investments shall be
35 credited to the fund.

197.005. 1. As used in this section, the term
2 "Medicare conditions of participation" shall mean federal
3 regulatory standards established under Title XVIII of the
4 Social Security Act and defined in 42 CFR 482, as amended,
5 for hospitals and 42 CFR 485, as amended, for hospitals
6 designated as critical access hospitals under 42 U.S.C.
7 Section 1395i-4 and for facilities designated as rural
8 emergency hospitals under 42 U.S.C. Section 1395x(kkk)(2).

9 2. To minimize the administrative cost of enforcing
10 and complying with duplicative regulatory standards, on and
11 after July 1, 2018, compliance with Medicare conditions of
12 participation shall be deemed to constitute compliance with
13 the standards for hospital licensure under sections 197.010
14 to 197.120 and regulations promulgated thereunder.

15 3. Nothing in this section shall preclude the
16 department of health and senior services from promulgating
17 regulations effective on or after July 1, 2018, to define
18 separate regulatory standards that do not duplicate or
19 contradict the Medicare conditions of participation, with
20 specific state statutory authorization to create separate
21 regulatory standards.

22 4. Regulations promulgated by the department of health
23 and senior services to establish and enforce hospital
24 licensure regulations under this chapter that duplicate or
25 conflict with the Medicare conditions of participation shall
26 lapse and expire on and after July 1, 2018.

197.020. 1. "Governmental unit" means any county,
2 municipality or other political subdivision or any
3 department, division, board or other agency of any of the
4 foregoing.

5 2. "Hospital" means a place devoted primarily to the
6 maintenance and operation of facilities for the diagnosis,
7 treatment or care for not less than twenty-four consecutive
8 hours in any week of three or more nonrelated individuals
9 suffering from illness, disease, injury, deformity or other
10 abnormal physical conditions; or a place devoted primarily
11 to provide for not less than twenty-four consecutive hours
12 in any week medical or nursing care for three or more
13 nonrelated individuals. The term "hospital" shall include a
14 facility designated as a rural emergency hospital by the
15 Centers for Medicare and Medicaid Services. The term

16 "hospital" does not include convalescent, nursing, shelter
17 or boarding homes as defined in chapter 198.

18 3. "Person" means any individual, firm, partnership,
19 corporation, company or association and the legal successors
20 thereof.

197.145. 1. Notwithstanding any other provision of
2 law to the contrary, including chapter 632, when an at-risk
3 behavioral health patient, as such term is defined in
4 section 190.240, receives treatment at a hospital, the
5 treating physician may temporarily hold the patient for
6 further behavioral health assessment and, if necessary, for
7 transfer to an appropriate treatment facility, if the
8 physician has reason to believe that the patient is at
9 imminent serious risk of harming themselves or others.

10 2. In no circumstance shall an at-risk behavioral
11 health patient be detained in a temporary hold under this
12 section for a period longer than necessary for an evaluation
13 and, if necessary, transfer to an appropriate treatment
14 facility. If, after the evaluation, the treating physician
15 has reasonable cause to believe that the patient is not at
16 imminent serious risk of harming themselves or others, the
17 patient shall be immediately released from the temporary
18 hold.

19 3. A physician employing a temporary hold under this
20 section, and any other health care professional or other
21 personnel at the hospital working to treat or transfer the
22 patient, as well as any emergency medical services personnel
23 or law enforcement officers who may be acting to detain or
24 transport the patient under this section, shall not be
25 civilly liable for the temporary hold, treatment, or
26 transport of a patient if such actions are carried out in
27 good faith and without gross negligence for a purpose
28 authorized by this section.

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

(1) "Ambulatory surgical center", the same meaning given to the term in section 197.200;

(2) "Hospital", the same meaning given to the term in section 197.020;

(3) "Surgical smoke", the smoke that is generated from the use of a surgical device, including, but not limited to, surgical plume, smoke plume, bioaerosols, laser-generated airborne contaminants, and lung-damaging dust;

(4) "Surgical smoke plume evacuation system", equipment designed to capture, filter, and eliminate surgical smoke at the point of origin and before the surgical smoke makes contact with the eyes or contact with the respiratory tract of patients and staff occupying the room where a procedure that produces surgical smoke plume is being performed.

2. On or before January 1, 2026, each hospital and ambulatory surgical center accredited by the Joint Commission that performs procedures that produce surgical smoke plume shall adopt and implement policies and procedures required by the Joint Commission to ensure the evacuation of surgical smoke plume by use of a surgical smoke plume evacuation system for each procedure that generates surgical smoke plume from the use of energy-based devices, including, but not limited to, electrosurgery and lasers.

3. Any procedure that generates surgical smoke plume from the use of energy-based devices that is performed after December 31, 2025, in any hospital or ambulatory surgical center accredited by the Joint Commission shall be subject to the policies and procedures adopted under subsection 2 of this section.

205.375. 1. For the purposes of this section "nursing home" means a residential care facility, an assisted living facility, an intermediate care facility, or a skilled nursing facility as defined in section 198.006:

(1) Which is operated in connection with a hospital, or

(2) In which such nursing care and medical services are prescribed by, or are performed under the general direction of, persons licensed to practice medicine or surgery in the state.

2. The county commission of any county or the township board of any township may acquire land to be used as sites for, construct and equip nursing homes and may contract for materials, supplies, and services necessary to carry out such purposes.

3. For the purpose of providing funds for the construction and equipment of nursing homes the county commissions or township boards may issue bonds as authorized by the general law governing the incurring of indebtedness by counties; provided, however, that no such tax shall be levied upon property which is within a nursing home district as provided in chapter 198 and is taxed for nursing home purposes under the provisions of that chapter, or may provide for the issuance and payment of revenue bonds in the manner provided by and in all respects subject to chapter 176 which provides for the issuance of revenue bonds of state educational institutions.

4. The county commissions or township boards may provide for the leasing and renting of the nursing homes and equipment on the terms and conditions that are necessary and proper to any person, firm, corporation or to any nonprofit organizations for the purpose of operation in the manner provided in subsection 1 of this section or for the purpose of operating any other health care facility located within

34 the county or township providing nursing care or other
35 medical services to patients, including, but not limited to,
36 residents of the county or township.

205.377. 1. The county commission of any county
2 having a nursing home erected under the provisions of
3 section 205.375 may, upon a determination by the county
4 commissioners that the sale of such nursing home is
5 desirable, appoint an agent, by order, to sell and dispose
6 of the nursing home and appurtenant property, both real and
7 personal, in the manner provided for sale of other county
8 property. The deed of the agent, under the agent's proper
9 hand and seal, for and on behalf of the county, duly
10 acknowledged and recorded, shall be sufficient to convey to
11 the purchaser all the right, title, interest, and estate
12 which the county has in property.

2. The proceeds from the sale of the property shall be
14 applied to the payment of any interest and principal of any
15 outstanding valid indebtedness of the county incurred for
16 purchase of the site or construction of the nursing home, or
17 for any repairs, alterations, improvements, or additions
18 thereto, or for the operation of the nursing home. If the
19 proceeds from the sale of the nursing home property, and any
20 interest thereon, are, or will be insufficient to pay the
21 interest and principal of any valid outstanding bonded
22 indebtedness as they fall due, the county commission shall
23 continue to provide for the collection of an annual tax on
24 all taxable personal property in the county sufficient to
25 pay the interest and principal of the indebtedness as it
26 falls due and to retire the bonds within the time required
27 therein.

3. Any balance of the proceeds received by the county
29 for the sale of the nursing home remaining after all
30 indebtedness incurred in connection with the nursing home is

31 paid shall be placed to the credit of the general fund of
32 the county to be used to provide health care services in the
33 county.

34 4. The sale of a nursing home under this section shall
35 be limited to purchasers who plan to operate a similar
36 facility or otherwise provide medical services to patients,
37 including, but not limited to, residents of the county, for
38 a period of not less than ten years.

208.030. 1. The family support division shall make
2 monthly payments to each person who was a recipient of old
3 age assistance, aid to the permanently and totally disabled,
4 and aid to the blind and who:

5 (1) Received such assistance payments from the state
6 of Missouri for the month of December, 1973, to which they
7 were legally entitled; and

8 (2) Is a resident of Missouri.

9 2. The amount of supplemental payment made to persons
10 who meet the eligibility requirements for and receive
11 federal supplemental security income payments shall be in an
12 amount, as established by rule and regulation of the family
13 support division, sufficient to, when added to all other
14 income, equal the amount of cash income received in
15 December, 1973; except, in establishing the amount of the
16 supplemental payments, there shall be disregarded cost-of-
17 living increases provided for in Titles II and XVI of the
18 federal Social Security Act and any benefits or income
19 required to be disregarded by an act of Congress of the
20 United States or any regulation duly promulgated
21 thereunder. As long as the recipient continues to receive a
22 supplemental security income payment, the supplemental
23 payment shall not be reduced. The minimum supplemental
24 payment for those persons who continue to meet the December,
25 1973, eligibility standards for aid to the blind shall be in

26 an amount which, when added to the federal supplemental
27 security income payment, equals the amount of the blind
28 pension grant as provided for in chapter 209.

29 3. The amount of supplemental payment made to persons
30 who do not meet the eligibility requirements for federal
31 supplemental security income benefits, but who do meet the
32 December, 1973, eligibility standards for old age
33 assistance, permanent and total disability and aid to the
34 blind or less restrictive requirements as established by
35 rule or regulation of the family support division, shall be
36 in an amount established by rule and regulation of the
37 family support division sufficient to, when added to all
38 other income, equal the amount of cash income received in
39 December, 1973; except, in establishing the amount of the
40 supplemental payment, there shall be disregarded cost-of-
41 living increases provided for in Titles II and XVI of the
42 federal Social Security Act and any other benefits or income
43 required to be disregarded by an act of Congress of the
44 United States or any regulation duly promulgated
45 thereunder. The minimum supplemental payments for those
46 persons who continue to meet the December, 1973, eligibility
47 standards for aid to the blind shall be a blind pension
48 payment as prescribed in chapter 209.

49 4. The family support division shall make monthly
50 payments to persons meeting the eligibility standards for
51 the aid to the blind program in effect December 31, 1973,
52 who are bona fide residents of the state of Missouri. The
53 payment shall be in the amount prescribed in subsection 1 of
54 section 209.040, less any federal supplemental security
55 income payment.

56 5. The family support division shall make monthly
57 payments to persons age twenty-one or over who meet the
58 eligibility requirements in effect on December 31, 1973, or

59 less restrictive requirements as established by rule or
60 regulation of the family support division, who were
61 receiving old age assistance, permanent and total disability
62 assistance, general relief assistance, or aid to the blind
63 assistance lawfully, who are not eligible for nursing home
64 care under the Title XIX program, and who reside in a
65 licensed residential care facility, a licensed assisted
66 living facility, a licensed intermediate care facility or a
67 licensed skilled nursing facility in Missouri and whose
68 total cash income is not sufficient to pay the amount
69 charged by the facility; and to all applicants age twenty-
70 one or over who are not eligible for nursing home care under
71 the Title XIX program who are residing in a licensed
72 residential care facility, a licensed assisted living
73 facility, a licensed intermediate care facility or a
74 licensed skilled nursing facility in Missouri, who make
75 application after December 31, 1973, provided they meet the
76 eligibility standards for old age assistance, permanent and
77 total disability assistance, general relief assistance, or
78 aid to the blind assistance in effect on December 31, 1973,
79 or less restrictive requirements as established by rule or
80 regulation of the family support division, who are bona fide
81 residents of the state of Missouri, and whose total cash
82 income is not sufficient to pay the amount charged by the
83 facility. Until July 1, 1983, the amount of the total state
84 payment for home care in licensed residential care
85 facilities shall not exceed one hundred twenty dollars
86 monthly, for care in licensed intermediate care facilities
87 or licensed skilled nursing facilities shall not exceed
88 three hundred dollars monthly, and for care in licensed
89 assisted living facilities shall not exceed two hundred
90 twenty-five dollars monthly. Beginning July 1, 1983, for
91 fiscal year 1983-1984 and each year thereafter, the amount

92 of the total state payment for home care in licensed
93 residential care facilities shall [not exceed one hundred
94 fifty-six dollars monthly] be subject to appropriations, for
95 care in licensed intermediate care facilities or licensed
96 skilled nursing facilities shall not exceed three hundred
97 ninety dollars monthly, and for care in licensed assisted
98 living facilities shall not exceed two hundred ninety-two
99 dollars and fifty cents monthly. No intermediate care or
100 skilled nursing payment shall be made to a person residing
101 in a licensed intermediate care facility or in a licensed
102 skilled nursing facility unless such person has been
103 determined, by his or her own physician or doctor, to
104 medically need such services subject to review and approval
105 by the department. Residential care payments may be made to
106 persons residing in licensed intermediate care facilities or
107 licensed skilled nursing facilities. Any person eligible to
108 receive a monthly payment pursuant to this subsection shall
109 receive an additional monthly payment equal to the Medicaid
110 vendor nursing facility personal needs allowance. The exact
111 amount of the additional payment shall be determined by rule
112 of the department. This additional payment shall not be
113 used to pay for any supplies or services, or for any other
114 items that would have been paid for by the family support
115 division if that person would have been receiving medical
116 assistance benefits under Title XIX of the federal Social
117 Security Act for nursing home services pursuant to the
118 provisions of section 208.159. Notwithstanding the previous
119 part of this subsection, the person eligible shall not
120 receive this additional payment if such eligible person is
121 receiving funds for personal expenses from some other state
122 or federal program.

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

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

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

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

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

28 (d) Has proficiency in the English language.

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

34 (2) "Assistant physician collaborative practice
35 arrangement", an agreement between a physician and an

36 assistant physician that meets the requirements of this
37 section and section 334.037[;

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

41 2. (1) An assistant physician collaborative practice
42 arrangement shall limit the assistant physician to providing
43 only primary care services and only in medically underserved
44 rural or urban areas of this state [or in any pilot project
45 areas established in which assistant physicians may
46 practice].

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

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

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

55 3. (1) For purposes of this section, the licensure of
56 assistant physicians shall take place within processes
57 established by rules of the state board of registration for
58 the healing arts. The board of healing arts is authorized
59 to establish rules under chapter 536 establishing licensure
60 and renewal procedures, supervision, collaborative practice
61 arrangements, fees, and addressing such other matters as are
62 necessary to protect the public and discipline the
63 profession. No licensure fee for an assistant physician
64 shall exceed the amount of any licensure fee for a physician
65 assistant. An application for licensure may be denied or
66 the licensure of an assistant physician may be suspended or
67 revoked by the board in the same manner and for violation of
68 the standards as set forth by section 334.100, or such other

69 standards of conduct set by the board by rule. No rule or
70 regulation shall require an assistant physician to complete
71 more hours of continuing medical education than that of a
72 licensed physician.

73 (2) Any rule or portion of a rule, as that term is
74 defined in section 536.010, that is created under the
75 authority delegated in this section shall become effective
76 only if it complies with and is subject to all of the
77 provisions of chapter 536 and, if applicable, section
78 536.028. This section and chapter 536 are nonseverable and
79 if any of the powers vested with the general assembly under
80 chapter 536 to review, to delay the effective date, or to
81 disapprove and annul a rule are subsequently held
82 unconstitutional, then the grant of rulemaking authority and
83 any rule proposed or adopted after August 28, 2014, shall be
84 invalid and void.

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

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

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

101 6. The provisions of section 334.037 shall apply to
102 all assistant physician collaborative practice
103 arrangements. Any renewal of licensure under this section
104 shall include verification of actual practice under a
105 collaborative practice arrangement in accordance with this
106 subsection during the immediately preceding licensure period.

107 7. Each health carrier or health benefit plan that
108 offers or issues health benefit plans that are delivered,
109 issued for delivery, continued, or renewed in this state
110 shall reimburse an assistant physician for the diagnosis,
111 consultation, or treatment of an insured or enrollee on the
112 same basis that the health carrier or health benefit plan
113 covers the service when it is delivered by another
114 comparable mid-level health care provider including, but not
115 limited to, a physician assistant.

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

13 2. (1) Collaborative practice arrangements, which
14 shall be in writing, may delegate to a registered
15 professional nurse the authority to administer, dispense or
16 prescribe drugs and provide treatment if the registered
17 professional nurse is an advanced practice registered nurse
18 as defined in subdivision (2) of section 335.016.

19 Collaborative practice arrangements may delegate to an
20 advanced practice registered nurse, as defined in section
21 335.016, the authority to administer, dispense, or prescribe
22 controlled substances listed in Schedules III, IV, and V of
23 section 195.017, and Schedule II - hydrocodone; except that,
24 the collaborative practice arrangement shall not delegate
25 the authority to administer any controlled substances listed
26 in Schedules III, IV, and V of section 195.017, or Schedule
27 II - hydrocodone for the purpose of inducing sedation or
28 general anesthesia for therapeutic, diagnostic, or surgical
29 procedures. Schedule III narcotic controlled substance and
30 Schedule II - hydrocodone prescriptions shall be limited to
31 a one hundred twenty-hour supply without refill.

32 (2) Notwithstanding any other provision of this
33 section to the contrary, a collaborative practice
34 arrangement may delegate to an advanced practice registered
35 nurse the authority to administer, dispense, or prescribe
36 Schedule II controlled substances for hospice patients;
37 provided, that the advanced practice registered nurse is
38 employed by a hospice provider certified pursuant to chapter
39 197 and the advanced practice registered nurse is providing
40 care to hospice patients pursuant to a collaborative
41 practice arrangement that designates the certified hospice
42 as a location where the advanced practice registered nurse
43 is authorized to practice and prescribe.

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

48 (4) An advanced practice registered nurse may
49 prescribe buprenorphine for up to a thirty-day supply
50 without refill for patients receiving medication-assisted

51 treatment for substance use disorders under the direction of
52 the collaborating physician.

53 3. The written collaborative practice arrangement
54 shall contain at least the following provisions:

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

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

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

69 (4) All specialty or board certifications of the
70 collaborating physician and all certifications of the
71 advanced practice registered nurse;

72 (5) The manner of collaboration between the
73 collaborating physician and the advanced practice registered
74 nurse, including how the collaborating physician and the
75 advanced practice registered nurse will:

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

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

82 a. Until August 28, 2025, an advanced practice
83 registered nurse providing services in a correctional

84 center, as defined in section 217.010, and his or her
85 collaborating physician shall satisfy the geographic
86 proximity requirement if they practice within two hundred
87 miles by road of one another. An incarcerated patient who
88 requests or requires a physician consultation shall be
89 treated by a physician as soon as appropriate;

90 b. The collaborative practice arrangement may allow
91 for geographic proximity to be waived for a maximum of
92 twenty-eight days per calendar year for rural health clinics
93 as defined by P.L. 95-210 (42 U.S.C. Section 1395x, as
94 amended), as long as the collaborative practice arrangement
95 includes alternative plans as required in paragraph (c) of
96 this subdivision. This exception to geographic proximity
97 shall apply only to independent rural health clinics,
98 provider-based rural health clinics where the provider is a
99 critical access hospital as provided in 42 U.S.C. Section
100 1395i-4, and provider-based rural health clinics where the
101 main location of the hospital sponsor is greater than fifty
102 miles from the clinic[.];

103 c. The collaborative practice arrangement may allow
104 for geographic proximity to be waived when the arrangement
105 outlines the use of telehealth, as defined in section
106 191.1145;

107 d. In addition to the waivers and exemptions provided
108 in this subsection, an application for a waiver for any
109 other reason of any applicable geographic proximity shall be
110 available if a physician is collaborating with an advanced
111 practice registered nurse in excess of any geographic
112 proximity limit. The board of nursing and the state board
113 of registration for the healing arts shall review each
114 application for a waiver of geographic proximity and approve
115 the application if the boards determine that adequate
116 supervision exists between the collaborating physician and

117 the advanced practice registered nurse. The boards shall
118 have forty-five calendar days to review the completed
119 application for the waiver of geographic proximity. If no
120 action is taken by the boards within forty-five days after
121 the submission of the application for a waiver, then the
122 application shall be deemed approved. If the application is
123 denied by the boards, the provisions of section 536.063 for
124 contested cases shall apply and govern proceedings for
125 appellate purposes; and

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

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

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

138 (7) A list of all other written practice agreements of
139 the collaborating physician and the advanced practice
140 registered nurse;

141 (8) The duration of the written practice agreement
142 between the collaborating physician and the advanced
143 practice registered nurse;

144 (9) A description of the time and manner of the
145 collaborating physician's review of the advanced practice
146 registered nurse's delivery of health care services. The
147 description shall include provisions that the advanced
148 practice registered nurse shall submit a minimum of ten
149 percent of the charts documenting the advanced practice

150 registered nurse's delivery of health care services to the
151 collaborating physician for review by the collaborating
152 physician, or any other physician designated in the
153 collaborative practice arrangement, every fourteen days;
154 [and]

155 (10) The collaborating physician, or any other
156 physician designated in the collaborative practice
157 arrangement, shall review every fourteen days a minimum of
158 twenty percent of the charts in which the advanced practice
159 registered nurse prescribes controlled substances. The
160 charts reviewed under this subdivision may be counted in the
161 number of charts required to be reviewed under subdivision
162 (9) of this subsection; and

163 (11) If a collaborative practice arrangement is used
164 in clinical situations where a collaborating advanced
165 practice registered nurse provides health care services that
166 include the diagnosis and initiation of treatment for
167 acutely or chronically ill or injured persons, then the
168 collaborating physician or any other physician designated in
169 the collaborative practice arrangement shall be present for
170 sufficient periods of time, at least once every two weeks,
171 except in extraordinary circumstances that shall be
172 documented, to participate in a chart review and to provide
173 necessary medical direction, medical services,
174 consultations, and supervision of the health care staff.

175 4. The state board of registration for the healing
176 arts pursuant to section 334.125 and the board of nursing
177 pursuant to section 335.036 may jointly promulgate rules
178 regulating the use of collaborative practice arrangements.
179 Such rules shall be limited to [specifying geographic areas
180 to be covered,] the methods of treatment that may be covered
181 by collaborative practice arrangements and the requirements
182 for review of services provided pursuant to collaborative

183 practice arrangements including delegating authority to
184 prescribe controlled substances. Any rules relating to
185 geographic proximity shall allow a collaborating physician
186 and a collaborating advanced practice registered nurse to
187 practice within two hundred miles by road of one another
188 until August 28, 2025, if the nurse is providing services in
189 a correctional center, as defined in section 217.010. Any
190 rules relating to dispensing or distribution of medications
191 or devices by prescription or prescription drug orders under
192 this section shall be subject to the approval of the state
193 board of pharmacy. Any rules relating to dispensing or
194 distribution of controlled substances by prescription or
195 prescription drug orders under this section shall be subject
196 to the approval of the department of health and senior
197 services and the state board of pharmacy. In order to take
198 effect, such rules shall be approved by a majority vote of a
199 quorum of each board. Neither the state board of
200 registration for the healing arts nor the board of nursing
201 may separately promulgate rules relating to collaborative
202 practice arrangements. Such jointly promulgated rules shall
203 be consistent with guidelines for federally funded clinics.
204 The rulemaking authority granted in this subsection shall
205 not extend to collaborative practice arrangements of
206 hospital employees providing inpatient care within hospitals
207 as defined pursuant to chapter 197 or population-based
208 public health services as defined by 20 CSR 2150-5.100 as of
209 April 30, 2008.

210 5. The state board of registration for the healing
211 arts shall not deny, revoke, suspend or otherwise take
212 disciplinary action against a physician for health care
213 services delegated to a registered professional nurse
214 provided the provisions of this section and the rules
215 promulgated thereunder are satisfied. Upon the written

216 request of a physician subject to a disciplinary action
217 imposed as a result of an agreement between a physician and
218 a registered professional nurse or registered physician
219 assistant, whether written or not, prior to August 28, 1993,
220 all records of such disciplinary licensure action and all
221 records pertaining to the filing, investigation or review of
222 an alleged violation of this chapter incurred as a result of
223 such an agreement shall be removed from the records of the
224 state board of registration for the healing arts and the
225 division of professional registration and shall not be
226 disclosed to any public or private entity seeking such
227 information from the board or the division. The state board
228 of registration for the healing arts shall take action to
229 correct reports of alleged violations and disciplinary
230 actions as described in this section which have been
231 submitted to the National Practitioner Data Bank. In
232 subsequent applications or representations relating to his
233 or her medical practice, a physician completing forms or
234 documents shall not be required to report any actions of the
235 state board of registration for the healing arts for which
236 the records are subject to removal under this section.

237 6. Within thirty days of any change and on each
238 renewal, the state board of registration for the healing
239 arts shall require every physician to identify whether the
240 physician is engaged in any collaborative practice
241 [agreement] arrangement, including collaborative practice
242 [agreements] arrangements delegating the authority to
243 prescribe controlled substances, or physician assistant
244 [agreement] collaborative practice arrangement and also
245 report to the board the name of each licensed professional
246 with whom the physician has entered into such [agreement]
247 arrangement. The board [may] shall make this information
248 available to the public. The board shall track the reported

249 information and may routinely conduct random reviews of such
250 [agreements] arrangements to ensure that [agreements]
251 arrangements are carried out for compliance under this
252 chapter.

253 7. Notwithstanding any law to the contrary, a
254 certified registered nurse anesthetist as defined in
255 subdivision (8) of section 335.016 shall be permitted to
256 provide anesthesia services without a collaborative practice
257 arrangement provided that he or she is under the supervision
258 of an anesthesiologist or other physician, dentist, or
259 podiatrist who is immediately available if needed. Nothing
260 in this subsection shall be construed to prohibit or prevent
261 a certified registered nurse anesthetist as defined in
262 subdivision (8) of section 335.016 from entering into a
263 collaborative practice arrangement under this section,
264 except that the collaborative practice arrangement may not
265 delegate the authority to prescribe any controlled
266 substances listed in Schedules III, IV, and V of section
267 195.017, or Schedule II - hydrocodone.

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

282 9. It is the responsibility of the collaborating
283 physician to determine and document the completion of at
284 least a one-month period of time during which the advanced
285 practice registered nurse shall practice with the
286 collaborating physician continuously present before
287 practicing in a setting where the collaborating physician is
288 not continuously present. This limitation shall not apply
289 to collaborative arrangements of providers of population-
290 based public health services as defined by 20 CSR 2150-5.100
291 as of April 30, 2008, or to collaborative practice
292 arrangements between a primary care physician and a primary
293 care advanced practice registered nurse or a behavioral
294 health physician and a behavioral health advanced practice
295 registered nurse, where the collaborating physician is new
296 to a patient population to which the advanced practice
297 registered nurse is familiar.

298 10. No agreement made under this section shall
299 supersede current hospital licensing regulations governing
300 hospital medication orders under protocols or standing
301 orders for the purpose of delivering inpatient or emergency
302 care within a hospital as defined in section 197.020 if such
303 protocols or standing orders have been approved by the
304 hospital's medical staff and pharmaceutical therapeutics
305 committee.

306 11. No contract or other **[agreement]** term of
307 employment shall require a physician to act as a
308 collaborating physician for an advanced practice registered
309 nurse against the physician's will. A physician shall have
310 the right to refuse to act as a collaborating physician,
311 without penalty, for a particular advanced practice
312 registered nurse. No contract or other agreement shall
313 limit the collaborating physician's ultimate authority over
314 any protocols or standing orders or in the delegation of the

315 physician's authority to any advanced practice registered
316 nurse, but this requirement shall not authorize a physician
317 in implementing such protocols, standing orders, or
318 delegation to violate applicable standards for safe medical
319 practice established by hospital's medical staff.

320 12. No contract or other [agreement] term of
321 employment shall require any advanced practice registered
322 nurse to serve as a collaborating advanced practice
323 registered nurse for any collaborating physician against the
324 advanced practice registered nurse's will. An advanced
325 practice registered nurse shall have the right to refuse to
326 collaborate, without penalty, with a particular physician.

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

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

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

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

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

16 (5) "Department", the department of commerce and
17 insurance or a designated agency thereof;

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

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

38 (8) "Recognition", the formal process of becoming a
39 certifying entity as required by the provisions of sections
40 334.735 to 334.749.

41 2. The scope of practice of a physician assistant
42 shall consist only of the following services and procedures:

- 43 (1) Taking patient histories;
- 44 (2) Performing physical examinations of a patient;
- 45 (3) Performing or assisting in the performance of
46 routine office laboratory and patient screening procedures;
- 47 (4) Performing routine therapeutic procedures;
- 48 (5) Recording diagnostic impressions and evaluating
49 situations calling for attention of a physician to institute
50 treatment procedures;
- 51 (6) Instructing and counseling patients regarding
52 mental and physical health using procedures reviewed and
53 approved by a collaborating physician;

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

59 (8) Assisting in surgery; and

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

64 3. Physician assistants shall not perform or prescribe
65 abortions.

66 4. Physician assistants shall not prescribe any drug,
67 medicine, device or therapy unless pursuant to a
68 collaborative practice arrangement in accordance with the
69 law, nor prescribe lenses, prisms or contact lenses for the
70 aid, relief or correction of vision or the measurement of
71 visual power or visual efficiency of the human eye, nor
72 administer or monitor general or regional block anesthesia
73 during diagnostic tests, surgery or obstetric procedures.
74 Prescribing of drugs, medications, devices or therapies by a
75 physician assistant shall be pursuant to a collaborative
76 practice arrangement which is specific to the clinical
77 conditions treated by the supervising physician and the
78 physician assistant shall be subject to the following:

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

81 (2) The types of drugs, medications, devices or
82 therapies prescribed by a physician assistant shall be
83 consistent with the scopes of practice of the physician
84 assistant and the collaborating physician;

85 (3) All prescriptions shall conform with state and
86 federal laws and regulations and shall include the name,

87 address and telephone number of the physician assistant [and
88 the supervising physician];

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

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

96 5. A physician assistant shall clearly identify
97 himself or herself as a physician assistant and shall not
98 use or permit to be used in the physician assistant's behalf
99 the terms "doctor", "Dr." or "doc" nor hold himself or
100 herself out in any way to be a physician or surgeon. No
101 physician assistant shall practice or attempt to practice
102 without physician collaboration or in any location where the
103 collaborating physician is not immediately available for
104 consultation, assistance and intervention, except as
105 otherwise provided in this section, and in an emergency
106 situation, nor shall any physician assistant bill a patient
107 independently or directly for any services or procedure by
108 the physician assistant; except that, nothing in this
109 subsection shall be construed to prohibit a physician
110 assistant from enrolling with a third-party plan or the
111 department of social services as a MO HealthNet or Medicaid
112 provider while acting under a collaborative practice
113 arrangement between the physician and physician assistant.

114 6. The licensing of physician assistants shall take
115 place within processes established by the state board of
116 registration for the healing arts through rule and
117 regulation. The board of healing arts is authorized to
118 establish rules pursuant to chapter 536 establishing
119 licensing and renewal procedures, collaboration,

120 collaborative practice arrangements, fees, and addressing
121 such other matters as are necessary to protect the public
122 and discipline the profession. An application for licensing
123 may be denied or the license of a physician assistant may be
124 suspended or revoked by the board in the same manner and for
125 violation of the standards as set forth by section 334.100,
126 or such other standards of conduct set by the board by rule
127 or regulation. Persons licensed pursuant to the provisions
128 of chapter 335 shall not be required to be licensed as
129 physician assistants. All applicants for physician
130 assistant licensure who complete a physician assistant
131 training program after January 1, 2008, shall have a
132 master's degree from a physician assistant program.

133 7. At all times the physician is responsible for the
134 oversight of the activities of, and accepts responsibility
135 for, health care services rendered by the physician
136 assistant.

137 8. (1) A physician may enter into collaborative
138 practice arrangements with physician assistants.
139 Collaborative practice arrangements, which shall be in
140 writing, may delegate to a physician assistant the authority
141 to prescribe, administer, or dispense drugs and provide
142 treatment which is within the skill, training, and
143 competence of the physician assistant. Collaborative
144 practice arrangements may delegate to a physician assistant,
145 as defined in section 334.735, the authority to administer,
146 dispense, or prescribe controlled substances listed in
147 Schedules III, IV, and V of section 195.017, and Schedule
148 II - hydrocodone. Schedule III narcotic controlled
149 substances and Schedule II - hydrocodone prescriptions shall
150 be limited to a one hundred twenty-hour supply without
151 refill. Such collaborative practice arrangements shall be
152 in the form of a written arrangement, jointly agreed-upon

153 protocols, or standing orders for the delivery of health
154 care services.

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

166 9. The written collaborative practice arrangement
167 shall contain at least the following provisions:

168 (1) Complete names, home and business addresses, zip
169 codes, and telephone numbers of the collaborating physician
170 and the physician assistant;

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

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

181 (4) All specialty or board certifications of the
182 collaborating physician and all certifications of the
183 physician assistant;

184 (5) The manner of collaboration between the
185 collaborating physician and the physician assistant,

186 including how the collaborating physician and the physician
187 assistant will:

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

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

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

195 (6) A list of all other written collaborative practice
196 arrangements of the collaborating physician and the
197 physician assistant;

198 (7) The duration of the written practice arrangement
199 between the collaborating physician and the physician
200 assistant;

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

212 (9) The collaborating physician, or any other
213 physician designated in the collaborative practice
214 arrangement, shall review every fourteen days a minimum of
215 twenty percent of the charts in which the physician
216 assistant prescribes controlled substances. The charts
217 reviewed under this subdivision may be counted in the number

218 of charts required to be reviewed under subdivision (8) of
219 this subsection; and

220 (10) A statement that no collaboration requirements in
221 addition to the federal law shall be required for a
222 physician-physician assistant team working in a certified
223 community behavioral health clinic as defined by Pub.L. 113-
224 93, or a rural health clinic under the federal Rural Health
225 Services Act, Pub.L. 95-210, as amended, or a federally
226 qualified health center as defined in 42 U.S.C. Section
227 [1395 of the Public Health Service Act] 1395x, as amended.

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

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

237 12. Within thirty days of any change and on each
238 renewal, the state board of registration for the healing
239 arts shall require every physician to identify whether the
240 physician is engaged in any collaborative practice
241 arrangement, including collaborative practice arrangements
242 delegating the authority to prescribe controlled substances,
243 and also report to the board the name of each physician
244 assistant with whom the physician has entered into such
245 arrangement. The board may make such information available
246 to the public. The board shall track the reported
247 information and may routinely conduct random reviews of such
248 arrangements to ensure that the arrangements are carried out
249 in compliance with this chapter.

250 13. The collaborating physician shall determine and
251 document the completion of a period of time during which the
252 physician assistant shall practice with the collaborating
253 physician continuously present before practicing in a
254 setting where the collaborating physician is not
255 continuously present. This limitation shall not apply to
256 collaborative arrangements of providers of population-based
257 public health services as defined by 20 CSR 2150-5.100 as of
258 April 30, 2009.

259 14. No contract or other arrangement shall require a
260 physician to act as a collaborating physician for a
261 physician assistant against the physician's will. A
262 physician shall have the right to refuse to act as a
263 supervising physician, without penalty, for a particular
264 physician assistant. No contract or other agreement shall
265 limit the collaborating physician's ultimate authority over
266 any protocols or standing orders or in the delegation of the
267 physician's authority to any physician assistant. No
268 contract or other arrangement shall require any physician
269 assistant to collaborate with any physician against the
270 physician assistant's will. A physician assistant shall
271 have the right to refuse to collaborate, without penalty,
272 with a particular physician.

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

275 16. No physician shall be designated to serve as a
276 collaborating physician for more than six full-time
277 equivalent licensed physician assistants, full-time
278 equivalent advanced practice registered nurses, or full-time
279 equivalent assistant physicians, or any combination
280 thereof. This limitation shall not apply to physician
281 assistant collaborative practice arrangements of hospital
282 employees providing inpatient care service in hospitals as

283 defined in chapter 197, or to a certified registered nurse
284 anesthetist providing anesthesia services under the
285 supervision of an anesthesiologist or other physician,
286 dentist, or podiatrist who is immediately available if
287 needed as set out in subsection 7 of section 334.104.

288 17. No arrangement made under this section shall
289 supercede current hospital licensing regulations governing
290 hospital medication orders under protocols or standing
291 orders for the purpose of delivering inpatient or emergency
292 care within a hospital, as defined in section 197.020, if
293 such protocols or standing orders have been approved by the
294 hospital's medical staff and pharmaceutical therapeutics
295 committee.

334.747. 1. (1) A physician assistant with a
2 certificate of controlled substance prescriptive authority
3 as provided in this section may prescribe any controlled
4 substance listed in Schedule III, IV, or V of section
5 195.017, and may have restricted authority in Schedule II,
6 when delegated the authority to prescribe controlled
7 substances in a collaborative practice arrangement. Such
8 authority shall be listed on the collaborating physician
9 form on file with the state board of healing arts. The
10 collaborating physician shall maintain the right to limit a
11 specific scheduled drug or scheduled drug category that the
12 physician assistant is permitted to prescribe. Any
13 limitations shall be listed on the collaborating physician
14 form. Prescriptions for Schedule II medications prescribed
15 by a physician assistant with authority to prescribe
16 delegated in a collaborative practice arrangement are
17 restricted to only those medications containing
18 hydrocodone. Physician assistants shall not prescribe
19 controlled substances for themselves or members of their
20 families. Schedule III narcotic controlled substances and

21 Schedule II - hydrocodone prescriptions shall be limited to
22 a five-day supply without refill, except that buprenorphine
23 may be prescribed for up to a thirty-day supply without
24 refill for patients receiving medication-assisted treatment
25 for substance use disorders under the direction of the
26 collaborating physician. Physician assistants who are
27 authorized to prescribe controlled substances under this
28 section shall register with the federal Drug Enforcement
29 Administration and the state bureau of narcotics and
30 dangerous drugs, and shall include the Drug Enforcement
31 Administration registration number on prescriptions for
32 controlled substances.

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

44 2. The collaborating physician shall be responsible to
45 determine and document the completion of at least one
46 hundred twenty hours in a four-month period by the physician
47 assistant during which the physician assistant shall
48 practice with the collaborating physician on-site prior to
49 prescribing controlled substances when the collaborating
50 physician is not on-site. Such limitation shall not apply
51 to physician assistants of population-based public health
52 services as defined in 20 CSR 2150-5.100 as of April 30,
53 2009.

54 3. A physician assistant shall receive a certificate
55 of controlled substance prescriptive authority from the
56 board of healing arts upon verification of the completion of
57 the following educational requirements:

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

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

69 (3) Completion of a minimum of one year of supervised
70 clinical practice or supervised clinical rotations. One
71 year of clinical rotations in a program accredited by the
72 Accreditation Review Commission on Education for the
73 Physician Assistant (ARC-PA) or its predecessor agency,
74 which includes pharmacotherapeutics as a component of its
75 clinical training, shall satisfy such requirement. Proof of
76 such training shall serve to document experience in the
77 prescribing of drugs, medicines, and therapeutic devices;

78 (4) A physician assistant previously licensed in a
79 jurisdiction where physician assistants are authorized to
80 prescribe controlled substances may obtain a state bureau of
81 narcotics and dangerous drugs registration if a
82 collaborating physician can attest that the physician
83 assistant has met the requirements of subdivisions (1) to
84 (3) of this subsection and provides documentation of
85 existing federal Drug Enforcement Agency registration.

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

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

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

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

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

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

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

34 [College of Nurse Midwives] Midwifery Certification Board,
35 or other nationally recognized certifying body approved by
36 the board of nursing;

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

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

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

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

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

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

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

66 holders of a license to practice advanced practice,
67 professional, or practical nursing;

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

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

93 [(15)] (16) "Practice of professional nursing", the
94 performance for compensation of any act or action which
95 requires substantial specialized education, judgment and
96 skill based on knowledge and application of principles
97 derived from the biological, physical, social, behavioral,
98 and nursing sciences, including, but not limited to:

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

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

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

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

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

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

118 [(17)] (18) "Retired license status", any person
119 licensed in this state under this chapter who retires from
120 such practice. Such person shall file with the board an
121 affidavit, on a form to be furnished by the board, which
122 states the date on which the licensee retired from such
123 practice, an intent to retire from the practice for at least
124 two years, and such other facts as tend to verify the
125 retirement as the board may deem necessary; but if the
126 licensee thereafter reengages in the practice, the licensee
127 shall renew his or her license with the board as provided by
128 this chapter and by rule and regulation.

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

3 (1) Prescribe, dispense, and administer medications
4 and nonscheduled legend drugs, as defined in section
5 338.330, within such APRN's practice and specialty; and

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

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

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

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

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

32 (4) Has a controlled substance prescribing authority
33 delegated in the collaborative practice arrangement under
34 section 334.104 with a physician who has an unrestricted
35 federal Drug Enforcement Administration registration number

36 and who is actively engaged in a practice comparable in
37 scope, specialty, or expertise to that of the advanced
38 practice registered nurse.

335.036. 1. The board shall:

2 (1) Elect for a one-year term a president and a
3 secretary, who shall also be treasurer, and the board may
4 appoint, employ and fix the compensation of a legal counsel
5 and such board personnel as defined in subdivision (4) of
6 subsection 11 of section 324.001 as are necessary to
7 administer the provisions of sections 335.011 to ~~335.096~~
8 335.099;

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

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

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

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

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

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

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

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

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

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

45 4. The provisions of section 33.080 to the contrary
46 notwithstanding, money in this fund shall not be transferred
47 and placed to the credit of general revenue until the amount
48 in the fund at the end of the biennium exceeds two times the
49 amount of the appropriation from the board's funds for the
50 preceding fiscal year or, if the board requires by rule,
51 permit renewal less frequently than yearly, then three times
52 the appropriation from the board's funds for the preceding
53 fiscal year. The amount, if any, in the fund which shall
54 lapse is that amount in the fund which exceeds the
55 appropriate multiple of the appropriations from the board's
56 funds for the preceding fiscal year.

57 5. Any rule or portion of a rule, as that term is
58 defined in section 536.010, that is created under the
59 authority delegated in this chapter shall become effective
60 only if it complies with and is subject to all of the
61 provisions of chapter 536 and, if applicable, section

62 536.028. All rulemaking authority delegated prior to August
63 28, 1999, is of no force and effect and repealed. Nothing
64 in this section shall be interpreted to repeal or affect the
65 validity of any rule filed or adopted prior to August 28,
66 1999, if it fully complied with all applicable provisions of
67 law. This section and chapter 536 are nonseverable and if
68 any of the powers vested with the general assembly pursuant
69 to chapter 536 to review, to delay the effective date or to
70 disapprove and annul a rule are subsequently held
71 unconstitutional, then the grant of rulemaking authority and
72 any rule proposed or adopted after August 28, 1999, shall be
73 invalid and void.

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

22 require by rule as a requirement for licensure that each
23 applicant shall pass an oral or practical examination. Upon
24 successfully passing the examination, the board may issue to
25 the applicant a license to practice nursing as a registered
26 professional nurse. The applicant for a license to practice
27 registered professional nursing shall pay a license fee in
28 such amount as set by the board. The fee shall be uniform
29 for all applicants. Applicants from foreign countries shall
30 be licensed as prescribed by rule.

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

55 practical examination. Upon successfully passing the
56 examination, the board may issue to the applicant a license
57 to practice as a licensed practical nurse. The applicant
58 for a license to practice licensed practical nursing shall
59 pay a fee in such amount as may be set by the board. The
60 fee shall be uniform for all applicants. Applicants from
61 foreign countries shall be licensed as prescribed by rule.

62 3. (1) An applicant for a license to practice as an
63 advanced practice registered nurse shall submit to the board
64 a written application on forms furnished to the applicant.
65 The original application shall contain:

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

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

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

78 (3) An applicant shall:

79 (a) Hold a current registered professional nurse
80 license or privilege to practice, shall not be currently
81 subject to discipline or any restrictions, and shall not
82 hold an encumbered license or privilege to practice as a
83 registered professional nurse or advanced practice
84 registered nurse in any state or territory;

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

88 nurse midwife, nurse practitioner, or registered nurse
89 anesthetist, with at least one population focus prescribed
90 by rule of the board;

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

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

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

105 4. Upon refusal of the board to allow any applicant to
106 [sit for] take either the registered professional nurses'
107 examination or the licensed practical nurses' examination,
108 [as the case may be,] or upon refusal to issue an advanced
109 practice registered nurse license, the board shall comply
110 with the provisions of section 621.120 and advise the
111 applicant of his or her right to have a hearing before the
112 administrative hearing commission. The administrative
113 hearing commission shall hear complaints taken pursuant to
114 section 621.120.

115 [4.] 5. The board shall not deny a license because of
116 sex, religion, race, ethnic origin, age or political
117 affiliation.

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

4 practical nurse without examination to an applicant who has
5 duly become licensed as [a] an advanced practice registered
6 nurse, registered nurse, or licensed practical nurse
7 pursuant to the laws of another state, territory, or foreign
8 country if the applicant meets the qualifications required
9 of advanced practice registered nurses, registered nurses,
10 or licensed practical nurses in this state at the time the
11 applicant was originally licensed in the other state,
12 territory, or foreign country.

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

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

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

3 chapter shall be renewed as provided. An application for
4 renewal of license shall be mailed to every person to whom a
5 license was issued or renewed during the current licensing
6 period. The applicant shall complete the application and
7 return it to the board by the renewal date with a renewal
8 fee in an amount to be set by the board. The fee shall be
9 uniform for all applicants. The certificates of renewal
10 shall render the holder thereof a legal practitioner of
11 nursing for the period stated in the certificate of
12 renewal. Any person who practices nursing as an advanced
13 practice registered nurse, a registered professional nurse,
14 or [as] a licensed practical nurse during the time his or
15 her license has lapsed shall be considered an illegal
16 practitioner and shall be subject to the penalties provided
17 for violation of the provisions of sections 335.011 to
18 [335.096] 335.099.

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

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

335.076. 1. Any person who holds a license to
2 practice professional nursing in this state may use the
3 title "Registered Professional Nurse" and the abbreviation
4 ["R.N."] "RN". No other person shall use the title
5 "Registered Professional Nurse" or the abbreviation ["R.N."]

6 "RN". No other person shall assume any title or use any
7 abbreviation or any other words, letters, signs, or devices
8 to indicate that the person using the same is a registered
9 professional nurse.

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

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

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

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

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

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

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

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

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

15 (4) Use in connection with his or her name any
16 designation tending to imply that he or she is a licensed
17 advanced practice registered nurse, a licensed registered
18 professional nurse, or a licensed practical nurse unless
19 duly licensed so to practice under the provisions of
20 sections 335.011 to ~~335.096~~ 335.099;

21 (5) Practice ~~professional nursing or practical~~
22 nursing during the time his or her license issued under the
23 provisions of sections 335.011 to ~~335.096~~ 335.099 shall be
24 suspended or revoked; or

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

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

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

17 ~~3. (1) The boards shall jointly promulgate rules~~
18 ~~governing the practice of telehealth under this section.~~
19 ~~Such rules shall address, but not be limited to, appropriate~~
20 ~~standards for the use of telehealth.~~

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

33 4. For purposes of this section, "rural area of need"
34 means any rural area of this state which is located in a
35 health professional shortage area as defined in section
36 354.650.]

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

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

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

17 4. The board and the department shall determine
18 categories and areas of need for designating grants to
19 eligible institutions of higher education. In establishing
20 categories and areas of need, the board and department may
21 consider criteria including, but not limited to:

22 (1) Data generated from licensure renewal data and the
23 department of health and senior services; and

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

26 5. The board shall be the administrative agency
27 responsible for implementation of the program established
28 under sections 335.200 to 335.203, and shall promulgate
29 reasonable rules for the exercise of its functions and the
30 effectuation of the purposes of sections 335.200 to
31 335.203. The board shall, by rule, prescribe the form,
32 time, and method of filing applications and shall supervise
33 the processing of such applications.

34 6. Any rule or portion of a rule, as that term is
35 defined in section 536.010, that is created under the
36 authority delegated in this section shall become effective
37 only if it complies with and is subject to all of the
38 provisions of chapter 536 and, if applicable, section
39 536.028. This section and chapter 536 are nonseverable and
40 if any of the powers vested with the general assembly
41 pursuant to chapter 536 to review, to delay the effective
42 date, or to disapprove and annul a rule are subsequently
43 held unconstitutional, then the grant of rulemaking
44 authority and any rule proposed or adopted after August 28,
45 2011, shall be invalid and void.

335.205. The board, in addition to any other duties it
2 may have regarding licensure of nurses, shall collect, at
3 the time of any initial license application or license
4 renewal application, a nursing education incentive program

5 surcharge from each person licensed or relicensed under
6 chapter 335, in the amount of one dollar per year for
7 practical nurses and five dollars per year for registered
8 professional nurses. These funds shall be deposited in the
9 state board of nursing fund described in section 335.036.

1 579.088. Notwithstanding any other provision of this
2 chapter or chapter 195 to the contrary, it shall not be
3 unlawful to manufacture, possess, sell, deliver, or use any
4 device, equipment, or other material for the purpose of
5 analyzing controlled substances to detect the presence of
6 fentanyl or any synthetic controlled substance fentanyl
7 analogue.

1 630.1150. 1. The department of mental health and the
2 department of social services shall oversee and implement a
3 collaborative project to:

4 (1) Assess the incidence and implications of continued
5 hospitalization of foster children and clients of the
6 department of mental health that occurs without medical
7 justification because appropriate postdischarge placement
8 options are unavailable;

9 (2) Assess the incidence and implications of continued
10 hospitalization of foster children with mental illnesses,
11 mental disorders, intellectual disabilities, and
12 developmental disabilities that occurs without medical
13 justification because they are awaiting screening for
14 appropriateness of residential services; and

15 (3) Develop recommendations to ensure that patients
16 described in this subsection receive treatment in the most
17 cost-effective and efficacious settings, consistent with
18 federal and state standards for treatment in the least
19 restrictive environment.

20 2. The departments shall solicit and consider data and
21 recommendations from foster children, clients of the

22 department of mental health, and other stakeholders who may
23 provide or coordinate treatment, or have responsibility, for
24 such children or patients, including:

25 (1) Hospital social workers and discharge planners;

26 (2) Health insurers;

27 (3) Psychiatrists and psychologists;

28 (4) Hospitals, as defined in section 197.020;

29 (5) Skilled nursing facilities and intermediate care
30 facilities licensed under chapter 198;

31 (6) Vendors, as defined in section 630.005;

32 (7) Vulnerable persons or persons under the care and
33 custody of the children's division of the department of
34 social services;

35 (8) Consumers;

36 (9) Public elementary and secondary schools;

37 (10) Family support teams and case workers; and

38 (11) The courts.

39 3. The departments shall issue interim reports by
40 December 31, 2023, and July 1, 2024, and a final report by
41 December 1, 2024. Copies of each report shall be submitted
42 concurrently to the general assembly.

43 4. The provisions of this section shall expire on
44 January 1, 2025.

632.305. 1. An application for detention for
2 evaluation and treatment may be executed by any adult
3 person, who need not be an attorney or represented by an
4 attorney, including the mental health coordinator, on a form
5 provided by the court for such purpose, and shall allege
6 under oath, without a notarization requirement, that the
7 applicant has reason to believe that the respondent is
8 suffering from a mental disorder and presents a likelihood
9 of serious harm to himself or herself or to others. The
10 application shall specify the factual information on which

11 such belief is based and should contain the names and
12 addresses of all persons known to the applicant who have
13 knowledge of such facts through personal observation.

14 2. The filing of a written application in court by any
15 adult person, who need not be an attorney or represented by
16 an attorney, including the mental health coordinator, shall
17 authorize the applicant to bring the matter before the court
18 on an ex parte basis to determine whether the respondent
19 should be taken into custody and transported to a mental
20 health facility. The application may be filed in the court
21 having probate jurisdiction in any county where the
22 respondent may be found. If the court finds that there is
23 probable cause, either upon testimony under oath or upon a
24 review of affidavits, declarations, or other supporting
25 documentation, to believe that the respondent may be
26 suffering from a mental disorder and presents a likelihood
27 of serious harm to himself or herself or others, it shall
28 direct a peace officer to take the respondent into custody
29 and transport him or her to a mental health facility for
30 detention for evaluation and treatment for a period not to
31 exceed ninety-six hours unless further detention and
32 treatment is authorized pursuant to this chapter. Nothing
33 herein shall be construed to prohibit the court, in the
34 exercise of its discretion, from giving the respondent an
35 opportunity to be heard.

36 3. A mental health coordinator may request a peace
37 officer to take or a peace officer may take a person into
38 custody for detention for evaluation and treatment for a
39 period not to exceed ninety-six hours only when such mental
40 health coordinator or peace officer has reasonable cause to
41 believe that such person is suffering from a mental disorder
42 and that the likelihood of serious harm by such person to
43 himself or herself or others is imminent unless such person

44 is immediately taken into custody. Upon arrival at the
45 mental health facility, the peace officer or mental health
46 coordinator who conveyed such person or caused him or her to
47 be conveyed shall either present the application for
48 detention for evaluation and treatment upon which the court
49 has issued a finding of probable cause and the respondent
50 was taken into custody or complete an application for
51 initial detention for evaluation and treatment for a period
52 not to exceed ninety-six hours which shall be based upon his
53 or her own personal observations or investigations and shall
54 contain the information required in subsection 1 of this
55 section.

56 4. If a person presents himself or herself or is
57 presented by others to a mental health facility and a
58 licensed physician, a registered professional nurse or a
59 mental health professional designated by the head of the
60 facility and approved by the department for such purpose has
61 reasonable cause to believe that the person is mentally
62 disordered and presents an imminent likelihood of serious
63 harm to himself or herself or others unless he or she is
64 accepted for detention, the licensed physician, the mental
65 health professional or the registered professional nurse
66 designated by the facility and approved by the department
67 may complete an application for detention for evaluation and
68 treatment for a period not to exceed ninety-six hours. The
69 application shall be based on his or her own personal
70 observations or investigation and shall contain the
71 information required in subsection 1 of this section.

72 5. [Any oath required by the provisions of this
73 section] No notarization shall be required for an
74 application or any affidavits, declarations, or other
75 documents supporting an application. The application and
76 any affidavits, declarations, or other documents supporting

77 the application shall be subject to the provisions of
78 section 492.060 allowing for declaration under penalty of
79 perjury.

701.336. 1. The department of health and senior
2 services shall cooperate with the federal government in
3 implementing subsections (d) and (e) of 15 U.S.C. Section
4 2685 to establish public education activities and an
5 information clearinghouse regarding childhood lead
6 poisoning. The department may develop additional
7 educational materials on lead hazards to children, lead
8 poisoning prevention, lead poisoning screening, lead
9 abatement and disposal, and on health hazards during
10 abatement.

11 2. The department of health and senior services and
12 the department of social services, in collaboration with
13 related not-for-profit organizations, health maintenance
14 organizations, and the Missouri consolidated health care
15 plan, shall devise an educational strategy to increase the
16 number of children who are tested for lead poisoning under
17 the Medicaid program. [The goal of the educational strategy
18 is to have seventy-five percent of the children who receive
19 Medicaid tested for lead poisoning. The educational
20 strategy shall be implemented over a three-year period and
21 shall be in accordance with all federal laws and
22 regulations.]

23 3. The children's division, in collaboration with the
24 department of health and senior services, shall regularly
25 inform eligible clients of the availability and desirability
26 of lead screening and treatment services, including those
27 available through the early and periodic screening,
28 diagnosis, and treatment (EPSDT) component of the Medicaid
29 program.

701.340. 1. [Beginning January 1, 2002,] The
2 department of health and senior services shall, subject to
3 appropriations, implement a childhood lead testing program
4 [which requires every child less than six years of age to be
5 tested for lead poisoning] in accordance with the provisions
6 of sections 701.340 to 701.349. Every medical provider who
7 serves children shall annually provide education to all
8 parents and guardians of children under four years of age
9 regarding lead hazards to children and shall annually
10 provide the option to test every child under four years of
11 age for lead poisoning with the consent of the parent or
12 guardian. In coordination with the department of health and
13 senior services, every health care facility serving children
14 [less than six] under four years of age, including but not
15 limited to hospitals and clinics licensed pursuant to
16 chapter 197, shall take appropriate steps to ensure that
17 [their patients receive] the medical providers in the
18 facility offer such lead poisoning testing in accordance
19 with the provisions of this section.

20 2. The test for lead poisoning shall consist of a
21 blood sample that shall be sent for analysis to a laboratory
22 licensed pursuant to the federal Clinical Lab Improvement
23 Act (CLIA). The department of health and senior services
24 shall, by rule, determine the blood test protocol to be used.

25 3. Nothing in sections 701.340 to 701.349 shall be
26 construed to require a child to undergo lead testing whose
27 parent or guardian objects to the testing [in a written
28 statement that states the parent's or guardian's reason for
29 refusing such testing].

701.342. 1. The department of health and senior
2 services shall, using factors established by the department,
3 including but not limited to the geographic index from data
4 from testing reports, identify geographic areas in the state

5 that are at high risk for lead poisoning. [All children
6 less than six years of age who reside or spend more than ten
7 hours a week in an area identified as high risk by the
8 department shall be tested annually for lead poisoning.]

9 2. Every child [less than] under six years of age [not
10 residing or spending more than ten hours a week in
11 geographic areas identified as high risk by the department]
12 shall be assessed annually using a questionnaire to
13 determine whether such child is at high risk for lead
14 poisoning. The department, in collaboration with the
15 department of social services, shall develop the
16 questionnaire, which shall follow the recommendations of the
17 federal Centers for Disease Control and Prevention. The
18 department may modify the questionnaire to broaden the scope
19 of the high-risk category. Local boards or commissions of
20 health may add questions to the questionnaire.

21 3. Every child deemed to be at high risk for lead
22 poisoning according to the questionnaire developed pursuant
23 to subsection 2 of this section shall, with the consent of a
24 parent or guardian, be tested using a blood sample.

25 4. [Any child deemed to be at high risk for lead
26 poisoning pursuant to this section who resides in housing
27 currently undergoing renovations may be tested at least once
28 every six months during the renovation and once after the
29 completion of the renovation.]

30 5.] Any laboratory providing test results for lead
31 poisoning pursuant to sections 701.340 to 701.349 shall
32 notify the department of the test results of any child
33 tested for lead poisoning as required in section 701.326.
34 Any child who tests positive for lead poisoning shall
35 receive follow-up testing in accordance with rules
36 established by the department. The department shall, by

37 rule, establish the methods and intervals of follow-up
38 testing and treatment for such children.

39 [6.] 5. When the department is notified of a case of
40 lead poisoning, the department shall require the testing of
41 all other children [less than] under six years of age, and
42 any other children or persons at risk, as determined by the
43 director, who are residing or have recently resided in the
44 household of the lead-poisoned child.

701.344. 1. In geographic areas determined to be of
2 high risk for lead poisoning as set forth in section
3 701.342, every child care facility, as defined in section
4 210.201, and every child care facility affiliated with a
5 school system, a business organization or a nonprofit
6 organization shall, within thirty days of enrolling a child
7 twelve months of age or older and under five years of age,
8 require the child's parent or guardian to provide evidence
9 of lead poisoning testing in the form of a statement from
10 the health care professional that administered the test or
11 provide a written statement that states the [parent's or
12 guardian's reason for refusing] parent or guardian refused
13 such testing. If there is no evidence of testing, the
14 person in charge of the facility shall provide the parent or
15 guardian with information about lead poisoning and locations
16 in the area where the child can be tested. When a parent or
17 guardian cannot obtain such testing, the person in charge of
18 the facility may arrange for the child to be tested by a
19 local health officer with the consent of the child's parent
20 or guardian. At the beginning of each year of enrollment in
21 such facility, the parent or guardian shall provide proof of
22 testing in accordance with the provisions of sections
23 701.340 to 701.349 and any rules promulgated thereunder.

24 2. No child shall be denied access to education or
25 child care because of failure to comply with the provisions
26 of sections 701.340 to 701.349.

 701.348. Nothing in sections 701.340 to 701.349 shall
2 prohibit a political subdivision of this state [or], a local
3 board of health, or a state agency from enacting and
4 enforcing ordinances, rules or laws for the prevention,
5 detection and control of lead poisoning which provide the
6 same or more stringent provisions as sections 701.340 to
7 701.349, or the rules promulgated thereunder.

 [191.500. As used in sections 191.500 to
2 191.550, unless the context clearly indicates
3 otherwise, the following terms mean:

4 (1) "Area of defined need", a community or
5 section of an urban area of this state which is
6 certified by the department of health and senior
7 services as being in need of the services of a
8 physician to improve the patient-doctor ratio in
9 the area, to contribute professional physician
10 services to an area of economic impact, or to
11 contribute professional physician services to an
12 area suffering from the effects of a natural
13 disaster;

14 (2) "Department", the department of health
15 and senior services;

16 (3) "Eligible student", a full-time
17 student accepted and enrolled in a formal course
18 of instruction leading to a degree of doctor of
19 medicine or doctor of osteopathy, including
20 psychiatry, at a participating school, or a
21 doctor of dental surgery, doctor of dental
22 medicine, or a bachelor of science degree in
23 dental hygiene;

24 (4) "Financial assistance", an amount of
25 money paid by the state of Missouri to a
26 qualified applicant pursuant to sections 191.500
27 to 191.550;

28 (5) "Participating school", an institution
29 of higher learning within this state which
30 grants the degrees of doctor of medicine or
31 doctor of osteopathy, and which is accredited in
32 the appropriate degree program by the American
33 Medical Association or the American Osteopathic
34 Association, or a degree program by the American
35 Dental Association or the American Psychiatric
36 Association, and applicable residency programs
37 for each degree type and discipline;

38 (6) "Primary care", general or family
39 practice, internal medicine, pediatric ,
40 psychiatric, obstetric and gynecological care as
41 provided to the general public by physicians

42 licensed and registered pursuant to chapter 334,
43 dental practice, or a dental hygienist licensed
44 and registered pursuant to chapter 332;

45 (7) "Resident", any natural person who has
46 lived in this state for one or more years for
47 any purpose other than the attending of an
48 educational institution located within this
49 state;

50 (8) "Rural area", a town or community
51 within this state which is not within a standard
52 metropolitan statistical area, and has a
53 population of six thousand or fewer inhabitants
54 as determined by the last preceding federal
55 decennial census or any unincorporated area not
56 within a standard metropolitan statistical area.]

2 [191.505. The department of health and
3 senior services shall be the administrative
4 agency for the implementation of the program
5 established by sections 191.500 to 191.550. The
6 department shall promulgate reasonable rules and
7 regulations for the exercise of its functions in
8 the effectuation of the purposes of sections
9 191.500 to 191.550. It shall prescribe the form
10 and the time and method of filing applications
and supervise the processing thereof.]

2 [191.510. The department shall enter into
3 a contract with each applicant receiving a state
4 loan under sections 191.500 to 191.550 for
5 repayment of the principal and interest and for
6 forgiveness of a portion thereof for
7 participation in the service areas as provided
in sections 191.500 to 191.550.]

2 [191.515. An eligible student may apply to
3 the department for a loan under sections 191.500
4 to 191.550 only if, at the time of his
5 application and throughout the period during
6 which he receives the loan, he has been formally
7 accepted as a student in a participating school
8 in a course of study leading to the degree of
9 doctor of medicine or doctor of osteopathy,
10 including psychiatry, or a doctor of dental
11 surgery, a doctor of dental medicine, or a
12 bachelor of science degree in dental hygiene,
and is a resident of this state.]

2 [191.520. No loan to any eligible student
3 shall exceed twenty-five thousand dollars for
4 each academic year, which shall run from August
5 first of any year through July thirty-first of
6 the following year. All loans shall be made
7 from funds appropriated to the medical school
8 loan and loan repayment program fund created by
section 191.600, by the general assembly.]

2 [191.525. No more than twenty-five loans
3 shall be made to eligible students during the
4 first academic year this program is in effect.
5 Twenty-five new loans may be made for the next
three academic years until a total of one

6 hundred loans are available. At least one-half
7 of the loans shall be made to students from
8 rural areas as defined in section 191.500. An
9 eligible student may receive loans for each
10 academic year he is pursuing a course of study
11 directly leading to a degree of doctor of
12 medicine or doctor of osteopathy, doctor of
13 dental surgery, or doctor of dental medicine, or
14 a bachelor of science degree in dental hygiene.]

[191.530. Interest at the rate of nine and
2 one-half percent per year shall be charged on
3 all loans made under sections 191.500 to 191.550
4 but one-fourth of the interest and principal of
5 the total loan at the time of the awarding of
6 the degree shall be forgiven for each year of
7 participation by an applicant in the practice of
8 his profession in a rural area or an area of
9 defined need. The department shall grant a
10 deferral of interest and principal payments to a
11 loan recipient who is pursuing an internship or
12 a residency in primary care. The deferral shall
13 not exceed three years. The status of each loan
14 recipient receiving a deferral shall be reviewed
15 annually by the department to ensure compliance
16 with the intent of this provision. The loan
17 recipient will repay the loan beginning with the
18 calendar year following completion of his
19 internship or his primary care residency in
20 accordance with the loan contract.]

[191.535. If a student ceases his study
2 prior to receiving a degree, interest at the
3 rate specified in section 191.530 shall be
4 charged on the amount received from the state
5 under the provisions of sections 191.500 to
6 191.550.]

[191.540. 1. The department shall
2 establish schedules and procedures for repayment
3 of the principal and interest of any loan made
4 under the provisions of sections 191.500 to
5 191.550 and not forgiven as provided in section
6 191.530.]

7 2. A penalty shall be levied against a
8 person in breach of contract. Such penalty shall
9 be twice the sum of the principal and the
10 accrued interest.]

[191.545. When necessary to protect the
2 interest of the state in any loan transaction
3 under sections 191.500 to 191.550, the board may
4 institute any action to recover any amount due.]

[191.550. The contracts made with the
2 participating students shall be approved by the
3 attorney general.]

[335.212. As used in sections 335.212 to
2 335.242, the following terms mean:

3 (1) "Board", the Missouri state board of
4 nursing;

5 (2) "Department", the Missouri department
6 of health and senior services;
7 (3) "Director", director of the Missouri
8 department of health and senior services;
9 (4) "Eligible student", a resident who has
10 been accepted as a full-time student in a formal
11 course of instruction leading to an associate
12 degree, a diploma, a bachelor of science, a
13 master of science in nursing (M.S.N.), a
14 doctorate in nursing (Ph.D. or D.N.P.), or a
15 student with a master of science in nursing
16 seeking a doctorate in education (Ed.D.), or
17 leading to the completion of educational
18 requirements for a licensed practical nurse.
19 The doctoral applicant may be a part-time
20 student;
21 (5) "Participating school", an institution
22 within this state which is approved by the board
23 for participation in the professional and
24 practical nursing student loan program
25 established by sections 335.212 to 335.242,
26 having a nursing department and offering a
27 course of instruction based on nursing theory
28 and clinical nursing experience;
29 (6) "Qualified applicant", an eligible
30 student approved by the board for participation
31 in the professional and practical nursing
32 student loan program established by sections
33 335.212 to 335.242;
34 (7) "Qualified employment", employment on
35 a full-time basis in Missouri in a position
36 requiring licensure as a licensed practical
37 nurse or registered professional nurse in any
38 hospital as defined in section 197.020 or in any
39 agency, institution, or organization located in
40 an area of need as determined by the department
41 of health and senior services. Any forgiveness
42 of such principal and interest for any qualified
43 applicant engaged in qualified employment on a
44 less than full-time basis may be prorated to
45 reflect the amounts provided in this section;
46 (8) "Resident", any person who has lived
47 in this state for one or more years for any
48 purpose other than the attending of an
49 educational institution located within this
50 state.]

2 [335.215. 1. The department of health and
3 senior services shall be the administrative
4 agency for the implementation of the
5 professional and practical nursing student loan
6 program established under sections 335.212 to
7 335.242, and the nursing student loan repayment
8 program established under sections 335.245 to
9 335.259.

10 2. An advisory panel of nurses shall be
11 appointed by the director. It shall be composed
12 of not more than eleven members representing
13 practical, associate degree, diploma,
baccalaureate and graduate nursing education,

14 community health, primary care, hospital, long-
15 term care, a consumer, and the Missouri state
16 board of nursing. The panel shall make
17 recommendations to the director on the content
18 of any rules, regulations or guidelines prior to
19 their promulgation. The panel may make
20 recommendations to the director regarding fund
21 allocations for loans and loan repayment based
22 on current nursing shortage needs.

23 3. The department of health and senior
24 services shall promulgate reasonable rules and
25 regulations for the exercise of its function
26 pursuant to sections 335.212 to 335.259. It
27 shall prescribe the form, the time and method of
28 filing applications and supervise the
29 proceedings thereof. No rule or portion of a
30 rule promulgated under the authority of sections
31 335.212 to 335.257 shall become effective unless
32 it has been promulgated pursuant to the
33 provisions of section 536.024.

34 4. Ninety-five percent of funds loaned
35 pursuant to sections 335.212 to 335.242 shall be
36 loaned to qualified applicants who are enrolled
37 in professional nursing programs in
38 participating schools and five percent of the
39 funds loaned pursuant to sections 335.212 to
40 335.242 shall be loaned to qualified applicants
41 who are enrolled in practical nursing programs.
42 Priority shall be given to eligible students who
43 have established financial need. All loan
44 repayment funds pursuant to sections 335.245 to
45 335.259 shall be used to reimburse successful
46 associate, diploma, baccalaureate or graduate
47 professional nurse applicants' educational loans
48 who agree to serve in areas of defined need as
49 determined by the department.]

2 [335.218. There is hereby established the
3 "Professional and Practical Nursing Student Loan
4 and Nurse Loan Repayment Fund". All fees
5 pursuant to section 335.221, general revenue
6 appropriations to the student loan or loan
7 repayment program, voluntary contributions to
8 support or match the student loan and loan
9 repayment program activities, funds collected
10 from repayment and penalties, and funds received
11 from the federal government shall be deposited
12 in the state treasury and be placed to the
13 credit of the professional and practical nursing
14 student loan and nurse loan repayment fund. The
15 fund shall be managed by the department of
16 health and senior services and all
17 administrative costs and expenses incurred as a
18 result of the effectuation of sections 335.212
to 335.259 shall be paid from this fund.]

2 [335.221. The board, in addition to any
3 other duties it may have regarding licensure of
4 nurses, shall collect, at the time of licensure
or licensure renewal, an education surcharge

5 from each person licensed or relicensed pursuant
6 to sections 335.011 to 335.096, in the amount of
7 one dollar per year for practical nurses and
8 five dollars per year for professional nurses.
9 These funds shall be deposited in the
10 professional and practical nursing student loan
11 and nurse loan repayment fund. All expenditures
12 authorized by sections 335.212 to 335.259 shall
13 be paid from funds appropriated by the general
14 assembly from the professional and practical
15 nursing student loan and nurse loan repayment
16 fund. The provisions of section 33.080 to the
17 contrary notwithstanding, money in this fund
18 shall not be transferred and placed to the
19 credit of general revenue.]

2 [335.224. The department of health and
3 senior services shall enter into a contract with
4 each qualified applicant receiving financial
5 assistance under the provisions of sections
6 335.212 to 335.242 for repayment of the
7 principal and interest.]

2 [335.227. An eligible student may apply to
3 the department for financial assistance under
4 the provisions of sections 335.212 to 335.242
5 if, at the time of his application for a loan,
6 the eligible student has formally applied for
7 acceptance at a participating school. Receipt
8 of financial assistance is contingent upon
9 acceptance and continued enrollment at a
10 participating school.]

2 [335.230. Financial assistance to any
3 qualified applicant shall not exceed ten
4 thousand dollars for each academic year for a
5 professional nursing program and shall not
6 exceed five thousand dollars for each academic
7 year for a practical nursing program. All
8 financial assistance shall be made from funds
9 credited to the professional and practical
10 nursing student loan and nurse loan repayment
11 fund. A qualified applicant may receive
12 financial assistance for each academic year he
13 remains a student in good standing at a
14 participating school.]

2 [335.233. The department shall establish
3 schedules for repayment of the principal and
4 interest on any financial assistance made under
5 the provisions of sections 335.212 to 335.242.
6 Interest at the rate of nine and one-half
7 percent per annum shall be charged on all
8 financial assistance made under the provisions
9 of sections 335.212 to 335.242, but the interest
10 and principal of the total financial assistance
11 granted to a qualified applicant at the time of
12 the successful completion of a nursing degree,
13 diploma program or a practical nursing program
14 shall be forgiven through qualified employment.]

2 [335.236. The financial assistance
3 recipient shall repay the financial assistance
4 principal and interest beginning not more than
5 six months after completion of the degree for
6 which the financial assistance was made in
7 accordance with the repayment contract. If an
8 eligible student ceases his study prior to
9 successful completion of a degree or graduation
10 at a participating school, interest at the rate
11 specified in section 335.233 shall be charged on
12 the amount of financial assistance received from
13 the state under the provisions of sections
14 335.212 to 335.242, and repayment, in accordance
15 with the repayment contract, shall begin within
16 ninety days of the date the financial aid
17 recipient ceased to be an eligible student. All
18 funds repaid by recipients of financial
19 assistance to the department shall be deposited
20 in the professional and practical nursing
21 student loan and nurse loan repayment fund for
use pursuant to sections 335.212 to 335.259.]

2 [335.239. The department shall grant a
3 deferral of interest and principal payments to a
4 financial assistance recipient who is pursuing
5 an advanced degree, special nursing program, or
6 upon special conditions established by the
7 department. The deferral shall not exceed four
8 years. The status of each deferral shall be
9 reviewed annually by the department of health
10 and senior services to ensure compliance with
the intent of this section.]

2 [335.242. When necessary to protect the
3 interest of the state in any financial
4 assistance transaction under sections 335.212 to
5 335.259, the department of health and senior
6 services may institute any action to recover any
amount due.]

2 [335.245. As used in sections 335.245 to
3 335.259, the following terms mean:
4 (1) "Department", the Missouri department
5 of health and senior services;
6 (2) "Eligible applicant", a Missouri
7 licensed nurse who has attained either an
8 associate degree, a diploma, a bachelor of
9 science, or graduate degree in nursing from an
10 accredited institution approved by the board of
11 nursing or a student nurse in the final year of
12 a full-time baccalaureate school of nursing
13 leading to a baccalaureate degree or graduate
14 nursing program leading to a master's degree in
15 nursing and has agreed to serve in an area of
16 defined need as established by the department;
17 (3) "Participating school", an institution
18 within this state which grants an associate
19 degree in nursing, grants a bachelor or master
20 of science degree in nursing or provides a
21 diploma nursing program which is accredited by
the state board of nursing, or a regionally

22 accredited institution in this state which
23 provides a bachelor of science completion
24 program for registered professional nurses;
25 (4) "Qualified employment", employment on
26 a full-time basis in Missouri in a position
27 requiring licensure as a licensed practical
28 nurse or registered professional nurse in any
29 hospital as defined in section 197.020 or public
30 or nonprofit agency, institution, or
31 organization located in an area of need as
32 determined by the department of health and
33 senior services. Any forgiveness of such
34 principal and interest for any qualified
35 applicant engaged in qualified employment on a
36 less than full-time basis may be prorated to
37 reflect the amounts provided in this section.]

2 [335.248. Sections 335.245 to 335.259
3 shall be known as the "Nursing Student Loan
4 Repayment Program". The department of health
5 and senior services shall be the administrative
6 agency for the implementation of the authority
7 established by sections 335.245 to 335.259. The
8 department shall promulgate reasonable rules and
9 regulations necessary to implement sections
10 335.245 to 335.259. Promulgated rules shall
11 include, but not be limited to, applicant
12 eligibility, selection criteria, prioritization
13 of service obligation sites and the content of
14 loan repayment contracts, including repayment
15 schedules for those in default and penalties.
16 The department shall promulgate rules regarding
17 recruitment opportunities for minority students
18 into nursing schools. Priority for student loan
19 repayment shall be given to eligible applicants
20 who have demonstrated financial need. All funds
21 collected by the department from participants
22 not meeting their contractual obligations to the
23 state shall be deposited in the professional and
24 practical nursing student loan and nurse loan
25 repayment fund for use pursuant to sections
335.212 to 335.259.]

2 [335.251. Upon proper verification to the
3 department by the eligible applicant of securing
4 qualified employment in this state, the
5 department shall enter into a loan repayment
6 contract with the eligible applicant to repay
7 the interest and principal on the educational
8 loans of the applicant to the limit of the
9 contract, which contract shall provide for
10 instances of less than full-time qualified
11 employment consistent with the provisions of
12 section 335.233, out of any appropriation made
13 to the professional and practical nursing
14 student loan and nurse loan repayment fund. If
15 the applicant breaches the contract by failing
16 to begin or complete the qualified employment,
17 the department is entitled to recover the total
of the loan repayment paid by the department

18 plus interest on the repaid amount at the rate
19 of nine and one-half percent per annum.]

2 [335.254. Sections 335.212 to 335.259
3 shall not be construed to require the department
4 to enter into contracts with individuals who
5 qualify for nursing education loans or nursing
6 loan repayment programs when federal, state and
local funds are not available for such purposes.]

2 [335.257. Successful applicants for whom
3 loan payments are made under the provisions of
4 sections 335.245 to 335.259 shall verify to the
5 department twice each year in the manner
6 prescribed by the department that qualified
employment in this state is being maintained.]