CONFERENCE COMMITTEE SUBSTITUTE

FOR

HOUSE COMMITTEE SUBSTITUTE

FOR

SENATE SUBSTITUTE

FOR

SENATE COMMITTEE SUBSTITUTE

FOR

SENATE BILL NO. 157

AN ACT

To repeal sections 190.255, 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, 193.145, 193.265, 195.070, 195.100, 195.206, 281.102, 324.520, 331.020, 331.060, 334.036, 334.043, 334.100, 334.104, 334.506, 334.613, 334.735, 334.747, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 335.203, 335.212, 335.215, 335.218, 335.221, 335.224, 335.227, 335.230, 335.233, 335.236, 335.239, 335.242, 335.245, 335.248, 335.251, 335.254, 335.257, 337.510, 337.615, 337.644, 337.665, 338.010, 340.200, 340.216, 340.218, and 340.222, RSMo, and section 192.530 as truly agreed to and finally passed by senate substitute for house bill no. 402, one hundred second general assembly, first regular session, and to enact in lieu thereof ninety-four new sections relating to professions requiring licensure, with penalty provisions and an emergency clause for a certain section.

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

Section A. Sections 190.255, 191.500, 191.505, 191.510,
2 191.515, 191.520, 191.525, 191.530, 191.535, 191.540, 191.545,
3 191.550, 191.600, 191.828, 191.831, 193.145, 193.265, 195.070,

195.100, 195.206, 281.102, 324.520, 331.020, 331.060, 334.036, 334.043, 334.100, 334.104, 334.506, 334.613, 334.735, 334.747, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 335.203, 335.212, 335.215, 335.218, 335.221, 335.224, 335.227, 335.230, 335.233, 335.236, 335.239, 335.242, 335.245, 335.248, 335.251, 335.254, 335.257, 337.510, 337.615, 337.644, 337.665, 338.010, 340.200, 340.216, 340.218, and 340.222, RSMo, and section 192.530 as truly agreed to and finally passed by senate substitute for house bill no. 402, one hundred second general assembly, first regular session, are repealed and ninety-four new sections enacted in lieu thereof, to be known as sections 190.255, 191.430, 191.435, 191.440, 191.445, 191.450, 191.592, 191.600, 191.828, 191.831, 193.145, 193.265, 195.070, 195.100, 195.206, 281.102, 324.520, 331.020, 331.060, 334.036, 334.043, 334.100, 334.104, 334.506, 334.613, 334.735, 334.747, 334.1600, 334.1605, 334.1610, 334.1615, 334.1620, 334.1625, 334.1630, 334.1635, 334.1640, 334.1645, 334.1650, 334.1655, 334.1660, 334.1665, 334.1670, 334.1675, 334.1680, 334.1685, 334.1690, 334.1695, 334.1700, 334.1705, 334.1710, 334.1715, 334.1720, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 335.203, 335.205, 337.510, 337.550, 337.615, 337.644, 337.665, 337.1000, 337.1005, 337.1010, 337.1015, 337.1020, 337.1025, 337.1030, 337.1035, 337.1040, 337.1045, 337.1050, 337.1055, 337.1060, 337.1065, 337.1070, 337.1075, 338.010, 338.012, 340.200, 340.216, 340.218, 340.222, 344.045, 344.055, 344.102, and 1, to read as follows:

190.255. 1. Any qualified first responder may obtain and administer naloxone<u>, or any other drug or device approved by the United States Food and Drug Administration, that blocks the effects of an opioid overdose and is administered in a manner approved by the United States Food and Drug Administration</u> to a person suffering from an

apparent narcotic or opiate-related overdose in order to revive the person.

2. Any licensed drug distributor or pharmacy in Missouri may sell naloxone, or any other drug or device approved by the United States Food and Drug Administration, that blocks the effects of an opioid overdose and is administered in a manner approved by the United States Food and Drug Administration to qualified first responder agencies to allow the agency to stock naloxone or other such drugs or devices for the administration of such drug or device to persons suffering from an apparent narcotic or opiate overdose in order to revive the person.

3. For the purposes of this section, "qualified first responder" shall mean any **[**state and local law enforcement agency staff,**]** fire department personnel, fire district personnel, or licensed emergency medical technician who is acting under the directives and established protocols of a medical director of a local licensed ground ambulance service licensed under section 190.109, or any state or local law enforcement agency staff member, who comes in contact with a person suffering from an apparent narcotic or opiate-related overdose and who has received training in recognizing and responding to a narcotic or opiate overdose and the administration of naloxone, or any other drug or device approved by the United States Food and Drug Administration, that blocks the effects of an opioid overdose and is administered in a manner approved by the United States Food and Drug Administration to a person suffering from an apparent narcotic or opiate-related overdose. "Qualified first responder agencies" shall mean any state or local law enforcement agency, fire department, or ambulance service that provides documented training to its staff related to the administration of naloxone or other

40 such drugs or devices in an apparent narcotic or opiate
41 overdose situation.
42 4. A qualified first responder shall only administer
43 naloxone, or any other drug or device approved by the United
44 States Food and Drug Administration, that blocks the effects
45 of an opioid overdose and is administered in a manner
46 approved by the United States Food and Drug Administration
47 by such means as the qualified first responder has received
48 training for the administration of naloxone or other such
49 drugs or devices.
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 shall designate counties, communities, or sections of areas in the state as areas of defined need for health care, mental health, and public health services. If a county, community, or section of an area has been designated or determined as a professional shortage area, a shortage area, or a health care, mental health, or public health professional shortage area by the federal Department of Health and Human Services or its successor agency, the department of health and senior services shall designate it as an area of defined need under this section. If the director of the department of health and senior services determines that a county, community, or section of an area has an extraordinary need for health care professional services without a corresponding supply of such professionals, the department of health and senior services may designate it as an area of defined need under this section.

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

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

(2) A provision that any financial obligations arising out of a contract entered into and any obligation of the

individual that is conditioned thereon is contingent upon funds being appropriated for loans;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) "Eligible entity", an entity that operates a physician medical residency program in this state and that is accredited by the Accreditation Council for Graduate Medical Education;

(3) "General primary care and psychiatry", family medicine, general internal medicine, general pediatrics, internal medicine-pediatrics, general obstetrics and gynecology, or general psychiatry;

(4) "Grant-funded residency position", a position that is accredited by the Accreditation Council for Graduate Medical Education, that is established as a result of funding awarded to an eligible entity for the purpose of establishing an additional medical resident position beyond the currently existing medical resident positions, and that is within the fields of general primary care and psychiatry. Such position shall end when the medical residency funding under this section is completed or when the resident in the medical grant-funded residency position is no longer employed by the eligible entity, whichever is earlier;

(5) "Participating medical resident", an individual who is a medical school graduate with a doctor of medicine degree or doctor of osteopathic medicine degree, who is participating in a postgraduate training program at an eligible entity, and who is filling a grant-funded residency position.

2. (1) Subject to appropriation, the department shall establish a medical residency grant program to award grants to eligible entities for the purpose of establishing and funding new general primary care and psychiatry medical residency positions in this state and continuing the funding

36 of such new residency positions for the duration of the
37 funded residency.
38 (2) (a) Funding shall be available for three years
39 for residency positions in family medicine, general internal
40 medicine, and general pediatrics.
41 (b) Funding shall be available for four years for
42 residency positions in general obstetrics and gynecology,
43 internal medicine-pediatrics, and general psychiatry.
44 3. (1) There is hereby created in the state treasury
45 the "Medical Residency Grant Program Fund". Moneys in the
46 fund shall be used to implement and fund grants to eligible
47 entities.
48 (2) The medical residency grant program fund shall
49 include funds appropriated by the general assembly,
50 reimbursements from awarded eligible entities that were not
51 able to fill the residency position or positions with an
52 individual medical resident or residents, and any gifts,
53 contributions, grants, or bequests received from federal,
54 private, or other sources.
55 (3) The state treasurer shall be custodian of the
56 fund. In accordance with sections 30.170 and 30.180, the
57 state treasurer may approve disbursements. The fund shall
58 be a dedicated fund and, upon appropriation, moneys in the
59 fund shall be used solely as provided in this section.
60 (4) Notwithstanding the provisions of section 33.080
61 to the contrary, any moneys remaining in the fund at the end
62 of the biennium shall not revert to the credit of the
63 general revenue fund.
64 (5) The state treasurer shall invest moneys in the
65 fund in the same manner as other funds are invested. Any
66 interest and moneys earned on such investments shall be
67 credited to the fund.

68 4. Subject to appropriation, the department shall
69 expend moneys in the medical residency grant program fund in
70 the following order:
71 (1) Necessary costs of the department to implement
72 this section;
73 (2) Funding of grant-funded residency positions of
74 individuals in the fourth year of their residency, as
75 applicable to residents in general obstetrics and
76 gynecology, internal medicine-pediatrics, and general
77 psychiatry;
78 (3) Funding of grant-funded residency positions of
79 individuals in the third year of their residency;
80 (4) Funding of grant-funded residency positions of
81 individuals in the second year of their residency;
82 (5) Funding of grant-funded residency positions of
83 individuals in the first year of their residency; and
84 (6) The establishment of new grant-funded residency
85 positions at awarded eligible entities.
86 5. The department shall establish criteria to evaluate
87 which eligible entities shall be awarded grants for new
88 grant-funded residency positions, criteria for determining
89 the amount and duration of grants, the contents of the grant
90 application, procedures and timelines by which eligible
91 entities may apply for grants, and all other rules needed to
92 implement the purposes of this section. Such criteria shall
93 include a preference for eligible entities located in areas
94 of highest need for general primary care and psychiatric
95 care physicians, as determined by the health professional
96 shortage area score.
97 6. Eligible entities that receive grants under this
98 section shall:
99 (1) Agree to supplement awarded funds under this
100 section, if necessary, to establish or maintain a grant-

101 funded residency position for the duration of the funded
102 resident's medical residency; and
103 (2) Agree to abide by other requirements imposed by
104 rule.
105 7. Annual funding per participating medical resident
106 shall be limited to:
107 (1) Direct graduate medical education costs including,
108 but not limited to:
109 (a) Salaries and benefits for residents, faculty, and
110 program staff;
111 (b) Malpractice insurance, licenses, and other
112 required fees; and
113 (c) Program administration and educational materials;
114 and
115 (2) Indirect costs of graduate medical education
116 necessary to meet the standards of the Accreditation Council
117 for Graduate Medical Education.
118 8. No new grant-funded residency positions under this
119 section shall be established after the tenth fiscal year in
120 which grants are awarded. However, any residency positions
121 funded under this section may continue to be funded until
122 the completion of the resident's medical residency.
123 9. The department shall submit an annual report to the
124 general assembly regarding the implementation of the program
125 developed under this section.
126 10. The department may promulgate all necessary rules
127 and regulations for the administration of this section. Any
128 rule or portion of a rule, as that term is defined in
129 section 536.010, that is created under the authority
130 delegated in this section shall become effective only if it
131 complies with and is subject to all of the provisions of
132 chapter 536 and, if applicable, section 536.028. This
133 section and chapter 536 are nonseverable and if any of the

134 powers vested with the general assembly pursuant to chapter
135 536 to review, to delay the effective date, or to disapprove
136 and annul a rule are subsequently held unconstitutional,
137 then the grant of rulemaking authority and any rule proposed
138 or adopted after the effective date of this section shall be
139 invalid and void.
140 11. The provisions of this section shall expire on
141 January 1, 2038.

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;

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

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

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

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

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

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

191.831. 1. There is hereby established in the state treasury a "Health Initiatives Fund", to which shall be deposited all revenues designated for the fund under subsection 8 of section 149.015, and subsection 3 of section

149.160, and section 167.609, and all other funds donated to the fund or otherwise deposited pursuant to law. The state treasurer shall administer the fund. Money in the fund shall be appropriated to provide funding for implementing the new programs and initiatives established by sections 105.711 and 105.721. The moneys in the fund may further be used to fund those programs established by sections 191.411**[**, 191.520**]** and 191.600, sections 208.151 and 208.152, and sections 103.178, 143.999, 167.600 to 167.621, 188.230, 191.211, 191.231, 191.825 to 191.839, 192.013, 208.177, 208.178, 208.179 and 208.181, 211.490, 285.240, 337.093, 374.126, 376.891 to 376.894, 431.064, 660.016, 660.017 and 660.018; in addition, not less than fifteen percent of the proceeds deposited to the health initiative fund pursuant to sections 149.015 and 149.160 shall be appropriated annually to provide funding for the C-STAR substance abuse rehabilitation program of the department of mental health, or its successor program, and a C-STAR pilot project developed by the director of the division of alcohol and drug abuse and the director of the department of corrections as an alternative to incarceration, as provided in subsections 2, 3, and 4 of this section. Such pilot project shall be known as the "Alt-care" program. In addition, some of the proceeds deposited to the health initiatives fund pursuant to sections 149.015 and 149.160 shall be appropriated annually to the division of alcohol and drug abuse of the department of mental health to be used for the administration and oversight of the substance abuse traffic **[**offenders**]** offender program defined in section 302.010 **[**and section 577.001**]**. The provisions of section 33.080 to the contrary notwithstanding, money in the health initiatives fund shall not be transferred at the close of 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.

[192.530. 1. As used in this section, the
2 following terms mean:
3 (1) "Department", the department of health
4 and senior services;
5 (2) "Health care provider", the same
6 meaning given to the term in section 376.1350;
7 (3) "Voluntary nonopioid directive form",
8 a form that may be used by a patient to deny or
9 refuse the administration or prescription of a
10 controlled substance containing an opioid by a
11 health care provider.
12 2. In consultation with the board of
13 registration for the healing arts and the board
14 of pharmacy, the department shall develop and
15 publish a uniform voluntary nonopioid directive
16 form.
17 3. The voluntary nonopioid directive form
18 developed by the department shall indicate to
19 all prescribing health care providers that the
20 named patient shall not be offered, prescribed,
21 supplied with, or otherwise administered a
22 controlled substance containing an opioid.
23 4. The voluntary nonopioid directive form
24 shall be posted in a downloadable format on the
25 department's publicly accessible website.
26 5. (1) A patient may execute and file a
27 voluntary nonopioid directive form with a health
28 care provider. Each health care provider shall
29 sign and date the form in the presence of the
30 patient as evidence of acceptance and shall
31 provide a signed copy of the form to the patient.
32 (2) The patient executing and filing a
33 voluntary nonopioid directive form with a health
34 care provider shall sign and date the form in
35 the presence of the health care provider or a
36 designee of the health care provider. In the
37 case of a patient who is unable to execute and
38 file a voluntary nonopioid directive form, the
39 patient may designate a duly authorized guardian
40 or health care proxy to execute and file the

41 form in accordance with subdivision (1) of this
42 subsection.
43 (3) A patient may revoke the voluntary
44 nonopioid directive form for any reason and may
45 do so by written or oral means.
46 6. The department shall promulgate
47 regulations for the implementation of the
48 voluntary nonopioid directive form that shall
49 include, but not be limited to:
50 (1) A standard method for the recording
51 and transmission of the voluntary nonopioid
52 directive form, which shall include verification
53 by the patient's health care provider and shall
54 comply with the written consent requirements of
55 the Public Health Service Act, 42 U.S.C. Section
56 290dd-2(b), and 42 CFR Part 2, relating to
57 confidentiality of alcohol and drug abuse
58 patient records, provided that the voluntary
59 nonopioid directive form shall also provide the
60 basic procedures necessary to revoke the
61 voluntary nonopioid directive form;
62 (2) Procedures to record the voluntary
63 nonopioid directive form in the patient's
64 medical record or, if available, the patient's
65 interoperable electronic medical record;
66 (3) Requirements and procedures for a
67 patient to appoint a duly authorized guardian or
68 health care proxy to override a previously filed
69 voluntary nonopioid directive form and
70 circumstances under which an attending health
71 care provider may override a previously filed
72 voluntary nonopioid directive form based on
73 documented medical judgment, which shall be
74 recorded in the patient's medical record;
75 (4) Procedures to ensure that any
76 recording, sharing, or distributing of data
77 relative to the voluntary nonopioid directive
78 form complies with all federal and state
79 confidentiality laws; and
80 (5) Appropriate exemptions for health care
81 providers and emergency medical personnel to
82 prescribe or administer a controlled substance
83 containing an opioid when, in their professional
84 medical judgment, a controlled substance
85 containing an opioid is necessary, or the
86 provider and medical personnel are acting in
87 good faith.
88 The department shall develop and publish
89 guidelines on its publicly accessible website
90 that shall address, at a minimum, the content of
91 the regulations promulgated under this
92 subsection. Any rule or portion of a rule, as
93 that term is defined in section 536.010, that is
94 created under the authority delegated in this
95 section shall become effective only if it
96 complies with and is subject to all of the
97 provisions of chapter 536 and, if applicable,
98 section 536.028. This section and chapter 536
99 are nonseverable and if any of the powers vested

100 with the general assembly pursuant to chapter
101 536 to review, to delay the effective date, or
102 to disapprove and annul a rule are subsequently
103 held unconstitutional, then the grant of
104 rulemaking authority and any rule proposed or
105 adopted after August 28, 2023, shall be invalid
106 and void.
107 7. A written prescription that is
108 presented at an outpatient pharmacy or a
109 prescription that is electronically transmitted
110 to an outpatient pharmacy is presumed to be
111 valid for the purposes of this section, and a
112 pharmacist in an outpatient setting shall not be
113 held in violation of this section for dispensing
114 a controlled substance in contradiction to a
115 voluntary nonopioid directive form, except upon
116 evidence that the pharmacist acted knowingly
117 against the voluntary nonopioid directive form.
118 8. (1) A health care provider or an
119 employee of a health care provider acting in
120 good faith shall not be subject to criminal or
121 civil liability and shall not be considered to
122 have engaged in unprofessional conduct for
123 failing to offer or administer a prescription or
124 medication order for a controlled substance
125 containing an opioid under the voluntary
126 nonopioid directive form.
127 (2) A person acting as a representative or
128 an agent pursuant to a health care proxy shall
129 not be subject to criminal or civil liability
130 for making a decision under subdivision (3) of
131 subsection 6 of this section in good faith.
132 (3) Notwithstanding any other provision of
133 law, a professional licensing board, at its
134 discretion, may limit, condition, or suspend the
135 license of, or assess fines against, a health
136 care provider who recklessly or negligently
137 fails to comply with a patient's voluntary
138 nonopioid directive form.]

193.145. 1. A certificate of death for each death
2 which occurs in this state shall be filed with the local
3 registrar, or as otherwise directed by the state registrar,
4 within five days after death and shall be registered if such
5 certificate has been completed and filed pursuant to this
6 section. All data providers in the death registration
7 process, including, but not limited to, the state registrar,
8 local registrars, the state medical examiner, county medical
9 examiners, coroners, funeral directors or persons acting as
10 such, embalmers, sheriffs, attending physicians and resident
11 physicians, physician assistants, assistant physicians,

12 advanced practice registered nurses, and the chief medical
13 officers of licensed health care facilities, and other
14 public or private institutions providing medical care,
15 treatment, or confinement to persons, shall be required to
16 use and utilize any electronic death registration system
17 required and adopted under subsection 1 of section 193.265
18 within six months of the system being certified by the
19 director of the department of health and senior services, or
20 the director's designee, to be operational and available to
21 all data providers in the death registration process.
22 **[**However, should the person or entity that certifies the
23 cause of death not be part of, or does not use, the
24 electronic death registration system, the funeral director
25 or person acting as such may enter the required personal
26 data into the electronic death registration system and then
27 complete the filing by presenting the signed cause of death
28 certification to the local registrar, in which case the
29 local registrar shall issue death certificates as set out in
30 subsection 2 of section 193.265. Nothing in this section
31 shall prevent the state registrar from adopting pilot
32 programs or voluntary electronic death registration programs
33 until such time as the system can be certified; however, no
34 such pilot or voluntary electronic death registration
35 program shall prevent the filing of a death certificate with
36 the local registrar or the ability to obtain certified
37 copies of death certificates under subsection 2 of section
38 193.265 until six months after such certification that the
39 system is operational.**]**
40 2. If the place of death is unknown but the dead body
41 is found in this state, the certificate of death shall be
42 completed and filed pursuant to the provisions of this
43 section. The place where the body is found shall be shown

as the place of death. The date of death shall be the date on which the remains were found.

3. When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this state, the death shall be registered in this state and the place where the body is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in this state, the death shall be registered in this state but the certificate shall show the actual place of death if such place may be determined.

4. The funeral director or person in charge of final disposition of the dead body shall file the certificate of death. The funeral director or person in charge of the final disposition of the dead body shall obtain or verify and enter into the electronic death registration system:

(1) The personal data from the next of kin or the best qualified person or source available;

(2) The medical certification from the person responsible for such certification if designated to do so under subsection 5 of this section; and

(3) Any other information or data that may be required to be placed on a death certificate or entered into the electronic death certificate system including, but not limited to, the name and license number of the embalmer.

5. The medical certification shall be completed, attested to its accuracy either by signature or an electronic process approved by the department, and returned to the funeral director or person in charge of final disposition within seventy-two hours after death by the physician, physician assistant, assistant physician, or

77 advanced practice registered nurse in charge of the
78 patient's care for the illness or condition which resulted
79 in death. In the absence of the physician, physician
80 assistant, assistant physician, or advanced practice
81 registered nurse or with the physician's, physician
82 assistant's, assistant physician's, or advanced practice
83 registered nurse's approval the certificate may be completed
84 and attested to its accuracy either by signature or an
85 approved electronic process by the physician's associate
86 physician, the chief medical officer of the institution in
87 which death occurred, or the physician who performed an
88 autopsy upon the decedent, provided such individual has
89 access to the medical history of the case, views the
90 deceased at or after death and death is due to natural
91 causes. The person authorized to complete the medical
92 certification may, in writing, designate any other person to
93 enter the medical certification information into the
94 electronic death registration system if the person
95 authorized to complete the medical certificate has
96 physically or by electronic process signed a statement
97 stating the cause of death. Any persons completing the
98 medical certification or entering data into the electronic
99 death registration system shall be immune from civil
100 liability for such certification completion, data entry, or
101 determination of the cause of death, absent gross negligence
102 or willful misconduct. The state registrar may approve
103 alternate methods of obtaining and processing the medical
104 certification and filing the death certificate. The Social
105 Security number of any individual who has died shall be
106 placed in the records relating to the death and recorded on
107 the death certificate.
108 6. When death occurs from natural causes more than
109 thirty-six hours after the decedent was last treated by a

110 physician, physician assistant, assistant physician, or
111 advanced practice registered nurse, the case shall be
112 referred to the county medical examiner or coroner or
113 physician or local registrar for investigation to determine
114 and certify the cause of death. If the death is determined
115 to be of a natural cause, the medical examiner or coroner or
116 local registrar shall refer the certificate of death to the
117 attending physician, physician assistant, assistant
118 physician, or advanced practice registered nurse for such
119 certification. If the attending physician, physician
120 assistant, assistant physician, or advanced practice
121 registered nurse refuses or is otherwise unavailable, the
122 medical examiner or coroner or local registrar shall attest
123 to the accuracy of the certificate of death either by
124 signature or an approved electronic process within thirty-
125 six hours.
126 7. If the circumstances suggest that the death was
127 caused by other than natural causes, the medical examiner or
128 coroner shall determine the cause of death and shall, either
129 by signature or an approved electronic process, complete and
130 attest to the accuracy of the medical certification within
131 seventy-two hours after taking charge of the case.
132 8. If the cause of death cannot be determined within
133 seventy-two hours after death, the attending medical
134 examiner, coroner, attending physician, physician assistant,
135 assistant physician, advanced practice registered nurse, or
136 local registrar shall give the funeral director, or person
137 in charge of final disposition of the dead body, notice of
138 the reason for the delay, and final disposition of the body
139 shall not be made until authorized by the medical examiner,
140 coroner, attending physician, physician assistant, assistant
141 physician, advanced practice registered nurse, or local
142 registrar.

143 9. When a death is presumed to have occurred within
144 this state but the body cannot be located, a death
145 certificate may be prepared by the state registrar upon
146 receipt of an order of a court of competent jurisdiction
147 which shall include the finding of facts required to
148 complete the death certificate. Such a death certificate
149 shall be marked "Presumptive", show on its face the date of
150 registration, and identify the court and the date of decree.
151 10. (1) The department of health and senior services
152 shall notify all physicians, physician assistants, assistant
153 physicians, and advanced practice registered nurses licensed
154 under chapters 334 and 335 of the requirements regarding the
155 use of the electronic vital records system provided for in
156 this section.
157 (2) On or before August 30, 2015, the department of
158 health and senior services, division of community and public
159 health shall create a working group comprised of
160 representation from the Missouri electronic vital records
161 system users and recipients of death certificates used for
162 professional purposes to evaluate the Missouri electronic
163 vital records system, develop recommendations to improve the
164 efficiency and usability of the system, and to report such
165 findings and recommendations to the general assembly no
166 later than January 1, 2016.
167 11. Notwithstanding any provision of law to the
168 contrary, if a coroner or deputy coroner is not current with
169 or is without the approved training under chapter 58, the
170 department of health and senior services shall prohibit such
171 coroner from attesting to the accuracy of a certificate of
172 death. No person elected or appointed to the office of
173 coroner can assume such elected office until the training,
174 as established by the coroner standards and training
175 commission under the provisions of section 58.035, has been

176 completed and a certificate of completion has been issued.
177 In the event a coroner cannot fulfill his or her duties or
178 is no longer qualified to attest to the accuracy of a death
179 certificate, the sheriff of the county shall appoint a
180 medical professional to attest death certificates until such
181 time as the coroner can resume his or her duties or another
182 coroner is appointed or elected to the office.

193.265. 1. For the issuance of a certification or
2 copy of a death record, the applicant shall pay a fee of
3 fourteen dollars for the first certification or copy and a
4 fee of eleven dollars for each additional copy ordered at
5 that time. For the issuance of a certification or copy of a
6 birth, marriage, divorce, or fetal death record, the
7 applicant shall pay a fee of fifteen dollars. No fee shall
8 be required or collected for a certification of birth,
9 death, or marriage if the request for certification is made
10 by the children's division, the division of youth services,
11 a guardian ad litem, or a juvenile officer on behalf of a
12 child or person under twenty-one years of age who has come
13 under the jurisdiction of the juvenile court under section
14 211.031. All fees collected under this subsection shall be
15 deposited to the state department of revenue. Beginning
16 August 28, 2004, for each vital records fee collected, the
17 director of revenue shall credit four dollars to the general
18 revenue fund, five dollars to the children's trust fund, one
19 dollar shall be credited to the endowed care cemetery audit
20 fund, one dollar for each certification or copy of death
21 records to the Missouri state coroners' training fund
22 established in section 58.208, and three dollars for the
23 first copy of death records and five dollars for birth,
24 marriage, divorce, and fetal death records shall be credited
25 to the Missouri public health services fund established in
26 section 192.900. Money in the endowed care cemetery audit

27 fund shall be available by appropriation to the division of
28 professional registration to pay its expenses in
29 administering sections 214.270 to 214.410. All interest
30 earned on money deposited in the endowed care cemetery audit
31 fund shall be credited to the endowed care cemetery fund.
32 Notwithstanding the provisions of section 33.080 to the
33 contrary, money placed in the endowed care cemetery audit
34 fund shall not be transferred and placed to the credit of
35 general revenue until the amount in the fund at the end of
36 the biennium exceeds three times the amount of the
37 appropriation from the endowed care cemetery audit fund for
38 the preceding fiscal year. The money deposited in the
39 public health services fund under this section shall be
40 deposited in a separate account in the fund, and moneys in
41 such account, upon appropriation, shall be used to automate
42 and improve the state vital records system, and develop and
43 maintain an electronic birth and death registration system.
44 For any search of the files and records, when no record is
45 found, the state shall be entitled to a fee equal to the
46 amount for a certification of a vital record for a five-year
47 search to be paid by the applicant. For the processing of
48 each legitimation, adoption, court order or recording after
49 the registrant's twelfth birthday, the state shall be
50 entitled to a fee equal to the amount for a certification of
51 a vital record. Except whenever a certified copy or copies
52 of a vital record is required to perfect any claim of any
53 person on relief, or any dependent of any person who was on
54 relief for any claim upon the government of the state or
55 United States, the state registrar shall, upon request,
56 furnish a certified copy or so many certified copies as are
57 necessary, without any fee or compensation therefor.
58 2. For the issuance of a certification of a death
59 record by the local registrar, the applicant shall pay a fee

60 of fourteen dollars for the first certification or copy and
61 a fee of eleven dollars for each additional copy ordered at
62 that time. For each fee collected under this subsection,
63 one dollar shall be deposited to the state department of
64 revenue and the remainder shall be deposited to the official
65 city or county health agency. The director of revenue shall
66 credit all fees deposited to the state department of revenue
67 under this subsection to the Missouri state coroners'
68 training fund established in section 58.208.
69 3. For the issuance of a certification or copy of a
70 birth, marriage, divorce, or fetal death record, the
71 applicant shall pay a fee of fifteen dollars; except that,
72 in any county with a charter form of government and with
73 more than six hundred thousand but fewer than seven hundred
74 thousand inhabitants, a donation of one dollar may be
75 collected by the local registrar over and above any fees
76 required by law when a certification or copy of any marriage
77 license or birth certificate is provided, with such
78 donations collected to be forwarded monthly by the local
79 registrar to the county treasurer of such county and the
80 donations so forwarded to be deposited by the county
81 treasurer into the housing resource commission fund to
82 assist homeless families and provide financial assistance to
83 organizations addressing homelessness in such county. The
84 local registrar shall include a check-off box on the
85 application form for such copies. All fees collected under
86 this subsection, other than the donations collected in any
87 county with a charter form of government and with more than
88 six hundred thousand but fewer than seven hundred thousand
89 inhabitants for marriage licenses and birth certificates,
90 shall be deposited to the official city or county health
91 agency.

4. A certified copy of a death record by the local registrar can only be issued [within twenty-four hours of receipt of the record by the local registrar. Computer-generated certifications of death records may be issued by the local registrar after twenty-four hours of receipt of the records] after acceptance and registration with the state registrar. The fees paid to the official county health agency shall be retained by the local agency for local public health purposes.

5. No fee under this section shall be required or collected from a parent or guardian of a homeless child or homeless youth, as defined in subsection 1 of section 167.020, or an unaccompanied youth, as defined in 42 U.S.C. Section 11434a(6), for the issuance of a certification, or copy of such certification, of birth of such child or youth. An unaccompanied youth shall be eligible to receive a certification or copy of his or her own birth record without the consent or signature of his or her parent or guardian; provided, that only one certificate under this provision shall be provided without cost to the unaccompanied or homeless youth. For the issuance of any additional certificates, the statutory fee shall be paid.

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

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

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

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

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.
195.206. 1. As used in this section, the following
2 terms shall mean:
3 (1) "Addiction mitigation medication", naltrexone
4 hydrochloride that is administered in a manner approved by
5 the United States Food and Drug Administration or any
6 accepted medical practice method of administering;
7 (2) "Opioid antagonist", naloxone hydrochloride, or
8 any other drug or device approved by the United States Food
9 and Drug Administration, that blocks the effects of an
10 opioid overdose **[**that**]** and is administered in a manner
11 approved by the United States Food and Drug Administration
12 or any accepted medical practice method of administering;
13 (3) "Opioid-related drug overdose", a condition
14 including, but not limited to, extreme physical illness,

15 decreased level of consciousness, respiratory depression,
16 coma, or death resulting from the consumption or use of an
17 opioid or other substance with which an opioid was combined
18 or a condition that a layperson would reasonably believe to
19 be an opioid-related drug overdose that requires medical
20 assistance.

21 2. Notwithstanding any other law or regulation to the
22 contrary:

23 (1) The director of the department of health and
24 senior services, if a licensed physician, may issue a
25 statewide standing order for an opioid antagonist or an
26 addiction mitigation medication;

27 (2) In the alternative, the department may employ or
28 contract with a licensed physician who may issue a statewide
29 standing order for an opioid antagonist or an addiction
30 mitigation medication with the express written consent of
31 the department director.

32 3. Notwithstanding any other law or regulation to the
33 contrary, any licensed pharmacist in Missouri may sell and
34 dispense an opioid antagonist or an addiction mitigation
35 medication under physician protocol or under a statewide
36 standing order issued under subsection 2 of this section.

37 4. A licensed pharmacist who, acting in good faith and
38 with reasonable care, sells or dispenses an opioid
39 antagonist or an addiction mitigation medication and an
40 appropriate device to administer the drug, and the protocol
41 physician, shall not be subject to any criminal or civil
42 liability or any professional disciplinary action for
43 prescribing or dispensing the opioid antagonist or an
44 addiction mitigation medication or any outcome resulting
45 from the administration of the opioid antagonist or an
46 addiction mitigation medication. A physician issuing a
47 statewide standing order under subsection 2 of this section

shall not be subject to any criminal or civil liability or any professional disciplinary action for issuing the standing order or for any outcome related to the order or the administration of the opioid antagonist or an addiction mitigation medication.

5. Notwithstanding any other law or regulation to the contrary, it shall be permissible for any person to possess an opioid antagonist or an addiction mitigation medication.

6. Any person who administers an opioid antagonist to another person shall, immediately after administering the drug, contact emergency personnel. Any person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related drug overdose shall be immune from criminal prosecution, disciplinary actions from his or her professional licensing board, and civil liability due to the administration of the opioid antagonist.

281.102. The enactment of section 281.048 and the repeal and reenactment of sections 281.015, 281.020, 281.025, 281.030, 281.035, 281.037, 281.038, 281.040, 281.045, 281.050, 281.055, 281.060, 281.063, 281.065, 281.070, 281.075, 281.085, and 281.101 of this act shall become effective on January 1, **[**2024**]** 2025.

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

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

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

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

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

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

11 (a) **[**An indelible**]** A mark made on the body of another
12 person by the insertion of a pigment, ink, or both pigment
13 and ink under the skin with the aid of needles or blades
14 using hand-held or machine-powered instruments; **[**or**]**
15 (b) A mark made on the face or body of another person
16 for cosmetic purposes or to any part of the body for scar
17 coverage or other corrective purposes by the insertion of a
18 pigment, ink, or both pigment and ink under the skin with
19 the aid of needles; or
20 (c) An indelible design made on the body of another
21 person by production of scars other than by branding.
22 2. No person shall knowingly tattoo, brand or perform
23 body piercing on a minor unless such person obtains the
24 prior written informed consent of the minor's parent or
25 legal guardian. The minor's parent or legal guardian shall
26 execute the written informed consent required pursuant to
27 this subsection in the presence of the person performing the
28 tattooing, branding or body piercing on the minor, or in the
29 presence of an employee or agent of such person. Any person
30 who fraudulently misrepresents himself or herself as a
31 parent is guilty of a class B misdemeanor.
32 3. A person shall not tattoo, brand or perform body
33 piercing on another person if the other person is under the
34 influence of intoxicating liquor or a controlled substance.
35 4. A person who violates any provisions of sections
36 324.520 to 324.526 is guilty of a misdemeanor and shall be
37 fined not more than five hundred dollars. If there is a
38 subsequent violation within one year of the initial
39 violation, such person shall be fined not less than five
40 hundred dollars or more than one thousand dollars.
41 5. No person under the age of eighteen shall tattoo,
42 brand or perform body piercing on another person.

331.020. 1. Whenever in this chapter occurs the word "board", or "the board", such words shall be construed to mean the state board of chiropractic examiners.

2. For the purposes of this chapter, the following terms mean:

(1) "Animal chiropractic", the examination and treatment of an animal through vertebral subluxation complex or spinal, joint, or musculoskeletal manipulation by an animal chiropractic practitioner. The term "animal chiropractic" shall not be construed to require supervision by a licensed veterinarian to practice or to allow the diagnosing of an animal; the performing of surgery; the dispensing, prescribing, or administering of medications, drugs, or biologics; or the performance of any other type of veterinary medicine when performed by an individual licensed by the state board of chiropractic examiners;

(2) "Animal chiropractic practitioner":

(a) A licensed veterinarian; or

(b) An individual who is licensed by the state board of chiropractic examiners to engage in the practice of chiropractic, as defined in section 331.010; who is certified by the AVCA or IVCA, as defined in section 340.200, or other equivalent certifying body; who has graduated from a certification course in animal chiropractic with not less than two hundred ten hours of instruction; and whose practice of animal chiropractic shall be regulated by the state board of chiropractic examiners.

331.060. 1. The board may refuse to issue any certificate of registration or authority, permit or license required pursuant to this chapter for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his right to file

7 a complaint with the administrative hearing commission as
8 provided by chapter 621.
9 2. The board may cause a complaint to be filed with
10 the administrative hearing commission as provided by chapter
11 621 against any holder of any certificate of registration or
12 authority, permit or license required by this chapter or any
13 person who has failed to renew or has surrendered his
14 certificate of registration or authority, permit or license
15 for any one or any combination of the following causes:
16 (1) Use of any controlled substance, as defined in
17 chapter 195, or alcoholic beverage to an extent that such
18 use impairs a person's ability to perform the work of any
19 profession licensed or regulated by this chapter;
20 (2) The person has been finally adjudicated and found
21 guilty, or entered a plea of guilty or nolo contendere, in a
22 criminal prosecution under the laws of any state, of the
23 United States, or of any country, for any offense directly
24 related to the duties and responsibilities of the
25 occupation, as set forth in section 324.012, regardless of
26 whether or not sentence is imposed;
27 (3) Use of fraud, deception, misrepresentation or
28 bribery in securing any certificate of registration or
29 authority, permit or license issued pursuant to this chapter
30 or in obtaining permission to take any examination given or
31 required pursuant to this chapter;
32 (4) Obtaining or attempting to obtain any fee, charge,
33 tuition or other compensation by fraud, deception or
34 misrepresentation;
35 (5) Incompetency, misconduct, gross negligence, fraud,
36 misrepresentation or dishonesty in the performance of the
37 functions or duties of any profession licensed or regulated
38 by this chapter;

(6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter;

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

(8) Disciplinary action against the holder of a license or other right to practice any profession regulated by this chapter granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;

(9) A person is finally adjudged insane or incompetent by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by this chapter who is not registered and currently eligible to practice under this chapter;

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

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

(13) Violation of any professional trust or confidence;

(14) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed. False, misleading or deceptive advertisements or solicitations shall include, but not be limited to:

70 (a) Promises of cure, relief from pain or other
71 physical or mental condition, or improved physical or mental
72 health;
73 (b) Any self-laudatory statement;
74 (c) Any misleading or deceptive statement offering or
75 promising a free service. Nothing herein shall be construed
76 to make it unlawful to offer a service for no charge if the
77 offer is announced as part of a full disclosure of routine
78 fees including consultation fees;
79 (d) Any misleading or deceptive claims of patient
80 cure, relief or improved condition; superiority in service,
81 treatment or materials; new or improved service, treatment
82 or material, or reduced costs or greater savings. Nothing
83 herein shall be construed to make it unlawful to use any
84 such claim if it is readily verifiable by existing
85 documentation, data or other substantial evidence. Any claim
86 which exceeds or exaggerates the scope of its supporting
87 documentation, data or evidence is misleading or deceptive;
88 (e) Failure to use the term "chiropractor", "doctor of
89 chiropractic", "chiropractic physician", or "D.C." in any
90 advertisement, solicitation, sign, letterhead, or any other
91 method of addressing the public;
92 (f) Attempting to attract patronage in any manner
93 which castigates, impugns, disparages, discredits or attacks
94 other healing arts and sciences or other chiropractic
95 physicians;
96 (15) Violation of the drug laws or rules and
97 regulations of this state, any other state or the federal
98 government;
99 (16) Failure or refusal to properly guard against
100 contagious, infectious or communicable diseases or the
101 spread thereof;

102 (17) Fails to maintain a chiropractic office in a safe
103 and sanitary condition;
104 (18) Engaging in unprofessional or improper conduct in
105 the practice of chiropractic;
106 (19) Administering or prescribing any drug or medicine
107 or attempting to practice medicine, surgery, or osteopathy
108 within the meaning of chapter 334;
109 (20) Engaging in the practice of animal chiropractic
110 without a patient referral from a licensed veterinarian with
111 a current veterinarian-client-patient relationship;
112 (21) Being unable to practice as a chiropractic
113 physician with reasonable skill and safety to patients
114 because of one of the following: professional incompetency;
115 illness, drunkenness, or excessive use of drugs, narcotics,
116 or chemicals; any mental or physical condition. In enforcing
117 this subdivision the board shall, after a hearing before the
118 board, upon a finding of probable cause, require the
119 chiropractor for the purpose of establishing his competency
120 to practice as a chiropractic physician to submit to a
121 reexamination, which shall be conducted in accordance with
122 rules adopted for this purpose by the board, including rules
123 to allow the examination of the chiropractic physician's
124 professional competence by at least three chiropractic
125 physicians, or to submit to a mental or physical examination
126 or combination thereof by at least three physicians. One
127 examiner shall be selected by the chiropractic physician
128 compelled to take the examination, one selected by the
129 board, and one shall be selected by the two examiners so
130 selected. Notice of the physical or mental examination shall
131 be given by personal service or certified mail. Failure of
132 the chiropractic physician to submit to an examination when
133 directed shall constitute an admission of the allegations
134 against him, unless the failure was due to circumstances

135 beyond his control. A chiropractic physician whose right to
136 practice has been affected under this subdivision shall, at
137 reasonable intervals, be afforded an opportunity to
138 demonstrate that he can resume competent practice with
139 reasonable skill and safety to patients.
140 (a) In any proceeding under this subdivision, neither
141 the record of proceedings nor the orders entered by the
142 board shall be used against a chiropractic physician in any
143 other proceeding. Proceedings under this subdivision shall
144 be conducted by the board without the filing of a complaint
145 with the administrative hearing commission;
146 (b) When the board finds any person unqualified
147 because of any of the grounds set forth in this subdivision,
148 it may enter an order imposing one or more of the following:
149 denying his application for a license; permanently
150 withholding issuance of a license; administering a public or
151 private reprimand; suspending or limiting or restricting his
152 license to practice as a chiropractic physician for a period
153 of not more than five years; revoking his license to
154 practice as a chiropractic physician; requiring him to
155 submit to the care, counseling or treatment of physicians
156 designated by the chiropractic physician compelled to be
157 treated. For the purpose of this subdivision, "license"
158 includes the certificate of registration, or license, or
159 both, issued by the board.
160 3. After the filing of such complaint, the proceedings
161 shall be conducted in accordance with the provisions of
162 chapter 621. Upon a finding by the administrative hearing
163 commission that the grounds, provided in subsection 2 of
164 this section, for disciplinary action are met, the board
165 may, singly or in combination:

166 (1) Censure or place the person named in the complaint
167 on probation on such terms and conditions as the board deems
168 appropriate for a period not to exceed five years; or
169 (2) May suspend the license, certificate or permit for
170 a period not to exceed three years; or
171 (3) Revoke the license, certificate or permit.
172 4. If at any time after disciplinary sanctions have
173 been imposed under this section or under any provision of
174 this chapter, the licensee removes himself from the state of
175 Missouri, ceases to be currently licensed under the
176 provisions of this chapter, or fails to keep the Missouri
177 state board of chiropractic examiners advised of his current
178 place of business and residence, the time of his absence, or
179 unlicensed status, or unknown whereabouts shall not be
180 deemed or taken as any part of the time of discipline so
181 imposed.

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.

334.043. [Upon the applicant paying a fee equivalent to the required examination fee and furnishing the board with all locations of previous practice and licensure in chronological order, the board shall, under regulations prescribed by it, admit without examination qualified persons who meet the requirements of this state including, but not limited to, sections 334.031, 334.035 and 334.040, and who hold certificates of licensure in any state or territory of the United States or the District of Columbia authorizing them to practice in the same manner and to the same extent as physicians and surgeons are authorized to practice by this chapter. Within the limits of this section, the board is authorized and empowered to negotiate reciprocal compacts with licensing boards of other states for admission of licensed practitioners from Missouri in other states] 1. For purposes of this section, the following terms mean:

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

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

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

(4) "Nonresident military spouse", a nonresident spouse of an active duty member of the Armed Forces of the United States who has been transferred or is scheduled to be

34 transferred to the state of Missouri, or who has been
35 transferred or is scheduled to be transferred to an adjacent
36 state and is or will be domiciled in the state of Missouri,
37 or has moved to the state of Missouri on a permanent change-
38 of-station basis;
39 (5) "Oversight body", any board, department, agency,
40 or office of a jurisdiction that issues licenses;
41 (6) "Resident military spouse", a spouse of an active
42 duty member of the Armed Forces of the United States who has
43 been transferred or is scheduled to be transferred to the
44 state of Missouri or an adjacent state and who is a
45 permanent resident of the state of Missouri, who is
46 domiciled in the state of Missouri, or who has Missouri as
47 his or her home of record.
48 2. Any person who holds a valid current physician and
49 surgeon license issued by another state, a branch or unit of
50 the military, a territory of the United States, or the
51 District of Columbia, and who has been licensed for at least
52 one year in such other jurisdiction, may submit to the board
53 an application for a physician and surgeon license in
54 Missouri along with proof of current licensure and proof of
55 licensure for at least one year in the other jurisdiction.
56 3. The board shall:
57 (1) Within six months of receiving an application
58 described in subsection 2 of this section, waive any
59 examination, educational, or experience requirements for
60 licensure in this state for the applicant if it determines
61 that there were minimum education requirements and, if
62 applicable, work experience and clinical supervision
63 requirements in effect and the other jurisdiction verifies
64 that the person met those requirements in order to be
65 licensed or certified in that jurisdiction. The board may

66 require an applicant to take and pass an examination
67 specific to the laws of this state; or
68 (2) Within thirty days of receiving an application
69 described in subsection 2 of this section from a nonresident
70 military spouse or a resident military spouse, waive any
71 examination, educational, or experience requirements for
72 licensure in this state for the applicant and issue such
73 applicant a license under this section if such applicant
74 otherwise meets the requirements of this section.
75 4. (1) The board shall not waive any examination,
76 educational, or experience requirements for any applicant
77 who has had his or her license revoked by an oversight body
78 outside the state; who is currently under investigation, who
79 has a complaint pending, or who is currently under
80 disciplinary action, except as provided in subdivision (2)
81 of this subsection, with an oversight body outside the
82 state; who does not hold a license in good standing with an
83 oversight body outside the state; who has a criminal record
84 that would disqualify him or her for licensure in Missouri;
85 or who does not hold a valid current license in the other
86 jurisdiction on the date the board receives his or her
87 application under this section.
88 (2) If another jurisdiction has taken disciplinary
89 action against an applicant, the board shall determine if
90 the cause for the action was corrected and the matter
91 resolved. If the matter has not been resolved by that
92 jurisdiction, the board may deny a license until the matter
93 is resolved.
94 5. Nothing in this section shall prohibit the board
95 from denying a license to an applicant under this section
96 for any reason described in section 334.100.
97 6. Any person who is licensed under the provisions of
98 this section shall be subject to the board's jurisdiction

99 and all rules and regulations pertaining to the practice as
100 a physician and surgeon in this state.
101 7. This section shall not be construed to waive any
102 requirement for an applicant to pay any fees.

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

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

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

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

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

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

(a) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or

62 misrepresentation; willfully and continually overcharging or
63 overtreating patients; or charging for visits to the
64 physician's office which did not occur unless the services
65 were contracted for in advance, or for services which were
66 not rendered or documented in the patient's records;
67 (b) Attempting, directly or indirectly, by way of
68 intimidation, coercion or deception, to obtain or retain a
69 patient or discourage the use of a second opinion or
70 consultation;
71 (c) Willfully and continually performing inappropriate
72 or unnecessary treatment, diagnostic tests or medical or
73 surgical services;
74 (d) Delegating professional responsibilities to a
75 person who is not qualified by training, skill, competency,
76 age, experience or licensure to perform such
77 responsibilities;
78 (e) Misrepresenting that any disease, ailment or
79 infirmity can be cured by a method, procedure, treatment,
80 medicine or device;
81 (f) Performing or prescribing medical services which
82 have been declared by board rule to be of no medical or
83 osteopathic value;
84 (g) Final disciplinary action by any professional
85 medical or osteopathic association or society or licensed
86 hospital or medical staff of such hospital in this or any
87 other state or territory, whether agreed to voluntarily or
88 not, and including, but not limited to, any removal,
89 suspension, limitation, or restriction of the person's
90 license or staff or hospital privileges, failure to renew
91 such privileges or license for cause, or other final
92 disciplinary action, if the action was in any way related to
93 unprofessional conduct, professional incompetence,

94 malpractice or any other violation of any provision of this
95 chapter;
96 (h) Signing a blank prescription form; or dispensing,
97 prescribing, administering or otherwise distributing any
98 drug, controlled substance or other treatment without
99 sufficient examination including failing to establish a
100 valid physician-patient relationship pursuant to section
101 334.108, or for other than medically accepted therapeutic or
102 experimental or investigative purposes duly authorized by a
103 state or federal agency, or not in the course of
104 professional practice, or not in good faith to relieve pain
105 and suffering, or not to cure an ailment, physical infirmity
106 or disease, except as authorized in section 334.104;
107 (i) Exercising influence within a physician-patient
108 relationship for purposes of engaging a patient in sexual
109 activity;
110 (j) Being listed on any state or federal sexual
111 offender registry;
112 (k) Terminating the medical care of a patient without
113 adequate notice or without making other arrangements for the
114 continued care of the patient;
115 (l) Failing to furnish details of a patient's medical
116 records to other treating physicians or hospitals upon
117 proper request; or failing to comply with any other law
118 relating to medical records;
119 (m) Failure of any applicant or licensee to cooperate
120 with the board during any investigation;
121 (n) Failure to comply with any subpoena or subpoena
122 duces tecum from the board or an order of the board;
123 (o) Failure to timely pay license renewal fees
124 specified in this chapter;

125 (p) Violating a probation agreement, order, or other
126 settlement agreement with this board or any other licensing
127 agency;
128 (q) Failing to inform the board of the physician's
129 current residence and business address;
130 (r) Advertising by an applicant or licensee which is
131 false or misleading, or which violates any rule of the
132 board, or which claims without substantiation the positive
133 cure of any disease, or professional superiority to or
134 greater skill than that possessed by any other physician.
135 An applicant or licensee shall also be in violation of this
136 provision if the applicant or licensee has a financial
137 interest in any organization, corporation or association
138 which issues or conducts such advertising;
139 (s) Any other conduct that is unethical or
140 unprofessional involving a minor;
141 (5) Any conduct or practice which is or might be
142 harmful or dangerous to the mental or physical health of a
143 patient or the public; or incompetency, gross negligence or
144 repeated negligence in the performance of the functions or
145 duties of any profession licensed or regulated by this
146 chapter. For the purposes of this subdivision, "repeated
147 negligence" means the failure, on more than one occasion, to
148 use that degree of skill and learning ordinarily used under
149 the same or similar circumstances by the member of the
150 applicant's or licensee's profession;
151 (6) Violation of, or attempting to violate, directly
152 or indirectly, or assisting or enabling any person to
153 violate, any provision of this chapter or chapter 324, or of
154 any lawful rule or regulation adopted pursuant to this
155 chapter or chapter 324;
156 (7) Impersonation of any person holding a certificate
157 of registration or authority, permit or license or allowing

158 any person to use his or her certificate of registration or
159 authority, permit, license or diploma from any school;
160 (8) Revocation, suspension, restriction, modification,
161 limitation, reprimand, warning, censure, probation or other
162 final disciplinary action against the holder of or applicant
163 for a license or other right to practice any profession
164 regulated by this chapter by another state, territory,
165 federal agency or country, whether or not voluntarily agreed
166 to by the licensee or applicant, including, but not limited
167 to, the denial of licensure, surrender of the license,
168 allowing the license to expire or lapse, or discontinuing or
169 limiting the practice of medicine while subject to an
170 investigation or while actually under investigation by any
171 licensing authority, medical facility, branch of the Armed
172 Forces of the United States of America, insurance company,
173 court, agency of the state or federal government, or
174 employer;
175 (9) A person is finally adjudged incapacitated or
176 disabled by a court of competent jurisdiction;
177 (10) Assisting or enabling any person to practice or
178 offer to practice any profession licensed or regulated by
179 this chapter who is not registered and currently eligible to
180 practice pursuant to this chapter; or knowingly performing
181 any act which in any way aids, assists, procures, advises,
182 or encourages any person to practice medicine who is not
183 registered and currently eligible to practice pursuant to
184 this chapter. A physician who works in accordance with
185 standing orders or protocols or in accordance with the
186 provisions of section 334.104 shall not be in violation of
187 this subdivision;
188 (11) Issuance of a certificate of registration or
189 authority, permit or license based upon a material mistake
190 of fact;

191 (12) Failure to display a valid certificate or license
192 if so required by this chapter or any rule promulgated
193 pursuant to this chapter;
194 (13) Violation of the drug laws or rules and
195 regulations of this state, including but not limited to any
196 provision of chapter 195, any other state, or the federal
197 government;
198 (14) Knowingly making, or causing to be made, or
199 aiding, or abetting in the making of, a false statement in
200 any birth, death or other certificate or document executed
201 in connection with the practice of the person's profession;
202 (15) Knowingly making a false statement, orally or in
203 writing to the board;
204 (16) Soliciting patronage in person or by agents or
205 representatives, or by any other means or manner, under the
206 person's own name or under the name of another person or
207 concern, actual or pretended, in such a manner as to
208 confuse, deceive, or mislead the public as to the need or
209 necessity for or appropriateness of health care services for
210 all patients, or the qualifications of an individual person
211 or persons to diagnose, render, or perform health care
212 services;
213 (17) Using, or permitting the use of, the person's
214 name under the designation of "Doctor", "Dr.", "M.D.", or
215 "D.O.", or any similar designation with reference to the
216 commercial exploitation of any goods, wares or merchandise;
217 (18) Knowingly making or causing to be made a false
218 statement or misrepresentation of a material fact, with
219 intent to defraud, for payment pursuant to the provisions of
220 chapter 208 or chapter 630 or for payment from Title XVIII
221 or Title XIX of the Social Security Act;
222 (19) Failure or refusal to properly guard against
223 contagious, infectious or communicable diseases or the

224 spread thereof; maintaining an unsanitary office or
225 performing professional services under unsanitary
226 conditions; or failure to report the existence of an
227 unsanitary condition in the office of a physician or in any
228 health care facility to the board, in writing, within thirty
229 days after the discovery thereof;
230 (20) Any candidate for licensure or person licensed to
231 practice as a physical therapist, paying or offering to pay
232 a referral fee or**[**, notwithstanding section 334.010 to the
233 contrary, practicing or offering to practice professional
234 physical therapy independent of the prescription and
235 direction of a person licensed and registered as a physician
236 and surgeon pursuant to this chapter, as a dentist pursuant
237 to chapter 332, as a podiatrist pursuant to chapter 330, as
238 an advanced practice registered nurse under chapter 335, or
239 any licensed and registered physician, dentist, podiatrist,
240 or advanced practice registered nurse practicing in another
241 jurisdiction, whose license is in good standing**]** evaluating
242 or treating a patient in a manner inconsistent with section
243 334.506;
244 (21) Any candidate for licensure or person licensed to
245 practice as a physical therapist, treating or attempting to
246 treat ailments or other health conditions of human beings
247 other than by professional physical therapy and as
248 authorized by sections 334.500 to 334.620;
249 (22) Any person licensed to practice as a physician or
250 surgeon, requiring, as a condition of the physician-patient
251 relationship, that the patient receive prescribed drugs,
252 devices or other professional services directly from
253 facilities of that physician's office or other entities
254 under that physician's ownership or control. A physician
255 shall provide the patient with a prescription which may be
256 taken to the facility selected by the patient and a

257 physician knowingly failing to disclose to a patient on a
258 form approved by the advisory commission for professional
259 physical therapists as established by section 334.625 which
260 is dated and signed by a patient or guardian acknowledging
261 that the patient or guardian has read and understands that
262 the physician has a pecuniary interest in a physical therapy
263 or rehabilitation service providing prescribed treatment and
264 that the prescribed treatment is available on a competitive
265 basis. This subdivision shall not apply to a referral by
266 one physician to another physician within a group of
267 physicians practicing together;
268 (23) A pattern of personal use or consumption of any
269 controlled substance unless it is prescribed, dispensed or
270 administered by another physician who is authorized by law
271 to do so;
272 (24) Habitual intoxication or dependence on alcohol,
273 evidence of which may include more than one alcohol-related
274 enforcement contact as defined by section 302.525;
275 (25) Failure to comply with a treatment program or an
276 aftercare program entered into as part of a board order,
277 settlement agreement or licensee's professional health
278 program;
279 (26) Revocation, suspension, limitation, probation, or
280 restriction of any kind whatsoever of any controlled
281 substance authority, whether agreed to voluntarily or not,
282 or voluntary termination of a controlled substance authority
283 while under investigation;
284 (27) For a physician to operate, conduct, manage, or
285 establish an abortion facility, or for a physician to
286 perform an abortion in an abortion facility, if such
287 facility comes under the definition of an ambulatory
288 surgical center pursuant to sections 197.200 to 197.240, and

289 such facility has failed to obtain or renew a license as an
290 ambulatory surgical center.
291 3. Collaborative practice arrangements, protocols and
292 standing orders shall be in writing and signed and dated by
293 a physician prior to their implementation.
294 4. After the filing of such complaint before the
295 administrative hearing commission, the proceedings shall be
296 conducted in accordance with the provisions of chapter 621.
297 Upon a finding by the administrative hearing commission that
298 the grounds, provided in subsection 2 of this section, for
299 disciplinary action are met, the board may, singly or in
300 combination, warn, censure or place the person named in the
301 complaint on probation on such terms and conditions as the
302 board deems appropriate for a period not to exceed ten
303 years, or may suspend the person's license, certificate or
304 permit for a period not to exceed three years, or restrict
305 or limit the person's license, certificate or permit for an
306 indefinite period of time, or revoke the person's license,
307 certificate, or permit, or administer a public or private
308 reprimand, or deny the person's application for a license,
309 or permanently withhold issuance of a license or require the
310 person to submit to the care, counseling or treatment of
311 physicians designated by the board at the expense of the
312 individual to be examined, or require the person to attend
313 such continuing educational courses and pass such
314 examinations as the board may direct.
315 5. In any order of revocation, the board may provide
316 that the person may not apply for reinstatement of the
317 person's license for a period of time ranging from two to
318 seven years following the date of the order of revocation.
319 All stay orders shall toll this time period.
320 6. Before restoring to good standing a license,
321 certificate or permit issued pursuant to this chapter which

322 has been in a revoked, suspended or inactive state for any
323 cause for more than two years, the board may require the
324 applicant to attend such continuing medical education
325 courses and pass such examinations as the board may direct.
326 7. In any investigation, hearing or other proceeding
327 to determine a licensee's or applicant's fitness to
328 practice, any record relating to any patient of the licensee
329 or applicant shall be discoverable by the board and
330 admissible into evidence, regardless of any statutory or
331 common law privilege which such licensee, applicant, record
332 custodian or patient might otherwise invoke. In addition,
333 no such licensee, applicant, or record custodian may
334 withhold records or testimony bearing upon a licensee's or
335 applicant's fitness to practice on the ground of privilege
336 between such licensee, applicant or record custodian and a
337 patient.
338 8. The act of lawfully dispensing, prescribing,
339 administering, or otherwise distributing ivermectin tablets
340 or hydroxychloroquine sulfate tablets for human use shall
341 not be grounds for denial, suspension, revocation, or other
342 disciplinary action by the board.
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-
291 5.100 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.
334.506. 1. As used in this section, the following
2 terms mean:
3 (1) "Approved health care provider" **[**means**]**, a person
4 holding a current and active license as a physician and
5 surgeon under this chapter, a chiropractor under chapter
6 331, a dentist under chapter 332, a podiatrist under chapter
7 330, a physician assistant under this chapter, an advanced
8 practice registered nurse under chapter 335, or any licensed
9 and registered physician, chiropractor, dentist, or
10 podiatrist practicing in another jurisdiction whose license
11 is in good standing;
12 (2) "Consult" or "consultation", communication by
13 telephone, by fax, in writing, or in person with the
14 patient's personally approved licensed health care provider

15 or a licensed health care provider of the patient's
16 designation.
17 2. A physical therapist [shall not] may evaluate and
18 initiate treatment [for a new injury or illness] on a
19 patient without a prescription or referral from an approved
20 health care provider, provided that the physical therapist
21 has a doctorate of physical therapy degree or has five years
22 of clinical practice as a physical therapist.
23 3. A physical therapist may provide educational
24 resources and training, develop fitness or wellness programs
25 [for asymptomatic persons], or provide screening or
26 consultative services within the scope of physical therapy
27 practice without [the] a prescription [and direction of] or
28 referral from an approved health care provider.
29 4. [A physical therapist may examine and treat without
30 the prescription and direction of an approved health care
31 provider any person with a recurring self-limited injury
32 within one year of diagnosis by an approved health care
33 provider or a chronic illness that has been previously
34 diagnosed by an approved health care provider. The physical
35 therapist shall:]
36 (1) [Contact the patient's current approved health
37 care provider within seven days of initiating physical
38 therapy services under this subsection;] A physical
39 therapist shall refer to an approved health care provider
40 any patient whose condition at the time of evaluation or
41 treatment is determined to be beyond the scope of practice
42 of physical therapy. The physical therapist shall not
43 provide physical therapy services or treatment after this
44 referral has been made.
45 (2) [Not change an existing physical therapy referral
46 available to the physical therapist without approval of the
47 patient's current approved health care provider;] A physical

48 therapist shall refer to an approved health care provider
49 any patient who does not demonstrate measurable or
50 functional improvement after ten visits or thirty days,
51 whichever occurs first. The physical therapist shall not
52 provide further therapy services or treatment after this
53 referral has been made.
54 (3) **[**Refer to an approved health care provider any
55 patient whose medical condition at the time of examination
56 or treatment is determined to be beyond the scope of
57 practice of physical therapy;
58 (4) Refer to an approved health care provider any
59 patient whose condition for which physical therapy services
60 are rendered under this subsection has not been documented
61 to be progressing toward documented treatment goals after
62 six visits or fourteen days, whichever first occurs;
63 (5) Notify the patient's current approved health care
64 provider prior to the continuation of treatment if treatment
65 rendered under this subsection is to continue beyond thirty
66 days. The physical therapist shall provide such
67 notification for each successive period of thirty days.**]** (a)
68 A physical therapist shall consult with an approved health
69 care provider if, after every ten visits or thirty days,
70 whichever occurs first, the patient has demonstrated
71 measurable or functional improvement from the course of
72 physical therapy services or treatment provided and the
73 physical therapist believes that continuation of the course
74 of physical therapy services or treatment is reasonable and
75 necessary based on the physical therapist's evaluation of
76 the patient. The physical therapist shall not provide
77 further physical therapy services or treatment until the
78 consultation has occurred.
79 (b) The consultation with the approved health care
80 provider shall include information concerning:

81 a. The patient's condition for which physical therapy
82 services or treatments were provided;
83 b. The basis for the course of services or treatment
84 indicated, as determined from the physical therapy
85 evaluation of the patient;
86 c. The physical therapy services or treatment provided
87 before the date of the consultation;
88 d. The patient's demonstrated measurable or functional
89 improvement from the services or treatment provided before
90 the date of the consultation;
91 e. The continuing physical therapy services or
92 treatment proposed to be provided following the
93 consultation; and
94 f. The professional physical therapy basis for the
95 continued physical therapy services or treatment to be
96 provided.
97 (c) Continued physical therapy services or treatment
98 following the consultation with and approval by an approved
99 health care provider shall proceed in accordance with any
100 feedback, advice, opinion, or direction of the approved
101 health care provider. The physical therapist shall notify
102 the consulting approved health care provider of continuing
103 physical therapy services or treatment and the patient's
104 progress at least every ten visits or thirty days after the
105 initial consultation unless the consulting approved health
106 care provider directs otherwise.
107 (d) The provisions of this subdivision shall not apply
108 to physical therapy services performed within a primary or
109 secondary school for individuals within ages not in excess
110 of twenty-one years.
111 5. The provision of physical therapy services of
112 evaluation and screening pursuant to this section shall be
113 limited to a physical therapist, and any authority for

114 evaluation and screening granted within this section may not
115 be delegated. Upon each reinitiation of physical therapy
116 services, a physical therapist shall provide a full physical
117 therapy evaluation prior to the reinitiation of physical
118 therapy treatment. **[**Physical therapy treatment provided
119 pursuant to the provisions of subsection 4 of this section
120 may be delegated by physical therapists to physical
121 therapist assistants only if the patient's current approved
122 health care provider has been so informed as part of the
123 physical therapist's seven-day notification upon
124 reinitiation of physical therapy services as required in
125 subsection 4 of this section.**]** Nothing in this subsection
126 shall be construed as to limit the ability of physical
127 therapists or physical therapist assistants to provide
128 physical therapy services in accordance with the provisions
129 of this chapter, and upon the referral of an approved health
130 care provider. Nothing in this subsection shall prohibit an
131 approved health care provider from acting within the scope
132 of their practice as defined by the applicable chapters of
133 RSMo.
134 6. No person licensed to practice, or applicant for
135 licensure, as a physical therapist or physical therapist
136 assistant shall make a medical diagnosis.
137 7. A physical therapist shall only delegate physical
138 therapy treatment to a physical therapist assistant or to a
139 person in an entry level of a professional education program
140 approved by the Commission on Accreditation in Physical
141 Therapy Education (CAPTE) who satisfies supervised clinical
142 education requirements related to the person's physical
143 therapist or physical therapist assistant education. The
144 entry-level person shall be under the supervision of a
145 physical therapist.

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

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of a license to practice as a physical therapist or physical therapist assistant who has

33 failed to renew or has surrendered his or her license for
34 any one or any combination of the following causes:
35 (1) Use of any controlled substance, as defined in
36 chapter 195, or alcoholic beverage to an extent that such
37 use impairs a person's ability to perform the work of a
38 physical therapist or physical therapist assistant;
39 (2) The person has been finally adjudicated and found
40 guilty, or entered a plea of guilty or nolo contendere, in a
41 criminal prosecution under the laws of any state, of the
42 United States, or of any country, for any offense directly
43 related to the duties and responsibilities of the
44 occupation, as set forth in section 324.012, regardless of
45 whether or not sentence is imposed;
46 (3) Use of fraud, deception, misrepresentation, or
47 bribery in securing any certificate of registration or
48 authority, permit, or license issued under this chapter or
49 in obtaining permission to take any examination given or
50 required under this chapter;
51 (4) Misconduct, fraud, misrepresentation, dishonesty,
52 unethical conduct, or unprofessional conduct in the
53 performance of the functions or duties of a physical
54 therapist or physical therapist assistant, including but not
55 limited to the following:
56 (a) Obtaining or attempting to obtain any fee, charge,
57 tuition, or other compensation by fraud, deception, or
58 misrepresentation; willfully and continually overcharging or
59 overtreating patients; or charging for sessions of physical
60 therapy which did not occur unless the services were
61 contracted for in advance, or for services which were not
62 rendered or documented in the patient's records;
63 (b) Attempting, directly or indirectly, by way of
64 intimidation, coercion, or deception, to obtain or retain a

65 patient or discourage the use of a second opinion or
66 consultation;
67 (c) Willfully and continually performing inappropriate
68 or unnecessary treatment or services;
69 (d) Delegating professional responsibilities to a
70 person who is not qualified by training, skill, competency,
71 age, experience, or licensure to perform such
72 responsibilities;
73 (e) Misrepresenting that any disease, ailment, or
74 infirmity can be cured by a method, procedure, treatment,
75 medicine, or device;
76 (f) Performing services which have been declared by
77 board rule to be of no physical therapy value;
78 (g) Final disciplinary action by any professional
79 association, professional society, licensed hospital or
80 medical staff of the hospital, or physical therapy facility
81 in this or any other state or territory, whether agreed to
82 voluntarily or not, and including but not limited to any
83 removal, suspension, limitation, or restriction of the
84 person's professional employment, malpractice, or any other
85 violation of any provision of this chapter;
86 (h) Administering treatment without sufficient
87 examination, or for other than medically accepted
88 therapeutic or experimental or investigative purposes duly
89 authorized by a state or federal agency, or not in the
90 course of professional physical therapy practice;
91 (i) Engaging in or soliciting sexual relationships,
92 whether consensual or nonconsensual, while a physical
93 therapist or physical therapist assistant/patient
94 relationship exists; making sexual advances, requesting
95 sexual favors, or engaging in other verbal conduct or
96 physical contact of a sexual nature with patients or clients;

97 (j) Terminating the care of a patient without adequate
98 notice or without making other arrangements for the
99 continued care of the patient;
100 (k) Failing to furnish details of a patient's physical
101 therapy records to treating physicians, other physical
102 therapists, or hospitals upon proper request; or failing to
103 comply with any other law relating to physical therapy
104 records;
105 (l) Failure of any applicant or licensee, other than
106 the licensee subject to the investigation, to cooperate with
107 the board during any investigation;
108 (m) Failure to comply with any subpoena or subpoena
109 duces tecum from the board or an order of the board;
110 (n) Failure to timely pay license renewal fees
111 specified in this chapter;
112 (o) Violating a probation agreement with this board or
113 any other licensing agency;
114 (p) Failing to inform the board of the physical
115 therapist's or physical therapist assistant's current
116 telephone number, residence, and business address;
117 (q) Advertising by an applicant or licensee which is
118 false or misleading, or which violates any rule of the
119 board, or which claims without substantiation the positive
120 cure of any disease, or professional superiority to or
121 greater skill than that possessed by any other physical
122 therapist or physical therapist assistant. An applicant or
123 licensee shall also be in violation of this provision if the
124 applicant or licensee has a financial interest in any
125 organization, corporation, or association which issues or
126 conducts such advertising;
127 (5) Any conduct or practice which is or might be
128 harmful or dangerous to the mental or physical health of a
129 patient or the public; or incompetency, gross negligence, or

130 repeated negligence in the performance of the functions or
131 duties of a physical therapist or physical therapist
132 assistant. For the purposes of this subdivision, "repeated
133 negligence" means the failure, on more than one occasion, to
134 use that degree of skill and learning ordinarily used under
135 the same or similar circumstances by the member of the
136 applicant's or licensee's profession;
137 (6) Violation of, or attempting to violate, directly
138 or indirectly, or assisting or enabling any person to
139 violate, any provision of this chapter, or of any lawful
140 rule adopted under this chapter;
141 (7) Impersonation of any person licensed as a physical
142 therapist or physical therapist assistant or allowing any
143 person to use his or her license or diploma from any school;
144 (8) Revocation, suspension, restriction, modification,
145 limitation, reprimand, warning, censure, probation, or other
146 final disciplinary action against a physical therapist or
147 physical therapist assistant for a license or other right to
148 practice as a physical therapist or physical therapist
149 assistant by another state, territory, federal agency or
150 country, whether or not voluntarily agreed to by the
151 licensee or applicant, including but not limited to the
152 denial of licensure, surrender of the license, allowing the
153 license to expire or lapse, or discontinuing or limiting the
154 practice of physical therapy while subject to an
155 investigation or while actually under investigation by any
156 licensing authority, medical facility, branch of the Armed
157 Forces of the United States of America, insurance company,
158 court, agency of the state or federal government, or
159 employer;
160 (9) A person is finally adjudged incapacitated or
161 disabled by a court of competent jurisdiction;

162 (10) Assisting or enabling any person to practice or
163 offer to practice who is not licensed and currently eligible
164 to practice under this chapter; or knowingly performing any
165 act which in any way aids, assists, procures, advises, or
166 encourages any person to practice physical therapy who is
167 not licensed and currently eligible to practice under this
168 chapter;
169 (11) Issuance of a license to practice as a physical
170 therapist or physical therapist assistant based upon a
171 material mistake of fact;
172 (12) Failure to display a valid license pursuant to
173 practice as a physical therapist or physical therapist
174 assistant;
175 (13) Knowingly making, or causing to be made, or
176 aiding, or abetting in the making of, a false statement in
177 any document executed in connection with the practice of
178 physical therapy;
179 (14) Soliciting patronage in person or by agents or
180 representatives, or by any other means or manner, under the
181 person's own name or under the name of another person or
182 concern, actual or pretended, in such a manner as to
183 confuse, deceive, or mislead the public as to the need or
184 necessity for or appropriateness of physical therapy
185 services for all patients, or the qualifications of an
186 individual person or persons to render, or perform physical
187 therapy services;
188 (15) Using, or permitting the use of, the person's
189 name under the designation of "physical therapist",
190 "physiotherapist", "registered physical therapist", "P.T.",
191 "Ph.T.", "P.T.T.", "D.P.T.", "M.P.T." or "R.P.T.", "physical
192 therapist assistant", "P.T.A.", "L.P.T.A.", "C.P.T.A.", or
193 any similar designation with reference to the commercial
194 exploitation of any goods, wares or merchandise;

195 (16) Knowingly making or causing to be made a false
196 statement or misrepresentation of a material fact, with
197 intent to defraud, for payment under chapter 208 or chapter
198 630 or for payment from Title XVIII or Title XIX of the
199 Social Security Act;
200 (17) Failure or refusal to properly guard against
201 contagious, infectious, or communicable diseases or the
202 spread thereof; maintaining an unsanitary facility or
203 performing professional services under unsanitary
204 conditions; or failure to report the existence of an
205 unsanitary condition in any physical therapy facility to the
206 board, in writing, within thirty days after the discovery
207 thereof;
208 (18) Any candidate for licensure or person licensed to
209 practice as a physical therapist or physical therapist
210 assistant paying or offering to pay a referral fee or**[**,
211 notwithstanding section 334.010 to the contrary, practicing
212 or offering to practice professional physical therapy
213 independent of the prescription and direction of a person
214 licensed and registered as a physician and surgeon under
215 this chapter, as a physician assistant under this chapter,
216 as a chiropractor under chapter 331, as a dentist under
217 chapter 332, as a podiatrist under chapter 330, as an
218 advanced practice registered nurse under chapter 335, or any
219 licensed and registered physician, chiropractor, dentist,
220 podiatrist, or advanced practice registered nurse practicing
221 in another jurisdiction, whose license is in good standing**]**
222 evaluating or treating a patient in a manner inconsistent
223 with section 334.506;
224 (19) Any candidate for licensure or person licensed to
225 practice as a physical therapist or physical therapist
226 assistant treating or attempting to treat ailments or other
227 health conditions of human beings other than by professional

228 physical therapy and as authorized by sections 334.500 to
229 334.685;
230 (20) A pattern of personal use or consumption of any
231 controlled substance unless it is prescribed, dispensed, or
232 administered by a physician who is authorized by law to do
233 so;
234 (21) Failing to maintain adequate patient records
235 under section 334.602;
236 (22) Attempting to engage in conduct that subverts or
237 undermines the integrity of the licensing examination or the
238 licensing examination process, including but not limited to
239 utilizing in any manner recalled or memorized licensing
240 examination questions from or with any person or entity,
241 failing to comply with all test center security procedures,
242 communicating or attempting to communicate with any other
243 examinees during the test, or copying or sharing licensing
244 examination questions or portions of questions;
245 (23) Any candidate for licensure or person licensed to
246 practice as a physical therapist or physical therapist
247 assistant who requests, receives, participates or engages
248 directly or indirectly in the division, transferring,
249 assigning, rebating or refunding of fees received for
250 professional services or profits by means of a credit or
251 other valuable consideration such as wages, an unearned
252 commission, discount or gratuity with any person who
253 referred a patient, or with any relative or business
254 associate of the referring person;
255 (24) Being unable to practice as a physical therapist
256 or physical therapist assistant with reasonable skill and
257 safety to patients by reasons of incompetency, or because of
258 illness, drunkenness, excessive use of drugs, narcotics,
259 chemicals, or as a result of any mental or physical
260 condition. The following shall apply to this subdivision:

261 (a) In enforcing this subdivision the board shall,
262 after a hearing by the board, upon a finding of probable
263 cause, require a physical therapist or physical therapist
264 assistant to submit to a reexamination for the purpose of
265 establishing his or her competency to practice as a physical
266 therapist or physical therapist assistant conducted in
267 accordance with rules adopted for this purpose by the board,
268 including rules to allow the examination of the pattern and
269 practice of such physical therapist's or physical therapist
270 assistant's professional conduct, or to submit to a mental
271 or physical examination or combination thereof by a facility
272 or professional approved by the board;
273 (b) For the purpose of this subdivision, every
274 physical therapist and physical therapist assistant licensed
275 under this chapter is deemed to have consented to submit to
276 a mental or physical examination when directed in writing by
277 the board;
278 (c) In addition to ordering a physical or mental
279 examination to determine competency, the board may,
280 notwithstanding any other law limiting access to medical or
281 other health data, obtain medical data and health records
282 relating to a physical therapist, physical therapist
283 assistant or applicant without the physical therapist's,
284 physical therapist assistant's or applicant's consent;
285 (d) Written notice of the reexamination or the
286 physical or mental examination shall be sent to the physical
287 therapist or physical therapist assistant, by registered
288 mail, addressed to the physical therapist or physical
289 therapist assistant at the physical therapist's or physical
290 therapist assistant's last known address. Failure of a
291 physical therapist or physical therapist assistant to submit
292 to the examination when directed shall constitute an
293 admission of the allegations against the physical therapist

294 or physical therapist assistant, in which case the board may
295 enter a final order without the presentation of evidence,
296 unless the failure was due to circumstances beyond the
297 physical therapist's or physical therapist assistant's
298 control. A physical therapist or physical therapist
299 assistant whose right to practice has been affected under
300 this subdivision shall, at reasonable intervals, be afforded
301 an opportunity to demonstrate that the physical therapist or
302 physical therapist assistant can resume the competent
303 practice as a physical therapist or physical therapist
304 assistant with reasonable skill and safety to patients;
305 (e) In any proceeding under this subdivision neither
306 the record of proceedings nor the orders entered by the
307 board shall be used against a physical therapist or physical
308 therapist assistant in any other proceeding. Proceedings
309 under this subdivision shall be conducted by the board
310 without the filing of a complaint with the administrative
311 hearing commission;
312 (f) When the board finds any person unqualified
313 because of any of the grounds set forth in this subdivision,
314 it may enter an order imposing one or more of the
315 disciplinary measures set forth in subsection 3 of this
316 section.
317 3. After the filing of such complaint before the
318 administrative hearing commission, the proceedings shall be
319 conducted in accordance with the provisions of chapter 621.
320 Upon a finding by the administrative hearing commission that
321 the grounds provided in subsection 2 of this section for
322 disciplinary action are met, the board may, singly or in
323 combination:
324 (1) Warn, censure or place the physical therapist or
325 physical therapist assistant named in the complaint on

326 probation on such terms and conditions as the board deems
327 appropriate for a period not to exceed ten years;
328 (2) Suspend the physical therapist's or physical
329 therapist assistant's license for a period not to exceed
330 three years;
331 (3) Restrict or limit the physical therapist's or
332 physical therapist assistant's license for an indefinite
333 period of time;
334 (4) Revoke the physical therapist's or physical
335 therapist assistant's license;
336 (5) Administer a public or private reprimand;
337 (6) Deny the physical therapist's or physical
338 therapist assistant's application for a license;
339 (7) Permanently withhold issuance of a license;
340 (8) Require the physical therapist or physical
341 therapist assistant to submit to the care, counseling or
342 treatment of physicians designated by the board at the
343 expense of the physical therapist or physical therapist
344 assistant to be examined;
345 (9) Require the physical therapist or physical
346 therapist assistant to attend such continuing educational
347 courses and pass such examinations as the board may direct.
348 4. In any order of revocation, the board may provide
349 that the physical therapist or physical therapist assistant
350 shall not apply for reinstatement of the physical
351 therapist's or physical therapist assistant's license for a
352 period of time ranging from two to seven years following the
353 date of the order of revocation. All stay orders shall toll
354 this time period.
355 5. Before restoring to good standing a license issued
356 under this chapter which has been in a revoked, suspended,
357 or inactive state for any cause for more than two years, the
358 board may require the applicant to attend such continuing

359 medical education courses and pass such examinations as the
360 board may direct.
361 6. In any investigation, hearing or other proceeding
362 to determine a physical therapist's, physical therapist
363 assistant's or applicant's fitness to practice, any record
364 relating to any patient of the physical therapist, physical
365 therapist assistant, or applicant shall be discoverable by
366 the board and admissible into evidence, regardless of any
367 statutory or common law privilege which such physical
368 therapist, physical therapist assistant, applicant, record
369 custodian, or patient might otherwise invoke. In addition,
370 no such physical therapist, physical therapist assistant,
371 applicant, or record custodian may withhold records or
372 testimony bearing upon a physical therapist's, physical
373 therapist assistant's, or applicant's fitness to practice on
374 the grounds of privilege between such physical therapist,
375 physical therapist assistant, applicant, or record custodian
376 and a patient.
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 and
229 (11) If a collaborative practice arrangement is used
230 in clinical situations where a collaborating physician
231 assistant provides health care services that include the
232 diagnosis and initiation of treatment for acutely or
233 chronically ill or injured persons, then the collaborating
234 physician or any other physician designated in the
235 collaborative practice arrangement shall be present for
236 sufficient periods of time, at least once every two weeks,
237 except in extraordinary circumstances that shall be
238 documented, to participate in a chart review and to provide
239 necessary medical direction, medical services,
240 consultations, and supervision of the health care staff.
241 10. The state board of registration for the healing
242 arts under section 334.125 may promulgate rules regulating
243 the use of collaborative practice arrangements.

244 11. The state board of registration for the healing
245 arts shall not deny, revoke, suspend, or otherwise take
246 disciplinary action against a collaborating physician for
247 health care services delegated to a physician assistant,
248 provided that the provisions of this section and the rules
249 promulgated thereunder are satisfied.
250 12. Within thirty days of any change and on each
251 renewal, the state board of registration for the healing
252 arts shall require every physician to identify whether the
253 physician is engaged in any collaborative practice
254 arrangement, including collaborative practice arrangements
255 delegating the authority to prescribe controlled substances,
256 and also report to the board the name of each physician
257 assistant with whom the physician has entered into such
258 arrangement. The board may make such information available
259 to the public. The board shall track the reported
260 information and may routinely conduct random reviews of such
261 arrangements to ensure that the arrangements are carried out
262 in compliance with this chapter.
263 13. The collaborating physician shall determine and
264 document the completion of a period of time during which the
265 physician assistant shall practice with the collaborating
266 physician continuously present before practicing in a
267 setting where the collaborating physician is not
268 continuously present. This limitation shall not apply to
269 collaborative arrangements of providers of population-based
270 public health services as defined by 20 CSR 2150-5.100 as of
271 April 30, 2009.
272 14. No contract or other arrangement shall require a
273 physician to act as a collaborating physician for a
274 physician assistant against the physician's will. A
275 physician shall have the right to refuse to act as a
276 supervising physician, without penalty, for a particular

277 physician assistant. No contract or other agreement shall
278 limit the collaborating physician's ultimate authority over
279 any protocols or standing orders or in the delegation of the
280 physician's authority to any physician assistant. No
281 contract or other arrangement shall require any physician
282 assistant to collaborate with any physician against the
283 physician assistant's will. A physician assistant shall
284 have the right to refuse to collaborate, without penalty,
285 with a particular physician.
286 15. Physician assistants shall file with the board a
287 copy of their collaborating physician form.
288 16. No physician shall be designated to serve as a
289 collaborating physician for more than six full-time
290 equivalent licensed physician assistants, full-time
291 equivalent advanced practice registered nurses, or full-time
292 equivalent assistant physicians, or any combination
293 thereof. This limitation shall not apply to physician
294 assistant collaborative practice arrangements of hospital
295 employees providing inpatient care service in hospitals as
296 defined in chapter 197, or to a certified registered nurse
297 anesthetist providing anesthesia services under the
298 supervision of an anesthesiologist or other physician,
299 dentist, or podiatrist who is immediately available if
300 needed as set out in subsection 7 of section 334.104.
301 17. No arrangement made under this section shall
302 supercede current hospital licensing regulations governing
303 hospital medication orders under protocols or standing
304 orders for the purpose of delivering inpatient or emergency
305 care within a hospital, as defined in section 197.020, if
306 such protocols or standing orders have been approved by the
307 hospital's medical staff and pharmaceutical therapeutics
308 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.

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

334.1605. In order to strengthen access to health
2 care, and in recognition of the advances in the delivery of
3 health care, the member states of the Interstate Medical
4 Licensure Compact have allied in common purpose to develop a
5 comprehensive process that complements the existing
6 licensing and regulatory authority of state medical boards,
7 provides a streamlined process that allows physicians to
8 become licensed in multiple states, thereby enhancing the
9 portability of a medical license and ensuring the safety of

10 patients. The Compact creates another pathway for licensure
11 and does not otherwise change a state's existing Medical
12 Practice Act. The Compact also adopts the prevailing
13 standard for licensure and affirms that the practice of
14 medicine occurs where the patient is located at the time of
15 the physician-patient encounter, and therefore, requires the
16 physician to be under the jurisdiction of the state medical
17 board where the patient is located. State medical boards
18 that participate in the Compact retain the jurisdiction to
19 impose an adverse action against a license to practice
20 medicine in that state issued to a physician through the
21 procedures in the Compact.

334.1610. In this compact:

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

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

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

13 (4) "Expedited License" means a full and unrestricted
14 medical license granted by a member state to an eligible
15 physician through the process set forth in the Compact.

16 (5) "Interstate Commission" means the interstate
17 commission created pursuant to section 334.1655.

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

21 (7) "Medical Practice Act" means laws and regulations
22 governing the practice of allopathic and osteopathic
23 medicine within a member state.
24 (8) "Member Board" means a state agency in a member
25 state that acts in the sovereign interests of the state by
26 protecting the public through licensure, regulation, and
27 education of physicians as directed by the state government.
28 (9) "Member State" means a state that has enacted the
29 Compact.
30 (10) "Practice of Medicine" means that clinical
31 prevention, diagnosis, or treatment of human disease,
32 injury, or condition requiring a physician to obtain and
33 maintain a license in compliance with the Medical Practice
34 Act of a member state.
35 (11) "Physician" means any person who:
36 (a) Is a graduate of a medical school accredited by
37 the Liaison Committee on Medical Education, the Commission
38 on Osteopathic College Accreditation, or a medical school
39 listed in the International Medical Education Directory or
40 its equivalent;
41 (b) Passed each component of the United States Medical
42 Licensing Examination (USMLE) or the Comprehensive
43 Osteopathic Medical Licensing Examination (COMLEX-USA)
44 within three attempts, or any of its predecessor
45 examinations accepted by a state medical board as an
46 equivalent examination for licensure purposes;
47 (c) Successfully completed graduate medical education
48 approved by the Accreditation Council for Graduate Medical
49 Education or the American Osteopathic Association;
50 (d) Holds specialty certification or a time-unlimited
51 specialty certificate recognized by the American Board of
52 Medical Specialties or the American Osteopathic
53 Association's Bureau of Osteopathic Specialists;

54 (e) Possesses a full and unrestricted license to
55 engage in the practice of medicine issued by a member board;
56 (f) Has never been convicted, received adjudication,
57 deferred adjudication, community supervision, or deferred
58 disposition for any offense by a court of appropriate
59 jurisdiction;
60 (g) Has never held a license authorizing the practice
61 of medicine subjected to discipline by a licensing agency in
62 any state, federal, or foreign jurisdiction, excluding any
63 action related to non-payment of fees related to a license;
64 (h) Has never had a controlled substance license or
65 permit suspended or revoked by a state or the United States
66 Drug Enforcement Administration; and
67 (i) Is not under active investigation by a licensing
68 agency or law enforcement authority in any state, federal,
69 or foreign jurisdiction.
70 (12) "Offense" means a felony, gross misdemeanor, or
71 crime of moral turpitude.
72 (13) "Rule" means a written statement by the
73 Interstate Commission promulgated pursuant to section
74 334.1660 of the Compact that is of general applicability,
75 implements, interprets, or prescribes a policy or provision
76 of the Compact, or an organizational, procedural, or
77 practice requirement of the Interstate Commission, and has
78 the force and effect of statutory law in a member state, and
79 includes the amendment, repeal, or suspension of an existing
80 rule.
81 (14) "State" means any state, commonwealth, district,
82 or territory of the United States.
83 (15) "State of Principal License" means a member state
84 where a physician holds a license to practice medicine and
85 which has been designated as such by the physician for
86 purposes of registration and participation in the Compact.

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

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

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

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

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

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

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

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

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

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

5 2. Upon receipt of an application for an expedited
6 license, the member board within the state selected as the
7 state of principal license shall evaluate whether the
8 physician is eligible for expedited licensure and issue a
9 letter of qualification, verifying or denying the
10 physician's eligibility, to the Interstate Commission.
11 (1) Static qualifications, which include verification
12 of medical education, graduate medical education, results of
13 any medical or licensing examination, and other
14 qualifications as determined by the Interstate Commission
15 through rule, shall not be subject to additional primary
16 source verification where already primary source verified by
17 the state of principal license.
18 (2) The member board within the state selected as the
19 state of principal license shall, in the course of verifying
20 eligibility, perform a criminal background check of an
21 applicant, including the use of the results of fingerprint
22 or other biometric data checks compliant with the
23 requirements of the Federal Bureau of Investigation, with
24 the exception of federal employees who have suitability
25 determination in accordance with 5 C.F.R. §731.202.
26 (3) Appeal on the determination of eligibility shall
27 be made to the member state where the application was filed
28 and shall be subject to the law of that state.
29 3. Upon verification in subsection 2 of this section,
30 physicians eligible for an expedited license shall complete
31 the registration process established by the Interstate
32 Commission to receive a license in a member state selected
33 pursuant to subsection 1 of this section, including the
34 payment of any applicable fees.
35 4. After receiving verification of eligibility under
36 subsection 2 of this section and any fees under subsection 3
37 of this section, a member board shall issue an expedited

38 license to the physician. This license shall authorize the
39 physician to practice medicine in the issuing state
40 consistent with the Medical Practice Act and all applicable
41 laws and regulations of the issuing member board and member
42 state.
43 5. An expedited license shall be valid for a period
44 consistent with the licensure period in the member state and
45 in the same manner as required for other physicians holding
46 a full and unrestricted license within the member state.
47 6. An expedited license obtained through the Compact
48 shall be terminated if a physician fails to maintain a
49 license in the state of principal licensure for a non-
50 disciplinary reason, without redesignation of a new state of
51 principal licensure.
52 7. The Interstate Commission is authorized to develop
53 rules regarding the application process, including payment
54 of any applicable fees, and the issuance of an expedited
55 license.
334.1630. 1. A member state issuing an expedited
2 license authorizing the practice of medicine in that state
3 may impose a fee for a license issued or renewed through the
4 Compact.
5 2. The Interstate Commission is authorized to develop
6 rules regarding fees for expedited licenses.
334.1635. 1. A physician seeking to renew an
2 expedited license granted in a member state shall complete a
3 renewal process with the Interstate Commission if the
4 physician:
5 (1) Maintains a full and unrestricted license in a
6 state of principal license;
7 (2) Has not been convicted, received adjudication,
8 deferred adjudication, community supervision, or deferred

9 disposition for any offense by a court of appropriate
10 jurisdiction;
11 (3) Has not had a license authorizing the practice of
12 medicine subject to discipline by a licensing agency in any
13 state, federal, or foreign jurisdiction, excluding any
14 action related to non-payment of fees related to a license;
15 and
16 (4) Has not had a controlled substance license or
17 permit suspended or revoked by a state or the United States
18 Drug Enforcement Administration.
19 2. Physicians shall comply with all continuing
20 professional development or continuing medical education
21 requirements for renewal of a license issued by a member
22 state.
23 3. The Interstate Commission shall collect any renewal
24 fees charged for the renewal of a license and distribute the
25 fees to the applicable member board.
26 4. Upon receipt of any renewal fees collected in
27 subsection 3 of this section, a member board shall renew the
28 physician's license.
29 5. Physician information collected by the Interstate
30 Commission during the renewal process will be distributed to
31 all member boards.
32 6. The Interstate Commission is authorized to develop
33 rules to address renewal of licenses obtained through the
34 Compact.
334.1640. 1. The Interstate Commission shall
2 establish a database of all physicians licensed, or who have
3 applied for licensure, under section 334.1625.
4 2. Notwithstanding any other provision of law, member
5 boards shall report to the Interstate Commission any public
6 action or complaints against a licensed physician who has
7 applied or received an expedited license through the Compact.

8 3. Member boards shall report disciplinary or
9 investigatory information determined as necessary and proper
10 by rule of the Interstate Commission.
11 4. Member boards may report any non-public complaint,
12 disciplinary, or investigatory information not required by
13 subsection 3 of this section to the Interstate Commission.
14 5. Member boards shall share complaint or disciplinary
15 information about a physician upon request of another member
16 board.
17 6. All information provided to the Interstate
18 Commission or distributed by member boards shall be
19 confidential, filed under seal, and used only for
20 investigatory or disciplinary matters.
21 7. The Interstate Commission is authorized to develop
22 rules for mandated or discretionary sharing of information
23 by member boards.
334.1645. 1. Licensure and disciplinary records of
2 physicians are deemed investigative.
3 2. In addition to the authority granted to a member
4 board by its respective Medical Practice Act or other
5 applicable state law, a member board may participate with
6 other member boards in joint investigations of physicians
7 licensed by the member boards.
8 3. A subpoena issued by a member state shall be
9 enforceable in other member states.
10 4. Member boards may share any investigative,
11 litigation, or compliance materials in furtherance of any
12 joint or individual investigation initiated under the
13 Compact.
14 5. Any member state may investigate actual or alleged
15 violations of the statutes authorizing the practice of
16 medicine in any other member state in which a physician
17 holds a license to practice medicine.

334.1650. 1. Any disciplinary action taken by any
2 member board against a physician licensed through the
3 Compact shall be deemed unprofessional conduct which may be
4 subject to discipline by other member boards, in addition to
5 any violation of the Medical Practice Act or regulations in
6 that state.
7 2. If a license granted to a physician by the member
8 board in the state of principal license is revoked,
9 surrendered or relinquished in lieu of discipline, or
10 suspended, then all licenses issued to the physician by
11 member boards shall automatically be placed, without further
12 action necessary by any member board, on the same status.
13 If the member board in the state of principal license
14 subsequently reinstates the physician's license, a license
15 issued to the physician by any other member board shall
16 remain encumbered until that respective member board takes
17 action to reinstate the license in a manner consistent with
18 the Medical Practice Act of that state.
19 3. If disciplinary action is taken against a physician
20 by a member board not in the state of principal license, any
21 other member board may deem the action conclusive as to
22 matter of law and fact decided, and:
23 (1) Impose the same or lesser sanction(s) against the
24 physician so long as such sanctions are consistent with the
25 Medical Practice Act of that state; or
26 (2) Pursue separate disciplinary action against the
27 physician under its respective Medical Practice Act,
28 regardless of the action taken in other member states.
29 4. If a license granted to a physician by a member
30 board is revoked, surrendered or relinquished in lieu of
31 discipline, or suspended, then any license(s) issued to the
32 physician by any other member board(s) shall be suspended,
33 automatically and immediately without further action

34 necessary by the other member board(s), for ninety (90) days
35 upon entry of the order by the disciplining board, to permit
36 the member board(s) to investigate the basis for the action
37 under the Medical Practice Act of that state. A member
38 board may terminate the automatic suspension of the license
39 it issued prior to the completion of the ninety (90) day
40 suspension period in a manner consistent with the Medical
41 Practice Act of that state.

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

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

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

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

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

25 (2) Executive director, executive secretary, or
26 similar executive of a member board; or
27 (3) Member of the public appointed to a member board.
28 5. The Interstate Commission shall meet at least once
29 each calendar year. A portion of this meeting shall be a
30 business meeting to address such matters as may properly
31 come before the Commission, including the election of
32 officers. The chairperson may call additional meetings and
33 shall call for a meeting upon the request of a majority of
34 the member states.
35 6. The bylaws may provide for meetings of the
36 Interstate Commission to be conducted by telecommunication
37 or electronic communication.
38 7. Each Commissioner participating at a meeting of the
39 Interstate Commission is entitled to one vote. A majority
40 of Commissioners shall constitute a quorum for the
41 transaction of business, unless a larger quorum is required
42 by the bylaws of the Interstate Commission. A Commissioner
43 shall not delegate a vote to another Commissioner. In the
44 absence of its Commissioner, a member state may delegate
45 voting authority for a specified meeting to another person
46 from that state who shall meet the requirements of
47 subsection 4 of this section.
48 8. The Interstate Commission shall provide public
49 notice of all meetings and all meetings shall be open to the
50 public. The Interstate Commission may close a meeting, in
51 full or in portion, where it determines by a two-thirds vote
52 of the Commissioners present that an open meeting would be
53 likely to:
54 (1) Relate solely to the internal personnel practice
55 and procedures of the Interstate Commission;
56 (2) Discuss matters specifically exempted from
57 disclosure by federal statute;

58 (3) Discuss trade secrets, commercial, or financial
59 information that is privileged or confidential;
60 (4) Involve accusing a person of a crime, or formally
61 censuring a person;
62 (5) Discuss information of a personal nature where
63 disclosure would constitute a clearly unwarranted invasion
64 of personal privacy;
65 (6) Discuss investigative records compiled for law
66 enforcement purposes; or
67 (7) Specifically relate to the participation in a
68 civil action or other legal proceeding.
69 9. The Interstate Commission shall keep minutes which
70 shall fully describe all matters discussed in a meeting and
71 shall provide a full and accurate summary of actions taken,
72 including record of any roll call votes.
73 10. The Interstate Commission shall make its
74 information and official records, to the extent not
75 otherwise designated in the Compact or by its rules,
76 available to the public for inspection.
77 11. The Interstate Commission shall establish an
78 executive committee, which shall include officers, members,
79 and others as determined by the bylaws. The executive
80 committee shall have the power to act on behalf of the
81 Interstate Commission, with the exception of rulemaking,
82 during periods when the Interstate Commission is not in
83 session. When acting on behalf of the Interstate
84 Commission, the executive committee shall oversee the
85 administration of the Compact including enforcement and
86 compliance with the provisions of the Compact, its bylaws
87 and rules, and other such duties as necessary.
88 12. The Interstate Commission shall establish other
89 committees for governance and administration of the Compact.

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

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

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

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

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

(5) Establish and appoint committees including, but not limited to, an executive committee as required by section 334.1655, which shall have the power to act on behalf of the Interstate Commission in carrying out its powers and duties;

(6) Pay, or provide for the payment of the expenses related to the establishment, organization, and ongoing activities of the Interstate Commission;

(7) Establish and maintain one or more offices;

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

(9) Purchase and maintain insurance and bonds;

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

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

34 (12) Accept donations and grants of money, equipment,
35 supplies, materials, and services and to receive, utilize,
36 and dispose of it in a manner consistent with the conflict
37 of interest policies established by the Interstate
38 Commission;
39 (13) Lease, purchase, accept contributions or
40 donations of, or otherwise to own, hold, improve or use, any
41 property, real, personal, or mixed;
42 (14) Sell, convey, mortgage, pledge, lease, exchange,
43 abandon, or otherwise dispose of any property, real,
44 personal, or mixed;
45 (15) Establish a budget and make expenditures;
46 (16) Adopt a seal and bylaws governing the management
47 and operation of the Interstate Commission;
48 (17) Report annually to the legislatures and governors
49 of the member states concerning the activities of the
50 Interstate Commission during the preceding year. Such
51 reports shall also include reports of financial audits and
52 any recommendations that may have been adopted by the
53 Interstate Commission;
54 (18) Coordinate education, training, and public
55 awareness regarding the Compact, its implementation, and its
56 operation;
57 (19) Maintain records in accordance with the bylaws;
58 (20) Seek and obtain trademarks, copyrights, and
59 patents; and
60 (21) Perform such functions as may be necessary or
61 appropriate to achieve the purpose of the Compact.
334.1665. 1. The Interstate Commission may levy on
2 and collect an annual assessment from each member state to
3 cover the cost of the operations and activities of the
4 Interstate Commission and its staff. The total assessment
5 must be sufficient to cover the annual budget approved each

6 year for which revenue is not provided by other sources.
7 The aggregate annual assessment amount shall be allocated
8 upon a formula to be determined by the Interstate
9 Commission, which shall promulgate a rule binding upon all
10 member states.
11 2. The Interstate Commission shall not incur
12 obligations of any kind prior to securing the funds adequate
13 to meet the same.
14 3. The Interstate Commission shall not pledge the
15 credit of any of the member states, except by, and with the
16 authority of, the member state.
17 4. The Interstate Commission shall be subject to a
18 yearly financial audit conducted by a certified or licensed
19 accountant and the report of the audit shall be included in
20 the annual report of the Interstate Commission.
334.1670. 1. The Interstate Commission shall, by a
2 majority of Commissioners present and voting, adopt bylaws
3 to govern its conduct as may be necessary or appropriate to
4 carry out the purposes of the Compact within twelve (12)
5 months of the first Interstate Commission meeting.
6 2. The Interstate Commission shall elect or appoint
7 annually from among its Commissioners a chairperson, a vice-
8 chairperson, and a treasurer, each of whom shall have such
9 authority and duties as may be specified in the bylaws. The
10 chairperson, or in the chairperson's absence or disability,
11 the vice-chairperson, shall preside at all meetings of the
12 Interstate Commission.
13 3. Officers selected in subsection 2 of this section
14 shall serve without remuneration for the Interstate
15 Commission.
16 4. The officers and employees of the Interstate
17 Commission shall be immune from suit and liability, either
18 personally or in their official capacity, for a claim for

damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of Interstate Commission employment, duties, or responsibilities; provided that such person shall not be protected from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

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

6. The Interstate Commission shall defend the executive director, its employees, and subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an Interstate Commission representative, shall defend such Interstate Commission representative in any civil action seeking to impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of Interstate Commission employment, duties or responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of Interstate

52 Commission employment, duties, or responsibilities, provided
53 that the actual or alleged act, error, or omission did not
54 result from intentional or willful and wanton misconduct on
55 the part of such person.
56 7. To the extent not covered by the state involved,
57 member state, or the Interstate Commission, the
58 representatives or employees of the Interstate Commission
59 shall be held harmless in the amount of a settlement or
60 judgement, including attorney's fees and costs, obtained
61 against such persons arising out of an actual or alleged
62 act, error, or omission that occurred within the scope of
63 the Interstate Commission employment, duties, or
64 responsibilities, or that such persons had a reasonable
65 basis for believing occurred within the scope of Interstate
66 Commission employment, duties, or responsibilities, provided
67 that the actual or alleged act, error, or omission did not
68 result from intentional or willful and wanton misconduct on
69 the part of such person.
334.1675. 1. The Interstate Commission shall
2 promulgate reasonable rules in order to effectively and
3 efficiently achieve the purpose of the Compact.
4 Notwithstanding the foregoing, in the event the Interstate
5 Commission exercises its rulemaking authority in a manner
6 that is beyond the scope of the purposes of the Compact, or
7 the powers granted hereunder, then such an action by the
8 Interstate Commission shall be invalid and have no force or
9 effect.
10 2. Rules deemed appropriate for the operations of the
11 Interstate Commission shall be made pursuant to a rulemaking
12 process that substantially conforms to the "Model State
13 Administrative Procedure Act" of 2010, and subsequent
14 amendments thereto.

3. Not later than thirty (30) days after a rule is promulgated, any person may file a petition for judicial review of the rule in the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices, provided that the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. The court shall give deference to the actions of the Interstate Commission consistent with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the Interstate Commission.

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

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

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

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

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

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

334.1690. 1. The grounds for default include, but are not limited to, failure of a member state to perform such obligations or responsibilities imposed upon it by the Compact, or the rules and bylaws of the Interstate Commission promulgated under the Compact.

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

(1) Provide written notice to the defaulting state and other member states, of the nature of the default, the means of curing the default, and any action taken by the Interstate Commission. The Interstate Commission shall

14 specify the conditions by which the defaulting state must
15 cure its default; and
16 (2) Provide remedial training and specific technical
17 assistance regarding the default.
18 3. If the defaulting state fails to cure the default,
19 the defaulting state shall be terminated from the Compact
20 upon an affirmative vote of a majority of the Commissioners
21 and all rights, privileges, and benefits conferred by the
22 Compact shall terminate on the effective date of
23 termination. A cure of the default does not relieve the
24 offending state of obligations or liabilities incurred
25 during the period of the default.
26 4. Termination of membership in the Compact shall be
27 imposed only after all other means of securing compliance
28 have been exhausted. Notice of intent to terminate shall be
29 given by the Interstate Commission to the governor, the
30 majority and minority leaders of the defaulting state's
31 legislature, and each of the member states.
32 5. The Interstate Commission shall establish rules and
33 procedures to address licenses and physicians that are
34 materially impacted by the termination of a member state, or
35 the withdrawal of a member state.
36 6. The member state which has been terminated is
37 responsible for all dues, obligations, and liabilities
38 incurred through the effective date of termination including
39 obligations, the performance of which extends beyond the
40 effective date of termination.
41 7. The Interstate Commission shall not bear any costs
42 relating to any state that has been found to be in default
43 or which has been terminated from the Compact, unless
44 otherwise mutually agreed upon in writing between the
45 Interstate Commission and the defaulting state.

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

334.1695. 1. The Interstate Commission shall attempt,
2 upon the request of a member state, to resolve disputes
3 which are subject to the Compact and which may arise among
4 member states or member boards.
5 2. The Interstate Commission shall promulgate rules
6 providing for both mediation and binding dispute resolution
7 as appropriate.

334.1700. 1. Any state is eligible to become a member
2 of the Compact.
3 2. The Compact shall become effective and binding upon
4 legislative enactment of the Compact into law by no less
5 than seven (7) states. Thereafter, it shall become
6 effective and binding on a state upon enactment of the
7 Compact into law by that state.
8 3. The governors of non-member states, or their
9 designees, shall be invited to participate in the activities
10 of the Interstate Commission on a non-voting basis prior to
11 adoption of the Compact by all states.
12 4. The Interstate Commission may propose amendments to
13 the Compact for enactment by the member states. No
14 amendment shall become effective and binding upon the
15 Interstate Commission and the member states unless and until
16 it is enacted into law by unanimous consent of the member
17 states.

334.1705. 1. Once effective, the Compact shall
2 continue in force and remain binding upon each and every
3 member state; provided that a member state may withdraw from

4 the Compact by specifically repealing the statute which
5 enacted the Compact into law.
6 2. Withdrawal from the Compact shall be by the
7 enactment of a statute repealing the same, but shall not
8 take effect until one (1) year after the effective date of
9 such statute and until written notice of the withdrawal has
10 been given by the withdrawing state to the governor of each
11 other member state.
12 3. The withdrawing state shall immediately notify the
13 chairperson of the Interstate Commission in writing upon the
14 introduction of legislation repealing the Compact in the
15 withdrawing state.
16 4. The Interstate Commission shall notify the other
17 member states of the withdrawing state's intent to withdraw
18 within sixty (60) days of its receipt of notice provided
19 under subsection 3 of this section.
20 5. The withdrawing state is responsible for all dues,
21 obligations and liabilities incurred through the effective
22 date of withdrawal, including obligations, the performance
23 of which extend beyond the effective date of withdrawal.
24 6. Reinstatement following withdrawal of a member
25 state shall occur upon the withdrawing state reenacting the
26 Compact or upon such later date as determined by the
27 Interstate Commission.
28 7. The Interstate Commission is authorized to develop
29 rules to address the impact of the withdrawal of a member
30 state on licenses granted in other member states to
31 physicians who designated the withdrawing member state as
32 the state of principal license.
334.1710. 1. The Compact shall dissolve effective
2 upon the date of the withdrawal or default of the member
3 state which reduces the membership of the Compact to one (1)
4 member state.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

consistent with the required education, training, certification, demonstrated competencies, and experiences of an advanced practice registered nurse;

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

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

(a) Responsibility for the promotion and teaching of health care and the prevention of illness to the patient and 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:

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

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

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

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

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

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

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

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

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

2. The board shall set the amount of the fees which 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

pursuant to the laws of another state, territory, or foreign country if the applicant meets the qualifications required of advanced practice registered nurses, registered nurses, or licensed practical nurses in this state at the time the applicant was originally licensed in the other state, territory, or foreign country.

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

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

335.056. 1. The license of every person licensed under the provisions of **[**sections 335.011 to 335.096**]** this chapter shall be renewed as provided. An application for renewal of license shall be mailed to every person to whom a license was issued or renewed during the current licensing

period. The applicant shall complete the application and return it to the board by the renewal date with a renewal fee in an amount to be set by the board. The fee shall be uniform for all applicants. The certificates of renewal shall render the holder thereof a legal practitioner of nursing for the period stated in the certificate of renewal. Any person who practices nursing as an advanced practice registered nurse, a registered professional nurse, or [as] a licensed practical nurse during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of the provisions of sections 335.011 to [335.096] 335.099.

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

3. A licensed nurse who holds an APRN license shall be disciplined on his or her APRN license for any violations of this chapter.

335.076. 1. Any person who holds a license to practice professional nursing in this state may use the title "Registered Professional Nurse" and the abbreviation ["R.N."] "RN". No other person shall use the title "Registered Professional Nurse" or the abbreviation ["R.N."] "RN". No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices

to indicate that the person using the same is a registered professional nurse.

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

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

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

5. In the interest of public safety and consumer awareness, it is unlawful for any person to use the title

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 this
6 chapter, in the amount of one dollar per year for practical
7 nurses and five dollars per year for registered professional

8 nurses. These funds shall be deposited in the state board
9 of nursing fund described in section 335.036.

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

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

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

14 (3) "Nonresident military spouse", a nonresident
15 spouse of an active duty member of the Armed Forces of the
16 United States who has been transferred or is scheduled to be
17 transferred to the state of Missouri, or who has been
18 transferred or is scheduled to be transferred to an adjacent
19 state and is or will be domiciled in the state of Missouri,
20 or has moved to the state of Missouri on a permanent change-
21 of-station basis;

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

29 2. Each applicant for licensure as a professional
30 counselor shall furnish evidence to the committee that the
31 applicant is at least eighteen years of age, is a United

32 States citizen or is legally present in the United States;
33 and
34 (1) The applicant has completed a course of study as
35 defined by the board rule leading to a master's,
36 specialist's, or doctoral degree with a major in counseling,
37 except any applicant who has held a license as a
38 professional counselor in this state or currently holds a
39 license as a professional counselor in another state shall
40 not be required to have completed any courses related to
41 career development; and
42 (2) The applicant has completed acceptable supervised
43 counseling as defined by board rule. If the applicant has a
44 master's degree with a major in counseling as defined by
45 board rule, the applicant shall complete at least two years
46 of acceptable supervised counseling experience subsequent to
47 the receipt of the master's degree. The composition and
48 number of hours comprising the acceptable supervised
49 counseling experience shall be defined by board rule. An
50 applicant may substitute thirty semester hours of post
51 master's graduate study for one of the two required years of
52 acceptable supervised counseling experience if such hours
53 are clearly related to counseling;
54 (3) After August 28, 2007, each applicant shall have
55 completed a minimum of three hours of graduate level
56 coursework in diagnostic systems either in the curriculum
57 leading to a degree or as post master's graduate level
58 course work;
59 (4) Upon examination, the applicant is possessed of
60 requisite knowledge of the profession, including techniques
61 and applications, research and its interpretation, and
62 professional affairs and ethics.
63 [2. Any person holding a current license, certificate
64 of registration, or permit from another state or territory

65 of the United States to practice as a professional counselor
66 who does not meet the requirements in section 324.009 and
67 who is at least eighteen years of age, and is a United
68 States citizen or is legally present in the United States
69 may be granted a license without examination to engage in
70 the practice of professional counseling in this state upon
71 the application to the board, payment of the required fee as
72 established by the board, and satisfying one of the
73 following requirements:
74 (1) Approval by the American Association of State
75 Counseling Boards (AASCB) or its successor organization
76 according to the eligibility criteria established by AASCB.
77 The successor organization shall be defined by board rule; or
78 (2) In good standing and currently certified by the
79 National Board for Certified Counselors or its successor
80 organization and has completed acceptable supervised
81 counseling experience as defined by board rule. The
82 successor organization shall be defined by board rule.]
83 3. (1) Any person who holds a valid current
84 professional counselor license issued by another state, a
85 branch or unit of the military, a territory of the United
86 States, or the District of Columbia, and who has been
87 licensed for at least one year in such other jurisdiction,
88 may submit an application for a professional counselor
89 license in Missouri along with proof of current licensure
90 and proof of licensure for at least one year in the other
91 jurisdiction, to the committee.
92 (2) The committee shall:
93 (a) Within six months of receiving an application
94 described in subdivision (1) of this subsection, waive any
95 examination, educational, or experience requirements for
96 licensure in this state for the applicant if it determines
97 that there were minimum education requirements and, if

98 applicable, work experience and clinical supervision
99 requirements in effect and the other jurisdiction verifies
100 that the person met those requirements in order to be
101 licensed or certified in that jurisdiction. The committee
102 may require an applicant to take and pass an examination
103 specific to the laws of this state; or
104 (b) Within thirty days of receiving an application
105 described in subdivision (1) of this subsection from a
106 nonresident military spouse or a resident military spouse,
107 waive any examination, educational, or experience
108 requirements for licensure in this state for the applicant
109 and issue such applicant a license under this subsection if
110 such applicant otherwise meets the requirements of this
111 subsection.
112 (3) (a) The committee shall not waive any
113 examination, educational, or experience requirements for any
114 applicant who has had his or her license revoked by a
115 committee outside the state; who is currently under
116 investigation, who has a complaint pending, or who is
117 currently under disciplinary action, except as provided in
118 paragraph (b) of this subdivision, with a committee outside
119 the state; who does not hold a license in good standing with
120 a committee outside the state; who has a criminal record
121 that would disqualify him or her for licensure in Missouri;
122 or who does not hold a valid current license in the other
123 jurisdiction on the date the committee receives his or her
124 application under this subsection.
125 (b) If another jurisdiction has taken disciplinary
126 action against an applicant, the committee shall determine
127 if the cause for the action was corrected and the matter
128 resolved. If the matter has not been resolved by that
129 jurisdiction, the committee may deny a license until the
130 matter is resolved.

131 (4) Nothing in this subsection shall prohibit the
132 committee from denying a license to an applicant under this
133 subsection for any reason described in section 337.525.
134 (5) Any person who is licensed under the provisions of
135 this subsection shall be subject to the committee's
136 jurisdiction and all rules and regulations pertaining to the
137 practice as a licensed professional counselor in this state.
138 (6) This subsection shall not be construed to waive
139 any requirement for an applicant to pay any fees.
140 4. The committee shall issue a license to each person
141 who files an application and fee and who furnishes evidence
142 satisfactory to the committee that the applicant has
143 complied with the provisions of this act and has taken and
144 passed a written, open-book examination on Missouri laws and
145 regulations governing the practice of professional
146 counseling as defined in section 337.500. The division
147 shall issue a provisional professional counselor license to
148 any applicant who meets all requirements of this section,
149 but who has not completed the required acceptable supervised
150 counseling experience and such applicant may reapply for
151 licensure as a professional counselor upon completion of
152 such acceptable supervised counseling experience.
153 **[**4.**]** 5. All persons licensed to practice professional
154 counseling in this state shall pay on or before the license
155 renewal date a renewal license fee and shall furnish to the
156 committee satisfactory evidence of the completion of the
157 requisite number of hours of continuing education as
158 required by rule, including two hours of suicide assessment,
159 referral, treatment, and management training, which shall be
160 no more than forty hours biennially. The continuing
161 education requirements may be waived by the committee upon
162 presentation to the committee of satisfactory evidence of
163 the illness of the licensee or for other good cause.

337.550. SECTION 1: PURPOSE

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

10 This Compact is designed to achieve the following
11 objectives:

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

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

17 C. Encourage the cooperation of Member States in
18 regulating multistate practice for Licensed Professional
19 Counselors;

20 D. Support spouses of relocating Active Duty Military
21 personnel;

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

24 F. Allow for the use of Telehealth technology to
25 facilitate increased access to Professional Counseling
26 services;

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

30 H. Invest all Member States with the authority to hold
31 a Licensed Professional Counselor accountable for meeting
32 all State practice laws in the State in which the client is

33 located at the time care is rendered through the mutual
34 recognition of Member State licenses;
35 I. Eliminate the necessity for licenses in multiple
36 States; and
37 J. Provide opportunities for interstate practice by
38 Licensed Professional Counselors who meet uniform licensure
39 requirements.
40 SECTION 2. DEFINITIONS
41 As used in this Compact, and except as otherwise
42 provided, the following definitions shall apply:
43 A. "Active Duty Military" means full-time duty status
44 in the active uniformed service of the United States,
45 including members of the National Guard and Reserve on
46 active duty orders pursuant to 10 U.S.C. Chapters 1209 and
47 1211.
48 B. "Adverse Action" means any administrative, civil,
49 equitable or criminal action permitted by a State's laws
50 which is imposed by a licensing board or other authority
51 against a Licensed Professional Counselor, including actions
52 against an individual's license or Privilege to Practice
53 such as revocation, suspension, probation, monitoring of the
54 licensee, limitation on the licensee's practice, or any
55 other Encumbrance on licensure affecting a Licensed
56 Professional Counselor's authorization to practice,
57 including issuance of a cease and desist action.
58 C. "Alternative Program" means a non-disciplinary
59 monitoring or practice remediation process approved by a
60 Professional Counseling Licensing Board to address Impaired
61 Practitioners.
62 D. "Continuing Competence/Education" means a
63 requirement, as a condition of license renewal, to provide
64 evidence of participation in, and/or completion of,

65 educational and professional activities relevant to practice
66 or area of work.
67 E. "Counseling Compact Commission" or "Commission"
68 means the national administrative body whose membership
69 consists of all States that have enacted the Compact.
70 F. "Current Significant Investigative Information"
71 means:
72 1. Investigative Information that a Licensing Board,
73 after a preliminary inquiry that includes notification and
74 an opportunity for the Licensed Professional Counselor to
75 respond, if required by State law, has reason to believe is
76 not groundless and, if proved true, would indicate more than
77 a minor infraction; or
78 2. Investigative Information that indicates that the
79 Licensed Professional Counselor represents an immediate
80 threat to public health and safety regardless of whether the
81 Licensed Professional Counselor has been notified and had an
82 opportunity to respond.
83 G. "Data System" means a repository of information
84 about Licensees, including, but not limited to, continuing
85 education, examination, licensure, investigative, Privilege
86 to Practice and Adverse Action information.
87 H. "Encumbered License" means a license in which an
88 Adverse Action restricts the practice of licensed
89 Professional Counseling by the Licensee and said Adverse
90 Action has been reported to the National Practitioners Data
91 Bank (NPDB).
92 I. "Encumbrance" means a revocation or suspension of,
93 or any limitation on, the full and unrestricted practice of
94 Licensed Professional Counseling by a Licensing Board.
95 J. "Executive Committee" means a group of directors
96 elected or appointed to act on behalf of, and within the
97 powers granted to them by, the Commission.

98 K. "Home State" means the Member State that is the
99 Licensee's primary State of residence.
100 L. "Impaired Practitioner" means an individual who has
101 a condition(s) that may impair their ability to practice as
102 a Licensed Professional Counselor without some type of
103 intervention and may include, but are not limited to,
104 alcohol and drug dependence, mental health impairment, and
105 neurological or physical impairments.
106 M. "Investigative Information" means information,
107 records, and documents received or generated by a
108 Professional Counseling Licensing Board pursuant to an
109 investigation.
110 N. "Jurisprudence Requirement" if required by a Member
111 State, means the assessment of an individual's knowledge of
112 the laws and Rules governing the practice of Professional
113 Counseling in a State.
114 O. "Licensed Professional Counselor" means a counselor
115 licensed by a Member State, regardless of the title used by
116 that State, to independently assess, diagnose, and treat
117 behavioral health conditions.
118 P. "Licensee" means an individual who currently holds
119 an authorization from the State to practice as a Licensed
120 Professional Counselor.
121 Q. "Licensing Board" means the agency of a State, or
122 equivalent, that is responsible for the licensing and
123 regulation of Licensed Professional Counselors.
124 R. "Member State" means a State that has enacted the
125 Compact.
126 S. "Privilege to Practice" means a legal
127 authorization, which is equivalent to a license, permitting
128 the practice of Professional Counseling in a Remote State.

129 T. "Professional Counseling" means the assessment,
130 diagnosis, and treatment of behavioral health conditions by
131 a Licensed Professional Counselor.
132 U. "Remote State" means a Member State other than the
133 Home State, where a Licensee is exercising or seeking to
134 exercise the Privilege to Practice.
135 V. "Rule" means a regulation promulgated by the
136 Commission that has the force of law.
137 W. "Single State License" means a Licensed
138 Professional Counselor license issued by a Member State that
139 authorizes practice only within the issuing State and does
140 not include a Privilege to Practice in any other Member
141 State.
142 X. "State" means any state, commonwealth, district, or
143 territory of the United States of America that regulates the
144 practice of Professional Counseling.
145 Y. "Telehealth" means the application of
146 telecommunication technology to deliver Professional
147 Counseling services remotely to assess, diagnose, and treat
148 behavioral health conditions.
149 Z. "Unencumbered License" means a license that
150 authorizes a Licensed Professional Counselor to engage in
151 the full and unrestricted practice of Professional
152 Counseling.
153 SECTION 3. STATE PARTICIPATION IN THE COMPACT
154 A. To Participate in the Compact, a State must
155 currently:
156 1. License and regulate Licensed Professional
157 Counselors;
158 2. Require Licensees to pass a nationally recognized
159 exam approved by the Commission;
160 3. Require Licensees to have a 60 semester-hour (or 90
161 quarter-hour) master's degree in counseling or 60 semester-

162 hours (or 90 quarter-hours) of graduate course work
163 including the following topic areas:
164 a. Professional Counseling Orientation and Ethical
165 Practice;
166 b. Social and Cultural Diversity;
167 c. Human Growth and Development;
168 d. Career Development;
169 e. Counseling and Helping Relationships;
170 f. Group Counseling and Group Work;
171 g. Diagnosis and Treatment; Assessment and Testing;
172 h. Research and Program Evaluation; and
173 i. Other areas as determined by the Commission.
174 4. Require Licensees to complete a supervised
175 postgraduate professional experience as defined by the
176 Commission;
177 5. Have a mechanism in place for receiving and
178 investigating complaints about Licensees.
179 B. A Member State shall:
180 1. Participate fully in the Commission's Data System,
181 including using the Commission's unique identifier as
182 defined in Rules;
183 2. Notify the Commission, in compliance with the terms
184 of the Compact and Rules, of any Adverse Action or the
185 availability of Investigative Information regarding a
186 Licensee;
187 3. Implement or utilize procedures for considering the
188 criminal history records of applicants for an initial
189 Privilege to Practice. These procedures shall include the
190 submission of fingerprints or other biometric-based
191 information by applicants for the purpose of obtaining an
192 applicant's criminal history record information from the
193 Federal Bureau of Investigation and the agency responsible
194 for retaining that State's criminal records;

195 a. A member state must fully implement a criminal
196 background check requirement, within a time frame
197 established by rule, by receiving the results of the Federal
198 Bureau of Investigation record search and shall use the
199 results in making licensure decisions.
200 b. Communication between a Member State, the
201 Commission and among Member States regarding the
202 verification of eligibility for licensure through the
203 Compact shall not include any information received from the
204 Federal Bureau of Investigation relating to a federal
205 criminal records check performed by a Member State under
206 Public Law 92-544.
207 4. Comply with the Rules of the Commission;
208 5. Require an applicant to obtain or retain a license
209 in the Home State and meet the Home State's qualifications
210 for licensure or renewal of licensure, as well as all other
211 applicable State laws;
212 6. Grant the Privilege to Practice to a Licensee
213 holding a valid Unencumbered License in another Member State
214 in accordance with the terms of the Compact and Rules; and
215 7. Provide for the attendance of the State's
216 commissioner to the Counseling Compact Commission meetings.
217 C. Member States may charge a fee for granting the
218 Privilege to Practice.
219 D. Individuals not residing in a Member State shall
220 continue to be able to apply for a Member State's Single
221 State License as provided under the laws of each Member
222 State. However, the Single State License granted to these
223 individuals shall not be recognized as granting a Privilege
224 to Practice Professional Counseling in any other Member
225 State.

226 E. Nothing in this Compact shall affect the
227 requirements established by a Member State for the issuance
228 of a Single State License.
229 F. A license issued to a Licensed Professional
230 Counselor by a Home State to a resident in that State shall
231 be recognized by each Member State as authorizing a Licensed
232 Professional Counselor to practice Professional Counseling,
233 under a Privilege to Practice, in each Member State.
234 SECTION 4. PRIVILEGE TO PRACTICE
235 A. To exercise the Privilege to Practice under the
236 terms and provisions of the Compact, the Licensee shall:
237 1. Hold a license in the Home State;
238 2. Have a valid United States Social Security Number
239 or National Practitioner Identifier;
240 3. Be eligible for a Privilege to Practice in any
241 Member State in accordance with Section 4(D), (G) and (H);
242 4. Have not had any Encumbrance or restriction against
243 any license or Privilege to Practice within the previous two
244 (2) years;
245 5. Notify the Commission that the Licensee is seeking
246 the Privilege to Practice within a Remote State(s);
247 6. Pay any applicable fees, including any State fee,
248 for the Privilege to Practice;
249 7. Meet any Continuing Competence/Education
250 requirements established by the Home State;
251 8. Meet any Jurisprudence Requirements established by
252 the Remote State(s) in which the Licensee is seeking a
253 Privilege to Practice; and
254 9. Report to the Commission any Adverse Action,
255 Encumbrance, or restriction on license taken by any non-
256 Member State within 30 days from the date the action is
257 taken.

258 B. The Privilege to Practice is valid until the
259 expiration date of the Home State license. The Licensee
260 must comply with the requirements of Section 4(A) to
261 maintain the Privilege to Practice in the Remote State.
262 C. A Licensee providing Professional Counseling in a
263 Remote State under the Privilege to Practice shall adhere to
264 the laws and regulations of the Remote State.
265 D. A Licensee providing Professional Counseling
266 services in a Remote State is subject to that State's
267 regulatory authority. A Remote State may, in accordance
268 with due process and that State's laws, remove a Licensee's
269 Privilege to Practice in the Remote State for a specific
270 period of time, impose fines, and/or take any other
271 necessary actions to protect the health and safety of its
272 citizens. The Licensee may be ineligible for a Privilege to
273 Practice in any Member State until the specific time for
274 removal has passed and all fines are paid.
275 E. If a Home State license is encumbered, the Licensee
276 shall lose the Privilege to Practice in any Remote State
277 until the following occur:
278 1. The Home State license is no longer encumbered; and
279 2. Have not had any Encumbrance or restriction against
280 any license or Privilege to Practice within the previous two
281 (2) years.
282 F. Once an Encumbered License in the Home State is
283 restored to good standing, the Licensee must meet the
284 requirements of Section 4(A) to obtain a Privilege to
285 Practice in any Remote State.
286 G. If a Licensee's Privilege to Practice in any Remote
287 State is removed, the individual may lose the Privilege to
288 Practice in all other Remote States until the following
289 occur:

290 1. The specific period of time for which the Privilege
291 to Practice was removed has ended;
292 2. All fines have been paid; and
293 3. Have not had any Encumbrance or restriction against
294 any license or Privilege to Practice within the previous two
295 (2) years.
296 H. Once the requirements of Section 4(G) have been
297 met, the Licensee must meet the requirements in Section 4(A)
298 to obtain a Privilege to Practice in a Remote State.
299 SECTION 5: OBTAINING A NEW HOME STATE LICENSE BASED ON
300 A PRIVILEGE TO PRACTICE
301 A. A Licensed Professional Counselor may hold a Home
302 State license, which allows for a Privilege to Practice in
303 other Member States, in only one Member State at a time.
304 B. If a Licensed Professional Counselor changes
305 primary State of residence by moving between two Member
306 States:
307 1. The Licensed Professional Counselor shall file an
308 application for obtaining a new Home State license based on
309 a Privilege to Practice, pay all applicable fees, and notify
310 the current and new Home State in accordance with applicable
311 Rules adopted by the Commission.
312 2. Upon receipt of an application for obtaining a new
313 Home State license by virtue of a Privilege to Practice, the
314 new Home State shall verify that the Licensed Professional
315 Counselor meets the pertinent criteria outlined in Section 4
316 via the Data System, without need for primary source
317 verification except for:
318 a. a Federal Bureau of Investigation fingerprint based
319 criminal background check if not previously performed or
320 updated pursuant to applicable rules adopted by the
321 Commission in accordance with Public Law 92-544;

322 b. other criminal background check as required by the
323 new Home State; and
324 c. completion of any requisite Jurisprudence
325 Requirements of the new Home State.
326 3. The former Home State shall convert the former Home
327 State license into a Privilege to Practice once the new Home
328 State has activated the new Home State license in accordance
329 with applicable Rules adopted by the Commission.
330 4. Notwithstanding any other provision of this
331 Compact, if the Licensed Professional Counselor cannot meet
332 the criteria in Section 4, the new Home State may apply its
333 requirements for issuing a new Single State License.
334 5. The Licensed Professional Counselor shall pay all
335 applicable fees to the new Home State in order to be issued
336 a new Home State license.
337 C. If a Licensed Professional Counselor changes
338 Primary State of Residence by moving from a Member State to
339 a non-Member State, or from a non-Member State to a Member
340 State, the State criteria shall apply for issuance of a
341 Single State License in the new State.
342 D. Nothing in this Compact shall interfere with a
343 Licensee's ability to hold a Single State License in
344 multiple States, however for the purposes of this Compact, a
345 Licensee shall have only one Home State license.
346 E. Nothing in this Compact shall affect the
347 requirements established by a Member State for the issuance
348 of a Single State License.
349 SECTION 6. ACTIVE DUTY MILITARY PERSONNEL OR THEIR
350 SPOUSES
351 Active Duty Military personnel, or their spouse, shall
352 designate a Home State where the individual has a current
353 license in good standing. The individual may retain the
354 Home State designation during the period the service member

355 is on active duty. Subsequent to designating a Home State,
356 the individual shall only change their Home State through
357 application for licensure in the new State, or through the
358 process outlined in Section 5.
359 SECTION 7. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH
360 A. Member States shall recognize the right of a
361 Licensed Professional Counselor, licensed by a Home State in
362 accordance with Section 3 and under Rules promulgated by the
363 Commission, to practice Professional Counseling in any
364 Member State via Telehealth under a Privilege to Practice as
365 provided in the Compact and Rules promulgated by the
366 Commission.
367 B. A Licensee providing Professional Counseling
368 services in a Remote State under the Privilege to Practice
369 shall adhere to the laws and regulations of the Remote State.
370 SECTION 8. ADVERSE ACTIONS
371 A. In addition to the other powers conferred by State
372 law, a Remote State shall have the authority, in accordance
373 with existing State due process law, to:
374 1. Take Adverse Action against a Licensed Professional
375 Counselor's Privilege to Practice within that Member State,
376 and
377 2. Issue subpoenas for both hearings and
378 investigations that require the attendance and testimony of
379 witnesses as well as the production of evidence. Subpoenas
380 issued by a Licensing Board in a Member State for the
381 attendance and testimony of witnesses or the production of
382 evidence from another Member State shall be enforced in the
383 latter State by any court of competent jurisdiction,
384 according to the practice and procedure of that court
385 applicable to subpoenas issued in proceedings pending before
386 it. The issuing authority shall pay any witness fees,
387 travel expenses, mileage, and other fees required by the

388 service statutes of the State in which the witnesses or
389 evidence are located.
390 3. Only the Home State shall have the power to take
391 Adverse Action against a Licensed Professional Counselor's
392 license issued by the Home State.
393 B. For purposes of taking Adverse Action, the Home
394 State shall give the same priority and effect to reported
395 conduct received from a Member State as it would if the
396 conduct had occurred within the Home State. In so doing,
397 the Home State shall apply its own State laws to determine
398 appropriate action.
399 C. The Home State shall complete any pending
400 investigations of a Licensed Professional Counselor who
401 changes primary State of residence during the course of the
402 investigations. The Home State shall also have the
403 authority to take appropriate action(s) and shall promptly
404 report the conclusions of the investigations to the
405 administrator of the Data System. The administrator of the
406 coordinated licensure information system shall promptly
407 notify the new Home State of any Adverse Actions.
408 D. A Member State, if otherwise permitted by State
409 law, may recover from the affected Licensed Professional
410 Counselor the costs of investigations and dispositions of
411 cases resulting from any Adverse Action taken against that
412 Licensed Professional Counselor.
413 E. A Member State may take Adverse Action based on the
414 factual findings of the Remote State, provided that the
415 Member State follows its own procedures for taking the
416 Adverse Action.
417 F. Joint Investigations:
418 1. In addition to the authority granted to a Member
419 State by its respective Professional Counseling practice act
420 or other applicable State law, any Member State may

421 participate with other Member States in joint investigations
422 of Licensees.
423 2. Member States shall share any investigative,
424 litigation, or compliance materials in furtherance of any
425 joint or individual investigation initiated under the
426 Compact.
427 G. If Adverse Action is taken by the Home State
428 against the license of a Licensed Professional Counselor,
429 the Licensed Professional Counselor's Privilege to Practice
430 in all other Member States shall be deactivated until all
431 Encumbrances have been removed from the State license. All
432 Home State disciplinary orders that impose Adverse Action
433 against the license of a Licensed Professional Counselor
434 shall include a Statement that the Licensed Professional
435 Counselor's Privilege to Practice is deactivated in all
436 Member States during the pendency of the order.
437 H. If a Member State takes Adverse Action, it shall
438 promptly notify the administrator of the Data System. The
439 administrator of the Data System shall promptly notify the
440 Home State of any Adverse Actions by Remote States.
441 I. Nothing in this Compact shall override a Member
442 State's decision that participation in an Alternative
443 Program may be used in lieu of Adverse Action.
444 SECTION 9. ESTABLISHMENT OF COUNSELING COMPACT
445 COMMISSION
446 A. The Compact Member States hereby create and
447 establish a joint public agency known as the Counseling
448 Compact Commission:
449 1. The Commission is an instrumentality of the Compact
450 States.
451 2. Venue is proper and judicial proceedings by or
452 against the Commission shall be brought solely and
453 exclusively in a court of competent jurisdiction where the

454 principal office of the Commission is located. The
455 Commission may waive venue and jurisdictional defenses to
456 the extent it adopts or consents to participate in
457 alternative dispute resolution proceedings.
458 3. Nothing in this Compact shall be construed to be a
459 waiver of sovereign immunity.
460 B. Membership, Voting, and Meetings
461 1. Each Member State shall have and be limited to one
462 (1) delegate selected by that Member State's Licensing Board.
463 2. The delegate shall be either:
464 a. A current member of the Licensing Board at the time
465 of appointment, who is a Licensed Professional Counselor or
466 public member; or
467 b. An administrator of the Licensing Board.
468 3. Any delegate may be removed or suspended from
469 office as provided by the law of the State from which the
470 delegate is appointed.
471 4. The Member State Licensing Board shall fill any
472 vacancy occurring on the Commission within 60 days.
473 5. Each delegate shall be entitled to one (1) vote
474 with regard to the promulgation of Rules and creation of
475 bylaws and shall otherwise have an opportunity to
476 participate in the business and affairs of the Commission.
477 6. A delegate shall vote in person or by such other
478 means as provided in the bylaws. The bylaws may provide for
479 delegates' participation in meetings by telephone or other
480 means of communication.
481 7. The Commission shall meet at least once during each
482 calendar year. Additional meetings shall be held as set
483 forth in the bylaws.
484 8. The Commission shall by Rule establish a term of
485 office for delegates and may by Rule establish term limits.

486 C. The Commission shall have the following powers and
487 duties:
488 1. Establish the fiscal year of the Commission;
489 2. Establish bylaws;
490 3. Maintain its financial records in accordance with
491 the bylaws;
492 4. Meet and take such actions as are consistent with
493 the provisions of this Compact and the bylaws;
494 5. Promulgate Rules which shall be binding to the
495 extent and in the manner provided for in the Compact;
496 6. Bring and prosecute legal proceedings or actions in
497 the name of the Commission, provided that the standing of
498 any State Licensing Board to sue or be sued under applicable
499 law shall not be affected;
500 7. Purchase and maintain insurance and bonds;
501 8. Borrow, accept, or contract for services of
502 personnel, including, but not limited to, employees of a
503 Member State;
504 9. Hire employees, elect or appoint officers, fix
505 compensation, define duties, grant such individuals
506 appropriate authority to carry out the purposes of the
507 Compact, and establish the Commission's personnel policies
508 and programs relating to conflicts of interest,
509 qualifications of personnel, and other related personnel
510 matters;
511 10. Accept any and all appropriate donations and
512 grants of money, equipment, supplies, materials, and
513 services, and to receive, utilize, and dispose of the same;
514 provided that at all times the Commission shall avoid any
515 appearance of impropriety and/or conflict of interest;
516 11. Lease, purchase, accept appropriate gifts or
517 donations of, or otherwise to own, hold, improve or use, any
518 property, real, personal or mixed; provided that at all

519 times the Commission shall avoid any appearance of
520 impropriety;
521 12. Sell, convey, mortgage, pledge, lease, exchange,
522 abandon, or otherwise dispose of any property real,
523 personal, or mixed;
524 13. Establish a budget and make expenditures;
525 14. Borrow money;
526 15. Appoint committees, including standing committees
527 composed of members, State regulators, State legislators or
528 their representatives, and consumer representatives, and
529 such other interested persons as may be designated in this
530 Compact and the bylaws;
531 16. Provide and receive information from, and
532 cooperate with, law enforcement agencies;
533 17. Establish and elect an Executive Committee; and
534 18. Perform such other functions as may be necessary
535 or appropriate to achieve the purposes of this Compact
536 consistent with the State regulation of Professional
537 Counseling licensure and practice.
538 D. The Executive Committee
539 1. The Executive Committee shall have the power to act
540 on behalf of the Commission according to the terms of this
541 Compact.
542 2. The Executive Committee shall be composed of up to
543 eleven (11) members:
544 a. Seven voting members who are elected by the
545 Commission from the current membership of the Commission; and
546 b. Up to four (4) ex-officio, nonvoting members from
547 four (4) recognized national professional counselor
548 organizations.
549 c. The ex-officio members will be selected by their
550 respective organizations.

551 3. The Commission may remove any member of the
552 Executive Committee as provided in bylaws.
553 4. The Executive Committee shall meet at least
554 annually.
555 5. The Executive Committee shall have the following
556 duties and responsibilities:
557 a. Recommend to the entire Commission changes to the
558 Rules or bylaws, changes to this Compact legislation, fees
559 paid by Compact Member States such as annual dues, and any
560 Commission Compact fee charged to Licensees for the
561 Privilege to Practice;
562 b. Ensure Compact administration services are
563 appropriately provided, contractual or otherwise;
564 c. Prepare and recommend the budget;
565 d. Maintain financial records on behalf of the
566 Commission;
567 e. Monitor Compact compliance of Member States and
568 provide compliance reports to the Commission;
569 f. Establish additional committees as necessary; and
570 g. Other duties as provided in Rules or bylaws.
571 E. Meetings of the Commission
572 1. All meetings shall be open to the public, and
573 public notice of meetings shall be given in the same manner
574 as required under the Rulemaking provisions in Section 11.
575 2. The Commission or the Executive Committee or other
576 committees of the Commission may convene in a closed, non-
577 public meeting if the Commission or Executive Committee or
578 other committees of the Commission must discuss:
579 a. Non-compliance of a Member State with its
580 obligations under the Compact;
581 b. The employment, compensation, discipline or other
582 matters, practices or procedures related to specific

583 employees or other matters related to the Commission's
584 internal personnel practices and procedures;
585 c. Current, threatened, or reasonably anticipated
586 litigation;
587 d. Negotiation of contracts for the purchase, lease,
588 or sale of goods, services, or real estate;
589 e. Accusing any person of a crime or formally
590 censuring any person;
591 f. Disclosure of trade secrets or commercial or
592 financial information that is privileged or confidential;
593 g. Disclosure of information of a personal nature
594 where disclosure would constitute a clearly unwarranted
595 invasion of personal privacy;
596 h. Disclosure of investigative records compiled for
597 law enforcement purposes;
598 i. Disclosure of information related to any
599 investigative reports prepared by or on behalf of or for use
600 of the Commission or other committee charged with
601 responsibility of investigation or determination of
602 compliance issues pursuant to the Compact; or
603 j. Matters specifically exempted from disclosure by
604 federal or Member State statute.
605 3. If a meeting, or portion of a meeting, is closed
606 pursuant to this provision, the Commission's legal counsel
607 or designee shall certify that the meeting may be closed and
608 shall reference each relevant exempting provision.
609 4. The Commission shall keep minutes that fully and
610 clearly describe all matters discussed in a meeting and
611 shall provide a full and accurate summary of actions taken,
612 and the reasons therefore, including a description of the
613 views expressed. All documents considered in connection
614 with an action shall be identified in such minutes. All
615 minutes and documents of a closed meeting shall remain under

616 seal, subject to release by a majority vote of the
617 Commission or order of a court of competent jurisdiction.
618 F. Financing of the Commission
619 1. The Commission shall pay, or provide for the
620 payment of, the reasonable expenses of its establishment,
621 organization, and ongoing activities.
622 2. The Commission may accept any and all appropriate
623 revenue sources, donations, and grants of money, equipment,
624 supplies, materials, and services.
625 3. The Commission may levy on and collect an annual
626 assessment from each Member State or impose fees on other
627 parties to cover the cost of the operations and activities
628 of the Commission and its staff, which must be in a total
629 amount sufficient to cover its annual budget as approved
630 each year for which revenue is not provided by other
631 sources. The aggregate annual assessment amount shall be
632 allocated based upon a formula to be determined by the
633 Commission, which shall promulgate a Rule binding upon all
634 Member States.
635 4. The Commission shall not incur obligations of any
636 kind prior to securing the funds adequate to meet the same;
637 nor shall the Commission pledge the credit of any of the
638 Member States, except by and with the authority of the
639 Member State.
640 5. The Commission shall keep accurate accounts of all
641 receipts and disbursements. The receipts and disbursements
642 of the Commission shall be subject to the audit and
643 accounting procedures established under its bylaws.
644 However, all receipts and disbursements of funds handled by
645 the Commission shall be audited yearly by a certified or
646 licensed public accountant, and the report of the audit
647 shall be included in and become part of the annual report of
648 the Commission.

649 G. Qualified Immunity, Defense, and Indemnification
650 1. The members, officers, executive director,
651 employees and representatives of the Commission shall be
652 immune from suit and liability, either personally or in
653 their official capacity, for any claim for damage to or loss
654 of property or personal injury or other civil liability
655 caused by or arising out of any actual or alleged act, error
656 or omission that occurred, or that the person against whom
657 the claim is made had a reasonable basis for believing
658 occurred within the scope of Commission employment, duties
659 or responsibilities; provided that nothing in this paragraph
660 shall be construed to protect any such person from suit
661 and/or liability for any damage, loss, injury, or liability
662 caused by the intentional or willful or wanton misconduct of
663 that person.
664 2. The Commission shall defend any member, officer,
665 executive director, employee or representative of the
666 Commission in any civil action seeking to impose liability
667 arising out of any actual or alleged act, error, or omission
668 that occurred within the scope of Commission employment,
669 duties, or responsibilities, or that the person against whom
670 the claim is made had a reasonable basis for believing
671 occurred within the scope of Commission employment, duties,
672 or responsibilities; provided that nothing herein shall be
673 construed to prohibit that person from retaining his or her
674 own counsel; and provided further, that the actual or
675 alleged act, error, or omission did not result from that
676 person's intentional or willful or wanton misconduct.
677 3. The Commission shall indemnify and hold harmless
678 any member, officer, executive director, employee, or
679 representative of the Commission for the amount of any
680 settlement or judgment obtained against that person arising
681 out of any actual or alleged act, error, or omission that

682 occurred within the scope of Commission employment, duties,
683 or responsibilities, or that such person had a reasonable
684 basis for believing occurred within the scope of Commission
685 employment, duties, or responsibilities, provided that the
686 actual or alleged act, error, or omission did not result
687 from the intentional or willful or wanton misconduct of that
688 person.
689 SECTION 10. DATA SYSTEM
690 A. The Commission shall provide for the development,
691 maintenance, operation, and utilization of a coordinated
692 database and reporting system containing licensure, Adverse
693 Action, and Investigative Information on all licensed
694 individuals in Member States.
695 B. Notwithstanding any other provision of State law to
696 the contrary, a Member State shall submit a uniform data set
697 to the Data System on all individuals to whom this Compact
698 is applicable as required by the Rules of the Commission,
699 including:
700 1. Identifying information;
701 2. Licensure data;
702 3. Adverse Actions against a license or Privilege to
703 Practice;
704 4. Non-confidential information related to Alternative
705 Program participation;
706 5. Any denial of application for licensure, and the
707 reason(s) for such denial;
708 6. Current Significant Investigative Information; and
709 7. Other information that may facilitate the
710 administration of this Compact, as determined by the Rules
711 of the Commission.
712 C. Investigative Information pertaining to a Licensee
713 in any Member State will only be available to other Member
714 States.

715 D. The Commission shall promptly notify all Member
716 States of any Adverse Action taken against a Licensee or an
717 individual applying for a license. Adverse Action
718 information pertaining to a Licensee in any Member State
719 will be available to any other Member State.
720 E. Member States contributing information to the Data
721 System may designate information that may not be shared with
722 the public without the express permission of the
723 contributing State.
724 F. Any information submitted to the Data System that
725 is subsequently required to be expunged by the laws of the
726 Member State contributing the information shall be removed
727 from the Data System.
728 SECTION 11. RULEMAKING
729 A. The Commission shall promulgate reasonable Rules in
730 order to effectively and efficiently achieve the purpose of
731 the Compact. Notwithstanding the foregoing, in the event
732 the Commission exercises its Rulemaking authority in a
733 manner that is beyond the scope of the purposes of the
734 Compact, or the powers granted hereunder, then such an
735 action by the Commission shall be invalid and have no force
736 or effect.
737 B. The Commission shall exercise its Rulemaking powers
738 pursuant to the criteria set forth in this Section and the
739 Rules adopted thereunder. Rules and amendments shall become
740 binding as of the date specified in each Rule or amendment.
741 C. If a majority of the legislatures of the Member
742 States rejects a Rule, by enactment of a statute or
743 resolution in the same manner used to adopt the Compact
744 within four (4) years of the date of adoption of the Rule,
745 then such Rule shall have no further force and effect in any
746 Member State.

747 D. Rules or amendments to the Rules shall be adopted
748 at a regular or special meeting of the Commission.
749 E. Prior to promulgation and adoption of a final Rule
750 or Rules by the Commission, and at least thirty (30) days in
751 advance of the meeting at which the Rule will be considered
752 and voted upon, the Commission shall file a Notice of
753 Proposed Rulemaking:
754 1. On the website of the Commission or other publicly
755 accessible platform; and
756 2. On the website of each Member State Professional
757 Counseling Licensing Board or other publicly accessible
758 platform or the publication in which each State would
759 otherwise publish proposed Rules.
760 F. The Notice of Proposed Rulemaking shall include:
761 1. The proposed time, date, and location of the
762 meeting in which the Rule will be considered and voted upon;
763 2. The text of the proposed Rule or amendment and the
764 reason for the proposed Rule;
765 3. A request for comments on the proposed Rule from
766 any interested person; and
767 4. The manner in which interested persons may submit
768 notice to the Commission of their intention to attend the
769 public hearing and any written comments.
770 G. Prior to adoption of a proposed Rule, the
771 Commission shall allow persons to submit written data,
772 facts, opinions, and arguments, which shall be made
773 available to the public.
774 H. The Commission shall grant an opportunity for a
775 public hearing before it adopts a Rule or amendment if a
776 hearing is requested by:
777 1. At least twenty-five (25) persons;
778 2. A State or federal governmental subdivision or
779 agency; or

780 3. An association having at least twenty-five (25)
781 members.
782 I. If a hearing is held on the proposed Rule or
783 amendment, the Commission shall publish the place, time, and
784 date of the scheduled public hearing. If the hearing is
785 held via electronic means, the Commission shall publish the
786 mechanism for access to the electronic hearing.
787 1. All persons wishing to be heard at the hearing
788 shall notify the executive director of the Commission or
789 other designated member in writing of their desire to appear
790 and testify at the hearing not less than five (5) business
791 days before the scheduled date of the hearing.
792 2. Hearings shall be conducted in a manner providing
793 each person who wishes to comment a fair and reasonable
794 opportunity to comment orally or in writing.
795 3. All hearings will be recorded. A copy of the
796 recording will be made available on request.
797 4. Nothing in this section shall be construed as
798 requiring a separate hearing on each Rule. Rules may be
799 grouped for the convenience of the Commission at hearings
800 required by this section.
801 J. Following the scheduled hearing date, or by the
802 close of business on the scheduled hearing date if the
803 hearing was not held, the Commission shall consider all
804 written and oral comments received.
805 K. If no written notice of intent to attend the public
806 hearing by interested parties is received, the Commission
807 may proceed with promulgation of the proposed Rule without a
808 public hearing.
809 L. The Commission shall, by majority vote of all
810 members, take final action on the proposed Rule and shall
811 determine the effective date of the Rule, if any, based on
812 the Rulemaking record and the full text of the Rule.

813 M. Upon determination that an emergency exists, the
814 Commission may consider and adopt an emergency Rule without
815 prior notice, opportunity for comment, or hearing, provided
816 that the usual Rulemaking procedures provided in the Compact
817 and in this section shall be retroactively applied to the
818 Rule as soon as reasonably possible, in no event later than
819 ninety (90) days after the effective date of the Rule. For
820 the purposes of this provision, an emergency Rule is one
821 that must be adopted immediately in order to:
822 1. Meet an imminent threat to public health, safety,
823 or welfare;
824 2. Prevent a loss of Commission or Member State funds;
825 3. Meet a deadline for the promulgation of an
826 administrative Rule that is established by federal law or
827 Rule; or
828 4. Protect public health and safety.
829 N. The Commission or an authorized committee of the
830 Commission may direct revisions to a previously adopted Rule
831 or amendment for purposes of correcting typographical
832 errors, errors in format, errors in consistency, or
833 grammatical errors. Public notice of any revisions shall be
834 posted on the website of the Commission. The revision shall
835 be subject to challenge by any person for a period of thirty
836 (30) days after posting. The revision may be challenged
837 only on grounds that the revision results in a material
838 change to a Rule. A challenge shall be made in writing and
839 delivered to the chair of the Commission prior to the end of
840 the notice period. If no challenge is made, the revision
841 will take effect without further action. If the revision is
842 challenged, the revision may not take effect without the
843 approval of the Commission.
844 SECTION 12. OVERSIGHT, DISPUTE RESOLUTION, AND
845 ENFORCEMENT

846 A. Oversight

847 1. The executive, legislative, and judicial branches
848 of State government in each Member State shall enforce this
849 Compact and take all actions necessary and appropriate to
850 effectuate the Compact's purposes and intent. The
851 provisions of this Compact and the Rules promulgated
852 hereunder shall have standing as statutory law.

853 2. All courts shall take judicial notice of the
854 Compact and the Rules in any judicial or administrative
855 proceeding in a Member State pertaining to the subject
856 matter of this Compact which may affect the powers,
857 responsibilities, or actions of the Commission.

858 3. The Commission shall be entitled to receive service
859 of process in any such proceeding and shall have standing to
860 intervene in such a proceeding for all purposes. Failure to
861 provide service of process to the Commission shall render a
862 judgment or order void as to the Commission, this Compact,
863 or promulgated Rules.

864 B. Default, Technical Assistance, and Termination

865 1. If the Commission determines that a Member State
866 has defaulted in the performance of its obligations or
867 responsibilities under this Compact or the promulgated
868 Rules, the Commission shall:

869 a. Provide written notice to the defaulting State and
870 other Member States of the nature of the default, the
871 proposed means of curing the default and/or any other action
872 to be taken by the Commission; and

873 b. Provide remedial training and specific technical
874 assistance regarding the default.

875 C. If a State in default fails to cure the default,
876 the defaulting State may be terminated from the Compact upon
877 an affirmative vote of a majority of the Member States, and
878 all rights, privileges and benefits conferred by this

879 Compact may be terminated on the effective date of
880 termination. A cure of the default does not relieve the
881 offending State of obligations or liabilities incurred
882 during the period of default.
883 D. Termination of membership in the Compact shall be
884 imposed only after all other means of securing compliance
885 have been exhausted. Notice of intent to suspend or
886 terminate shall be given by the Commission to the governor,
887 the majority and minority leaders of the defaulting State's
888 legislature, and each of the Member States.
889 E. A State that has been terminated is responsible for
890 all assessments, obligations, and liabilities incurred
891 through the effective date of termination, including
892 obligations that extend beyond the effective date of
893 termination.
894 F. The Commission shall not bear any costs related to
895 a State that is found to be in default or that has been
896 terminated from the Compact, unless agreed upon in writing
897 between the Commission and the defaulting State.
898 G. The defaulting State may appeal the action of the
899 Commission by petitioning the U.S. District Court for the
900 District of Columbia or the federal district where the
901 Commission has its principal offices. The prevailing member
902 shall be awarded all costs of such litigation, including
903 reasonable attorney's fees.
904 H. Dispute Resolution
905 1. Upon request by a Member State, the Commission
906 shall attempt to resolve disputes related to the Compact
907 that arise among Member States and between member and non-
908 Member States.
909 2. The Commission shall promulgate a Rule providing
910 for both mediation and binding dispute resolution for
911 disputes as appropriate.

912 I. Enforcement

913 1. The Commission, in the reasonable exercise of its
914 discretion, shall enforce the provisions and Rules of this
915 Compact.

916 2. By majority vote, the Commission may initiate legal
917 action in the United States District Court for the District
918 of Columbia or the federal district where the Commission has
919 its principal offices against a Member State in default to
920 enforce compliance with the provisions of the Compact and
921 its promulgated Rules and bylaws. The relief sought may
922 include both injunctive relief and damages. In the event
923 judicial enforcement is necessary, the prevailing member
924 shall be awarded all costs of such litigation, including
925 reasonable attorney's fees.

926 3. The remedies herein shall not be the exclusive
927 remedies of the Commission. The Commission may pursue any
928 other remedies available under federal or State law.

929 SECTION 13. DATE OF IMPLEMENTATION OF THE COUNSELING
930 COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND
931 AMENDMENT

932 A. The Compact shall come into effect on the date on
933 which the Compact statute is enacted into law in the tenth
934 Member State. The provisions, which become effective at
935 that time, shall be limited to the powers granted to the
936 Commission relating to assembly and the promulgation of
937 Rules. Thereafter, the Commission shall meet and exercise
938 Rulemaking powers necessary to the implementation and
939 administration of the Compact.

940 B. Any State that joins the Compact subsequent to the
941 Commission's initial adoption of the Rules shall be subject
942 to the Rules as they exist on the date on which the Compact
943 becomes law in that State. Any Rule that has been
944 previously adopted by the Commission shall have the full

945 force and effect of law on the day the Compact becomes law
946 in that State.
947 C. Any Member State may withdraw from this Compact by
948 enacting a statute repealing the same.
949 1. A Member State's withdrawal shall not take effect
950 until six (6) months after enactment of the repealing
951 statute.
952 2. Withdrawal shall not affect the continuing
953 requirement of the withdrawing State's Professional
954 Counseling Licensing Board to comply with the investigative
955 and Adverse Action reporting requirements of this act prior
956 to the effective date of withdrawal.
957 D. Nothing contained in this Compact shall be
958 construed to invalidate or prevent any Professional
959 Counseling licensure agreement or other cooperative
960 arrangement between a Member State and a non-Member State
961 that does not conflict with the provisions of this Compact.
962 E. This Compact may be amended by the Member States.
963 No amendment to this Compact shall become effective and
964 binding upon any Member State until it is enacted into the
965 laws of all Member States.
966 SECTION 14. CONSTRUCTION AND SEVERABILITY
967 This Compact shall be liberally construed so as to
968 effectuate the purposes thereof. The provisions of this
969 Compact shall be severable and if any phrase, clause,
970 sentence or provision of this Compact is declared to be
971 contrary to the constitution of any Member State or of the
972 United States or the applicability thereof to any
973 government, agency, person or circumstance is held invalid,
974 the validity of the remainder of this Compact and the
975 applicability thereof to any government, agency, person or
976 circumstance shall not be affected thereby. If this Compact
977 shall be held contrary to the constitution of any Member

978 State, the Compact shall remain in full force and effect as
979 to the remaining Member States and in full force and effect
980 as to the Member State affected as to all severable matters.
981 SECTION 15. BINDING EFFECT OF COMPACT AND OTHER LAWS
982 A. A Licensee providing Professional Counseling
983 services in a Remote State under the Privilege to Practice
984 shall adhere to the laws and regulations, including scope of
985 practice, of the Remote State.
986 B. Nothing herein prevents the enforcement of any
987 other law of a Member State that is not inconsistent with
988 the Compact.
989 C. Any laws in a Member State in conflict with the
990 Compact are superseded to the extent of the conflict.
991 D. Any lawful actions of the Commission, including all
992 Rules and bylaws properly promulgated by the Commission, are
993 binding upon the Member States.
994 E. All permissible agreements between the Commission
995 and the Member States are binding in accordance with their
996 terms.
997 F. In the event any provision of the Compact exceeds
998 the constitutional limits imposed on the legislature of any
999 Member State, the provision shall be ineffective to the
1000 extent of the conflict with the constitutional provision in
1001 question in that Member State.
337.615. 1. As used in this section, the following
2 terms mean:
3 (1) "License", a license, certificate, registration,
4 permit, accreditation, or military occupational specialty
5 that enables a person to legally practice an occupation or
6 profession in a particular jurisdiction;
7 (2) "Military", the Armed Forces of the United States,
8 including the Air Force, Army, Coast Guard, Marine Corps,
9 Navy, Space Force, National Guard, and any other military

10 branch that is designated by Congress as part of the Armed
11 Forces of the United States, and all reserve components and
12 auxiliaries. The term "military" also includes the military
13 reserves and militia of any United States territory or state;
14 (3) "Nonresident military spouse", a nonresident
15 spouse of an active-duty member of the Armed Forces of the
16 United States who has been transferred or is scheduled to be
17 transferred to the state of Missouri, or who has been
18 transferred or is scheduled to be transferred to an adjacent
19 state and is or will be domiciled in the state of Missouri,
20 or has moved to the state of Missouri on a permanent change-
21 of-station basis;
22 (4) "Oversight body", any board, department, agency,
23 or office of a jurisdiction that issues licenses;
24 (5) "Resident military spouse", a spouse of an active-
25 duty member of the Armed Forces of the United States who has
26 been transferred or is scheduled to be transferred to the
27 state of Missouri or an adjacent state and who is a
28 permanent resident of the state of Missouri, who is
29 domiciled in the state of Missouri, or who has Missouri as
30 his or her home of record.
31 2. Each applicant for licensure as a clinical social
32 worker shall furnish evidence to the committee that:
33 (1) The applicant has a master's degree from a college
34 or university program of social work accredited by the
35 council of social work education or a doctorate degree from
36 a school of social work acceptable to the committee;
37 (2) The applicant has completed at least three
38 thousand hours of supervised clinical experience with a
39 qualified clinical supervisor, as defined in section
40 337.600, in no less than twenty-four months and no more than
41 forty-eight consecutive calendar months. For any applicant
42 who has successfully completed at least four thousand hours

43 of supervised clinical experience with a qualified clinical
44 supervisor, as defined in section 337.600, within the same
45 time frame prescribed in this subsection, the applicant
46 shall be eligible for application of licensure at three
47 thousand hours and shall be furnished a certificate by the
48 state committee for social workers acknowledging the
49 completion of said additional hours;
50 (3) The applicant has achieved a passing score, as
51 defined by the committee, on an examination approved by the
52 committee. The eligibility requirements for such
53 examination shall be promulgated by rule of the committee;
54 and
55 (4) The applicant is at least eighteen years of age,
56 is a United States citizen or has status as a legal resident
57 alien, and has not been finally adjudicated and found
58 guilty, or entered a plea of guilty or nolo contendere, in a
59 criminal prosecution under the laws of any state, of the
60 United States, or of any country, for any offense directly
61 related to the duties and responsibilities of the
62 occupation, as set forth in section 324.012, regardless of
63 whether or not sentence has been imposed.
64 **[**2. Any person holding a current license, certificate
65 of registration, or permit from another state or territory
66 of the United States or the District of Columbia to practice
67 clinical social work who does not meet the requirements of
68 section 324.009 and who has had no disciplinary action taken
69 against the license, certificate of registration, or permit
70 for the preceding five years may be granted a license to
71 practice clinical social work in this state if the person
72 has received a masters or doctoral degree from a college or
73 university program of social work accredited by the council
74 of social work education and has been licensed to practice
75 clinical social work for the preceding five years.**]**

76 3. (1) Any person who holds a valid current clinical
77 social work license issued by another state, a branch or
78 unit of the military, a territory of the United States, or
79 the District of Columbia, and who has been licensed for at
80 least one year in such other jurisdiction, may submit to the
81 committee an application for a clinical social work license
82 in Missouri along with proof of current licensure and proof
83 of licensure for at least one year in the other jurisdiction.
84 (2) The committee shall:
85 (a) Within six months of receiving an application
86 described in subdivision (1) of this subsection, waive any
87 examination, educational, or experience requirements for
88 licensure in this state for the applicant if it determines
89 that there were minimum education requirements and, if
90 applicable, work experience and clinical supervision
91 requirements in effect and the other jurisdiction verifies
92 that the person met those requirements in order to be
93 licensed or certified in that jurisdiction. The committee
94 may require an applicant to take and pass an examination
95 specific to the laws of this state; or
96 (b) Within thirty days of receiving an application
97 described in subdivision (1) of this subsection from a
98 nonresident military spouse or a resident military spouse,
99 waive any examination, educational, or experience
100 requirements for licensure in this state for the applicant
101 and issue such applicant a license under this subsection if
102 such applicant otherwise meets the requirements of this
103 subsection.
104 (3) (a) The committee shall not waive any
105 examination, educational, or experience requirements for any
106 applicant who has had his or her license revoked by an
107 oversight body outside the state; who is currently under
108 investigation, who has a complaint pending, or who is

109 currently under disciplinary action, except as provided in
110 paragraph (b) of this subdivision, with an oversight body
111 outside the state; who does not hold a license in good
112 standing with an oversight body outside the state; who has a
113 criminal record that would disqualify him or her for
114 licensure in Missouri; or who does not hold a valid current
115 license in the other jurisdiction on the date the committee
116 receives his or her application under this subsection.
117 (b) If another jurisdiction has taken disciplinary
118 action against an applicant, the committee shall determine
119 if the cause for the action was corrected and the matter
120 resolved. If the matter has not been resolved by that
121 jurisdiction, the committee may deny a license until the
122 matter is resolved.
123 (4) Nothing in this subsection shall prohibit the
124 committee from denying a license to an applicant under this
125 subsection for any reason described in section 337.630.
126 (5) Any person who is licensed under the provisions of
127 this subsection shall be subject to the committee's
128 jurisdiction and all rules and regulations pertaining to the
129 practice as a licensed clinical social worker in this state.
130 (6) This subsection shall not be construed to waive
131 any requirement for an applicant to pay any fees.
132 4. The committee shall issue a license to each person
133 who files an application and fee as required by the
134 provisions of sections 337.600 to 337.689 and who furnishes
135 evidence satisfactory to the committee that the applicant
136 has complied with the provisions of subdivisions (1) to (4)
137 of subsection **[**1**]** 2 of this section **[**or with the provisions
138 of subsection 2 of this section**]**.
337.644. 1. As used in this section, the following
2 terms mean:

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

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

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

(4) "Oversight body", any board, department, agency, or office of a jurisdiction that issues licenses;

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

2. Each applicant for licensure as a master social worker shall furnish evidence to the committee that:

(1) The applicant has a master's or doctorate degree in social work from an accredited social work degree program approved by the council of social work education;

36 (2) The applicant has achieved a passing score, as
37 defined by the committee, on an examination approved by the
38 committee. The eligibility requirements for such
39 examination shall be determined by the state committee for
40 social workers;
41 (3) The applicant is at least eighteen years of age,
42 is a United States citizen or has status as a legal resident
43 alien, and has not been finally adjudicated and found
44 guilty, or entered a plea of guilty or nolo contendere, in a
45 criminal prosecution under the laws of any state, of the
46 United States, or of any country, for any offense directly
47 related to the duties and responsibilities of the
48 occupation, as set forth in section 324.012, regardless **[**or**]**
49 of whether or not sentence is imposed;
50 (4) The applicant has submitted a written application
51 on forms prescribed by the state board; and
52 (5) The applicant has submitted the required licensing
53 fee, as determined by the committee.
54 **[**2.**]** 3. Any applicant who answers in the affirmative
55 to any question on the application that relates to possible
56 grounds for denial of licensure under section 337.630 shall
57 submit a sworn affidavit setting forth in detail the facts
58 which explain such answer and copies of appropriate
59 documents related to such answer.
60 **[**3.**]** 4. The committee shall issue a license to each
61 person who files an application and fee as required by the
62 provisions of sections 337.600 to 337.689 and who furnishes
63 evidence satisfactory to the committee that the applicant
64 has complied with the provisions of subsection **[**1**]** 2 of this
65 section. The license shall refer to the individual as a
66 licensed master social worker and shall recognize that
67 individual's right to practice licensed master social work
68 as defined in section 337.600.

69 5. (1) Any person who holds a valid current master
70 social work license issued by another state, a branch or
71 unit of the military, a territory of the United States, or
72 the District of Columbia, and who has been licensed for at
73 least one year in such other jurisdiction, may submit to the
74 committee an application for a master social work license in
75 Missouri along with proof of current licensure and proof of
76 licensure for at least one year in the other jurisdiction.
77 (2) The committee shall:
78 (a) Within six months of receiving an application
79 described in subdivision (1) of this subsection, waive any
80 examination, educational, or experience requirements for
81 licensure in this state for the applicant if it determines
82 that there were minimum education requirements and, if
83 applicable, work experience and clinical supervision
84 requirements in effect and the other jurisdiction verifies
85 that the person met those requirements in order to be
86 licensed or certified in that jurisdiction. The committee
87 may require an applicant to take and pass an examination
88 specific to the laws of this state; or
89 (b) Within thirty days of receiving an application
90 described in subdivision (1) of this subsection from a
91 nonresident military spouse or a resident military spouse,
92 waive any examination, educational, or experience
93 requirements for licensure in this state for the applicant
94 and issue such applicant a license under this subsection if
95 such applicant otherwise meets the requirements of this
96 subsection.
97 (3) (a) The committee shall not waive any
98 examination, educational, or experience requirements for any
99 applicant who has had his or her license revoked by an
100 oversight body outside the state; who is currently under
101 investigation, who has a complaint pending, or who is

102 currently under disciplinary action, except as provided in
103 paragraph (b) of this subdivision, with an oversight body
104 outside the state; who does not hold a license in good
105 standing with an oversight body outside the state; who has a
106 criminal record that would disqualify him or her for
107 licensure in Missouri; or who does not hold a valid current
108 license in the other jurisdiction on the date the committee
109 receives his or her application under this section.
110 (b) If another jurisdiction has taken disciplinary
111 action against an applicant, the committee shall determine
112 if the cause for the action was corrected and the matter
113 resolved. If the matter has not been resolved by that
114 jurisdiction, the committee may deny a license until the
115 matter is resolved.
116 (4) Nothing in this subsection shall prohibit the
117 committee from denying a license to an applicant under this
118 subsection for any reason described in section 337.630.
119 (5) Any person who is licensed under the provisions of
120 this subsection shall be subject to the committee's
121 jurisdiction and all rules and regulations pertaining to the
122 practice as a licensed master social worker in this state.
123 (6) This subsection shall not be construed to waive
124 any requirement for an applicant to pay any fees.
337.665. 1. As used in this section, the following
2 terms mean:
3 (1) "License", a license, certificate, registration,
4 permit, accreditation, or military occupational specialty
5 that enables a person to legally practice an occupation or
6 profession in a particular jurisdiction;
7 (2) "Military", the Armed Forces of the United States,
8 including the Air Force, Army, Coast Guard, Marine Corps,
9 Navy, Space Force, National Guard, and any other military
10 branch that is designated by Congress as part of the Armed

11 Forces of the United States, and all reserve components and
12 auxiliaries. The term "military" also includes the military
13 reserves and militia of any United States territory or state;
14 (3) "Nonresident military spouse", a nonresident
15 spouse of an active-duty member of the Armed Forces of the
16 United States who has been transferred or is scheduled to be
17 transferred to the state of Missouri, or who has been
18 transferred or is scheduled to be transferred to an adjacent
19 state and is or will be domiciled in the state of Missouri,
20 or has moved to the state of Missouri on a permanent change-
21 of-station basis;
22 (4) "Oversight body", any board, department, agency,
23 or office of a jurisdiction that issues licenses;
24 (5) "Resident military spouse", a spouse of an active-
25 duty member of the Armed Forces of the United States who has
26 been transferred or is scheduled to be transferred to the
27 state of Missouri or an adjacent state and who is a
28 permanent resident of the state of Missouri, who is
29 domiciled in the state of Missouri, or who has Missouri as
30 his or her home of record.
31 2. Each applicant for licensure as a baccalaureate
32 social worker shall furnish evidence to the committee that:
33 (1) The applicant has a baccalaureate degree in social
34 work from an accredited social work degree program approved
35 by the council of social work education;
36 (2) The applicant has achieved a passing score, as
37 defined by the committee, on an examination approved by the
38 committee. The eligibility requirements for such
39 examination shall be determined by the state committee for
40 social work;
41 (3) The applicant is at least eighteen years of age,
42 is a United States citizen or has status as a legal resident
43 alien, and has not been finally adjudicated and found

44 guilty, or entered a plea of guilty or nolo contendere, in a
45 criminal prosecution under the laws of any state, of the
46 United States, or of any country, for any offense directly
47 related to the duties and responsibilities of the
48 occupation, as set forth in section 324.012, regardless of
49 whether or not sentence is imposed;
50 (4) The applicant has submitted a written application
51 on forms prescribed by the state board; and
52 (5) The applicant has submitted the required licensing
53 fee, as determined by the committee.
54 **[**2.**]** 3. Any applicant who answers in the affirmative
55 to any question on the application that relates to possible
56 grounds for denial of licensure pursuant to section 337.630
57 shall submit a sworn affidavit setting forth in detail the
58 facts which explain such answer and copies of appropriate
59 documents related to such answer.
60 **[**3.**]** 4. The committee shall issue a license to each
61 person who files an application and fee as required by the
62 provisions of sections 337.600 to 337.689 and who furnishes
63 evidence satisfactory to the committee that the applicant
64 has complied with the provisions of subsection **[**1**]** 2 of this
65 section.
66 **[**4.**]** 5. The committee shall issue a certificate to
67 practice independently under subsection 3 of section 337.653
68 to any licensed baccalaureate social worker who has
69 satisfactorily completed three thousand hours of supervised
70 experience with a qualified baccalaureate supervisor in no
71 less than twenty-four months and no more than forty-eight
72 consecutive calendar months.
73 6. (1) Any person who holds a valid current
74 baccalaureate social work license issued by another state, a
75 branch or unit of the military, a territory of the United
76 States, or the District of Columbia, and who has been

77 licensed for at least one year in such other jurisdiction,
78 may submit to the committee an application for a
79 baccalaureate social work license in Missouri along with
80 proof of current licensure and proof of licensure for at
81 least one year in the other jurisdiction.
82 (2) The committee shall:
83 (a) Within six months of receiving an application
84 described in subdivision (1) of this subsection, waive any
85 examination, educational, or experience requirements for
86 licensure in this state for the applicant if it determines
87 that there were minimum education requirements and, if
88 applicable, work experience and clinical supervision
89 requirements in effect and the other jurisdiction verifies
90 that the person met those requirements in order to be
91 licensed or certified in that jurisdiction. The committee
92 may require an applicant to take and pass an examination
93 specific to the laws of this state; or
94 (b) Within thirty days of receiving an application
95 described in subdivision (1) of this subsection from a
96 nonresident military spouse or a resident military spouse,
97 waive any examination, educational, or experience
98 requirements for licensure in this state for the applicant
99 and issue such applicant a license under this subsection if
100 such applicant otherwise meets the requirements of this
101 subsection.
102 (3) (a) The committee shall not waive any
103 examination, educational, or experience requirements for any
104 applicant who has had his or her license revoked by an
105 oversight body outside the state; who is currently under
106 investigation, who has a complaint pending, or who is
107 currently under disciplinary action, except as provided in
108 paragraph (b) of this subdivision, with an oversight body
109 outside the state; who does not hold a license in good

110 standing with an oversight body outside the state; who has a
111 criminal record that would disqualify him or her for
112 licensure in Missouri; or who does not hold a valid current
113 license in the other jurisdiction on the date the committee
114 receives his or her application under this subsection.
115 (b) If another jurisdiction has taken disciplinary
116 action against an applicant, the committee shall determine
117 if the cause for the action was corrected and the matter
118 resolved. If the matter has not been resolved by that
119 jurisdiction, the committee may deny a license until the
120 matter is resolved.
121 (4) Nothing in this subsection shall prohibit the
122 committee from denying a license to an applicant under this
123 subsection for any reason described in section 337.630.
124 (5) Any person who is licensed under the provisions of
125 this subsection shall be subject to the committee's
126 jurisdiction and all rules and regulations pertaining to the
127 practice as a licensed baccalaureate social worker in this
128 state.
129 (6) This subsection shall not be construed to waive
130 any requirement for an applicant to pay any fees.
337.1000. 1. Sections 337.1000 to 337.1075 shall be
2 known and may be cited as the "Social Work Licensure
3 Compact".
4 2. The purpose of this Compact is to facilitate
5 interstate practice of Regulated Social Workers by improving
6 public access to competent Social Work Services. The
7 Compact preserves the regulatory authority of States to
8 protect public health and safety through the current system
9 of State licensure.
10 3. This Compact is designed to achieve the following
11 objectives:
12 (1) Increase public access to Social Work Services;

13 (2) Reduce overly burdensome and duplicative
14 requirements associated with holding multiple licenses;
15 (3) Enhance the Member States' ability to protect the
16 public's health and safety;
17 (4) Encourage the cooperation of Member States in
18 regulating multistate practice;
19 (5) Promote mobility and address workforce shortages
20 by eliminating the necessity for licenses in multiple States
21 by providing for the mutual recognition of other Member
22 State licenses;
23 (6) Support military families;
24 (7) Facilitate the exchange of licensure and
25 disciplinary information among Member States;
26 (8) Authorize all Member States to hold a Regulated
27 Social Worker accountable for abiding by a Member State's
28 laws, regulations, and applicable professional standards in
29 the Member State in which the client is located at the time
30 care is rendered; and
31 (9) Allow for the use of telehealth to facilitate
32 increased access to regulated Social Work Services.
337.1005. As used in this Compact, and except as
2 otherwise provided, the following definitions shall apply:
3 (1) "Active Military Member" means any individual with
4 full-time duty status in the active armed forces of the
5 United States including members of the National Guard and
6 Reserve.
7 (2) "Adverse Action" means any administrative, civil,
8 equitable or criminal action permitted by a State's laws
9 which is imposed by a Licensing Authority or other authority
10 against a Regulated Social Worker, including actions against
11 an individual's license or Multistate Authorization to
12 Practice such as revocation, suspension, probation,
13 monitoring of the Licensee, limitation on the Licensee's

14 practice, or any other Encumbrance on licensure affecting a
15 Regulated Social Worker's authorization to practice,
16 including issuance of a cease and desist action.
17 (3) "Alternative Program" means a non-disciplinary
18 monitoring or practice remediation process approved by a
19 Licensing Authority to address practitioners with an
20 Impairment.
21 (4) "Charter Member States" means Member States who
22 have enacted legislation to adopt this Compact where such
23 legislation predates the effective date of this Compact as
24 described in section 337.1065.
25 (5) "Compact Commission" or "Commission" means the
26 government agency whose membership consists of all States
27 that have enacted this Compact, which is known as the Social
28 Work Licensure Compact Commission, as described in section
29 337.1045, and which shall operate as an instrumentality of
30 the Member States.
31 (6) "Current Significant Investigative Information"
32 means:
33 (a) Investigative information that a Licensing
34 Authority, after a preliminary inquiry that includes
35 notification and an opportunity for the Regulated Social
36 Worker to respond has reason to believe is not groundless
37 and, if proved true, would indicate more than a minor
38 infraction as may be defined by the Commission; or
39 (b) Investigative information that indicates that the
40 Regulated Social Worker represents an immediate threat to
41 public health and safety, as may be defined by the
42 Commission, regardless of whether the Regulated Social
43 Worker has been notified and has had an opportunity to
44 respond.
45 (7) "Data System" means a repository of information
46 about Licensees, including, continuing education,

47 examination, licensure, Current Significant Investigative
48 Information, Disqualifying Event, Multistate License(s) and
49 Adverse Action information or other information as required
50 by the Commission.
51 (8) "Domicile" means the jurisdiction in which the
52 Licensee resides and intends to remain indefinitely.
53 (9) "Disqualifying Event" means any Adverse Action or
54 incident which results in an Encumbrance that disqualifies
55 or makes the Licensee ineligible to either obtain, retain or
56 renew a Multistate License.
57 (10) "Encumbrance" means a revocation or suspension
58 of, or any limitation on, the full and unrestricted practice
59 of Social Work licensed and regulated by a Licensing
60 Authority.
61 (11) "Executive Committee" means a group of delegates
62 elected or appointed to act on behalf of, and within the
63 powers granted to them by, the compact and Commission.
64 (12) "Home State" means the Member State that is the
65 Licensee's primary Domicile.
66 (13) "Impairment" means a condition(s) that may impair
67 a practitioner's ability to engage in full and unrestricted
68 practice as a Regulated Social Worker without some type of
69 intervention and may include alcohol and drug dependence,
70 mental health impairment, and neurological or physical
71 impairments.
72 (14) "Licensee(s)" means an individual who currently
73 holds a license from a State to practice as a Regulated
74 Social Worker.
75 (15) "Licensing Authority" means the board or agency
76 of a Member State, or equivalent, that is responsible for
77 the licensing and regulation of Regulated Social Workers.

78 (16) "Member State" means a state, commonwealth,
79 district, or territory of the United States of America that
80 has enacted this Compact.
81 (17) "Multistate Authorization to Practice" means a
82 legally authorized privilege to practice, which is
83 equivalent to a license, associated with a Multistate
84 License permitting the practice of Social Work in a Remote
85 State.
86 (18) "Multistate License" means a license to practice
87 as a Regulated Social Worker issued by a Home State
88 Licensing Authority that authorizes the Regulated Social
89 Worker to practice in all Member States under Multistate
90 Authorization to Practice.
91 (19) "Qualifying National Exam" means a national
92 licensing examination approved by the Commission.
93 (20) "Regulated Social Worker" means any clinical,
94 master's or bachelor's Social Worker licensed by a Member
95 State regardless of the title used by that Member State.
96 (21) "Remote State" means a Member State other than
97 the Licensee's Home State.
98 (22) "Rule(s)" or "Rule(s) of the Commission" means a
99 regulation or regulations duly promulgated by the
100 Commission, as authorized by the Compact, that has the force
101 of law.
102 (23) "Single State License" means a Social Work
103 license issued by any State that authorizes practice only
104 within the issuing State and does not include Multistate
105 Authorization to Practice in any Member State.
106 (24) "Social Work" or "Social Work Services" means the
107 application of social work theory, knowledge, methods,
108 ethics, and the professional use of self to restore or
109 enhance social, psychosocial, or biopsychosocial functioning
110 of individuals, couples, families, groups, organizations,

111 and communities through the care and services provided by a
112 Regulated Social Worker as set forth in the Member State's
113 statutes and regulations in the State where the services are
114 being provided.
115 (25) "State" means any state, commonwealth, district,
116 or territory of the United States of America that regulates
117 the practice of Social Work.
118 (26) "Unencumbered License" means a license that
119 authorizes a Regulated Social Worker to engage in the full
120 and unrestricted practice of Social Work.
337.1010. 1. To be eligible to participate in the
2 compact, a potential Member State must currently meet all of
3 the following criteria:
4 (1) License and regulate the practice of Social Work
5 at either the clinical, master's, or bachelor's category.
6 (2) Require applicants for licensure to graduate from
7 a program that is:
8 (a) Operated by a college or university recognized by
9 the Licensing Authority;
10 (b) Accredited, or in candidacy by an institution that
11 subsequently becomes accredited, by an accrediting agency
12 recognized by either:
13 a. the Council for Higher Education Accreditation, or
14 its successor; or
15 b. the United States Department of Education; and
16 (c) Corresponds to the licensure sought as outlined in
17 section 337.1015.
18 (3) Require applicants for clinical licensure to
19 complete a period of supervised practice.
20 (4) Have a mechanism in place for receiving,
21 investigating, and adjudicating complaints about Licensees.
22 2. To maintain membership in the Compact a Member
23 State shall:

24 (1) Require that applicants for a Multistate License
25 pass a Qualifying National Exam for the corresponding
26 category of Multistate License sought as outlined in section
27 337.1015;
28 (2) Participate fully in the Commission's Data System,
29 including using the Commission's unique identifier as
30 defined in Rules;
31 (3) Notify the Commission, in compliance with the
32 terms of the Compact and Rules, of any Adverse Action or the
33 availability of Current Significant Investigative
34 Information regarding a Licensee;
35 (4) Implement procedures for considering the criminal
36 history records of applicants for a Multistate License.
37 Such procedures shall include the submission of fingerprints
38 or other biometric-based information by applicants for the
39 purpose of obtaining an applicant's criminal history record
40 information from the Federal Bureau of Investigation and the
41 agency responsible for retaining that State's criminal
42 records;
43 (5) Comply with the Rules of the Commission;
44 (6) Require an applicant to obtain or retain a license
45 in the Home State and meet the Home State's qualifications
46 for licensure or renewal of licensure, as well as all other
47 applicable Home State laws;
48 (7) Authorize a Licensee holding a Multistate License
49 in any Member State to practice in accordance with the terms
50 of the Compact and Rules of the Commission; and
51 (8) Designate a delegate to participate in the
52 Commission meetings.
53 3. A Member State meeting the requirements of
54 subsections 1 and 2 of this section shall designate the
55 categories of Social Work licensure that are eligible for
56 issuance of a Multistate License for applicants in such

57 Member State. To the extent that any Member State does not
58 meet the requirements for participation in the Compact at
59 any particular category of Social Work licensure, such
60 Member State may choose, but is not obligated to, issue a
61 Multistate License to applicants that otherwise meet the
62 requirements of section 337.1015 for issuance of a
63 Multistate License in such category or categories of
64 licensure.
65 4. The Home State may charge a fee for granting the
66 Multistate License.
337.1015. 1. To be eligible for a Multistate License
2 under the terms and provisions of the Compact, an applicant,
3 regardless of category must:
4 (1) Hold or be eligible for an active, Unencumbered
5 License in the Home State;
6 (2) Pay any applicable fees, including any State fee,
7 for the Multistate License;
8 (3) Submit, in connection with an application for a
9 Multistate License, fingerprints or other biometric data for
10 the purpose of obtaining criminal history record information
11 from the Federal Bureau of Investigation and the agency
12 responsible for retaining that State's criminal records;
13 (4) Notify the Home State of any Adverse Action,
14 Encumbrance, or restriction on any professional license
15 taken by any Member State or non-Member State within 30 days
16 from the date the action is taken;
17 (5) Meet any continuing competence requirements
18 established by the Home State;
19 (6) Abide by the laws, regulations, and applicable
20 standards in the Member State where the client is located at
21 the time care is rendered.
22 2. An applicant for a clinical-category Multistate
23 License must meet all of the following requirements:

24 (1) Fulfill a competency requirement, which shall be
25 satisfied by either:
26 (a) Passage of a clinical-category Qualifying National
27 Exam; or
28 (b) Licensure of the applicant in their Home State at
29 the clinical category, beginning prior to such time as a
30 Qualifying National Exam was required by the Home State and
31 accompanied by a period of continuous Social Work licensure
32 thereafter, all of which may be further governed by the
33 Rules of the Commission; or
34 (c) The substantial equivalency of the foregoing
35 competency requirements which the Commission may determine
36 by Rule.
37 (2) Attain at least a master's degree in Social Work
38 from a program that is:
39 (a) Operated by a college or university recognized by
40 the Licensing Authority; and
41 (b) Accredited, or in candidacy that subsequently
42 becomes accredited, by an accrediting agency recognized by
43 either:
44 a. the Council for Higher Education Accreditation or
45 its successor; or
46 b. the United States Department of Education.
47 (3) Fulfill a practice requirement, which shall be
48 satisfied by demonstrating completion of either:
49 (a) A period of postgraduate supervised clinical
50 practice equal to a minimum of three thousand hours; or
51 (b) A minimum of two years of full-time postgraduate
52 supervised clinical practice; or
53 (c) The substantial equivalency of the foregoing
54 practice requirements which the Commission may determine by
55 Rule.

56 3. An applicant for a master's-category Multistate
57 License must meet all of the following requirements:
58 (1) Fulfill a competency requirement, which shall be
59 satisfied by either:
60 (a) Passage of a masters-category Qualifying National
61 Exam;
62 (b) Licensure of the applicant in their Home State at
63 the master's category, beginning prior to such time as a
64 Qualifying National Exam was required by the Home State at
65 the master's category and accompanied by a continuous period
66 of Social Work licensure thereafter, all of which may be
67 further governed by the Rules of the Commission; or
68 (c) The substantial equivalency of the foregoing
69 competency requirements which the Commission may determine
70 by Rule.
71 (2) Attain at least a master's degree in Social Work
72 from a program that is:
73 (a) Operated by a college or university recognized by
74 the Licensing Authority; and
75 (b) Accredited, or in candidacy that subsequently
76 becomes accredited, by an accrediting agency recognized by
77 either:
78 a. the Council for Higher Education Accreditation or
79 its successor; or
80 b. the United States Department of Education.
81 4. An applicant for a bachelor's-category Multistate
82 License must meet all of the following requirements:
83 (1) Fulfill a competency requirement, which shall be
84 satisfied by either:
85 (a) Passage of a bachelor's-category Qualifying
86 National Exam;
87 (b) Licensure of the applicant in their Home State at
88 the bachelor's category, beginning prior to such time as a

89 Qualifying National Exam was required by the Home State and
90 accompanied by a period of continuous Social Work licensure
91 thereafter, all of which may be further governed by the
92 Rules of the Commission; or
93 (c) The substantial equivalency of the foregoing
94 competency requirements which the Commission may determine
95 by Rule.
96 (2) Attain at least a bachelor's degree in Social Work
97 from a program that is:
98 (a) Operated by a college or university recognized by
99 the Licensing Authority; and
100 (b) Accredited, or in candidacy that subsequently
101 becomes accredited, by an accrediting agency recognized by
102 either:
103 a. the Council for Higher Education Accreditation or
104 its successor; or
105 b. the United States Department of Education.
106 5. The Multistate License for a Regulated Social
107 Worker is subject to the renewal requirements of the Home
108 State. The Regulated Social Worker must maintain compliance
109 with the requirements of subsection 1 of this section to be
110 eligible to renew a Multistate License.
111 6. The Regulated Social Worker's services in a Remote
112 State are subject to that Member State's regulatory
113 authority. A Remote State may, in accordance with due
114 process and that Member State's laws, remove a Regulated
115 Social Worker's Multistate Authorization to Practice in the
116 Remote State for a specific period of time, impose fines,
117 and take any other necessary actions to protect the health
118 and safety of its citizens.
119 7. If a Multistate License is encumbered, the
120 Regulated Social Worker's Multistate Authorization to

121 Practice shall be deactivated in all Remote States until the
122 Multistate License is no longer encumbered.
123 8. If a Multistate Authorization to Practice is
124 encumbered in a Remote State, the regulated Social Worker's
125 Multistate Authorization to Practice may be deactivated in
126 that State until the Multistate Authorization to Practice is
127 no longer encumbered.

337.1020. 1. Upon receipt of an application for a
2 Multistate License, the Home State Licensing Authority shall
3 determine the applicant's eligibility for a Multistate
4 License in accordance with section 337.1015 of this Compact.
5 2. If such applicant is eligible pursuant to section
6 337.1015 of this Compact, the Home State Licensing Authority
7 shall issue a Multistate License that authorizes the
8 applicant or Regulated Social Worker to practice in all
9 Member States under a Multistate Authorization to Practice.
10 3. Upon issuance of a Multistate License, the Home
11 State Licensing Authority shall designate whether the
12 Regulated Social Worker holds a Multistate License in the
13 Bachelors, Masters, or Clinical category of Social Work.
14 4. A Multistate License issued by a Home State to a
15 resident in that State shall be recognized by all Compact
16 Member States as authorizing Social Work Practice under a
17 Multistate Authorization to Practice corresponding to each
18 category of licensure regulated in each Member State.

337.1025. 1. Nothing in this Compact, nor any Rule of
2 the Commission, shall be construed to limit, restrict, or in
3 any way reduce the ability of a Member State to enact and
4 enforce laws, regulations, or other rules related to the
5 practice of Social Work in that State, where those laws,
6 regulations, or other rules are not inconsistent with the
7 provisions of this Compact.

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

3. Nothing in this Compact, nor any Rule of the Commission, shall be construed to limit, restrict, or in any way reduce the ability of a Member State to take Adverse Action against a Licensee's Single State License to practice Social Work in that State.

4. Nothing in this Compact, nor any Rule of the Commission, shall be construed to limit, restrict, or in any way reduce the ability of a Remote State to take Adverse Action against a Licensee's Multistate Authorization to Practice in that State.

5. Nothing in this Compact, nor any Rule of the Commission, shall be construed to limit, restrict, or in any way reduce the ability of a Licensee's Home State to take Adverse Action against a Licensee's Multistate License based upon information provided by a Remote State.

337.1030. 1. A Licensee can hold a Multistate License, issued by their Home State, in only one Member State at any given time.

2. If a Licensee changes their Home State by moving between two Member States:

(1) The Licensee shall immediately apply for the reissuance of their Multistate License in their new Home State. The Licensee shall pay all applicable fees and notify the prior Home State in accordance with the Rules of the Commission.

(2) Upon receipt of an application to reissue a Multistate License, the new Home State shall verify that the Multistate License is active, unencumbered and eligible for reissuance under the terms of the Compact and the Rules of the Commission. The Multistate License issued by the prior

16 Home State will be deactivated and all Member States
17 notified in accordance with the applicable Rules adopted by
18 the Commission.
19 (3) Prior to the reissuance of the Multistate License,
20 the new Home State shall conduct procedures for considering
21 the criminal history records of the Licensee. Such
22 procedures shall include the submission of fingerprints or
23 other biometric-based information by applicants for the
24 purpose of obtaining an applicant's criminal history record
25 information from the Federal Bureau of Investigation and the
26 agency responsible for retaining that State's criminal
27 records.
28 (4) If required for initial licensure, the new Home
29 State may require completion of jurisprudence requirements
30 in the new Home State.
31 (5) Notwithstanding any other provision of this
32 Compact, if a Licensee does not meet the requirements set
33 forth in this Compact for the reissuance of a Multistate
34 License by the new Home State, then the Licensee shall be
35 subject to the new Home State requirements for the issuance
36 of a Single State License in that State.
37 3. If a Licensee changes their primary State of
38 residence by moving from a Member State to a non-Member
39 State, or from a non-Member State to a Member State, then
40 the Licensee shall be subject to the State requirements for
41 the issuance of a Single State License in the new Home State.
42 4. Nothing in this Compact shall interfere with a
43 Licensee's ability to hold a Single State License in
44 multiple States; however, for the purposes of this Compact,
45 a Licensee shall have only one Home State, and only one
46 Multistate License.

5. Nothing in this Compact shall interfere with the requirements established by a Member State for the issuance of a Single State License.

337.1035. An Active Military Member or their spouse shall designate a Home State where the individual has a Multistate License. The individual may retain their Home State designation during the period the service member is on active duty.

337.1040. 1. In addition to the other powers conferred by State law, a Remote State shall have the authority, in accordance with existing State due process law, to:

(1) Take Adverse Action against a Regulated Social Worker's Multistate Authorization to Practice only within that Member State, and issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a Licensing Authority in a Member State for the attendance and testimony of witnesses or the production of evidence from another Member State shall be enforced in the latter State by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing Licensing Authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the State in which the witnesses or evidence are located.

(2) Only the Home State shall have the power to take Adverse Action against a Regulated Social Worker's Multistate License.

2. For purposes of taking Adverse Action, the Home State shall give the same priority and effect to reported conduct received from a Member State as it would if the

26 conduct had occurred within the Home State. In so doing,
27 the Home State shall apply its own State laws to determine
28 appropriate action.
29 3. The Home State shall complete any pending
30 investigations of a Regulated Social Worker who changes
31 their Home State during the course of the investigations.
32 The Home State shall also have the authority to take
33 appropriate action(s) and shall promptly report the
34 conclusions of the investigations to the administrator of
35 the Data System. The administrator of the Data System shall
36 promptly notify the new Home State of any Adverse Actions.
37 4. A Member State, if otherwise permitted by State
38 law, may recover from the affected Regulated Social Worker
39 the costs of investigations and dispositions of cases
40 resulting from any Adverse Action taken against that
41 Regulated Social Worker.
42 5. A Member State may take Adverse Action based on the
43 factual findings of another Member State, provided that the
44 Member State follows its own procedures for taking the
45 Adverse Action.
46 6. (1) In addition to the authority granted to a
47 Member State by its respective Social Work practice act or
48 other applicable State law, any Member State may participate
49 with other Member States in joint investigations of
50 Licensees.
51 (2) Member States shall share any investigative,
52 litigation, or compliance materials in furtherance of any
53 joint or individual investigation initiated under the
54 Compact.
55 7. If Adverse Action is taken by the Home State
56 against the Multistate License of a Regulated Social Worker,
57 the Regulated Social Worker's Multistate Authorization to
58 Practice in all other Member States shall be deactivated

59 until all Encumbrances have been removed from the Multistate
60 License. All Home State disciplinary orders that impose
61 Adverse Action against the license of a Regulated Social
62 Worker shall include a statement that the Regulated Social
63 Worker's Multistate Authorization to Practice is deactivated
64 in all Member States until all conditions of the decision,
65 order or agreement are satisfied.
66 8. If a Member State takes Adverse Action, it shall
67 promptly notify the administrator of the Data System. The
68 administrator of the Data System shall promptly notify the
69 Home State and all other Member States of any Adverse
70 Actions by Remote States.
71 9. Nothing in this Compact shall override a Member
72 State's decision that participation in an Alternative
73 Program may be used in lieu of Adverse Action.
74 10. Nothing in this Compact shall authorize a Member
75 State to demand the issuance of subpoenas for attendance and
76 testimony of witnesses or the production of evidence from
77 another Member State for lawful actions within that Member
78 State.
79 11. Nothing in this Compact shall authorize a Member
80 State to impose discipline against a Regulated Social Worker
81 who holds a Multistate Authorization to Practice for lawful
82 actions within another Member State.
337.1045. 1. The Compact Member States hereby create
2 and establish a joint government agency whose membership
3 consists of all Member States that have enacted the compact
4 known as the Social Work Licensure Compact Commission. The
5 Commission is an instrumentality of the Compact States
6 acting jointly and not an instrumentality of any one State.
7 The Commission shall come into existence on or after the
8 effective date of the Compact as set forth in section
9 337.1065.

10 2. (1) Each Member State shall have and be limited to
11 one (1) delegate selected by that Member State's State
12 Licensing Authority.
13 (2) The delegate shall be either:
14 (a) A current member of the State Licensing Authority
15 at the time of appointment, who is a Regulated Social Worker
16 or public member of the State Licensing Authority; or
17 (b) An administrator of the State Licensing Authority
18 or their designee.
19 (3) The Commission shall by Rule or bylaw establish a
20 term of office for delegates and may by Rule or bylaw
21 establish term limits.
22 (4) The Commission may recommend removal or suspension
23 of any delegate from office.
24 (5) A Member State's State Licensing Authority shall
25 fill any vacancy of its delegate occurring on the Commission
26 within 60 days of the vacancy.
27 (6) Each delegate shall be entitled to one vote on all
28 matters before the Commission requiring a vote by Commission
29 delegates.
30 (7) A delegate shall vote in person or by such other
31 means as provided in the bylaws. The bylaws may provide for
32 delegates to meet by telecommunication, videoconference, or
33 other means of communication.
34 (8) The Commission shall meet at least once during
35 each calendar year. Additional meetings may be held as set
36 forth in the bylaws. The Commission may meet by
37 telecommunication, video conference or other similar
38 electronic means.
39 3. The Commission shall have the following powers:
40 (1) Establish the fiscal year of the Commission;
41 (2) Establish code of conduct and conflict of interest
42 policies;

43 (3) Establish and amend Rules and bylaws;
44 (4) Maintain its financial records in accordance with
45 the bylaws;
46 (5) Meet and take such actions as are consistent with
47 the provisions of this Compact, the Commission's Rules, and
48 the bylaws;
49 (6) Initiate and conclude legal proceedings or actions
50 in the name of the Commission, provided that the standing of
51 any State Licensing Board to sue or be sued under applicable
52 law shall not be affected;
53 (7) Maintain and certify records and information
54 provided to a Member State as the authenticated business
55 records of the Commission, and designate an agent to do so
56 on the Commission's behalf;
57 (8) Purchase and maintain insurance and bonds;
58 (9) Borrow, accept, or contract for services of
59 personnel, including, but not limited to, employees of a
60 Member State;
61 (10) Conduct an annual financial review;
62 (11) Hire employees, elect or appoint officers, fix
63 compensation, define duties, grant such individuals
64 appropriate authority to carry out the purposes of the
65 Compact, and establish the Commission's personnel policies
66 and programs relating to conflicts of interest,
67 qualifications of personnel, and other related personnel
68 matters;
69 (12) Assess and collect fees;
70 (13) Accept any and all appropriate gifts, donations,
71 grants of money, other sources of revenue, equipment,
72 supplies, materials, and services, and receive, utilize, and
73 dispose of the same; provided that at all times the
74 Commission shall avoid any appearance of impropriety or
75 conflict of interest;

76 (14) Lease, purchase, retain, own, hold, improve, or
77 use any property, real, personal, or mixed, or any undivided
78 interest therein;
79 (15) Sell, convey, mortgage, pledge, lease, exchange,
80 abandon, or otherwise dispose of any property real,
81 personal, or mixed;
82 (16) Establish a budget and make expenditures;
83 (17) Borrow money;
84 (18) Appoint committees, including standing
85 committees, composed of members, State regulators, State
86 legislators or their representatives, and consumer
87 representatives, and such other interested persons as may be
88 designated in this Compact and the bylaws;
89 (19) Provide and receive information from, and
90 cooperate with, law enforcement agencies;
91 (20) Establish and elect an Executive Committee,
92 including a chair and a vice chair;
93 (21) Determine whether a State's adopted language is
94 materially different from the model compact language such
95 that the State would not qualify for participation in the
96 Compact; and
97 (22) Perform such other functions as may be necessary
98 or appropriate to achieve the purposes of this Compact.
99 4. (1) The Executive Committee shall have the power
100 to act on behalf of the Commission according to the terms of
101 this Compact. The powers, duties, and responsibilities of
102 the Executive Committee shall include:
103 (a) Oversee the day-to-day activities of the
104 administration of the compact including enforcement and
105 compliance with the provisions of the compact, its Rules and
106 bylaws, and other such duties as deemed necessary;
107 (b) Recommend to the Commission changes to the Rules
108 or bylaws, changes to this Compact legislation, fees charged

109 to Compact Member States, fees charged to Licensees, and
110 other fees;
111 (c) Ensure Compact administration services are
112 appropriately provided, including by contract;
113 (d) Prepare and recommend the budget;
114 (e) Maintain financial records on behalf of the
115 Commission;
116 (f) Monitor Compact compliance of Member States and
117 provide compliance reports to the Commission;
118 (g) Establish additional committees as necessary;
119 (h) Exercise the powers and duties of the Commission
120 during the interim between Commission meetings, except for
121 adopting or amending Rules, adopting or amending bylaws, and
122 exercising any other powers and duties expressly reserved to
123 the Commission by Rule or bylaw; and
124 (i) Other duties as provided in the Rules or bylaws of
125 the Commission.
126 (2) The Executive Committee shall be composed of up to
127 eleven (11) members:
128 (a) The chair and vice chair of the Commission shall
129 be voting members of the Executive Committee; and
130 (b) The Commission shall elect five voting members
131 from the current membership of the Commission.
132 (c) Up to four (4) ex-officio, nonvoting members from
133 four (4) recognized national Social Work organizations.
134 (d) The ex-officio members will be selected by their
135 respective organizations.
136 (3) The Commission may remove any member of the
137 Executive Committee as provided in the Commission's bylaws.
138 (4) The Executive Committee shall meet at least
139 annually.
140 (a) Executive Committee meetings shall be open to the
141 public, except that the Executive Committee may meet in a

142 closed, non-public meeting as provided in subdivision (2) of
143 subsection 6 of this section.
144 (b) The Executive Committee shall give seven (7) days'
145 notice of its meetings, posted on its website and as
146 determined to provide notice to persons with an interest in
147 the business of the Commission.
148 (c) The Executive Committee may hold a special meeting
149 in accordance with paragraph (b) of subdivision (1) of
150 subsection 6 of this section.
151 5. The Commission shall adopt and provide to the
152 Member States an annual report.
153 6. (1) All meetings shall be open to the public,
154 except that the Commission may meet in a closed, non-public
155 meeting as provided in subdivision (2) of this subsection.
156 (a) Public notice for all meetings of the full
157 Commission of meetings shall be given in the same manner as
158 required under the Rulemaking provisions in section
159 337.1055, except that the Commission may hold a special
160 meeting as provided in paragraph (b) of this subdivision.
161 (b) The Commission may hold a special meeting when it
162 must meet to conduct emergency business by giving 48 hours'
163 notice to all commissioners, on the Commission's website,
164 and other means as provided in the Commission's Rules. The
165 Commission's legal counsel shall certify that the
166 Commission's need to meet qualifies as an emergency.
167 (2) The Commission or the Executive Committee or other
168 committees of the Commission may convene in a closed, non-
169 public meeting for the Commission or Executive Committee or
170 other committees of the Commission to receive legal advice
171 or to discuss:
172 (a) Non-compliance of a Member State with its
173 obligations under the Compact;

174 (b) The employment, compensation, discipline or other
175 matters, practices or procedures related to specific
176 employees;
177 (c) Current or threatened discipline of a Licensee by
178 the Commission or by a Member State's Licensing Authority;
179 (d) Current, threatened, or reasonably anticipated
180 litigation;
181 (e) Negotiation of contracts for the purchase, lease,
182 or sale of goods, services, or real estate;
183 (f) Accusing any person of a crime or formally
184 censuring any person;
185 (g) Trade secrets or commercial or financial
186 information that is privileged or confidential;
187 (h) Information of a personal nature where disclosure
188 would constitute a clearly unwarranted invasion of personal
189 privacy;
190 (i) Investigative records compiled for law enforcement
191 purposes;
192 (j) Information related to any investigative reports
193 prepared by or on behalf of or for use of the Commission or
194 other committee charged with responsibility of investigation
195 or determination of compliance issues pursuant to the
196 Compact;
197 (k) Matters specifically exempted from disclosure by
198 federal or Member State law; or
199 (l) Other matters as promulgated by the Commission by
200 Rule.
201 (3) If a meeting, or portion of a meeting, is closed,
202 the presiding officer shall state that the meeting will be
203 closed and reference each relevant exempting provision, and
204 such reference shall be recorded in the minutes.
205 (4) The Commission shall keep minutes that fully and
206 clearly describe all matters discussed in a meeting and

207 shall provide a full and accurate summary of actions taken,
208 and the reasons therefor, including a description of the
209 views expressed. All documents considered in connection
210 with an action shall be identified in such minutes. All
211 minutes and documents of a closed meeting shall remain under
212 seal, subject to release only by a majority vote of the
213 Commission or order of a court of competent jurisdiction.
214 7. (1) The Commission shall pay, or provide for the
215 payment of, the reasonable expenses of its establishment,
216 organization, and ongoing activities.
217 (2) The Commission may accept any and all appropriate
218 revenue sources as provided in subdivision (13) of
219 subsection 3 of this section.
220 (3) The Commission may levy on and collect an annual
221 assessment from each Member State and impose fees on
222 Licensees of Member States to whom it grants a Multistate
223 License to cover the cost of the operations and activities
224 of the Commission and its staff, which must be in a total
225 amount sufficient to cover its annual budget as approved
226 each year for which revenue is not provided by other
227 sources. The aggregate annual assessment amount for Member
228 States shall be allocated based upon a formula that the
229 Commission shall promulgate by Rule.
230 (4) The Commission shall not incur obligations of any
231 kind prior to securing the funds adequate to meet the same;
232 nor shall the Commission pledge the credit of any of the
233 Member States, except by and with the authority of the
234 Member State.
235 (5) The Commission shall keep accurate accounts of all
236 receipts and disbursements. The receipts and disbursements
237 of the Commission shall be subject to the financial review
238 and accounting procedures established under its bylaws.
239 However, all receipts and disbursements of funds handled by

240 the Commission shall be subject to an annual financial
241 review by a certified or licensed public accountant, and the
242 report of the financial review shall be included in and
243 become part of the annual report of the Commission.
244 8. (1) The members, officers, executive director,
245 employees and representatives of the Commission shall be
246 immune from suit and liability, both personally and in their
247 official capacity, for any claim for damage to or loss of
248 property or personal injury or other civil liability caused
249 by or arising out of any actual or alleged act, error, or
250 omission that occurred, or that the person against whom the
251 claim is made had a reasonable basis for believing occurred
252 within the scope of Commission employment, duties or
253 responsibilities; provided that nothing in this subdivision
254 shall be construed to protect any such person from suit or
255 liability for any damage, loss, injury, or liability caused
256 by the intentional or willful or wanton misconduct of that
257 person. The procurement of insurance of any type by the
258 Commission shall not in any way compromise or limit the
259 immunity granted hereunder.
260 (2) The Commission shall defend any member, officer,
261 executive director, employee, and representative of the
262 Commission in any civil action seeking to impose liability
263 arising out of any actual or alleged act, error, or omission
264 that occurred within the scope of Commission employment,
265 duties, or responsibilities, or as determined by the
266 Commission that the person against whom the claim is made
267 had a reasonable basis for believing occurred within the
268 scope of Commission employment, duties, or responsibilities;
269 provided that nothing herein shall be construed to prohibit
270 that person from retaining their own counsel at their own
271 expense; and provided further, that the actual or alleged

272 act, error, or omission did not result from that person's
273 intentional or willful or wanton misconduct.
274 (3) The Commission shall indemnify and hold harmless
275 any member, officer, executive director, employee, and
276 representative of the Commission for the amount of any
277 settlement or judgment obtained against that person arising
278 out of any actual or alleged act, error, or omission that
279 occurred within the scope of Commission employment, duties,
280 or responsibilities, or that such person had a reasonable
281 basis for believing occurred within the scope of Commission
282 employment, duties, or responsibilities, provided that the
283 actual or alleged act, error, or omission did not result
284 from the intentional or willful or wanton misconduct of that
285 person.
286 (4) Nothing herein shall be construed as a limitation
287 on the liability of any Licensee for professional
288 malpractice or misconduct, which shall be governed solely by
289 any other applicable State laws.
290 (5) Nothing in this Compact shall be interpreted to
291 waive or otherwise abrogate a Member State's state action
292 immunity or state action affirmative defense with respect to
293 antitrust claims under the Sherman Act, Clayton Act, or any
294 other State or federal antitrust or anticompetitive law or
295 regulation.
296 (6) Nothing in this Compact shall be construed to be a
297 waiver of sovereign immunity by the Member States or by the
298 Commission.
337.1050. 1. The Commission shall provide for the
2 development, maintenance, operation, and utilization of a
3 coordinated Data System.
4 2. The Commission shall assign each applicant for a
5 Multistate License a unique identifier, as determined by the
6 Rules of the Commission.

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

(1) Identifying information;

(2) Licensure data;

(3) Adverse Actions against a license and information related thereto;

(4) Non-confidential information related to Alternative Program participation, the beginning and ending dates of such participation, and other information related to such participation not made confidential under Member State law;

(5) Any denial of application for licensure, and the reason or reasons for such denial;

(6) The presence of Current Significant Investigative Information; and

(7) Other information that may facilitate the administration of this Compact or the protection of the public, as determined by the Rules of the Commission.

4. The records and information provided to a Member State pursuant to this Compact or through the Data System, when certified by the Commission or an agent thereof, shall constitute the authenticated business records of the Commission, and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or administrative proceedings in a Member State.

5. (1) Current Significant Investigative Information pertaining to a Licensee in any Member State will only be available to other Member States.

(2) It is the responsibility of the Member States to report any Adverse Action against a Licensee and to monitor

40 the database to determine whether Adverse Action has been
41 taken against a Licensee. Adverse Action information
42 pertaining to a Licensee in any Member State will be
43 available to any other Member State.
44 6. Member States contributing information to the Data
45 System may designate information that may not be shared with
46 the public without the express permission of the
47 contributing State.
48 7. Any information submitted to the Data System that
49 is subsequently expunged pursuant to federal law or the laws
50 of the Member State contributing the information shall be
51 removed from the Data System.
337.1055. 1. The Commission shall promulgate
2 reasonable Rules in order to effectively and efficiently
3 implement and administer the purposes and provisions of the
4 Compact. A Rule shall be invalid and have no force or
5 effect only if a court of competent jurisdiction holds that
6 the Rule is invalid because the Commission exercised its
7 rulemaking authority in a manner that is beyond the scope
8 and purposes of the Compact, or the powers granted
9 hereunder, or based upon another applicable standard of
10 review.
11 2. The Rules of the Commission shall have the force of
12 law in each Member State, provided however that where the
13 Rules of the Commission conflict with the laws of the Member
14 State that establish the Member State's laws, regulations,
15 and applicable standards that govern the practice of Social
16 Work as held by a court of competent jurisdiction, the Rules
17 of the Commission shall be ineffective in that State to the
18 extent of the conflict.
19 3. The Commission shall exercise its Rulemaking powers
20 pursuant to the criteria set forth in this Section and the
21 Rules adopted thereunder. Rules shall become binding on the

22 day following adoption or the date specified in the rule or
23 amendment, whichever is later.
24 4. If a majority of the legislatures of the Member
25 States rejects a Rule or portion of a Rule, by enactment of
26 a statute or resolution in the same manner used to adopt the
27 Compact within four (4) years of the date of adoption of the
28 Rule, then such Rule shall have no further force and effect
29 in any Member State.
30 5. Rules shall be adopted at a regular or special
31 meeting of the Commission.
32 6. Prior to adoption of a proposed Rule, the
33 Commission shall hold a public hearing and allow persons to
34 provide oral and written comments, data, facts, opinions,
35 and arguments.
36 7. Prior to adoption of a proposed Rule by the
37 Commission, and at least thirty (30) days in advance of the
38 meeting at which the Commission will hold a public hearing
39 on the proposed Rule, the Commission shall provide a Notice
40 of Proposed Rulemaking:
41 (1) On the website of the Commission or other publicly
42 accessible platform;
43 (2) To persons who have requested notice of the
44 Commission's notices of proposed rulemaking; and
45 (3) In such other way(s) as the Commission may by Rule
46 specify.
47 8. The Notice of Proposed Rulemaking shall include:
48 (1) The time, date, and location of the public hearing
49 at which the Commission will hear public comments on the
50 proposed Rule and, if different, the time, date, and
51 location of the meeting where the Commission will consider
52 and vote on the proposed Rule;
53 (2) If the hearing is held via telecommunication,
54 video conference, or other electronic means, the Commission

55 shall include the mechanism for access to the hearing in the
56 Notice of Proposed Rulemaking;
57 (3) The text of the proposed Rule and the reason
58 therefor;
59 (4) A request for comments on the proposed Rule from
60 any interested person; and
61 (5) The manner in which interested persons may submit
62 written comments.
63 9. All hearings will be recorded. A copy of the
64 recording and all written comments and documents received by
65 the Commission in response to the proposed Rule shall be
66 available to the public.
67 10. Nothing in this section shall be construed as
68 requiring a separate hearing on each Rule. Rules may be
69 grouped for the convenience of the Commission at hearings
70 required by this section.
71 11. The Commission shall, by majority vote of all
72 members, take final action on the proposed Rule based on the
73 Rulemaking record and the full text of the Rule.
74 (1) The Commission may adopt changes to the proposed
75 Rule provided the changes do not enlarge the original
76 purpose of the proposed Rule.
77 (2) The Commission shall provide an explanation of the
78 reasons for substantive changes made to the proposed Rule as
79 well as reasons for substantive changes not made that were
80 recommended by commenters.
81 (3) The Commission shall determine a reasonable
82 effective date for the Rule. Except for an emergency as
83 provided in subsection 12 of this section, the effective
84 date of the rule shall be no sooner than 30 days after
85 issuing the notice that it adopted or amended the Rule.
86 12. Upon determination that an emergency exists, the
87 Commission may consider and adopt an emergency Rule with 48

88 hours' notice, with opportunity to comment, provided that
89 the usual Rulemaking procedures provided in the Compact and
90 in this section shall be retroactively applied to the Rule
91 as soon as reasonably possible, in no event later than
92 ninety (90) days after the effective date of the Rule. For
93 the purposes of this provision, an emergency Rule is one
94 that must be adopted immediately in order to:
95 (1) Meet an imminent threat to public health, safety,
96 or welfare;
97 (2) Prevent a loss of Commission or Member State funds;
98 (3) Meet a deadline for the promulgation of a Rule
99 that is established by federal law or rule; or
100 (4) Protect public health and safety.
101 13. The Commission or an authorized committee of the
102 Commission may direct revisions to a previously adopted Rule
103 for purposes of correcting typographical errors, errors in
104 format, errors in consistency, or grammatical errors.
105 Public notice of any revisions shall be posted on the
106 website of the Commission. The revision shall be subject to
107 challenge by any person for a period of thirty (30) days
108 after posting. The revision may be challenged only on
109 grounds that the revision results in a material change to a
110 Rule. A challenge shall be made in writing and delivered to
111 the Commission prior to the end of the notice period. If no
112 challenge is made, the revision will take effect without
113 further action. If the revision is challenged, the revision
114 may not take effect without the approval of the Commission.
115 14. No Member State's rulemaking requirements shall
116 apply under this compact.
2 337.1060. 1. (1) The executive and judicial branches
3 of State government in each Member State shall enforce this
4 Compact and take all actions necessary and appropriate to
implement the Compact.

5 (2) Except as otherwise provided in this Compact,
6 venue is proper and judicial proceedings by or against the
7 Commission shall be brought solely and exclusively in a
8 court of competent jurisdiction where the principal office
9 of the Commission is located. The Commission may waive
10 venue and jurisdictional defenses to the extent it adopts or
11 consents to participate in alternative dispute resolution
12 proceedings. Nothing herein shall affect or limit the
13 selection or propriety of venue in any action against a
14 Licensee for professional malpractice, misconduct or any
15 such similar matter.
16 (3) The Commission shall be entitled to receive
17 service of process in any proceeding regarding the
18 enforcement or interpretation of the Compact and shall have
19 standing to intervene in such a proceeding for all
20 purposes. Failure to provide the Commission service of
21 process shall render a judgment or order void as to the
22 Commission, this Compact, or promulgated Rules.
23 2. (1) If the Commission determines that a Member
24 State has defaulted in the performance of its obligations or
25 responsibilities under this Compact or the promulgated
26 Rules, the Commission shall provide written notice to the
27 defaulting State. The notice of default shall describe the
28 default, the proposed means of curing the default, and any
29 other action that the Commission may take, and shall offer
30 training and specific technical assistance regarding the
31 default.
32 (2) The Commission shall provide a copy of the notice
33 of default to the other Member States.
34 3. If a State in default fails to cure the default,
35 the defaulting State may be terminated from the Compact upon
36 an affirmative vote of a majority of the delegates of the
37 Member States, and all rights, privileges and benefits

38 conferred on that State by this Compact may be terminated on
39 the effective date of termination. A cure of the default
40 does not relieve the offending State of obligations or
41 liabilities incurred during the period of default.
42 4. Termination of membership in the Compact shall be
43 imposed only after all other means of securing compliance
44 have been exhausted. Notice of intent to suspend or
45 terminate shall be given by the Commission to the governor,
46 the majority and minority leaders of the defaulting State's
47 legislature, the defaulting State's State Licensing
48 Authority and each of the Member States' State Licensing
49 Authority.
50 5. A State that has been terminated is responsible for
51 all assessments, obligations, and liabilities incurred
52 through the effective date of termination, including
53 obligations that extend beyond the effective date of
54 termination.
55 6. Upon the termination of a State's membership from
56 this Compact, that State shall immediately provide notice to
57 all Licensees within that State of such termination. The
58 terminated State shall continue to recognize all licenses
59 granted pursuant to this Compact for a minimum of six (6)
60 months after the date of said notice of termination.
61 7. The Commission shall not bear any costs related to
62 a State that is found to be in default or that has been
63 terminated from the Compact, unless agreed upon in writing
64 between the Commission and the defaulting State.
65 8. The defaulting State may appeal the action of the
66 Commission by petitioning the U.S. District Court for the
67 District of Columbia or the federal district where the
68 Commission has its principal offices. The prevailing party
69 shall be awarded all costs of such litigation, including
70 reasonable attorney's fees.

71 9. (1) Upon request by a Member State, the Commission
72 shall attempt to resolve disputes related to the Compact
73 that arise among Member States and between Member and non-
74 Member States.
75 (2) The Commission shall promulgate a Rule providing
76 for both mediation and binding dispute resolution for
77 disputes as appropriate.
78 10. (1) By majority vote as provided by Rule, the
79 Commission may initiate legal action against a Member State
80 in default in the United States District Court for the
81 District of Columbia or the federal district where the
82 Commission has its principal offices to enforce compliance
83 with the provisions of the Compact and its promulgated
84 Rules. The relief sought may include both injunctive relief
85 and damages. In the event judicial enforcement is
86 necessary, the prevailing party shall be awarded all costs
87 of such litigation, including reasonable attorney's fees.
88 The remedies herein shall not be the exclusive remedies of
89 the Commission. The Commission may pursue any other
90 remedies available under federal or the defaulting Member
91 State's law.
92 (2) A Member State may initiate legal action against
93 the Commission in the U.S. District Court for the District
94 of Columbia or the federal district where the Commission has
95 its principal offices to enforce compliance with the
96 provisions of the Compact and its promulgated Rules. The
97 relief sought may include both injunctive relief and
98 damages. In the event judicial enforcement is necessary,
99 the prevailing party shall be awarded all costs of such
100 litigation, including reasonable attorney's fees.
101 (3) No person other than a Member State shall enforce
102 this compact against the Commission.

337.1065. 1. The Compact shall come into effect on
2 the date on which the Compact statute is enacted into law in
3 the seventh Member State.
4 (1) On or after the effective date of the Compact, the
5 Commission shall convene and review the enactment of each of
6 the first seven Member States ("Charter Member States") to
7 determine if the statute enacted by each such Charter Member
8 State is materially different than the model Compact statute.
9 (a) A Charter Member State whose enactment is found to
10 be materially different from the model Compact statute shall
11 be entitled to the default process set forth in section
12 337.1060.
13 (b) If any Member State is later found to be in
14 default, or is terminated or withdraws from the Compact, the
15 Commission shall remain in existence and the Compact shall
16 remain in effect even if the number of Member States should
17 be less than seven.
18 (2) Member States enacting the Compact subsequent to
19 the seven initial Charter Member States shall be subject to
20 the process set forth in subdivision (21) of subsection 3 of
21 section 337.1045 to determine if their enactments are
22 materially different from the model Compact statute and
23 whether they qualify for participation in the Compact.
24 (3) All actions taken for the benefit of the
25 Commission or in furtherance of the purposes of the
26 administration of the Compact prior to the effective date of
27 the Compact or the Commission coming into existence shall be
28 considered to be actions of the Commission unless
29 specifically repudiated by the Commission.
30 (4) Any State that joins the Compact subsequent to the
31 Commission's initial adoption of the Rules and bylaws shall
32 be subject to the Rules and bylaws as they exist on the date
33 on which the Compact becomes law in that State. Any Rule

34 that has been previously adopted by the Commission shall
35 have the full force and effect of law on the day the Compact
36 becomes law in that State.
37 2. Any Member State may withdraw from this Compact by
38 enacting a statute repealing the same.
39 (1) A Member State's withdrawal shall not take effect
40 until 180 days after enactment of the repealing statute.
41 (2) Withdrawal shall not affect the continuing
42 requirement of the withdrawing State's Licensing Authority
43 to comply with the investigative and Adverse Action
44 reporting requirements of this Compact prior to the
45 effective date of withdrawal.
46 (3) Upon the enactment of a statute withdrawing from
47 this compact, a State shall immediately provide notice of
48 such withdrawal to all Licensees within that State.
49 Notwithstanding any subsequent statutory enactment to the
50 contrary, such withdrawing State shall continue to recognize
51 all licenses granted pursuant to this compact for a minimum
52 of 180 days after the date of such notice of withdrawal.
53 3. Nothing contained in this Compact shall be
54 construed to invalidate or prevent any licensure agreement
55 or other cooperative arrangement between a Member State and
56 a non-Member State that does not conflict with the
57 provisions of this Compact.
58 4. This Compact may be amended by the Member States.
59 No amendment to this Compact shall become effective and
60 binding upon any Member State until it is enacted into the
61 laws of all Member States.
337.1070. 1. This Compact and the Commission's
2 rulemaking authority shall be liberally construed so as to
3 effectuate the purposes, and the implementation and
4 administration of the Compact. Provisions of the Compact
5 expressly authorizing or requiring the promulgation of Rules

shall not be construed to limit the Commission's rulemaking authority solely for those purposes.

2. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is held by a court of competent jurisdiction to be contrary to the constitution of any Member State, a State seeking participation in the Compact, or of the United States, or the applicability thereof to any government, agency, person or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this Compact and the applicability thereof to any other government, agency, person or circumstance shall not be affected thereby.

3. Notwithstanding subsection 2 of this section, the Commission may deny a State's participation in the Compact or, in accordance with the requirements of subsection 2 of section 337.1060, terminate a Member State's participation in the Compact, if it determines that a constitutional requirement of a Member State is a material departure from the Compact. Otherwise, if this Compact shall be held to be contrary to the constitution of any Member State, the Compact shall remain in full force and effect as to the remaining Member States and in full force and effect as to the Member State affected as to all severable matters.

337.1075. 1. A Licensee providing services in a Remote State under a Multistate Authorization to Practice shall adhere to the laws and regulations, including laws, regulations, and applicable standards, of the Remote State where the client is located at the time care is rendered.

2. Nothing herein shall prevent or inhibit the enforcement of any other law of a Member State that is not inconsistent with the Compact.

3. Any laws, statutes, regulations, or other legal requirements in a Member State in conflict with the Compact are superseded to the extent of the conflict.

4. All permissible agreements between the Commission and the Member States are binding in accordance with their terms.

338.010. 1. The "practice of pharmacy" **[**means**]** includes:

(1) The interpretation, implementation, and evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section 353**[**;**]**, and the receipt, transmission, or handling of such orders or facilitating the dispensing of such orders;

(2) The designing, initiating, implementing, and monitoring of a medication therapeutic plan **[**as defined by the prescription order so long as the prescription order is specific to each patient for care by a pharmacist**]** in accordance with the provisions of this section;

(3) The compounding, dispensing, labeling, and administration of drugs and devices pursuant to medical prescription orders **[**and administration of viral influenza, pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and meningitis vaccines by written protocol authorized by a physician for persons at least seven years of age or the age recommended by the Centers for Disease Control and Prevention, whichever is higher, or the administration of pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, meningitis, and viral influenza vaccines by written protocol authorized by a physician for a specific patient as authorized by rule**]**;

(4) The ordering and administration of vaccines approved or authorized by the U.S. Food and Drug Administration, excluding vaccines for cholera, monkeypox,

28 Japanese encephalitis, typhoid, rabies, yellow fever, tick-
29 borne encephalitis, anthrax, tuberculosis, dengue, Hib,
30 polio, rotavirus, smallpox, and any vaccine approved after
31 January 1, 2023, to persons at least seven years of age or
32 the age recommended by the Centers for Disease Control and
33 Prevention, whichever is older, pursuant to joint
34 promulgation of rules established by the board of pharmacy
35 and the state board of registration for the healing arts
36 unless rules are established under a state of emergency as
37 described in section 44.100;
38 (5) The participation in drug selection according to
39 state law and participation in drug utilization reviews;
40 (6) The proper and safe storage of drugs and devices
41 and the maintenance of proper records thereof;
42 (7) Consultation with patients and other health care
43 practitioners, and veterinarians and their clients about
44 legend drugs, about the safe and effective use of drugs and
45 devices;
46 (8) The prescribing and dispensing of any nicotine
47 replacement therapy product under section 338.665;
48 (9) The dispensing of HIV postexposure prophylaxis
49 pursuant to section 338.730; and
50 (10) The offering or performing of those acts,
51 services, operations, or transactions necessary in the
52 conduct, operation, management and control of a pharmacy.
53 2. No person shall engage in the practice of pharmacy
54 unless he or she is licensed under the provisions of this
55 chapter.
56 3. This chapter shall not be construed to prohibit the
57 use of auxiliary personnel under the direct supervision of a
58 pharmacist from assisting the pharmacist in any of his or
59 her duties. This assistance in no way is intended to
60 relieve the pharmacist from his or her responsibilities for

61 compliance with this chapter and he or she will be
62 responsible for the actions of the auxiliary personnel
63 acting in his or her assistance.
64 4. This chapter shall [also] not be construed to
65 prohibit or interfere with any legally registered
66 practitioner of medicine, dentistry, or podiatry, or
67 veterinary medicine only for use in animals, or the practice
68 of optometry in accordance with and as provided in sections
69 195.070 and 336.220 in the compounding, administering,
70 prescribing, or dispensing of his or her own prescriptions.
71 [2. Any pharmacist who accepts a prescription order
72 for a medication therapeutic plan shall have a written
73 protocol from the physician who refers the patient for
74 medication therapy services.]
75 5. A pharmacist with a certificate of medication
76 therapeutic plan authority may provide medication therapy
77 services pursuant to a written protocol from a physician
78 licensed under chapter 334 to patients who have established
79 a physician-patient relationship, as described in
80 subdivision (1) of subsection 1 of section 191.1146, with
81 the protocol physician. The written protocol [and the
82 prescription order for a medication therapeutic plan]
83 authorized by this section shall come only from the
84 physician [only,] and shall not come from a nurse engaged in
85 a collaborative practice arrangement under section 334.104,
86 or from a physician assistant engaged in a collaborative
87 practice arrangement under section 334.735.
88 [3.] 6. Nothing in this section shall be construed as
89 to prevent any person, firm or corporation from owning a
90 pharmacy regulated by sections 338.210 to 338.315, provided
91 that a licensed pharmacist is in charge of such pharmacy.
92 [4.] 7. Nothing in this section shall be construed to
93 apply to or interfere with the sale of nonprescription drugs

94 and the ordinary household remedies and such drugs or
95 medicines as are normally sold by those engaged in the sale
96 of general merchandise.
97 **[**5.**]** 8. No health carrier as defined in chapter 376
98 shall require any physician with which they contract to
99 enter into a written protocol with a pharmacist for
100 medication therapeutic services.
101 **[**6.**]** 9. This section shall not be construed to allow a
102 pharmacist to diagnose or independently prescribe
103 pharmaceuticals.
104 **[**7.**]** 10. The state board of registration for the
105 healing arts, under section 334.125, and the state board of
106 pharmacy, under section 338.140, shall jointly promulgate
107 rules regulating the use of protocols **[**for prescription
108 orders**]** for medication therapy services **[**and administration
109 of viral influenza vaccines**]**. Such rules shall require
110 protocols to include provisions allowing for timely
111 communication between the pharmacist and the **[**referring**]**
112 protocol physician or similar body authorized by this
113 section, and any other patient protection provisions deemed
114 appropriate by both boards. In order to take effect, such
115 rules shall be approved by a majority vote of a quorum of
116 each board. Neither board shall separately promulgate rules
117 regulating the use of protocols for **[**prescription orders
118 for**]** medication therapy services **[**and administration of
119 viral influenza vaccines**]**. Any rule or portion of a rule,
120 as that term is defined in section 536.010, that is created
121 under the authority delegated in this section shall become
122 effective only if it complies with and is subject to all of
123 the provisions of chapter 536 and, if applicable, section
124 536.028. This section and chapter 536 are nonseverable and
125 if any of the powers vested with the general assembly
126 pursuant to chapter 536 to review, to delay the effective

127 date, or to disapprove and annul a rule are subsequently
128 held unconstitutional, then the grant of rulemaking
129 authority and any rule proposed or adopted after August 28,
130 2007, shall be invalid and void.
131 **[**8.**]** 11. The state board of pharmacy may grant a
132 certificate of medication therapeutic plan authority to a
133 licensed pharmacist who submits proof of successful
134 completion of a board-approved course of academic clinical
135 study beyond a bachelor of science in pharmacy, including
136 but not limited to clinical assessment skills, from a
137 nationally accredited college or university, or a
138 certification of equivalence issued by a nationally
139 recognized professional organization and approved by the
140 board of pharmacy.
141 **[**9.**]** 12. Any pharmacist who has received a certificate
142 of medication therapeutic plan authority may engage in the
143 designing, initiating, implementing, and monitoring of a
144 medication therapeutic plan as defined by a **[**prescription
145 order**]** written protocol from a physician that **[**is**]** may be
146 specific to each patient for care by a pharmacist.
147 **[**10.**]** 13. Nothing in this section shall be construed
148 to allow a pharmacist to make a therapeutic substitution of
149 a pharmaceutical prescribed by a physician unless authorized
150 by the written protocol or the physician's prescription
151 order.
152 **[**11.**]** 14. "Veterinarian", "doctor of veterinary
153 medicine", "practitioner of veterinary medicine", "DVM",
154 "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS",
155 or an equivalent title means a person who has received a
156 doctor's degree in veterinary medicine from an accredited
157 school of veterinary medicine or holds an Educational
158 Commission for Foreign Veterinary Graduates (EDFVG)

159 certificate issued by the American Veterinary Medical
160 Association (AVMA).
161 **[**12.**]** 15. In addition to other requirements
162 established by the joint promulgation of rules by the board
163 of pharmacy and the state board of registration for the
164 healing arts:
165 (1) A pharmacist shall administer vaccines by protocol
166 in accordance with treatment guidelines established by the
167 Centers for Disease Control and Prevention (CDC);
168 (2) A pharmacist who is administering a vaccine shall
169 request a patient to remain in the pharmacy a safe amount of
170 time after administering the vaccine to observe any adverse
171 reactions. Such pharmacist shall have adopted emergency
172 treatment protocols**[**;**]**.
173 **[**(3)**]** 16. In addition to other requirements by the
174 board, a pharmacist shall receive additional training as
175 required by the board and evidenced by receiving a
176 certificate from the board upon completion, and shall
177 display the certification in his or her pharmacy where
178 vaccines are delivered.
179 **[**13.**]** 17. A pharmacist shall inform the patient that
180 the administration of **[**the**]** a vaccine will be entered into
181 the ShowMeVax system, as administered by the department of
182 health and senior services. The patient shall attest to the
183 inclusion of such information in the system by signing a
184 form provided by the pharmacist. If the patient indicates
185 that he or she does not want such information entered into
186 the ShowMeVax system, the pharmacist shall provide a written
187 report within fourteen days of administration of a vaccine
188 to the patient's health care provider, if provided by the
189 patient, containing:
190 (1) The identity of the patient;

191 (2) The identity of the vaccine or vaccines
192 administered;
193 (3) The route of administration;
194 (4) The anatomic site of the administration;
195 (5) The dose administered; and
196 (6) The date of administration.
197 18. A pharmacist licensed under this chapter may order
198 and administer vaccines approved or authorized by the U.S.
199 Food and Drug Administration to address a public health
200 need, as lawfully authorized by the state or federal
201 government, or a department or agency thereof, during a
202 state or federally declared public health emergency.
338.012. 1. A pharmacist with a certificate of
2 medication therapeutic plan authority may provide influenza,
3 group A streptococcus, and COVID-19 medication therapy
4 services pursuant to a statewide standing order issued by
5 the director or chief medical officer of the department of
6 health and senior services if that person is a licensed
7 physician, or a licensed physician designated by the
8 department of health and senior services.
9 2. The state board of registration for the healing
10 arts, pursuant to section 334.125, and the state board of
11 pharmacy, pursuant to section 338.140, shall jointly
12 promulgate rules to implement the provisions of this
13 section. Any rule or portion of a rule, as that term is
14 defined in section 536.010, that is created under the
15 authority delegated in this section shall become effective
16 only if it complies with and is subject to all of the
17 provisions of chapter 536 and, if applicable, section
18 536.028. This section and chapter 536 are nonseverable and
19 if any of the powers vested with the general assembly
20 pursuant to chapter 536 to review, to delay the effective
21 date, or to disapprove and annul a rule are subsequently

22 held unconstitutional, then the grant of rulemaking
23 authority and any rule proposed or adopted after August 28,
24 2023, shall be invalid and void.

340.200. When used in sections 340.200 to 340.330, the
2 following terms mean:

3 (1) "Accredited school of veterinary medicine", any
4 veterinary college or division of a university or college
5 that offers the degree of doctor of veterinary medicine or
6 its equivalent and is accredited by the American Veterinary
7 Medical Association (AVMA);

8 (2) "Animal", any wild, exotic or domestic, living or
9 dead animal or mammal other than man, including birds, fish
10 and reptiles;

11 (3) "Animal chiropractic", the examination and
12 treatment of an animal through vertebral subluxation complex
13 or spinal, joint, or musculoskeletal manipulation by an
14 animal chiropractic practitioner. The term "animal
15 chiropractic" shall not be construed to require supervision
16 by a licensed veterinarian to practice or to allow the
17 diagnosing of an animal; the performing of surgery; the
18 dispensing, prescribing, or administering of medications,
19 drugs, or biologics; or the performance of any other type of
20 veterinary medicine when performed by an individual licensed
21 by the state board of chiropractic examiners;

22 (4) "Animal chiropractic practitioner":

23 (a) A licensed veterinarian; or

24 (b) An individual who is licensed by the state board
25 of chiropractic examiners to engage in the practice of
26 chiropractic, as defined in section 331.010; who is
27 certified by the AVCA, IVCA, or other equivalent certifying
28 body; who has graduated from a certification course in
29 animal chiropractic with not less than two hundred ten hours
30 of instruction; and whose practice of animal chiropractic

31 shall be regulated by the state board of chiropractic
32 examiners under chapter 331;
33 (5) "Applicant", an individual who files an
34 application to be licensed to practice veterinary medicine
35 or to be registered as a veterinary technician;
36 **[**(4)**]** (6) "Appointed member of the board", regularly
37 appointed members of the Missouri veterinary medical board,
38 not including the state veterinarian who serves on the board
39 ex officio;
40 **[**(5)**]** (7) "AVCA", the American Veterinary Chiropractic
41 Association or its successor organization;
42 (8) "Board", the Missouri veterinary medical board;
43 **[**(6)**]** (9) "Consulting veterinarian", a veterinarian
44 licensed in another state, country or territory who gives
45 advice or demonstrates techniques to a licensed Missouri
46 veterinarian or group of licensed Missouri veterinarians;
47 **[**(7)**]** (10) "ECFVG certificate", a certificate issued
48 by the American Veterinary Medical Association Educational
49 Commission for Foreign Veterinary Graduates or its
50 successor. The certificate must indicate that the holder of
51 the certificate has demonstrated knowledge and skill
52 equivalent to that possessed by a graduate of an accredited
53 school of veterinary medicine;
54 **[**(8)**]** (11) "Emergency", when an animal has been placed
55 in a life-threatening condition and immediate treatment is
56 necessary to sustain life or where death is imminent and
57 action is necessary to relieve pain or suffering;
58 **[**(9)**]** (12) "Faculty member", full professors,
59 assistant professors, associate professors, clinical
60 instructors and residents but does not include interns or
61 adjunct appointments;
62 **[**(10)**]** (13) "Foreign veterinary graduate", any person,
63 including foreign nationals and American citizens, who has

64 received a professional veterinary medical degree from an
65 AVMA listed veterinary college located outside the
66 boundaries of the United States, its territories or Canada,
67 that is not accredited by the AVMA;
68 **[**(11)**]** (14) "IVCA", the International Veterinary
69 Chiropractic Association or its successor organization;
70 (15) "License", any permit, approval, registration or
71 certificate issued or renewed by the board;
72 **[**(12)**]** (16) "Licensed veterinarian", an individual who
73 is validly and currently licensed to practice veterinary
74 medicine in Missouri as determined by the board in
75 accordance with the requirements and provisions of sections
76 340.200 to 340.330;
77 **[**(13)**]** (17) "Minimum standards", standards as set by
78 board rule and which establish the minimum requirements for
79 the practice of veterinary medicine in the state of Missouri
80 as are consistent with the intent and purpose of sections
81 340.200 to 340.330;
82 **[**(14)**]** (18) "Person", any individual, firm,
83 partnership, association, joint venture, cooperative or
84 corporation or any other group or combination acting in
85 concert; whether or not acting as principal, trustee,
86 fiduciary, receiver, or as any kind of legal or personal
87 representative or as the successor in interest, assigning
88 agent, factor, servant, employee, director, officer or any
89 other representative of such person;
90 **[**(15)**]** (19) "Practice of veterinary medicine", to
91 represent directly, indirectly, publicly or privately an
92 ability and willingness to do any act described in
93 subdivision **[**(28)**]** (32) of this section;
94 **[**(16)**]** (20) "Provisional license", a license issued to
95 a person while that person is engaged in a veterinary
96 candidacy program;

97 **[**(17)**]** (21) "Registered veterinary technician", a
98 person who is formally trained for the specific purpose of
99 assisting a licensed veterinarian with technical services
100 under the appropriate level of supervision as is consistent
101 with the particular delegated animal health care task;
102 **[**(18)**]** (22) "Supervision":
103 (a) "Immediate supervision", the licensed veterinarian
104 is in the immediate area and within audible and visual range
105 of the animal patient and the person treating the patient;
106 (b) "Direct supervision", the licensed veterinarian is
107 on the premises where the animal is being treated and is
108 quickly and easily available and the animal has been
109 examined by a licensed veterinarian at such times as
110 acceptable veterinary medical practice requires consistent
111 with the particular delegated animal health care task;
112 (c) "Indirect supervision", the licensed veterinarian
113 need not be on the premises but has given either written or
114 oral instructions for the treatment of the animal patient or
115 treatment protocol has been established and the animal has
116 been examined by a licensed veterinarian at such times as
117 acceptable veterinary medical practice requires consistent
118 with the particular delegated health care task; provided
119 that the patient is not in a surgical plane of anesthesia
120 and the licensed veterinarian is available for consultation
121 on at least a daily basis;
122 **[**(19)**]** (23) "Supervisor", a licensed veterinarian
123 employing or utilizing the services of a registered
124 veterinary technician, veterinary intern, temporary
125 provisional licensee, veterinary medical student,
126 unregistered assistant or any other individual working under
127 that veterinarian's supervision;

128 **[**(20)**]** (24) "Temporary license", any temporary
129 permission to practice veterinary medicine issued by the
130 board pursuant to section 340.248;
131 **[**(21)**]** (25) "Unregistered assistant", any individual
132 who is not a registered veterinary technician or licensed
133 veterinarian and is employed by a licensed veterinarian;
134 **[**(22)**]** (26) "Veterinarian", "doctor of veterinary
135 medicine", "DVM", "VMD", or equivalent title, a person who
136 has received a doctor's degree in veterinary medicine from
137 an accredited school of veterinary medicine or holds a ECFVG
138 certificate issued by the AVMA;
139 **[**(23)**]** (27) "Veterinarian-client-patient
140 relationship", the veterinarian has assumed the
141 responsibility for making medical judgments regarding the
142 health of the animal and the need for medical treatment, and
143 the client, owner or owner's agent has agreed to follow the
144 instructions of the veterinarian. There is sufficient
145 knowledge of the animal by the veterinarian to initiate at
146 least a general or preliminary diagnosis of the medical
147 condition of the animal. Veterinarian-client-patient
148 relationship means that the veterinarian has recently seen
149 and is personally acquainted with the keeping and care of
150 the animal by virtue of an examination or by medically
151 appropriate and timely visits to the premises where the
152 animal is kept. The practicing veterinarian is readily
153 available for follow-up care in case of adverse reactions or
154 failure of the prescribed course of therapy;
155 **[**(24)**]** (28) "Veterinary candidacy program", a program
156 by which a person who has received a doctor of veterinary
157 medicine or equivalent degree from an accredited school of
158 veterinary medicine can obtain the practical experience
159 required for licensing in Missouri pursuant to sections
160 340.200 to 340.330;

161 **[**(25)**]** (29) "Veterinary facility", any place or unit
162 from which the practice of veterinary medicine is conducted,
163 including but not limited to the following:
164 (a) "Veterinary or animal hospital or clinic", a
165 facility that meets or exceeds all physical requirements and
166 minimum standards as established by board rule for
167 veterinary facilities; provides quality examination,
168 diagnostic and health maintenance services for medical and
169 surgical treatment of animals and is equipped to provide
170 housing and nursing care for animals during illness or
171 convalescence;
172 (b) "Specialty practice or clinic", a facility that
173 provides complete specialty service by a licensed
174 veterinarian who has advanced training in a specialty and is
175 a diplomate of an approved specialty board. A specialty
176 practice or clinic shall meet all minimum standards which
177 are applicable to a specialty as established by board rule;
178 (c) "Central hospital", a facility that meets all
179 requirements of a veterinary or animal hospital or clinic as
180 defined in paragraph (a) of this subdivision and other
181 requirements as established by board rule, and which
182 provides specialized care, including but not limited to
183 twenty-four-hour nursing care and specialty consultation on
184 permanent or on-call basis. A central hospital shall be
185 utilized primarily on referral from area veterinary
186 hospitals or clinics;
187 (d) "Satellite, outpatient or mobile small animal
188 clinic", a supportive facility owned by or associated with
189 and has ready access to a full-service veterinary hospital
190 or clinic or a central hospital providing all mandatory
191 services and meeting all physical requirements and minimum
192 standards as established by sections 340.200 to 340.330 or
193 by board rule;

194 (e) "Large animal mobile clinic", a facility that
195 provides examination, diagnostic and preventive medicine and
196 minor surgical services for large animals not requiring
197 confinement or hospitalization;
198 (f) "Emergency clinic", a facility established to
199 receive patients and to treat illnesses and injuries of an
200 emergency nature;
201 **[**(26)**]** (30) "Veterinary candidate", a person who has
202 received a doctor of veterinary medicine or equivalent
203 degree from an accredited school or college of veterinary
204 medicine and who is working under the supervision of a board-
205 approved licensed veterinarian;
206 **[**(27)**]** (31) "Veterinary intern", a person who has
207 received a doctor of veterinary medicine or equivalent
208 degree from an accredited school or college of veterinary
209 medicine and who is participating in additional clinical
210 training in veterinary medicine to prepare for AVMA-
211 recognized certification or specialization;
212 **[**(28)**]** (32) "Veterinary medicine", the science of
213 diagnosing, treating, changing, alleviating, rectifying,
214 curing or preventing any animal disease, deformity, defect,
215 injury or other physical or mental condition, including, but
216 not limited to, the prescription or administration of any
217 drug, medicine, biologic, apparatus, application, anesthesia
218 or other therapeutic or diagnostic substance or technique on
219 any animal, including, but not limited to, acupuncture,
220 dentistry, animal psychology, animal chiropractic,
221 theriogenology, surgery, both general and cosmetic surgery,
222 any manual, mechanical, biological or chemical procedure for
223 testing for pregnancy or for correcting sterility or
224 infertility or to render service or recommendations with
225 regard to any of the procedures in this **[**paragraph**]**
226 subdivision;

227 **[**(29)**]** (33) "Veterinary student preceptee", a person
228 who is pursuing a veterinary degree in an accredited school
229 of veterinary medicine which has a preceptor program and who
230 has completed the academic requirements of such program.

340.216. 1. It is unlawful for any person not
2 licensed as a veterinarian under the provisions of sections
3 340.200 to 340.330 to practice veterinary medicine or to do
4 any act which requires knowledge of veterinary medicine for
5 valuable consideration, or for any person not so licensed to
6 hold himself or herself out to the public as a practitioner
7 of veterinary medicine by advertisement, the use of any
8 title or abbreviation with the person's name, or otherwise;
9 except that nothing in sections 340.200 to 340.330 shall be
10 construed as prohibiting:

11 (1) Any person from gratuitously providing emergency
12 treatment, aid or assistance to animals where a licensed
13 veterinarian is not available within a reasonable length of
14 time if the person does not represent himself or herself to
15 be a veterinarian or use any title or degree appertaining to
16 the practice thereof;

17 (2) Acts of a person who is a student in good standing
18 in a school or college of veterinary medicine or while
19 working as a student preceptee, in performing duties or
20 functions assigned by the student's instructors, or while
21 working under the appropriate level of supervision of a
22 licensed veterinarian as is consistent with the particular
23 delegated animal health care task as established by board
24 rule, and acts performed by a student in a school or college
25 of veterinary medicine recognized by the board and performed
26 as part of the education and training curriculum of the
27 school under the supervision of the faculty. The
28 unsupervised or unauthorized practice of veterinary

29 medicine, even though on the premises of a school or college
30 of veterinary medicine, is prohibited;
31 (3) Personnel employed by the United States Department
32 of Agriculture or the Missouri department of agriculture
33 from engaging in animal disease, parasite control or
34 eradication programs, or other functions specifically
35 required and authorized to be performed by unlicensed
36 federal or state officials under any lawful act or statute,
37 except that this exemption shall not apply to such persons
38 not actively engaged in performing or fulfilling their
39 official duties and responsibilities;
40 (4) Any merchant or manufacturer from selling drugs,
41 medicine, appliances or other products used in the
42 prevention or treatment of animal diseases if such drug,
43 medicine, appliance or other product is not marked by the
44 appropriate federal label. Such merchants or manufacturers
45 shall not, either directly or indirectly, attempt to
46 diagnose a symptom or disease in order to advise treatment,
47 use of drugs, medicine, appliances or other products;
48 (5) The owner of any animal or animals and the owner's
49 full-time employees from caring for and treating any animals
50 belonging to such owner, with or without the advice and
51 consultation of a licensed veterinarian, provided that the
52 ownership of the animal or animals is not transferred, or
53 employment changed, to avoid the provisions of sections
54 340.200 to 340.330; however, only a licensed veterinarian
55 may immunize or treat an animal for diseases which are
56 communicable to humans and which are of public health
57 significance, except as otherwise provided for by board rule;
58 (6) Any graduate of any accredited school of
59 veterinary medicine while engaged in a veterinary candidacy
60 program or foreign graduate from a nonaccredited school or
61 college of veterinary medicine while engaged in a veterinary

62 candidacy program or clinical evaluation program, and while
63 under the appropriate level of supervision of a licensed
64 veterinarian performing acts which are consistent with the
65 particular delegated animal health care task;
66 (7) State agencies, accredited schools, institutions,
67 foundations, business corporations or associations,
68 physicians licensed to practice medicine and surgery in all
69 its branches, graduate doctors of veterinary medicine, or
70 persons under the direct supervision thereof from conducting
71 experiments and scientific research on animals in the
72 development of pharmaceuticals, biologicals, serums, or
73 methods of treatment, or techniques for the diagnosis or
74 treatment of human ailments, or when engaged in the study
75 and development of methods and techniques directly or
76 indirectly applicable to the problems of the practice of
77 veterinary medicine;
78 (8) Any veterinary technician, duly registered by, and
79 in good standing with, the board from administering
80 medication, appliances or other products for the treatment
81 of animals while under the appropriate level of supervision
82 as is consistent with the delegated animal health care task;
83 **[**and**]**
84 (9) A consulting veterinarian while working in a
85 consulting capacity in Missouri while under the immediate
86 supervision of a veterinarian licensed and in good standing
87 under sections 340.200 to 340.330; and
88 (10) Any animal chiropractic practitioner from
89 engaging in the practice of animal chiropractic if the
90 animal chiropractic practitioner has received a referral of
91 the animal from a licensed veterinarian with a current
92 veterinarian-client-patient relationship, as defined in
93 section 340.200. The referring veterinarian may limit the
94 number of visits or length of treatment at the time of

95 referral or after consultation with the animal chiropractic
96 practitioner.
97 2. Nothing in sections 340.200 to 340.330 shall be
98 construed as limiting the board's authority to provide other
99 exemptions or exceptions to the requirements of licensing as
100 the board may find necessary or appropriate under its
101 rulemaking authority.

340.218. The use of any title, words, abbreviations,
2 letters or symbol in a manner or under circumstances which
3 induce the reasonable belief that the person using them is
4 qualified to do any act described in subdivision **[**(24)**]** (32)
5 of section 340.200 is prima facie evidence of the intention
6 to represent such person as engaged in the practice of
7 veterinary medicine under sections 340.200 to 340.330.

340.222. 1. A supervisor, as defined in subdivision
2 **[**(19)**]** (23) of section 340.200, is individually and
3 separately responsible and liable for the performance of the
4 acts delegated to and the omissions of the veterinary
5 technician, veterinary medical candidate, temporary
6 licensee, veterinary medical preceptee, unregistered
7 assistant or any other individual working under his or her
8 supervision.
9 2. Nothing in this section shall be construed to
10 relieve veterinary technicians, veterinary medical
11 candidates, provisional licensees, temporary licensees,
12 veterinary medical preceptees or unregistered assistants of
13 any responsibility or liability for any of their own acts or
14 omissions.

344.045. 1. The board shall receive complaints
2 concerning its licensees' professional practices. The board
3 shall establish by rule a procedure for the handling of such
4 complaints prior to the filing of formal complaints before
5 the administrative hearing commission. The rule shall

6 provide, at a minimum, for the logging of each complaint
7 received, the recording of the licensee's name, the name of
8 the complaining party, the date of the complaint, and a
9 brief statement of the complaint and its ultimate
10 disposition. The rule shall provide for informing the
11 complaining party of the progress of the investigation, the
12 dismissal of the charges, or the filing of a complaint
13 before the administrative hearing commission.
14 2. Notwithstanding any other provision of law, no
15 complaint, investigatory report, or information received
16 from any source shall be disclosed prior to its review by
17 the board.
18 3. At its discretion, the board may disclose
19 complaints, completed investigatory reports, and information
20 obtained from state administrative and law enforcement
21 agencies to a licensee or license applicant in order to
22 further an investigation or to facilitate settlement
23 negotiations.
24 4. Information obtained from a federal administrative
25 or law enforcement agency shall be disclosed only upon
26 receipt of written consent to the disclosure from the
27 federal administrative or law enforcement agency.
28 5. At its discretion, the board may disclose
29 complaints and investigatory reports if any such disclosure
30 is:
31 (1) In the course of voluntary interstate exchange of
32 information;
33 (2) In accordance with a lawful request; or
34 (3) To other state or federal administrative or law
35 enforcement agencies acting within the scope of their
36 statutory authority.
37 6. Except where disclosure is specifically authorized
38 in this section and as described in section 610.021,

39 deliberations, votes, or minutes of closed proceedings shall
40 not be subject to disclosure or discovery. Once a final
41 disposition is rendered, that decision shall be made
42 available to the parties and the public.

344.055. 1. All educational transcripts, test scores,
2 complaints, investigatory reports, and information
3 pertaining to any person who is an applicant or licensee of
4 the board are confidential and shall not be disclosed to the
5 public or any member of the public, except with the written
6 consent of the person whose records are involved. The board
7 shall disclose the records or information if the person
8 whose records or information is involved has consented to
9 the disclosure. The board is entitled to the attorney-
10 client privilege and work-product privilege to the same
11 extent as any other person.

12 2. Notwithstanding the provisions of subsection 1 of
13 this section, the board may disclose confidential
14 information without the consent of the person involved if
15 the disclosure is:

16 (1) In the course of voluntary interstate exchange of
17 information;

18 (2) In accordance with a lawful request; or

19 (3) To other administrative or law enforcement
20 agencies acting within the scope of their statutory
21 authority.

22 3. Information regarding identity, including names and
23 addresses, registration, and currency of the license of the
24 persons possessing nursing home administrator licenses and
25 the names and addresses of applicants for nursing home
26 administrator licenses, is not confidential information.

344.102. No person shall practice as a nursing home
2 administrator in this state or hold himself or herself out
3 as a nursing home administrator if his or her license is

4 expired or is revoked. Expired licenses shall remain
5 subject to disciplinary action for violations of this
6 chapter and the rules promulgated thereunder.

Section 1. The department of health and senior
2 services shall include on its website an advance health care
3 directive form and directions for completing such form as
4 described in section 459.015. The department shall include
5 a listing of possible uses for an advance health care
6 directive, including to limit pain control to nonopioid
7 measures.

[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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) "Director", director of the Missouri department of health and senior services;

(4) "Eligible student", a resident who has been accepted as a full-time student in a formal course of instruction leading to an associate degree, a diploma, a bachelor of science, a master of science in nursing (M.S.N.), a doctorate in nursing (Ph.D. or D.N.P.), or a student with a master of science in nursing seeking a doctorate in education (Ed.D.), or leading to the completion of educational requirements for a licensed practical nurse. The doctoral applicant may be a part-time student;

(5) "Participating school", an institution within this state which is approved by the board for participation in the professional and practical nursing student loan program established by sections 335.212 to 335.242, having a nursing department and offering a course of instruction based on nursing theory and clinical nursing experience;

(6) "Qualified applicant", an eligible student approved by the board for participation in the professional and practical nursing student loan program established by sections 335.212 to 335.242;

(7) "Qualified employment", employment on a full-time basis in Missouri in a position requiring licensure as a licensed practical nurse or registered professional nurse in any hospital as defined in section 197.020 or in any agency, institution, or organization located in an area of need as determined by the department of health and senior services. Any forgiveness of such principal and interest for any qualified applicant engaged in qualified employment on a less than full-time basis may be prorated to reflect the amounts provided in this section;

(8) "Resident", any person who has lived in this state for one or more years for any purpose other than the attending of an educational institution located within this state.**]**

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

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

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.]

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

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

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

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

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

[335.230. Financial assistance to any qualified applicant shall not exceed ten thousand dollars for each academic year for a professional nursing program and shall not exceed five thousand dollars for each academic year for a practical nursing program. All financial assistance shall be made from funds credited to the professional and practical nursing student loan and nurse loan repayment fund. A qualified applicant may receive financial assistance for each academic year he remains a student in good standing at a participating school.]

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

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

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

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

[335.245. As used in sections 335.245 to 335.259, the following terms mean:

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

(2) "Eligible applicant", a Missouri licensed nurse who has attained either an associate degree, a diploma, a bachelor of science, or graduate degree in nursing from an accredited institution approved by the board of nursing or a student nurse in the final year of a full-time baccalaureate school of nursing leading to a baccalaureate degree or graduate nursing program leading to a master's degree in nursing and has agreed to serve in an area of defined need as established by the department;

(3) "Participating school", an institution within this state which grants an associate degree in nursing, grants a bachelor or master of science degree in nursing or provides a diploma nursing program which is accredited by the state board of nursing, or a regionally

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.]

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

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

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

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

Section B. Because immediate action is necessary to
2 address the shortage of health care providers in this state,
3 the enactment of section 191.592 of this act is deemed
4 necessary for the immediate preservation of the public
5 health, welfare, peace, and safety, and is hereby declared
6 to be an emergency act within the meaning of the
7 constitution, and the enactment of section 191.592 of this
8 act shall be in full force and effect upon its passage and
9 approval.

✓

Rusty Black

Jeff Coleman