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

SENATE BILL NO. 157

102ND GENERAL ASSEMBLY

0779H.05C

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 191.500, 191.505, 191.510, 191.515, 191.520, 191.525, 191.530, 191.535, 191.540, 191.545, 191.550, 191.600, 191.828, 191.831, 195.070, 195.100, 324.520, 329.010, 334.036, 334.043, 334.100, 334.104, 334.506, 334.613, 334.735, 334.747, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 335.203, 335.212, 335.215, 335.218, 335.221, 335.224, 335.227, 335.230, 335.233, 335.236, 335.239, 335.242, 335.245, 335.248, 335.251, 335.254, 335.257, 337.510, 337.615, 337.644, and 337.665, RSMo, and to enact in lieu thereof seventy-eight new sections relating to professions requiring licensure, with penalty provisions.

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

Section A. Sections 191.500, 191.505, 191.510, 191.515, 191.520, 191.525, 191.530,

- 2 191.535, 191.540, 191.545, 191.550, 191.600, 191.828, 191.831, 195.070, 195.100, 324.520,
- 3 329.010, 334.036, 334.043, 334.100, 334.104, 334.506, 334.613, 334.735, 334.747, 335.016,
- 4 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 335.203, 335.212,
- 5 335.215, 335.218, 335.221, 335.224, 335.227, 335.230, 335.233, 335.236, 335.239, 335.242,
- 6 335.245, 335.248, 335.251, 335.254, 335.257, 337.510, 337.615, 337.644, and 337.665,
- 7 RSMo, are repealed and seventy-eight new sections enacted in lieu thereof, to be known as
- 8 sections 191.430, 191.435, 191.440, 191.445, 191.450, 191.600, 191.828, 191.831, 195.070,
- 9 195.100, 324.520, 329.010, 329.280, 334.036, 334.043, 334.100, 334.104, 334.506, 334.613,
- 10 334.735, 334.747, 334.1600, 334.1605, 334.1610, 334.1615, 334.1620, 334.1625, 334.1630,
- 11 334.1635, 334.1640, 334.1645, 334.1650, 334.1655, 334.1660, 334.1665, 334.1670,
- 12 334.1675, 334.1680, 334.1685, 334.1690, 334.1695, 334.1700, 334.1705, 334.1710,

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

- $13 \quad 334.1715, \ 334.1720, \ 335.016, \ 335.019, \ 335.036, \ 335.046, \ 335.051, \ 335.056, \ 335.076,$
- 14 335.086, 335.175, 335.203, 335.205, 337.510, 337.550, 337.615, 337.644, 337.665,
- 15 337.1000, 337.1005, 337.1010, 337.1015, 337.1020, 337.1025, 337.1030, 337.1035,
- 16 337.1040, 337.1045, 337.1050, 337.1055, 337.1060, 337.1065, 337.1070, and 337.1075, to
- 17 read as follows:

- 191.430. 1. There is hereby established within the department of health and senior services the "Health Professional Loan Repayment Program" to provide forgivable loans for the purpose of repaying existing loans related to applicable educational expenses for health care, mental health, and public health professionals. The department of health and senior services shall be the administrative agency for the implementation of the program established by this section.
 - 2. The department of health and senior services shall prescribe the form and the time and method of filing applications and supervise the processing, including oversight and monitoring of the program, and shall promulgate rules to implement the provisions of sections 191.430 to 191.450. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023, shall be invalid and void.
 - 3. The director of the department of health and senior services shall have the discretion to determine the health professionals and practitioners who will receive forgivable health professional loans from the department to pay their existing loans. The director shall make such determinations each fiscal year based on evidence associated with the greatest needs in the best interests of the public. The health care, mental health, and public health professionals or disciplines funded in any given year shall be contingent upon consultation with the office of workforce development in the department of higher education and workforce development and the department of mental health, or their successor agencies.
 - 4. The department of health and senior services shall enter into a contract with each selected applicant who receives a health professional loan under this section. Each selected applicant shall apply the loan award to his or her educational debt. The contract shall detail the methods of forgiveness associated with a service obligation and the terms associated with the principal and interest accruing on the loan at the time of the award. The contract shall contain details concerning how forgiveness is earned,

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- including when partial forgiveness is earned through a service obligation, and the terms and conditions associated with repayment of the loans for any obligation not served.
- 5. All health professional loans shall be made from funds appropriated by the general assembly to the health professional loan incentive fund established in section 191.445.
- 191.435. The department of health and senior services shall designate counties, communities, or sections of areas in the state as areas of defined need for health care, mental health, and public health services. If a county, community, or section of an area has been designated or determined as a professional shortage area, a shortage area, or a health care, mental health, or public health professional shortage area by the federal Department of Health and Human Services or its successor agency, the department of health and senior services shall designate it as an area of defined need under this section. If the director of the department of health and senior services determines that a county, community, or section of an area has an extraordinary need for health care professional services without a corresponding supply of such professionals, the department of health and senior services may designate it as an area of defined need under this section.
- 191.440. 1. The department of health and senior services shall enter into a contract with each individual qualifying for a forgivable loan under sections 191.430 to 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.

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191.445. There is hereby created in the state treasury the "Health Professional 2 Loan Incentive Fund", which shall consist of any appropriations made by the general 3 assembly, all funds recovered from an individual under section 191.450, and all funds 4 generated by loan repayments received under sections 191.430 to 191.450. The state 5 treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, 6 the state treasurer may approve disbursements. The fund shall be a dedicated fund and, 7 upon appropriation, moneys in this fund shall be used solely by the department of 8 health and senior services to provide loans under sections 191.430 to 191.450. 9 Notwithstanding the provisions of section 33.080 to the contrary, any moneys 10 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 13 investments shall be credited to the fund.

- 1. An individual who enters into a written contract with the 191,450. 2 department of health and senior services, as described in section 191.440, and who fails 3 to maintain an acceptable employment status shall be liable to the state for any amount 4 awarded as a loan by the department directly to the individual who entered into the 5 contract that has not yet been forgiven.
- 2. An individual fails to maintain an acceptable employment status under this 7 section when the contracted individual involuntarily or voluntarily terminates qualifying employment, is dismissed from such employment before completion of the 9 contractual service obligation within the specific time frame outlined in the contract, or 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:
- The total amount of the loan awarded by the department or, if the 15 department had already awarded partial forgiveness at the time of the breach, the amount of the loan not yet forgiven; 16
 - (2) The interest on the amount that would be payable if at the time the loan was awarded it was a loan bearing interest at the maximum prevailing rate as determined by the Treasurer of the United States:
- 20 (3) An amount equal to any damages incurred by the department as a result of 21 the breach; and
- 22 (4) Any legal fees or associated costs incurred by the department or the state of 23 Missouri in the collection of damages.

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- 191.600. 1. Sections 191.600 to 191.615 establish a loan repayment program for graduates of approved medical schools, schools of osteopathic medicine, schools of dentistry and accredited chiropractic colleges who practice in areas of defined need and shall be known as the "Health Professional Student Loan Repayment Program". Sections 191.600 to 191.615 shall apply to graduates of accredited chiropractic colleges when federal guidelines for chiropractic shortage areas are developed.
- 2. The "Health Professional Student Loan and Loan Repayment Program Fund" is hereby created in the state treasury. All funds recovered from an individual pursuant to 8 section 191.614 and all funds generated by loan repayments and penalties received pursuant 10 to section 191.540 shall be credited to the fund. The moneys in the fund shall be used by the department of health and senior services to provide loan repayments pursuant to section 191.611 in accordance with sections 191.600 to 191.614 [and to provide loans pursuant to sections 191.500 to 191.550]. 13
 - 191.828. 1. The following departments shall conduct on-going evaluations of the effect of the initiatives enacted by the following sections:
- 3 (1) The department of commerce and insurance shall evaluate the effect of revising section 376.782 and sections 143.999, 208.178, 374.126, and 376.891 to 376.894; 4
 - (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;
- 12 (3) The department of social services shall evaluate the effect of revising section 198.090, and sections 208.151, 208.152 and 208.215, and section 383.125, and of sections 13 167.600 to 167.621, 208.177, 208.178, 208.179, 208.181, and 211.490; 14
- 15 (4) The office of administration shall evaluate the effect of revising sections 105.711 16 and 105.721;
- (5) The Missouri consolidated health care plan shall evaluate the effect of section 17 103.178; and 18
- 19 (6) The department of mental health shall evaluate the effect of section 191.831 as it 20 relates to substance abuse treatment and of section 191.835.
- 21 2. The department of revenue and office of administration shall make biannual reports to the general assembly and the governor concerning the income received into the health 23 initiatives fund and the level of funding required to operate the programs and initiatives funded by the health initiatives fund at an optimal level.

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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 4 donated to the fund or otherwise deposited pursuant to law. The state treasurer shall administer the fund. Money in the fund shall be appropriated to provide funding for 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 8 191.411[, 191.520] and 191.600, sections 208.151 and 208.152, and sections 103.178, 9 143.999, 167.600 to 167.621, 188.230, 191.211, 191.231, 191.825 to 191.839, 192.013, 10 208.177, 208.178, 208.179 and 208.181, 211.490, 285.240, 337.093, 374.126, 376.891 to 376.894, 431.064, 660.016, 660.017 and 660.018; in addition, not less than fifteen percent of 11 the proceeds deposited to the health initiative fund pursuant to sections 149.015 and 149.160 shall be appropriated annually to provide funding for the C-STAR substance abuse 13 rehabilitation program of the department of mental health, or its successor program, and a C-15 STAR pilot project developed by the director of the division of alcohol and drug abuse and the director of the department of corrections as an alternative to incarceration, as provided in 17 subsections 2, 3, and 4 of this section. Such pilot project shall be known as the "Alt-care" 18 program. In addition, some of the proceeds deposited to the health initiatives fund pursuant to sections 149.015 and 149.160 shall be appropriated annually to the division of alcohol and 20 drug abuse of the department of mental health to be used for the administration and oversight 21 of the substance abuse traffic [effenders] offender program defined in section 302.010 [and 22 section 577.001. The provisions of section 33.080 to the contrary notwithstanding, money in 23 the health initiatives fund shall not be transferred at the close of the biennium to the general 24 revenue fund.

- 2. The director of the division of alcohol and drug abuse and the director of the department of corrections shall develop and administer a pilot project to provide a comprehensive substance abuse treatment and rehabilitation program as an alternative to incarceration, hereinafter referred to as "Alt-care". Alt-care shall be funded using money provided under subsection 1 of this section through the Missouri Medicaid program, the C-STAR program of the department of mental health, and the division of alcohol and drug abuse's purchase-of-service system. Alt-care shall offer a flexible combination of clinical services and living arrangements individually adapted to each client and her children. Alt-care shall consist of the following components:
 - (1) Assessment and treatment planning;
- 35 (2) Community support to provide continuity, monitoring of progress and access to services and resources;
 - (3) Counseling from individual to family therapy;

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- 38 (4) Day treatment services which include accessibility seven days per week, 39 transportation to and from the Alt-care program, weekly drug testing, leisure activities, 40 weekly events for families and companions, job and education preparedness training, peer 41 support and self-help and daily living skills; and
- 42 (5) Living arrangement options which are permanent, substance-free and conducive 43 to treatment and recovery.
 - 3. Any female who is pregnant or is the custodial parent of a child or children under the age of twelve years, and who has pleaded guilty to or found guilty of violating the provisions of chapter 195, and whose controlled substance abuse was a precipitating or contributing factor in the commission of the offense, and who is placed on probation may be required, as a condition of probation, to participate in Alt-care, if space is available in the pilot project area. Determinations of eligibility for the program, placement, and continued participation shall be made by the division of alcohol and drug abuse, in consultation with the department of corrections.
 - 4. The availability of space in Alt-care shall be determined by the director of the division of alcohol and drug abuse in conjunction with the director of the department of corrections. If the sentencing court is advised that there is no space available, the court shall consider other authorized dispositions.
 - 195.070. 1. A physician, podiatrist, dentist, a registered optometrist certified to administer pharmaceutical agents as provided in section 336.220, or an assistant physician in accordance with section 334.037 or a physician assistant in accordance with section 334.747 in good faith and in the course of his or her professional practice only, may prescribe, administer, and dispense controlled substances or he or she may cause the same to be administered or dispensed by an individual as authorized by statute.
- 7 2. An advanced practice registered nurse, as defined in section 335.016, but not a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016, who 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 11 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 13 advanced practice registered nurse who has a certificate of controlled substance prescriptive 15 authority are restricted to only those medications containing hydrocodone and Schedule II controlled substances for hospice patients pursuant to the provisions of section 334.104. 16 17 However, no such certified advanced practice registered nurse shall prescribe controlled substance for his or her own self or family. Schedule III narcotic controlled substance and 18

- 19 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:
 - (1) When the controlled substance is delivered to the practitioner to administer to the patient for whom the medication is prescribed as authorized by federal law. Practitioners shall maintain records and secure the medication as required by this chapter and regulations promulgated pursuant to this chapter; or
 - (2) As provided in section 195.265.
 - 5. An individual practitioner shall not prescribe or dispense a controlled substance for such practitioner's personal use except in a medical emergency.
 - 195.100. 1. It shall be unlawful to distribute any controlled substance in a commercial container unless such container bears a label containing an identifying symbol for such substance in accordance with federal laws.
 - 2. It shall be unlawful for any manufacturer of any controlled substance to distribute such substance unless the labeling thereof conforms to the requirements of federal law and contains the identifying symbol required in subsection 1 of this section.
 - 3. The label of a controlled substance in Schedule II, III or IV shall, when dispensed to or for a patient, contain a clear, concise warning that it is a criminal offense to transfer such narcotic or dangerous drug to any person other than the patient.
 - 4. Whenever a manufacturer sells or dispenses a controlled substance and whenever a wholesaler sells or dispenses a controlled substance in a package prepared by him or her, the manufacturer or wholesaler shall securely affix to each package in which that drug is contained a label showing in legible English the name and address of the vendor and the quantity, kind, and form of controlled substance contained therein. No person except a pharmacist for the purpose of filling a prescription under this chapter, shall alter, deface, or remove any label so affixed.
 - 5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on a prescription issued by a physician, physician assistant, dentist, podiatrist, veterinarian, or advanced practice registered nurse, the pharmacist or practitioner shall affix to the container in which such drug is sold or dispensed a label showing his or her own name and address of the pharmacy or practitioner for whom he or she is lawfully acting; the name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal;

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- 23 the name of the physician, physician assistant, dentist, podiatrist, advanced practice registered
- 24 nurse, or veterinarian by whom the prescription was written; [the name of the collaborating
- 25 physician if the prescription is written by an advanced practice registered nurse or a physician
- 26 assistant, and such directions as may be stated on the prescription. No person shall alter,
- 27 deface, or remove any label so affixed.
 - 324.520. 1. As used in sections 324.520 to 324.524, the following terms mean:
- 2 (1) "Body piercing", the perforation of human tissue other than an ear for a 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;
- 8 (5) "Tattoo", one or more of the following:
 - (a) [An indelible] A mark made on the body of another person by the insertion of a pigment, ink, or both pigment and ink under the skin with the aid of needles or blades using hand-held or machine-powered instruments; [or]
 - (b) A mark made on the face or body of another person for cosmetic purposes or to any part of the body for scar coverage or other corrective purposes by the insertion of a pigment, ink, or both pigment and ink under the skin with the aid of needles; or
 - (c) An indelible design made on the body of another person by production of scars other than by branding.
 - 2. No person shall knowingly tattoo, brand or perform body piercing on a minor unless such person obtains the prior written informed consent of the minor's parent or legal guardian. The minor's parent or legal guardian shall execute the written informed consent required pursuant to this subsection in the presence of the person performing the tattooing, branding or body piercing on the minor, or in the presence of an employee or agent of such person. Any person who fraudulently misrepresents himself or herself as a parent is guilty of a class B misdemeanor.
 - 3. A person shall not tattoo, brand or perform body piercing on another person if the other person is under the influence of intoxicating liquor or a controlled substance.
- 4. A person who violates any provisions of sections 324.520 to 324.526 is guilty of a misdemeanor and shall be fined not more than five hundred dollars. If there is a subsequent violation within one year of the initial violation, such person shall be fined not less than five hundred dollars or more than one thousand dollars.
- 5. No person under the age of eighteen shall tattoo, brand or perform body piercing on another person.

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

- (1) "Accredited school of cosmetology or school of manicuring", an establishment operated for the purpose of teaching cosmetology as defined in this section and meeting the criteria set forth under 34 C.F.R. Part 600, Sections 600.1 and 600.2;
- (2) "Apprentice" or "student", a person who is engaged in training within a cosmetology establishment or school, and while so training performs any of the practices of the classified occupations within this chapter under the immediate direction and supervision of a licensed cosmetologist or instructor;
 - (3) "Board", the state board of cosmetology and barber examiners;
- 11 (4) "Cosmetologist", any person who, for compensation, engages in the practice of cosmetology, as defined in subdivision (5) of this section;
 - (5) "Cosmetology" includes performing or offering to engage in any acts of the classified occupations of cosmetology for compensation, which shall include:
 - (a) "Class CH hairdresser" includes arranging, dressing, curling, singeing, waving, permanent waving, cleansing, cutting, bleaching, tinting, coloring or similar work upon the hair of any person by any means; or removing superfluous hair from the body of any person by means other than electricity, or any other means of arching or tinting eyebrows or tinting eyelashes. Class CH hairdresser also includes any person who either with the person's hands or with mechanical or electrical apparatuses or appliances, or by the use of cosmetic preparations, antiseptics, tonics, lotions or creams engages for compensation in any one or any combination of the following: massaging, cleaning, stimulating, manipulating, exercising, beautifying or similar work upon the scalp, face, neck, arms or bust;
 - (b) "Class MO manicurist" includes cutting, trimming, polishing, coloring, tinting, cleaning or otherwise beautifying a person's fingernails, applying artificial fingernails, massaging, cleaning a person's hands and arms; pedicuring, which includes cutting, trimming, polishing, coloring, tinting, cleaning or otherwise beautifying a person's toenails, applying artificial toenails, massaging and cleaning a person's legs and feet;
 - (c) "Class CA hairdressing and manicuring" includes all practices of cosmetology, as defined in paragraphs (a) and (b) of this subdivision;
 - (d) "Class E estheticians" includes the use of mechanical, electrical apparatuses or appliances, or by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, not to exceed ten percent phenol, engages for compensation, either directly or indirectly, in any one, or any combination, of the following practices: massaging, cleansing, stimulating, manipulating, exercising, beautifying or similar work upon the scalp, face, neck, ears, arms, hands, bust, torso, legs or feet and removing superfluous hair by means other than electric

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needle or any other means of arching or tinting eyebrows or tinting eyelashes, of any person;
and

- (e) "Personal service registration", a registration obtained from the board to provide services to placebound clients;
- (6) "Cosmetology establishment", that part of any building wherein or whereupon any of the classified occupations are practiced including any space rented within a licensed establishment by a person licensed under this chapter, for the purpose of rendering cosmetology services;
- (7) "Cross-over license", a license that is issued to any person who has met the licensure and examination requirements for both barbering and cosmetology;
- 47 (8) "Hair braider", any person who, for compensation, engages in the practice of hair 48 braiding;
 - (9) "Hair braiding", in accordance with the requirements of section 329.275, the use of techniques that result in tension on hair strands or roots by twisting, wrapping, waving, extending, locking, or braiding of the hair by hand or mechanical device, but does not include the application of dyes, reactive chemicals, or other preparations to alter the color of the hair or to straighten, curl, or alter the structure of the hair;
- 54 (10) "Hairdresser", any person who, for compensation, engages in the practice of cosmetology as defined in paragraph (a) of subdivision (5) of this section;
 - (11) "Instructor", any person who is licensed to teach cosmetology or any practices of cosmetology pursuant to this chapter;
- 58 (12) "Manicurist", any person who, for compensation, engages in any or all of the practices in paragraph (b) of subdivision (5) of this section;
 - (13) "Parental consent", the written informed consent of a minor's parent or legal guardian that must be obtained prior to providing body waxing on or near the genitalia;
 - (14) "Placebound client", a client who is ill, disabled, or otherwise unable to travel to a cosmetology establishment;
- 64 (15) "School of cosmetology" or "school of manicuring", an establishment operated for the purpose of teaching cosmetology as defined in subdivision (5) of this section.
- 329.280. 1. Any cosmetologist holding a current and active license to practice the categories of cosmetology described in paragraphs (a) to (d) of subdivision (5) of section 329.010 may register with the board for a personal service registration to provide services to placebound clients outside of a cosmetology establishment. An applicant for a personal service registration shall submit to the board an application, a fee as set by the board, and a copy of the applicant's current and active license. An applicant for a personal service registration may be denied such registration if the

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- applicant has pled guilty to, entered a plea of nolo contendere to, or been found guilty of any of the offenses set forth in subsection 5 of section 329.050.
 - 2. A personal service registrant shall keep his or her information that the board requires in the initial registration current and up to date with the board.
- 12 3. A personal service registrant shall provide to the client or customer a copy of 13 the personal service registration and license upon request.
 - 4. The board may:
 - Inspect the tools, equipment, and implements of any personal service registrant one time each year to ensure that the registrant is following all sanitation standards set by the board by rule;
 - Inspect the tools, equipment, and implements of any personal service registrant if a customer or client submits a complaint to the board about the registrant; and
 - (3) Following all requirements set forth in section 329.140, revoke the personal service registration of a registrant, discipline a registrant's license, or revoke the registration and discipline the license of a registrant for any violation set forth in section 329.140 or for failure to follow the requirements of this section.
- 5. The board may promulgate regulations necessary for the administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers 30 vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023, shall be invalid and void.
 - 334.036. 1. For purposes of this section, the following terms shall mean:
- 2 (1) "Assistant physician", any graduate of a medical school [graduate] accredited 3 by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or an organization accredited by the Educational Commission 5 for Foreign Medical Graduates who:
 - (a) Is a resident and citizen of the United States or is a legal resident alien;
- (b) Has successfully completed Step 2 of the United States Medical Licensing Examination or the equivalent of such step of any other board-approved medical licensing examination within the three-year period immediately preceding application for licensure as an assistant physician, or within three years after graduation from a medical college or 10 osteopathic medical college, whichever is later; 11

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

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- Any graduate of a medical school [graduate] who could have applied for licensure and complied with the provisions of this subdivision at any time between August 28, 2014, and August 28, 2017, may apply for licensure and shall be deemed in compliance with the provisions of this subdivision;
- 24 (2) "Assistant physician collaborative practice arrangement", an agreement between a physician and an assistant physician that meets the requirements of this section and section 26 334.037[;
 - (3) "Medical school graduate", any person who has graduated from a medical college or osteopathic medical college described in section 334.031].
 - 2. (1) An assistant physician collaborative practice arrangement shall limit the assistant physician to providing only primary care services and only in medically underserved rural or urban areas of this state [or in any pilot project areas established in which assistant physicians may practice.
- 33 (2) For a physician-assistant physician team working in a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as amended: 34
 - (a) An assistant physician shall be considered a physician assistant for purposes of regulations of the Centers for Medicare and Medicaid Services (CMS); and
 - (b) No supervision requirements in addition to the minimum federal law shall be required.
- 3. (1) For purposes of this section, the licensure of assistant physicians shall take place within processes established by rules of the state board of registration for the healing arts. The board of healing arts is authorized to establish rules under chapter 536 establishing licensure and renewal procedures, supervision, collaborative practice arrangements, fees, and 42 addressing such other matters as are necessary to protect the public and discipline the profession. No licensure fee for an assistant physician shall exceed the amount of any 44 licensure fee for a physician assistant. An application for licensure may be denied or the 46 licensure of an assistant physician may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule. No rule or regulation shall require an assistant

49 physician to complete more hours of continuing medical education than that of a licensed 50 physician.

- (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2014, shall be invalid and void.
- (3) Any rules or regulations regarding assistant physicians in effect as of the effective date of this section that conflict with the provisions of this section and section 334.037 shall be null and void as of the effective date of this section.
- 4. An assistant physician shall clearly identify himself or herself as an assistant physician and shall be permitted to use the terms "doctor", "Dr.", or "doc". No assistant physician shall practice or attempt to practice without an assistant physician collaborative practice arrangement, except as otherwise provided in this section and in an emergency situation.
- 5. The collaborating physician is responsible at all times for the oversight of the activities of and accepts responsibility for primary care services rendered by the assistant physician.
- 6. The provisions of section 334.037 shall apply to all assistant physician collaborative practice arrangements. Any renewal of licensure under this section shall include verification of actual practice under a collaborative practice arrangement in accordance with this subsection during the immediately preceding licensure period.
- 7. Each health carrier or health benefit plan that offers or issues health benefit plans that are delivered, issued for delivery, continued, or renewed in this state shall reimburse an assistant physician for the diagnosis, consultation, or treatment of an insured or enrollee on the same basis that the health carrier or health benefit plan covers the service when it is delivered by another comparable mid-level health care provider including, but not 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

- 8 chapter. Within the limits of this section, the board is authorized and empowered to negotiate
 9 reciprocal compacts with licensing boards of other states for admission of licensed
 10 practitioners from Missouri in other states] 1. For purposes of this section, the following
 11 terms mean:
- 12 (1) "Board", the state board of registration for the healing arts in the state of 13 Missouri;
 - (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 transferred to the state of Missouri, or who has been transferred or is scheduled to be transferred to an adjacent state and is or will be domiciled in the state of Missouri, or has moved to the state of Missouri on a permanent change-of-station basis;
 - (5) "Oversight body", any board, department, agency, or office of a jurisdiction that issues licenses;
 - (6) "Resident military spouse", a spouse of an active duty member of the Armed Forces of the United States who has been transferred or is scheduled to be transferred to the state of Missouri or an adjacent state and who is a permanent resident of the state of Missouri, who is domiciled in the state of Missouri, or who has Missouri as his or her home of record.
 - 2. Any person who holds a valid current physician and surgeon license issued by another state, a branch or unit of the military, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit to the board an application for a physician and surgeon license in Missouri along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction.
 - 3. The board shall:
 - (1) Within six months of receiving an application described in subsection 2 of this section, waive any examination, educational, or experience requirements for licensure in this state for the applicant if it determines that there were minimum education requirements and, if applicable, work experience and clinical supervision

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

- (2) Within thirty days of receiving an application described in subsection 2 of this section from a nonresident military spouse or a resident military spouse, waive any examination, educational, or experience requirements for licensure in this state for the applicant and issue such applicant a license under this section if such applicant otherwise meets the requirements of this section.
- 4. (1) The board shall not waive any examination, educational, or experience requirements for any applicant who has had his or her license revoked by an oversight body outside the state; who is currently under investigation, who has a complaint pending, or who is currently under disciplinary action, except as provided in subdivision (2) of this subsection, with an oversight body outside the state; who does not hold a license in good standing with an oversight body outside the state; who has a criminal record that would disqualify him or her for licensure in Missouri; or who does not hold a valid current license in the other jurisdiction on the date the board receives his or her application under this section.
- (2) If another jurisdiction has taken disciplinary action against an applicant, the board shall determine if the cause for the action was corrected and the matter resolved. If the matter has not been resolved by that jurisdiction, the board may deny a license until the matter is resolved.
- 5. Nothing in this section shall prohibit the board from denying a license to an applicant under this section for any reason described in section 334.100.
- 6. Any person who is licensed under the provisions of this section shall be subject to the board's jurisdiction and all rules and regulations pertaining to the practice as a physician and surgeon in this state.
- 71 7. This section shall not be construed to waive any requirement for an applicant to pay any fees.
- 334.100. 1. The board may refuse to issue or renew any certificate of registration or authority, permit or license required pursuant to this chapter for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of the applicant's right to file a complaint with the administrative hearing commission as provided by chapter 621. As an alternative to a refusal to issue or renew any certificate, registration or authority, the board may, at its discretion, issue a license which is subject to probation, restriction or limitation to an applicant for licensure for any one or any combination of causes stated in subsection 2 of this section. The board's order of probation, limitation or restriction shall contain a statement

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 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 misrepresentation; willfully and continually overcharging or overtreating patients; or charging for visits to the physician's office which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;
- (b) Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;
- (c) Willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests or medical or surgical services;

- 47 (d) Delegating professional responsibilities to a person who is not qualified by 48 training, skill, competency, age, experience or licensure to perform such responsibilities;
 - (e) Misrepresenting that any disease, ailment or infirmity can be cured by a method, procedure, treatment, medicine or device;
 - (f) Performing or prescribing medical services which have been declared by board rule to be of no medical or osteopathic value;
 - (g) Final disciplinary action by any professional medical or osteopathic association or society or licensed hospital or medical staff of such hospital in this or any other state or territory, whether agreed to voluntarily or not, and including, but not limited to, any removal, suspension, limitation, or restriction of the person's license or staff or hospital privileges, failure to renew such privileges or license for cause, or other final disciplinary action, if the action was in any way related to unprofessional conduct, professional incompetence, malpractice or any other violation of any provision of this chapter;
 - (h) Signing a blank prescription form; or dispensing, prescribing, administering or otherwise distributing any drug, controlled substance or other treatment without sufficient examination including failing to establish a valid physician-patient relationship pursuant to section 334.108, or for other than medically accepted therapeutic or experimental or investigative purposes duly authorized by a state or federal agency, or not in the course of professional practice, or not in good faith to relieve pain and suffering, or not to cure an ailment, physical infirmity or disease, except as authorized in section 334.104;
- 67 (i) Exercising influence within a physician-patient relationship for purposes of 68 engaging a patient in sexual activity;
 - (j) Being listed on any state or federal sexual offender registry;
 - (k) Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient;
 - (l) Failing to furnish details of a patient's medical records to other treating physicians or hospitals upon proper request; or failing to comply with any other law relating to medical records;
 - (m) Failure of any applicant or licensee to cooperate with the board during any investigation;
 - (n) Failure to comply with any subpoena or subpoena duces tecum from the board or an order of the board;
 - (o) Failure to timely pay license renewal fees specified in this chapter;
- 80 (p) Violating a probation agreement, order, or other settlement agreement with this 81 board or any other licensing agency;
- 82 (q) Failing to inform the board of the physician's current residence and business 83 address;

- (r) Advertising by an applicant or licensee which is false or misleading, or which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by any other physician. An applicant or licensee shall also be in violation of this provision if the applicant or licensee has a financial interest in any organization, corporation or association which issues or conducts such advertising;
 - (s) Any other conduct that is unethical or unprofessional involving a minor;
- (5) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health of a patient or the public; or incompetency, gross negligence or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by this chapter. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;
- (6) Violation of, or attempting to violate, directly or indirectly, or assisting or enabling any person to violate, any provision of this chapter or chapter 324, or of any lawful rule or regulation adopted pursuant to this chapter or chapter 324;
- (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 any school;
- (8) Revocation, suspension, restriction, modification, limitation, reprimand, warning, censure, probation or other final disciplinary action against the holder of or applicant for a license or other right to practice any profession regulated by this chapter by another state, territory, federal agency or country, whether or not voluntarily agreed to by the licensee or applicant, including, but not limited to, the denial of licensure, surrender of the license, allowing the license to expire or lapse, or discontinuing or limiting the practice of medicine while subject to an investigation or while actually under investigation by any licensing authority, medical facility, branch of the Armed Forces of the United States of America, insurance company, court, agency of the state or federal government, or employer;
- (9) A person is finally adjudged incapacitated or disabled by a court of 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 pursuant to this chapter; or knowingly performing any act which in any way aids, assists, procures, advises, or encourages any person to practice medicine who is not registered and currently eligible to practice pursuant to this chapter. A physician who works in accordance

- with standing orders or protocols or in accordance with the provisions of section 334.104 shall not be in violation of this subdivision;
- 122 (11) Issuance of a certificate of registration or authority, permit or license based upon 123 a material mistake of fact;
- 124 (12) Failure to display a valid certificate or license if so required by this chapter or 125 any rule promulgated pursuant to this chapter;
 - (13) Violation of the drug laws or rules and regulations of this state, including but not limited to any provision of chapter 195, any other state, or the federal government;
 - (14) Knowingly making, or causing to be made, or aiding, or abetting in the making of, a false statement in any birth, death or other certificate or document executed in connection with the practice of the person's profession;
 - (15) Knowingly making a false statement, orally or in writing to the board;
 - (16) Soliciting patronage in person or by agents or representatives, or by any other means or manner, under the person's own name or under the name of another person or concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as to the need or necessity for or appropriateness of health care services for all patients, or the qualifications of an individual person or persons to diagnose, render, or perform health care services;
 - (17) Using, or permitting the use of, the person's name under the designation of "Doctor", "Dr.", "M.D.", or "D.O.", or any similar designation with reference to the commercial exploitation of any goods, wares or merchandise;
 - (18) Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to defraud, for payment pursuant to the provisions of chapter 208 or chapter 630 or for payment from Title XVIII or Title XIX of the Social Security Act;
 - (19) Failure or refusal to properly guard against contagious, infectious or communicable diseases or the spread thereof; maintaining an unsanitary office or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in the office of a physician or in any health care facility to the board, in writing, within thirty days after the discovery thereof;
 - (20) Any candidate for licensure or person licensed to practice as a physical therapist, paying or offering to pay a referral fee or [, notwithstanding section 334.010 to the contrary, practicing or offering to practice professional physical therapy independent of the prescription and direction of a person licensed and registered as a physician and surgeon pursuant to this chapter, as a dentist pursuant to chapter 332, as a podiatrist pursuant to chapter 330, as an advanced practice registered nurse under chapter 335, or any licensed and registered physician, dentist, podiatrist, or advanced practice registered nurse practicing in another

156 jurisdiction, whose license is in good standing] evaluating or treating a patient in a 157 manner inconsistent with section 334.506;

- (21) Any candidate for licensure or person licensed to practice as a physical therapist, treating or attempting to treat ailments or other health conditions of human beings other than by professional physical therapy and as authorized by sections 334.500 to 334.620;
- (22) Any person licensed to practice as a physician or surgeon, requiring, as a condition of the physician-patient relationship, that the patient receive prescribed drugs, devices or other professional services directly from facilities of that physician's office or other entities under that physician's ownership or control. A physician shall provide the patient with a prescription which may be taken to the facility selected by the patient and a physician knowingly failing to disclose to a patient on a form approved by the advisory commission for professional physical therapists as established by section 334.625 which is dated and signed by a patient or guardian acknowledging that the patient or guardian has read and understands that the physician has a pecuniary interest in a physical therapy or rehabilitation service providing prescribed treatment and that the prescribed treatment is available on a competitive basis. This subdivision shall not apply to a referral by one physician to another physician within a group of physicians practicing together;
- (23) A pattern of personal use or consumption of any controlled substance unless it is prescribed, dispensed or administered by another physician who is authorized by law to do so;
- (24) Habitual intoxication or dependence on alcohol, evidence of which may include more than one alcohol-related enforcement contact as defined by section 302.525;
- (25) Failure to comply with a treatment program or an aftercare program entered into as part of a board order, settlement agreement or licensee's professional health program;
- (26) Revocation, suspension, limitation, probation, or restriction of any kind whatsoever of any controlled substance authority, whether agreed to voluntarily or not, or voluntary termination of a controlled substance authority while under investigation;
- (27) For a physician to operate, conduct, manage, or establish an abortion facility, or for a physician to perform an abortion in an abortion facility, if such facility comes under the definition of an ambulatory surgical center pursuant to sections 197.200 to 197.240, and such facility has failed to obtain or renew a license as an ambulatory surgical center.
- 3. Collaborative practice arrangements, protocols and standing orders shall be in writing and signed and dated by a physician prior to their implementation.
- 4. After the filing of such complaint before the administrative hearing commission, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, warn, censure or place the person named in the complaint on probation on such terms and

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

- 5. In any order of revocation, the board may provide that the person may not apply for reinstatement of the person's license for a period of time ranging from two to seven years following the date of the order of revocation. All stay orders shall toll this time period.
- 6. Before restoring to good standing a license, certificate or permit issued pursuant to this chapter which has been in a revoked, suspended or inactive state for any cause for more than two years, the board may require the applicant to attend such continuing medical education courses and pass such examinations as the board may direct.
- 7. In any investigation, hearing or other proceeding to determine a licensee's or applicant's fitness to practice, any record relating to any patient of the licensee or applicant shall be discoverable by the board and admissible into evidence, regardless of any statutory or common law privilege which such licensee, applicant, record custodian or patient might otherwise invoke. In addition, no such licensee, applicant, or record custodian may withhold records or testimony bearing upon a licensee's or applicant's fitness to practice on the ground of privilege between such licensee, applicant or record custodian and a patient.
- The act of lawfully dispensing, prescribing, administering, or otherwise distributing ivermectin tablets or hydroxychloroquine sulfate tablets for human use shall not be grounds for denial, suspension, revocation, or other disciplinary action by the board.
- 334.104. 1. A physician may enter into collaborative practice arrangements with 2 registered professional nurses. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer or dispense drugs and provide treatment as long as the delivery of such health care services is within the scope of practice of the registered professional nurse and is consistent with that nurse's skill, training and competence.
 - 2. (1) Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may

delegate to an advanced practice registered nurse, as defined in section 335.016, the authority

- to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in
- 17 Schedules III, IV, and V of section 195.017, or Schedule II hydrocodone for the purpose of
- 18 inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures.
- Schedule III narcotic controlled substance and Schedule II hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill.
 - (2) Notwithstanding any other provision of this section to the contrary, a collaborative practice arrangement may delegate to an advanced practice registered nurse the authority to administer, dispense, or prescribe Schedule II controlled substances for hospice patients; provided, that the advanced practice registered nurse is employed by a hospice provider certified pursuant to chapter 197 and the advanced practice registered nurse is providing care to hospice patients pursuant to a collaborative practice arrangement that designates the certified hospice as a location where the advanced practice registered nurse is authorized to practice and prescribe.
 - (3) Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.
 - (4) An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician.
 - 3. The written collaborative practice arrangement shall contain at least the following provisions:
 - (1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the advanced practice registered nurse;
 - (2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the advanced practice registered nurse to prescribe;
 - (3) A requirement that there shall be posted at every office where the advanced practice registered nurse is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an advanced practice registered nurse and have the right to see the collaborating physician;
 - (4) All specialty or board certifications of the collaborating physician and all certifications of the advanced practice registered nurse;

- 48 (5) The manner of collaboration between the collaborating physician and the 49 advanced practice registered nurse, including how the collaborating physician and the 50 advanced practice registered nurse will:
 - (a) Engage in collaborative practice consistent with each professional's skill, training, education, and competence;
 - (b) Maintain geographic proximity, except as specified in this paragraph. The following provisions shall apply with respect to this requirement:
 - a. Until August 28, 2025, an advanced practice registered nurse providing services in a correctional center, as defined in section 217.010, and his or her collaborating physician shall satisfy the geographic proximity requirement if they practice within two hundred miles by road of one another. An incarcerated patient who requests or requires a physician consultation shall be treated by a physician as soon as appropriate;
 - b. The collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210 (42 U.S.C. Section 1395x, as amended), as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic[-];
 - c. The collaborative practice arrangement may allow for geographic proximity to be waived when the arrangement outlines the use of telehealth, as defined in section 191.1145;
 - d. In addition to the waivers and exemptions provided in this subsection, an application for a waiver for any other reason of any applicable geographic proximity shall be available if a physician is collaborating with an advanced practice registered nurse in excess of any geographic proximity limit. The board of nursing and the state board of registration for the healing arts shall review each application for a waiver of geographic proximity and approve the application if the boards determine that adequate supervision exists between the collaborating physician and the advanced practice registered nurse. The boards shall have forty-five calendar days to review the completed application for the waiver of geographic proximity. If no action is taken by the boards within forty-five days after the submission of the application for a waiver, then the application shall be deemed approved. If the application is denied by the boards, the provisions of section 536.063 for contested cases shall apply and govern proceedings for appellate purposes; and

- e. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested; and
 - (c) Provide coverage during absence, incapacity, infirmity, or emergency by the collaborating physician;
 - (6) A description of the advanced practice registered nurse's controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician authorizes the nurse to prescribe and documentation that it is consistent with each professional's education, knowledge, skill, and competence;
 - (7) A list of all other written practice agreements of the collaborating physician and the advanced practice registered nurse;
 - (8) The duration of the written practice agreement between the collaborating physician and the advanced practice registered nurse;
 - (9) A description of the time and manner of the collaborating physician's review of the advanced practice registered nurse's delivery of health care services. The description shall include provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the charts documenting the advanced practice registered nurse's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days; [and]
 - (10) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the advanced practice registered nurse prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of this subsection; and
 - (11) If a collaborative practice arrangement is used in clinical situations where a collaborating advanced practice registered nurse provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician or any other physician designated in the collaborative practice arrangement shall be present for sufficient periods of time, at least once every two weeks, except in extraordinary circumstances that shall be documented, to participate in a chart review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff.
 - 4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to [specifying geographic areas to be covered,] the methods of treatment that may be covered by

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

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

- 6. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice [agreement] arrangement, including collaborative practice [agreements] arrangements delegating the authority to prescribe controlled substances, or physician assistant [agreement] collaborative practice arrangement and also report to the board the name of each licensed professional with whom the physician has entered into such [agreement] arrangement. The board [may] shall make this information available to the public. The board shall track the reported information and may routinely conduct random reviews of such [agreements] arrangements to ensure that [agreements] arrangements are carried out for compliance under this chapter.
- 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a collaborative practice arrangement provided that he or she is under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative practice arrangement under this section, except that the collaborative practice arrangement may not delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II hydrocodone.
- 8. A collaborating physician shall not enter into a collaborative practice arrangement with more than six full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of this section.
- 9. It is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the advanced practice registered nurse shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to collaborative practice arrangements between a primary care physician and a primary care advanced practice registered nurse or a behavioral health physician and a behavioral health advanced practice registered nurse, where the collaborating physician

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

- 10. No agreement made under this section shall supersede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.
- 11. No contract or other [agreement] term of employment shall require a physician to act as a collaborating physician for an advanced practice registered nurse against the physician's will. A physician shall have the right to refuse to act as a collaborating physician, without penalty, for a particular advanced practice registered nurse. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any advanced practice registered nurse, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by hospital's medical staff.
- No contract or other [agreement] term of employment shall require any 212 advanced practice registered nurse to serve as a collaborating advanced practice registered nurse for any collaborating physician against the advanced practice registered nurse's will. An advanced practice registered nurse shall have the right to refuse to collaborate, without penalty, with a particular physician.

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

- (1) "Approved health care provider" [means], a person holding a current and active license as a physician and surgeon under this chapter, a chiropractor under chapter 331, a dentist under chapter 332, a podiatrist under chapter 330, a physician assistant under this chapter, an advanced practice registered nurse under chapter 335, or any licensed and 5 registered physician, chiropractor, dentist, or podiatrist practicing in another jurisdiction whose license is in good standing;
 - "Consult" or "consultation", communication by telephone, by fax, in writing, or in person with the patient's personally approved licensed health care provider or a licensed health care provider of the patient's designation.
 - 2. A physical therapist [shall not] may evaluate and initiate treatment [for a new injury or illness on a patient without a prescription or referral from an approved health care provider, provided that the physical therapist has a doctorate of physical therapy degree or has five years of clinical practice as a physical therapist.
- 15 3. A physical therapist may provide educational resources and training, develop fitness or wellness programs [for asymptomatic persons], or provide screening or consultative

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

- 4. [A physical therapist may examine and treat without the prescription and direction of an approved health care provider any person with a recurring self-limited injury within one year of diagnosis by an approved health care provider or a chronic illness that has been previously diagnosed by an approved health care provider. The physical therapist shall:]
- (1) [Contact the patient's current approved health care provider within seven days of initiating physical therapy services under this subsection;] A physical therapist shall refer to an approved health care provider any patient whose condition at the time of evaluation or treatment is determined to be beyond the scope of practice of physical therapy. The physical therapist shall not provide physical therapy services or treatment after this referral has been made.
- (2) [Not change an existing physical therapy referral available to the physical therapist without approval of the patient's current approved health care provider;] A physical therapist shall refer to an approved health care provider any patient who does not demonstrate measurable or functional improvement after ten visits or thirty days, whichever occurs first. The physical therapist shall not provide further therapy services or treatment after this referral has been made.
- (3) [Refer to an approved health care provider any patient whose medical condition at the time of examination or treatment is determined to be beyond the scope of practice of physical therapy;
- (4) Refer to an approved health care provider any patient whose condition for which physical therapy services are rendered under this subsection has not been documented to be progressing toward documented treatment goals after six visits or fourteen days, whichever first occurs:
- (5) Notify the patient's current approved health care provider prior to the continuation of treatment if treatment rendered under this subsection is to continue beyond thirty days. The physical therapist shall provide such notification for each successive period of thirty days.] (a) A physical therapist shall consult with an approved health care provider if, after every ten visits or thirty days, whichever occurs first, the patient has demonstrated measurable or functional improvement from the course of physical therapy services or treatment provided and the physical therapist believes that continuation of the course of physical therapy services or treatment is reasonable and necessary based on the physical therapist's evaluation of the patient. The physical therapist shall not provide further physical therapy services or treatment until the consultation has occurred.
- (b) The consultation with the approved health care provider shall include information concerning:

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- 54 a. The patient's condition for which physical therapy services or treatments were 55 provided;
 - b. The basis for the course of services or treatment indicated, as determined from the physical therapy evaluation of the patient;
- c. The physical therapy services or treatment provided before the date of the 59 consultation;
 - d. The patient's demonstrated measurable or functional improvement from the services or treatment provided before the date of the consultation;
 - The continuing physical therapy services or treatment proposed to be provided following the consultation; and
 - f. The professional physical therapy basis for the continued physical therapy services or treatment to be provided.
 - (c) Continued physical therapy services or treatment following the consultation with and approval by an approved health care provider shall proceed in accordance with any feedback, advice, opinion, or direction of the approved health care provider. The physical therapist shall notify the consulting approved health care provider of continuing physical therapy services or treatment and the patient's progress at least every ten visits or thirty days after the initial consultation unless the consulting approved health care provider directs otherwise.
 - (d) The provisions of this subdivision shall not apply to physical therapy services performed within a primary or secondary school for individuals within ages not in excess of twenty-one years.
 - 5. The provision of physical therapy services of evaluation and screening pursuant to this section shall be limited to a physical therapist, and any authority for evaluation and screening granted within this section may not be delegated. Upon each reinitiation of physical therapy services, a physical therapist shall provide a full physical therapy evaluation prior to the reinitiation of physical therapy treatment. [Physical therapy treatment provided pursuant to the provisions of subsection 4 of this section may be delegated by physical therapists to physical therapist assistants only if the patient's current approved health care provider has been so informed as part of the physical therapist's seven-day notification upon reinitiation of physical therapy services as required in subsection 4 of this section.] Nothing in this subsection shall be construed as to limit the ability of physical therapists or physical therapist assistants to provide physical therapy services in accordance with the provisions of this chapter, and upon the referral of an approved health care provider. Nothing in this subsection shall prohibit an approved health care provider from acting within the scope of their practice as defined by the applicable chapters of RSMo.

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- 6. No person licensed to practice, or applicant for licensure, as a physical therapist or physical therapist assistant shall make a medical diagnosis.
 - 7. A physical therapist shall only delegate physical therapy treatment to a physical therapist assistant or to a person in an entry level of a professional education program approved by the Commission on Accreditation in Physical Therapy Education (CAPTE) who satisfies supervised clinical education requirements related to the person's physical therapist or physical therapist assistant education. The entry-level person shall be under the supervision of a physical therapist.
- 334.613. 1. The board may refuse to issue or renew a license to practice as a physical 2 therapist or physical therapist assistant for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for 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 10 contain a statement of the discipline imposed, the basis therefor, the date such action shall become effective, and a statement that the applicant has thirty days to request in writing a 11 hearing before the administrative hearing commission. If the board issues a probationary, 12 limited, or restricted license to an applicant for licensure, either party may file a written 13 14 petition with the administrative hearing commission within thirty days of the effective date of the probationary, limited, or restricted license seeking review of the board's determination. If 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 17 waived. 18
 - 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 failed to renew or has surrendered his or her license for any one or any combination of the following causes:
 - (1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of a physical therapist or physical therapist assistant;
- 26 (2) The person has been finally adjudicated and found guilty, or entered a plea of 27 guilty or nolo contendere, in a criminal prosecution under the laws of any state, of the United 28 States, or of any country, for any offense directly related to the duties and responsibilities of

- 29 the occupation, as set forth in section 324.012, regardless of whether or not sentence is 30 imposed;
 - (3) Use of fraud, deception, misrepresentation, or bribery in securing any certificate of registration or authority, permit, or license issued under this chapter or in obtaining permission to take any examination given or required under this chapter;
 - (4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or unprofessional conduct in the performance of the functions or duties of a physical therapist or physical therapist assistant, including but not limited to the following:
 - (a) Obtaining or attempting to obtain any fee, charge, tuition, or other compensation by fraud, deception, or misrepresentation; willfully and continually overcharging or overtreating patients; or charging for sessions of physical therapy which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;
 - (b) Attempting, directly or indirectly, by way of intimidation, coercion, or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;
- 44 (c) Willfully and continually performing inappropriate or unnecessary treatment or 45 services;
 - (d) Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience, or licensure to perform such responsibilities;
 - (e) Misrepresenting that any disease, ailment, or infirmity can be cured by a method, procedure, treatment, medicine, or device;
 - (f) Performing services which have been declared by board rule to be of no physical therapy value;
 - (g) Final disciplinary action by any professional association, professional society, licensed hospital or medical staff of the hospital, or physical therapy facility in this or any other state or territory, whether agreed to voluntarily or not, and including but not limited to any removal, suspension, limitation, or restriction of the person's professional employment, malpractice, or any other violation of any provision of this chapter;
 - (h) Administering treatment without sufficient examination, or for other than medically accepted therapeutic or experimental or investigative purposes duly authorized by a state or federal agency, or not in the course of professional physical therapy practice;
 - (i) Engaging in or soliciting sexual relationships, whether consensual or nonconsensual, while a physical therapist or physical therapist assistant/patient relationship exists; making sexual advances, requesting sexual favors, or engaging in other verbal conduct or physical contact of a sexual nature with patients or clients;
 - (j) Terminating the care of a patient without adequate notice or without making other arrangements for the continued care of the patient;

- 66 (k) Failing to furnish details of a patient's physical therapy records to treating 67 physicians, other physical therapists, or hospitals upon proper request; or failing to comply 68 with any other law relating to physical therapy records;
 - (l) Failure of any applicant or licensee, other than the licensee subject to the investigation, to cooperate with the board during any investigation;
- 71 (m) Failure to comply with any subpoena or subpoena duces tecum from the board or 72 an order of the board;
 - (n) Failure to timely pay license renewal fees specified in this chapter;
 - (o) Violating a probation agreement with this board or any other licensing agency;
 - (p) Failing to inform the board of the physical therapist's or physical therapist assistant's current telephone number, residence, and business address;
 - (q) Advertising by an applicant or licensee which is false or misleading, or which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by any other physical therapist or physical therapist assistant. An applicant or licensee shall also be in violation of this provision if the applicant or licensee has a financial interest in any organization, corporation, or association which issues or conducts such advertising;
 - (5) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health of a patient or the public; or incompetency, gross negligence, or repeated negligence in the performance of the functions or duties of a physical therapist or physical therapist assistant. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;
 - (6) Violation of, or attempting to violate, directly or indirectly, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule adopted under this chapter;
 - (7) Impersonation of any person licensed as a physical therapist or physical therapist assistant or allowing any person to use his or her license or diploma from any school;
 - (8) Revocation, suspension, restriction, modification, limitation, reprimand, warning, censure, probation, or other final disciplinary action against a physical therapist or physical therapist assistant for a license or other right to practice as a physical therapist or physical therapist assistant by another state, territory, federal agency or country, whether or not voluntarily agreed to by the licensee or applicant, including but not limited to the denial of licensure, surrender of the license, allowing the license to expire or lapse, or discontinuing or limiting the practice of physical therapy while subject to an investigation or while actually under investigation by any licensing authority, medical facility, branch of the Armed Forces

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- 103 of the United States of America, insurance company, court, agency of the state or federal 104 government, or employer;
- 105 (9) A person is finally adjudged incapacitated or disabled by a court of competent 106 jurisdiction;
 - (10) Assisting or enabling any person to practice or offer to practice who is not licensed and currently eligible to practice under this chapter; or knowingly performing any act which in any way aids, assists, procures, advises, or encourages any person to practice physical therapy who is not licensed and currently eligible to practice under this chapter;
 - (11) Issuance of a license to practice as a physical therapist or physical therapist assistant based upon a material mistake of fact;
- 113 (12) Failure to display a valid license pursuant to practice as a physical therapist or 114 physical therapist assistant;
 - (13) Knowingly making, or causing to be made, or aiding, or abetting in the making of, a false statement in any document executed in connection with the practice of physical therapy;
- (14) Soliciting patronage in person or by agents or representatives, or by any other 119 means or manner, under the person's own name or under the name of another person or 120 concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as to the need or necessity for or appropriateness of physical therapy services for all patients, or the qualifications of an individual person or persons to render, or perform physical therapy services;
- 124 (15) Using, or permitting the use of, the person's name under the designation of "physical therapist", "physiotherapist", "registered physical therapist", "P.T.", "Ph.T.", 125 "P.T.T.", "D.P.T.", "M.P.T." or "R.P.T.", "physical therapist assistant", "P.T.A.", "L.P.T.A.", 126 127 "C.P.T.A.", or any similar designation with reference to the commercial exploitation of any goods, wares or merchandise; 128
- (16) Knowingly making or causing to be made a false statement or misrepresentation 130 of a material fact, with intent to defraud, for payment under chapter 208 or chapter 630 or for payment from Title XVIII or Title XIX of the Social Security Act;
- Failure or refusal to properly guard against contagious, infectious, or (17)communicable diseases or the spread thereof; maintaining an unsanitary facility or 133 134 performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in any physical therapy facility to the board, in writing, 136 within thirty days after the discovery thereof;
- 137 (18) Any candidate for licensure or person licensed to practice as a physical therapist 138 or physical therapist assistant paying or offering to pay a referral fee or [, notwithstanding 139 section 334.010 to the contrary, practicing or offering to practice professional physical

- therapy independent of the prescription and direction of a person licensed and registered as a physician and surgeon under this chapter, as a physician assistant under this chapter, as a chiropractor under chapter 331, as a dentist under chapter 332, as a podiatrist under chapter 330, as an advanced practice registered nurse under chapter 335, or any licensed and registered physician, chiropractor, dentist, podiatrist, or advanced practice registered nurse practicing in another jurisdiction, whose license is in good standing evaluating or treating a patient in a manner inconsistent with section 334.506;
 - (19) Any candidate for licensure or person licensed to practice as a physical therapist or physical therapist assistant treating or attempting to treat ailments or other health conditions of human beings other than by professional physical therapy and as authorized by sections 334.500 to 334.685;
 - (20) A pattern of personal use or consumption of any controlled substance unless it is prescribed, dispensed, or administered by a physician who is authorized by law to do so;
 - (21) Failing to maintain adequate patient records under section 334.602;
 - (22) Attempting to engage in conduct that subverts or undermines the integrity of the licensing examination or the licensing examination process, including but not limited to utilizing in any manner recalled or memorized licensing examination questions from or with any person or entity, failing to comply with all test center security procedures, communicating or attempting to communicate with any other examinees during the test, or copying or sharing licensing examination questions or portions of questions;
 - (23) Any candidate for licensure or person licensed to practice as a physical therapist or physical therapist assistant who requests, receives, participates or engages directly or indirectly in the division, transferring, assigning, rebating or refunding of fees received for professional services or profits by means of a credit or other valuable consideration such as wages, an unearned commission, discount or gratuity with any person who referred a patient, or with any relative or business associate of the referring person;
 - (24) Being unable to practice as a physical therapist or physical therapist assistant with reasonable skill and safety to patients by reasons of incompetency, or because of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or as a result of any mental or physical condition. The following shall apply to this subdivision:
 - (a) In enforcing this subdivision the board shall, after a hearing by the board, upon a finding of probable cause, require a physical therapist or physical therapist assistant to submit to a reexamination for the purpose of establishing his or her competency to practice as a physical therapist or physical therapist assistant conducted in accordance with rules adopted for this purpose by the board, including rules to allow the examination of the pattern and practice of such physical therapist's or physical therapist assistant's professional conduct, or to

submit to a mental or physical examination or combination thereof by a facility or professional approved by the board;

- (b) For the purpose of this subdivision, every physical therapist and physical therapist assistant licensed under this chapter is deemed to have consented to submit to a mental or physical examination when directed in writing by the board;
- (c) In addition to ordering a physical or mental examination to determine competency, the board may, notwithstanding any other law limiting access to medical or other health data, obtain medical data and health records relating to a physical therapist, physical therapist assistant or applicant without the physical therapist's, physical therapist assistant's or applicant's consent;
- (d) Written notice of the reexamination or the physical or mental examination shall be sent to the physical therapist or physical therapist assistant, by registered mail, addressed to the physical therapist or physical therapist assistant at the physical therapist's or physical therapist assistant's last known address. Failure of a physical therapist or physical therapist assistant to submit to the examination when directed shall constitute an admission of the allegations against the physical therapist or physical therapist assistant, in which case the board may enter a final order without the presentation of evidence, unless the failure was due to circumstances beyond the physical therapist's or physical therapist assistant's control. A physical therapist or physical therapist assistant whose right to practice has been affected under this subdivision shall, at reasonable intervals, be afforded an opportunity to demonstrate that the physical therapist or physical therapist assistant can resume the competent practice as a physical therapist or physical therapist assistant with reasonable skill and safety to patients;
- (e) In any proceeding under this subdivision neither the record of proceedings nor the orders entered by the board shall be used against a physical therapist or physical therapist assistant in any other proceeding. Proceedings under this subdivision shall be conducted by the board without the filing of a complaint with the administrative hearing commission;
- (f) When the board finds any person unqualified because of any of the grounds set forth in this subdivision, it may enter an order imposing one or more of the disciplinary measures set forth in subsection 3 of this section.
- 3. After the filing of such complaint before the administrative hearing commission, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds provided in subsection 2 of this section for disciplinary action are met, the board may, singly or in combination:
- (1) Warn, censure or place the physical therapist or physical therapist assistant named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed ten years;

- 213 (2) Suspend the physical therapist's or physical therapist assistant's license for a 214 period not to exceed three years;
- 215 (3) Restrict or limit the physical therapist's or physical therapist assistant's license for 216 an indefinite period of time;
 - (4) Revoke the physical therapist's or physical therapist assistant's license;
- 218 (5) Administer a public or private reprimand;
- 219 (6) Deny the physical therapist's or physical therapist assistant's application for a 220 license;
 - (7) Permanently withhold issuance of a license;
 - (8) Require the physical therapist or physical therapist assistant to submit to the care, counseling or treatment of physicians designated by the board at the expense of the physical therapist or physical therapist assistant to be examined;
 - (9) Require the physical therapist or physical therapist assistant to attend such continuing educational courses and pass such examinations as the board may direct.
 - 4. In any order of revocation, the board may provide that the physical therapist or physical therapist assistant shall not apply for reinstatement of the physical therapist's or physical therapist assistant's license for a period of time ranging from two to seven years following the date of the order of revocation. All stay orders shall toll this time period.
 - 5. Before restoring to good standing a license issued under this chapter which has been in a revoked, suspended, or inactive state for any cause for more than two years, the board may require the applicant to attend such continuing medical education courses and pass such examinations as the board may direct.
 - 6. In any investigation, hearing or other proceeding to determine a physical therapist's, physical therapist assistant's or applicant's fitness to practice, any record relating to any patient of the physical therapist, physical therapist assistant, or applicant shall be discoverable by the board and admissible into evidence, regardless of any statutory or common law privilege which such physical therapist, physical therapist assistant, applicant, record custodian, or patient might otherwise invoke. In addition, no such physical therapist, physical therapist assistant, applicant, or record custodian may withhold records or testimony bearing upon a physical therapist's, physical therapist assistant's, or applicant's fitness to practice on the grounds of privilege between such physical therapist, physical therapist assistant, applicant, or record custodian and a patient.
 - 334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:
 - 2 (1) "Applicant", any individual who seeks to become licensed as a physician 3 assistant;

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- 4 (2) "Certification" or "registration", a process by a certifying entity that grants recognition to applicants meeting predetermined qualifications specified by such certifying entity;
- 7 (3) "Certifying entity", the nongovernmental agency or association which certifies or 8 registers individuals who have completed academic and training requirements;
- 9 (4) "Collaborative practice arrangement", written agreements, jointly agreed upon 10 protocols, or standing orders, all of which shall be in writing, for the delivery of health care 11 services;
- 12 (5) "Department", the department of commerce and insurance or a designated agency 13 thereof;
- 14 (6) "License", a document issued to an applicant by the board acknowledging that the 15 applicant is entitled to practice as a physician assistant;
- 16 (7) "Physician assistant", a person who has graduated from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor agency, prior to 2001, or the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician assistant for three years prior to August 28, 1989, who has passed the National Commission on Certification of
- Certification of Physician Assistants;
 (8) "Recognition", the formal process of becoming a certifying entity as required by

Physician Assistants examination, and has active certification of the National Commission on

- 29 2. The scope of practice of a physician assistant shall consist only of the following 30 services and procedures:
 - (1) Taking patient histories;

the provisions of sections 334.735 to 334.749.

- (2) Performing physical examinations of a patient;
- 33 (3) Performing or assisting in the performance of routine office laboratory and patient 34 screening procedures;
 - (4) Performing routine therapeutic procedures;
- 36 (5) Recording diagnostic impressions and evaluating situations calling for attention of 37 a physician to institute treatment procedures;
- 38 (6) Instructing and counseling patients regarding mental and physical health using procedures reviewed and approved by a collaborating physician;

- 40 (7) Assisting the supervising physician in institutional settings, including reviewing 41 of treatment plans, ordering of tests and diagnostic laboratory and radiological services, and 42 ordering of therapies, using procedures reviewed and approved by a licensed physician;
 - (8) Assisting in surgery; and
 - (9) Performing such other tasks not prohibited by law under the collaborative practice arrangement with a licensed physician as the physician assistant has been trained and is proficient to perform.
 - 3. Physician assistants shall not perform or prescribe abortions.
 - 4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless pursuant to a collaborative practice arrangement in accordance with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing of drugs, medications, devices or therapies by a physician assistant shall be pursuant to a collaborative practice arrangement which is specific to the clinical conditions treated by the supervising physician and the physician assistant shall be subject to the following:
- 57 (1) A physician assistant shall only prescribe controlled substances in accordance 58 with section 334.747;
 - (2) The types of drugs, medications, devices or therapies prescribed by a physician assistant shall be consistent with the scopes of practice of the physician assistant and the collaborating physician;
 - (3) All prescriptions shall conform with state and federal laws and regulations and shall include the name, address and telephone number of the physician assistant [and the supervising physician];
 - (4) A physician assistant, or advanced practice registered nurse as defined in section 335.016 may request, receive and sign for noncontrolled professional samples and may distribute professional samples to patients; and
 - (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the collaborating physician is not qualified or authorized to prescribe.
 - 5. A physician assistant shall clearly identify himself or herself as a physician assistant and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician assistant shall practice or attempt to practice without physician collaboration or in any location where the collaborating physician is not immediately available for consultation, assistance and intervention, except as otherwise provided in this section, and in an emergency situation, nor shall any physician assistant bill a patient

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

- 6. The licensing of physician assistants shall take place within processes established by the state board of registration for the healing arts through rule and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536 establishing licensing and renewal procedures, collaboration, collaborative practice arrangements, fees, and addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensing may be denied or the license of a physician assistant may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be required to be licensed as physician assistants. All applicants for physician assistant licensure who complete a physician assistant training program after January 1, 2008, shall have a master's degree from a physician assistant program.
- 7. At all times the physician is responsible for the oversight of the activities of, and accepts responsibility for, health care services rendered by the physician assistant.
- 8. (1) A physician may enter into collaborative practice arrangements with physician assistants. Collaborative practice arrangements, which shall be in writing, may delegate to a physician assistant the authority to prescribe, administer, or dispense drugs and provide treatment which is within the skill, training, and competence of the physician assistant. Collaborative practice arrangements may delegate to a physician assistant, as defined in section 334.735, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II hydrocodone. Schedule III narcotic controlled substances and Schedule II hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form of a written arrangement, jointly agreed-upon protocols, or standing orders for the delivery of health care services.
- (2) Notwithstanding any other provision of this section to the contrary, a collaborative practice arrangement may delegate to a physician assistant the authority to administer, dispense, or prescribe Schedule II controlled substances for hospice patients; provided, that the physician assistant is employed by a hospice provider certified pursuant to chapter 197 and the physician assistant is providing care to hospice patients pursuant to a collaborative practice arrangement that designates the certified

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

- 115 9. The written collaborative practice arrangement shall contain at least the following 116 provisions:
- 117 (1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the physician assistant; 118
- 119 (2) A list of all other offices or locations, other than those listed in subdivision (1) of 120 this subsection, where the collaborating physician has authorized the physician assistant to 121 prescribe;
- (3) A requirement that there shall be posted at every office where the physician 123 assistant is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by a physician assistant and 125 have the right to see the collaborating physician;
 - (4) All specialty or board certifications of the collaborating physician and all certifications of the physician assistant;
- 128 The manner of collaboration between the collaborating physician and the 129 physician assistant, including how the collaborating physician and the physician assistant 130 will:
- 131 (a) Engage in collaborative practice consistent with each professional's skill, training, 132 education, and competence;
- (b) Maintain geographic proximity, as determined by the board of registration for the 133 134 healing arts; and
- 135 (c) Provide coverage during absence, incapacity, infirmity, or emergency of the 136 collaborating physician;
 - (6) A list of all other written collaborative practice arrangements of the collaborating physician and the physician assistant;
- 139 (7) The duration of the written practice arrangement between the collaborating 140 physician and the physician assistant;
 - (8) A description of the time and manner of the collaborating physician's review of the physician assistant's delivery of health care services. The description shall include provisions that the physician assistant shall submit a minimum of ten percent of the charts documenting the physician assistant's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days. Reviews may be conducted electronically;
- 148 The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty 149

- percent of the charts in which the physician assistant prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (8) of this subsection; and
 - (10) A statement that no collaboration requirements in addition to the federal law shall be required for a physician-physician assistant team working in a certified community behavioral health clinic as defined by Pub.L. 113-93, or a rural health clinic under the federal Rural Health Services Act, Pub.L. 95-210, as amended, or a federally qualified health center as defined in 42 U.S.C. Section [1395 of the Public Health Service Act] 1395x, as amended.
 - 10. The state board of registration for the healing arts under section 334.125 may promulgate rules regulating the use of collaborative practice arrangements.
 - 11. The state board of registration for the healing arts shall not deny, revoke, suspend, or otherwise take disciplinary action against a collaborating physician for health care services delegated to a physician assistant, provided that the provisions of this section and the rules promulgated thereunder are satisfied.
 - 12. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice arrangement, including collaborative practice arrangements delegating the authority to prescribe controlled substances, and also report to the board the name of each physician assistant with whom the physician has entered into such arrangement. The board may make such information available to the public. The board shall track the reported information and may routinely conduct random reviews of such arrangements to ensure that the arrangements are carried out in compliance with this chapter.
 - 13. The collaborating physician shall determine and document the completion of a period of time during which the physician assistant shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2009.
 - 14. No contract or other arrangement shall require a physician to act as a collaborating physician for a physician assistant against the physician's will. A physician shall have the right to refuse to act as a supervising physician, without penalty, for a particular physician assistant. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any physician assistant. No contract or other arrangement shall require any physician assistant to collaborate with any physician against the physician assistant's will. A physician assistant shall have the right to refuse to collaborate, without penalty, with a particular physician.

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- 187 15. Physician assistants shall file with the board a copy of their collaborating physician form.
- 16. No physician shall be designated to serve as a collaborating physician for more than six full-time equivalent licensed physician assistants, full-time equivalent advanced practice registered nurses, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to physician assistant collaborative practice arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of section 334.104.
 - 17. No arrangement made under this section shall supercede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital, as defined in section 197.020, if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.
 - 334.747. 1. (1) A physician assistant with a certificate of controlled substance prescriptive authority as provided in this section may prescribe any controlled substance 3 listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the authority to prescribe controlled substances in a collaborative practice arrangement. Such authority shall be listed on the collaborating physician form on file with the state board of healing arts. The collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the physician assistant is permitted to prescribe. Any limitations shall be listed on the collaborating physician form. Prescriptions for Schedule II medications prescribed by a physician assistant with authority to prescribe delegated in a collaborative practice arrangement are restricted to only those medications containing hydrocodone. Physician assistants shall not prescribe controlled 11 substances for themselves or members of their families. Schedule III narcotic controlled 12 13 substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply 14 without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. Physician assistants who are authorized to prescribe controlled substances under this section shall register with the federal Drug 18 Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for 19 20 controlled substances.
 - (2) Notwithstanding any other provision of this section to the contrary, a collaborative practice arrangement may delegate to a physician assistant the authority

to administer, dispense, or prescribe Schedule II controlled substances for hospice patients; provided, that the physician assistant is employed by a hospice provider certified pursuant to chapter 197 and the physician assistant is providing care to hospice patients pursuant to a collaborative practice arrangement that designates the certified hospice as a location where the physician assistant is authorized to practice and prescribe.

- 2. The collaborating physician shall be responsible to determine and document the completion of at least one hundred twenty hours in a four-month period by the physician assistant during which the physician assistant shall practice with the collaborating physician on-site prior to prescribing controlled substances when the collaborating physician is not on-site. Such limitation shall not apply to physician assistants of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009.
- 3. A physician assistant shall receive a certificate of controlled substance prescriptive authority from the board of healing arts upon verification of the completion of the following educational requirements:
- (1) Successful completion of an advanced pharmacology course that includes clinical training in the prescription of drugs, medicines, and therapeutic devices. A course or courses with advanced pharmacological content in a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency shall satisfy such requirement;
- (2) Completion of a minimum of three hundred clock hours of clinical training by the collaborating physician in the prescription of drugs, medicines, and therapeutic devices;
- (3) Completion of a minimum of one year of supervised clinical practice or supervised clinical rotations. One year of clinical rotations in a program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency, which includes pharmacotherapeutics as a component of its clinical training, shall satisfy such requirement. Proof of such training shall serve to document experience in the prescribing of drugs, medicines, and therapeutic devices;
- (4) A physician assistant previously licensed in a jurisdiction where physician assistants are authorized to prescribe controlled substances may obtain a state bureau of narcotics and dangerous drugs registration if a collaborating physician can attest that the physician assistant has met the requirements of subdivisions (1) to (3) of this subsection and provides documentation of existing federal Drug Enforcement Agency registration.

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

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

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

334.1610. In this compact:

- (1) "Bylaws" means those bylaws established by the Interstate Commission pursuant to section 334.1655.
- (2) "Commissioner" means the voting representative appointed by each member board pursuant to section 334.1655.
- (3) "Conviction" means a finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilt or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board.
- (4) "Expedited License" means a full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the Compact.
- (5) "Interstate Commission" means the interstate commission created pursuant to section 334.1655.
- (6) "License" means authorization by a member state for a physician to engage in the practice of medicine, which would be unlawful without authorization.
- 16 (7) "Medical Practice Act" means laws and regulations governing the practice of allopathic and osteopathic medicine within a member state.
 - (8) "Member Board" means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.
 - (9) "Member State" means a state that has enacted the Compact.
 - (10) "Practice of Medicine" means that clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a physician to obtain and maintain a license in compliance with the Medical Practice Act of a member state.
 - (11) "Physician" means any person who:

- (a) Is a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent;
- (b) Passed each component of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;
- 33 (c) Successfully completed graduate medical education approved by the 34 Accreditation Council for Graduate Medical Education or the American Osteopathic 35 Association;
 - (d) Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;
 - (e) Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board;
 - (f) Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;
 - (g) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license;
 - (h) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration; and
 - (i) Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.
 - (12) "Offense" means a felony, gross misdemeanor, or crime of moral turpitude.
 - (13) "Rule" means a written statement by the Interstate Commission promulgated pursuant to section 334.1660 of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Interstate Commission, and has the force and effect of statutory law in a member state, and includes the amendment, repeal, or suspension of an existing rule.
- 58 (14) "State" means any state, commonwealth, district, or territory of the United 59 States.
 - (15) "State of Principal License" means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.

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- 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.
 - 2. Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the Interstate Commission.
 - (1) Static qualifications, which include verification of medical education, graduate medical education, results of any medical or licensing examination, and other qualifications as determined by the Interstate Commission through rule, shall not be subject to additional primary source verification where already primary source verified by the state of principal license.
- 13 (2) The member board within the state selected as the state of principal license 14 shall, in the course of verifying eligibility, perform a criminal background check of an 15 applicant, including the use of the results of fingerprint or other biometric data checks 16 compliant with the requirements of the Federal Bureau of Investigation, with the

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- exception of federal employees who have suitability determination in accordance with 5 C.F.R. §731.202.
- 19 (3) Appeal on the determination of eligibility shall be made to the member state 20 where the application was filed and shall be subject to the law of that state.
- 3. Upon verification in subsection 2 of this section, physicians eligible for an expedited license shall complete the registration process established by the Interstate Commission to receive a license in a member state selected pursuant to subsection 1 of this section, including the payment of any applicable fees.
 - 4. After receiving verification of eligibility under subsection 2 of this section and any fees under subsection 3 of this section, a member board shall issue an expedited license to the physician. This license shall authorize the physician to practice medicine in the issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the issuing member board and member state.
 - 5. An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.
 - 6. An expedited license obtained through the Compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without redesignation of a new state of principal licensure.
- 7. The Interstate Commission is authorized to develop rules regarding the application process, including payment of any applicable fees, and the issuance of an expedited license.
- 334.1630. 1. A member state issuing an expedited license authorizing the practice of medicine in that state may impose a fee for a license issued or renewed through the Compact.
- 4 2. The Interstate Commission is authorized to develop rules regarding fees for 5 expedited licenses.
 - 334.1635. 1. A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the Interstate Commission if the physician:
 - (1) Maintains a full and unrestricted license in a state of principal license;
- 5 (2) Has not been convicted, received adjudication, deferred adjudication, 6 community supervision, or deferred disposition for any offense by a court of 7 appropriate jurisdiction;
- 8 (3) Has not had a license authorizing the practice of medicine subject to 9 discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding 0 any action related to non-payment of fees related to a license; and

- 11 (4) Has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration. 12
- 13 2. Physicians shall comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member 14 15 state.
- 16 3. The Interstate Commission shall collect any renewal fees charged for the 17 renewal of a license and distribute the fees to the applicable member board.
- 18 4. Upon receipt of any renewal fees collected in subsection 3 of this section, a 19 member board shall renew the physician's license.
- 20 5. Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards. 21
- 22 6. The Interstate Commission is authorized to develop rules to address renewal 23 of licenses obtained through the Compact.
 - 1. The Interstate Commission shall establish a database of all 334.1640. physicians licensed, or who have applied for licensure, under section 334.1625.
- 2. Notwithstanding any other provision of law, member boards shall report to 4 the Interstate Commission any public action or complaints against a licensed physician who has applied or received an expedited license through the Compact.
- Member boards shall report disciplinary or investigatory information 6 determined as necessary and proper by rule of the Interstate Commission. 7
- Member boards may report any non-public complaint, disciplinary, or investigatory information not required by subsection 3 of this section to the Interstate 9 Commission.
- 11 5. Member boards shall share complaint or disciplinary information about a physician upon request of another member board. 12
- 13 6. All information provided to the Interstate Commission or distributed by 14 member boards shall be confidential, filed under seal, and used only for investigatory or 15 disciplinary matters.
- 16 7. The Interstate Commission is authorized to develop rules for mandated or discretionary sharing of information by member boards. 17
 - 1. Licensure and disciplinary records of physicians are deemed 334.1645. investigative.
- 3 2. In addition to the authority granted to a member board by its respective
- 4 Medical Practice Act or other applicable state law, a member board may participate
- with other member boards in joint investigations of physicians licensed by the member
- 6 boards.

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- 3. A subpoena issued by a member state shall be enforceable in other member 8 states.
- 9 4. Member boards may share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the 11 Compact.
 - 5. Any member state may investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine.
 - 334.1650. 1. Any disciplinary action taken by any member board against a physician licensed through the Compact shall be deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the Medical Practice Act or regulations in that state.
- 2. If a license granted to a physician by the member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on 9 the same status. If the member board in the state of principal license subsequently 10 reinstates the physician's license, a license issued to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the Medical Practice Act of that state.
 - 3. If disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may deem the action conclusive as to matter of law and fact decided, and:
 - (1) Impose the same or lesser sanction(s) against the physician so long as such sanctions are consistent with the Medical Practice Act of that state; or
 - (2) Pursue separate disciplinary action against the physician under its respective Medical Practice Act, regardless of the action taken in other member states.
- 4. If a license granted to a physician by a member board is revoked, surrendered or relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any other member board(s) shall be suspended, automatically and immediately without further action necessary by the other member board(s), for ninety 23 24 (90) days upon entry of the order by the disciplining board, to permit the member board (s) to investigate the basis for the action under the Medical Practice Act of that state. A 25 26 member board may terminate the automatic suspension of the license it issued prior to 27 the completion of the ninety (90) day suspension period in a manner consistent with the 28 Medical Practice Act of that state.

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

- 2. The purpose of the Interstate Commission is the administration of the Interstate Medical Licensure Compact, which is a discretionary state function.
- 3. The Interstate Commission shall be a body corporate and joint agency of the member states and shall have all the responsibilities, powers, and duties set forth in the Compact, and such additional powers as may be conferred upon it by a subsequent concurrent action of the respective legislatures of the member states in accordance with the terms of the Compact.
- 4. The Interstate Commission shall consist of two voting representatives appointed by each member state who shall serve as Commissioners. In states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, the member state shall appoint one representative from each member board. A Commissioner shall be a(n):
 - (1) Allopathic or osteopathic physician appointed to a member board;
- 18 (2) Executive director, executive secretary, or similar executive of a member 19 board; or
 - (3) Member of the public appointed to a member board.
 - 5. The Interstate Commission shall meet at least once each calendar year. A portion of this meeting shall be a business meeting to address such matters as may properly come before the Commission, including the election of officers. The chairperson may call additional meetings and shall call for a meeting upon the request of a majority of the member states.
 - 6. The bylaws may provide for meetings of the Interstate Commission to be conducted by telecommunication or electronic communication.
 - 7. Each Commissioner participating at a meeting of the Interstate Commission is entitled to one vote. A majority of Commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Interstate Commission. A Commissioner shall not delegate a vote to another Commissioner. In the absence of its Commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of subsection 4 of this section.
 - 8. The Interstate Commission shall provide public notice of all meetings and all meetings shall be open to the public. The Interstate Commission may close a meeting, in

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- full or in portion, where it determines by a two-thirds vote of the Commissioners present that an open meeting would be likely to: 38
- 39 (1) Relate solely to the internal personnel practice and procedures of the 40 **Interstate Commission**;
 - (2) Discuss matters specifically exempted from disclosure by federal statute;
- 42 (3) Discuss trade secrets, commercial, or financial information that is privileged 43 or confidential:
 - (4) Involve accusing a person of a crime, or formally censuring a person;
 - (5) Discuss information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - (6) Discuss investigative records compiled for law enforcement purposes; or
 - (7) Specifically relate to the participation in a civil action or other legal proceeding.
 - 9. The Interstate Commission shall keep minutes which shall fully describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including record of any roll call votes.
 - 10. The Interstate Commission shall make its information and official records, to the extent not otherwise designated in the Compact or by its rules, available to the public for inspection.
- 11. The Interstate Commission shall establish an executive committee, which shall include officers, members, and others as determined by the bylaws. The executive committee shall have the power to act on behalf of the Interstate Commission, with the 59 exception of rulemaking, during periods when the Interstate Commission is not in 60 session. When acting on behalf of the Interstate Commission, the executive committee shall oversee the administration of the Compact including enforcement and compliance with the provisions of the Compact, its bylaws and rules, and other such duties as necessary.
- 64 12. The Interstate Commission shall establish other committees for governance 65 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;
- 3 (2) Promulgate rules which shall be binding to the extent and in the manner provided for in the Compact; 4
- 5 (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, 7 and actions;

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- (4) Enforce compliance with Compact provisions, the rules promulgated by the 8 9 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, 20 define their duties, and fix their compensation;
 - (11) Establish personnel policies and programs relating to conflicts of interest, rates of compensation, and qualifications of personnel;
 - (12) Accept donations and grants of money, equipment, supplies, materials, and services and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest policies established by the Interstate Commission;
 - (13) Lease, purchase, accept contributions or donations of, or otherwise to own, hold, improve or use, any property, real, personal, or mixed;
- 29 (14) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed; 30
 - (15) Establish a budget and make expenditures;
- 32 (16) Adopt a seal and bylaws governing the management and operation of the 33 **Interstate Commission**;
 - (17) Report annually to the legislatures and governors of the member states concerning the activities of the Interstate Commission during the preceding year. Such reports shall also include reports of financial audits and any recommendations that may have been adopted by the Interstate Commission;
 - Coordinate education, training, and public awareness regarding the Compact, its implementation, and its operation;
 - (19) Maintain records in accordance with the bylaws;
- 41 (20) Seek and obtain trademarks, copyrights, and patents; and
- 42 (21) Perform such functions as may be necessary or appropriate to achieve the 43 purpose of the Compact.

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- 334.1665. 1. The Interstate Commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff. The total assessment must be sufficient to cover 4 the annual budget approved each year for which revenue is not provided by other 5 sources. The aggregate annual assessment amount shall be allocated upon a formula to be determined by the Interstate Commission, which shall promulgate a rule binding 7 upon all member states.
 - 2. The Interstate Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same.
- 10 3. The Interstate Commission shall not pledge the credit of any of the member states, except by, and with the authority of, the member state. 11
 - 4. The Interstate Commission shall be subject to a yearly financial audit conducted by a certified or licensed accountant and the report of the audit shall be included in the annual report of the Interstate Commission.
- 334.1670. 1. The Interstate Commission shall, by a majority of Commissioners present and voting, adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes of the Compact within twelve (12) months of the 4 first Interstate Commission meeting.
- 2. The Interstate Commission shall elect or appoint annually from among its 6 Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's absence or disability, the vice-chairperson, shall preside at all meetings of the Interstate Commission.
 - Officers selected in subsection 2 of this section shall serve without remuneration for the Interstate Commission.
 - 4. The officers and employees of the Interstate Commission shall be immune from suit and liability, either 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.
 - 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

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- 24 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.
- 26 Nothing in this subsection shall be construed to protect such person from suit or liability 27 for damage, loss, injury, or liability caused by the intentional or willful and wanton
- 28 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 Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such person.
 - 7. To the extent not covered by the state involved, member state, or the Interstate Commission, the representatives or employees of the Interstate Commission shall be held harmless in the amount of a settlement or judgement, including attorney's fees and costs, obtained against such persons arising out of an actual or alleged act, error, or omission that occurred within the scope of the Interstate Commission employment, duties, or responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such person.
- 334.1675. 1. The Interstate Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purpose of the Compact. Notwithstanding the foregoing, in the event the Interstate Commission exercises its 4 rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the Interstate 5 Commission shall be invalid and have no force or effect.
- 2. Rules deemed appropriate for the operations of the Interstate Commission shall be made pursuant to a rulemaking process that substantially conforms to the "Model State Administrative Procedure Act" of 2010, and subsequent amendments 10 thereto.
 - 3. Not later than thirty (30) days after a rule is promulgated, any person may file a petition for judicial review of the rule in the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its

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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 17 18 unlawful if the rule represents a reasonable exercise of the authority granted to the 19 **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 12 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.

- 3 2. The Interstate Commission may, by majority vote of the Commissioners, 4 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 5 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. 10
- 3. The remedies herein shall not be the exclusive remedies of the Interstate The Interstate Commission may avail itself of any other remedies 12 Commission. 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 2 member state to perform such obligations or responsibilities imposed upon it by the

- 3 Compact, or the rules and bylaws of the Interstate Commission promulgated under the 4 Compact.
 - 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 specify the conditions by which the defaulting state must cure its default; and
- 12 (2) Provide remedial training and specific technical assistance regarding the 13 default.
 - 3. If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact upon an affirmative vote of a majority of the Commissioners and all rights, privileges, and benefits conferred by the Compact shall terminate on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of the default.
 - 4. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to terminate shall be given by the Interstate Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.
 - 5. The Interstate Commission shall establish rules and procedures to address licenses and physicians that are materially impacted by the termination of a member state, or the withdrawal of a member state.
 - 6. The member state which has been terminated is responsible for all dues, obligations, and liabilities incurred through the effective date of termination including obligations, the performance of which extends beyond the effective date of termination.
 - 7. The Interstate Commission shall not bear any costs relating to any state that has been found to be in default or which has been terminated from the Compact, unless otherwise mutually agreed upon in writing between the Interstate Commission and the defaulting state.
 - 8. The defaulting state may appeal the action of the Interstate Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.
- 334.1695. 1. The Interstate Commission shall attempt, upon the request of a member state, to resolve disputes which are subject to the Compact and which may arise among member states or member boards.

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

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

- 2. The Compact shall become effective and binding upon legislative enactment of the Compact into law by no less than seven (7) states. Thereafter, it shall become effective and binding on a state upon enactment of the Compact into law by that state.
- 3. The governors of non-member states, or their designees, shall be invited to participate in the activities of the Interstate Commission on a non-voting basis prior to adoption of the Compact by all states.
- 4. The Interstate Commission may propose amendments to the Compact for enactment by the member states. No amendment shall become effective and binding upon the Interstate Commission and the member states unless and until it is enacted into law by unanimous consent of the member states.
- 334.1705. 1. Once effective, the Compact shall continue in force and remain 2 binding upon each and every member state; provided that a member state may 3 withdraw from the Compact by specifically repealing the statute which enacted the 4 Compact into law.
- 2. Withdrawal from the Compact shall be by the enactment of a statute 6 repealing the same, but shall not take effect until one (1) year after the effective date of 7 such statute and until written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.
- The withdrawing state shall immediately notify the chairperson of the Interstate Commission in writing upon the introduction of legislation repealing the 10 Compact in the withdrawing state.
 - 4. The Interstate Commission shall notify the other member states of the withdrawing state's intent to withdraw within sixty (60) days of its receipt of notice provided under subsection 3 of this section.
- 5. The withdrawing state is responsible for all dues, obligations and liabilities incurred through the effective date of withdrawal, including obligations, the 16 performance of which extend beyond the effective date of withdrawal.
- 6. Reinstatement following withdrawal of a member state shall occur upon the 19 withdrawing state reenacting the Compact or upon such later date as determined by the 20 **Interstate Commission.**
- 21 7. The Interstate Commission is authorized to develop rules to address the impact of the withdrawal of a member state on licenses granted in other member states 23 to physicians who designated the withdrawing member state as the state of principal 24 license.

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- 334.1710. 1. The Compact shall dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership of the Compact to one (1) member state.
- 4 2. Upon the dissolution of the Compact, the Compact becomes null and void and 5 shall be of no further force or effect, and the business and affairs of the Interstate 6 Commission shall be concluded, and surplus funds shall be distributed in accordance 7 with the bylaws.
 - 334.1715. 1. The provisions of the Compact shall be severable, and if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the Compact shall be enforceable.
- 4 2. The provisions of the Compact shall be liberally construed to effectuate its purposes. 5
 - 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.
- 3 2. All laws in a member state in conflict with the Compact are superseded to the 4 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 10 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:
- 3 (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 6 beyond the basic nursing education and is certified by a nationally recognized professional 7 organization as a certified nurse practitioner, certified nurse midwife, certified registered 8 nurse anesthetist, or a certified clinical nurse specialist. The board shall promulgate rules specifying which nationally recognized professional organization certifications are to be 10 recognized for the purposes of this section. Advanced practice nurses and only such 11 individuals may use the title "Advanced Practice Registered Nurse" and the abbreviation 12 "APRN" person who is licensed under the provisions of this chapter to engage in the

practice of advanced practice nursing as a certified clinical nurse specialist, certified nurse midwife, certified nurse practitioner, or certified registered nurse anesthetist;

- (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;
- 18 (5) "Certified clinical nurse specialist", a registered nurse who is currently certified as 19 a clinical nurse specialist by a nationally recognized certifying board approved by the board 20 of nursing;
 - (6) "Certified nurse midwife", a registered nurse who is currently certified as a nurse midwife by the American [College of Nurse Midwives] Midwifery Certification Board, or other nationally recognized certifying body approved by the board of nursing;
 - (7) "Certified nurse practitioner", a registered nurse who is currently certified as a nurse practitioner by a nationally recognized certifying body approved by the board of nursing;
 - (8) "Certified registered nurse anesthetist", a registered nurse who is currently certified as a nurse anesthetist by the Council on Certification of Nurse Anesthetists, the [Council on Recertification of Nurse Anesthetists] National Board of Certification and Recertification for Nurse Anesthetists, or other nationally recognized certifying body approved by the board of nursing;
 - (9) "Executive director", a qualified individual employed by the board as executive secretary or otherwise to administer the provisions of this chapter under the board's direction. Such person employed as executive director shall not be a member of the board;
 - (10) "Inactive [nurse] license status", as defined by rule pursuant to section 335.061;
 - (11) "Lapsed license status", as defined by rule under section 335.061;
 - (12) "Licensed practical nurse" or "practical nurse", a person licensed pursuant to the provisions of this chapter to engage in the practice of practical nursing;
 - (13) "Licensure", the issuing of a license [to practice professional or practical nursing] to candidates who have met the [specified] requirements specified under this chapter, authorizing the person to engage in the practice of advanced practice, professional, or practical nursing, and the recording of the names of those persons as holders of a license to practice advanced practice, professional, or practical nursing;
 - (14) "Practice of advanced practice nursing", the 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

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

- [(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;
- (b) Assessment, data collection, nursing diagnosis, nursing care, evaluation, and counsel of persons who are ill, injured, or experiencing alterations in normal health processes;
- (c) The administration of medications and treatments as prescribed by a person licensed by a state regulatory board to prescribe medications and treatments;
- (d) The coordination and assistance in the **determination and** delivery of a plan of health care with all members of a health team;
- (e) The teaching and supervision of other persons in the performance of any of the foregoing;
- [(16) A] (17) "Registered professional nurse" or "registered nurse", a person licensed pursuant to the provisions of this chapter to engage in the practice of professional nursing;
- [(17)] (18) "Retired license status", any person licensed in this state under this chapter who retires from such practice. Such person shall file with the board an affidavit, on a form to be furnished by the board, which states the date on which the licensee retired from such practice, an intent to retire from the practice for at least two years, and such other facts as tend to verify the retirement as the board may deem necessary; but if the licensee thereafter reengages in the practice, the licensee shall renew his or her license with the board as provided by this chapter and by rule and regulation.
- 335.019. 1. An advanced practice registered nurse's prescriptive authority shall include authority to:
- 3 (1) Prescribe, dispense, and administer medications and nonscheduled legend 4 drugs, as defined in section 338.330, within such APRN's practice and specialty; and

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- (2) Notwithstanding any other provision of this chapter to the contrary, receive, prescribe, administer, and provide nonscheduled legend drug samples from pharmaceutical manufacturers to patients at no charge to the patient or any other party.
- **2.** The board of nursing may grant a certificate of controlled substance prescriptive authority to an advanced practice registered nurse who:
- (1) Submits proof of successful completion of an advanced pharmacology course that shall include preceptorial experience in the prescription of drugs, medicines, and therapeutic devices; and
- (2) Provides documentation of a minimum of three hundred clock hours preceptorial experience in the prescription of drugs, medicines, and therapeutic devices with a qualified preceptor; and
- (3) Provides evidence of a minimum of one thousand hours of practice in an advanced practice nursing category prior to application for a certificate of prescriptive authority. The one thousand hours shall not include clinical hours obtained in the advanced practice nursing education program. The one thousand hours of practice in an advanced practice nursing category may include transmitting a prescription order orally or telephonically or to an inpatient medical record from protocols developed in collaboration with and signed by a licensed physician; and
- (4) Has a controlled substance prescribing authority delegated in the collaborative practice arrangement under section 334.104 with a physician who has an unrestricted federal Drug Enforcement Administration registration number and who is actively engaged in a practice comparable in scope, specialty, or expertise to that of the advanced practice registered nurse.

335.036. 1. The board shall:

- (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;
- 11 (4) Provide for surveys of such programs every five years and in addition at such 12 times as it may deem necessary;

- 13 (5) Designate as "approved" such programs as meet the requirements of sections 14 335.011 to [335.096] 335.099 and the rules and regulations enacted pursuant to such sections; 15 and the board shall annually publish a list of such programs;
- 16 (6) Deny or withdraw approval from educational programs for failure to meet 17 prescribed minimum standards;
- 18 (7) Examine, license, and cause to be renewed the licenses of duly qualified 19 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 regulations. The fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter.
 - 3. All fees received by the board pursuant to the provisions of sections 335.011 to [335.096] 335.099 shall be deposited in the state treasury and be placed to the credit of the state board of nursing fund. All administrative costs and expenses of the board shall be paid from appropriations made for those purposes. The board is authorized to provide funding for the nursing education incentive program established in sections 335.200 to 335.203.
 - 4. 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 until the amount in the fund at the end of the biennium exceeds two times the amount of the appropriation from the board's funds for the preceding fiscal year or, if the board requires by rule, permit renewal less frequently than yearly, then three times the appropriation from the board's funds for the preceding fiscal year. The amount, if any, in the fund which shall lapse is that amount in the fund which exceeds the appropriate multiple of the appropriations from the board's funds for the preceding fiscal year.
 - 5. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this chapter shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. All rulemaking authority delegated prior to August 28, 1999, is of no force and effect and repealed. Nothing in this section shall be interpreted to repeal or affect the validity of any rule filed or adopted prior to August 28, 1999, if it fully complied with all applicable provisions of law. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of

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

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

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

- a license to practice licensed practical nursing shall pay a fee in such amount as may be set by the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by rule.
 - 3. (1) An applicant for a license to practice as an advanced practice registered nurse shall submit to the board a written application on forms furnished to the applicant. The original application shall contain:
 - (a) Statements showing the applicant's education and other such pertinent information as the board may require; and
 - (b) A statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false affidavit or declaration.
 - (2) The applicant for a license to practice as an advanced practice registered nurse shall pay a fee in such amount as may be set by the board. The fee shall be uniform for all applicants.
 - (3) An applicant shall:
 - (a) Hold a current registered professional nurse license or privilege to practice, shall not be currently subject to discipline or any restrictions, and shall not hold an encumbered license or privilege to practice as a registered professional nurse or advanced practice registered nurse in any state or territory;
 - (b) Have completed an accredited graduate-level advanced practice registered nurse program and achieved at least one certification as a clinical nurse specialist, nurse midwife, nurse practitioner, or registered nurse anesthetist, with at least one population focus prescribed by rule of the board;
 - (c) Be currently certified by a national certifying body recognized by the Missouri state board of nursing in the advanced practice registered nurse role; and
 - (d) Have a population focus on his or her certification, corresponding with his or her educational advanced practice registered nurse program.
 - (4) Any person holding a document of recognition to practice nursing as an advanced practice registered nurse in this state that is current on August 28, 2023, shall be deemed to be licensed as an advanced practice registered nurse under the provisions of this section and shall be eligible for renewal of such license under the conditions and standards prescribed in this chapter and as prescribed by rule.
 - 4. Upon refusal of the board to allow any applicant to [sit for] take either the registered professional nurses' examination or the licensed practical nurses' examination, [as the case may be,] or upon refusal to issue an advanced practice registered nurse license, the board shall comply with the provisions of section 621.120 and advise the applicant of his

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

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

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

- 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 their APRN license for any violations of this chapter.
 - 335.076. 1. Any person who holds a license to practice professional nursing in this state may use the title "Registered Professional Nurse" and the abbreviation ["R.N."] "RN". No other person shall use the title "Registered Professional Nurse" or the abbreviation ["R.N."] "RN". No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is a registered professional nurse.
 - 2. Any person who holds a license to practice practical nursing in this state may use the title "Licensed Practical Nurse" and the abbreviation ["L.P.N."] "LPN". No other person shall use the title "Licensed Practical Nurse" or the abbreviation ["L.P.N."] "LPN". No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is a licensed practical nurse.
 - 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 "nurse" in reference to himself or herself in any capacity, except individuals who are or have been licensed as a registered nurse, licensed practical nurse, or advanced practice registered nurse under this chapter.

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

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

- (1) Sell or attempt to sell or fraudulently obtain or furnish or attempt to furnish any nursing diploma, license, renewal or record or aid or abet therein;
- (2) Practice [professional or practical] nursing as defined by sections 335.011 to [335.096] 335.099 under cover of any diploma, license, or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;
- (3) Practice [professional nursing or practical] nursing as defined by sections 335.011 to [335.096] 335.099 unless duly licensed to do so under the provisions of sections 335.011 to [335.096] 335.099;
- (4) Use in connection with his **or her** name any designation tending to imply that he **or she** is a licensed **advanced practice registered nurse**, a licensed registered professional nurse, or a licensed practical nurse unless duly licensed so to practice under the provisions of sections 335.011 to [335.096] 335.099;
- (5) Practice [professional nursing or practical] nursing during the time his or her license issued under the provisions of sections 335.011 to [335.096] 335.099 shall be suspended or revoked; or
- 17 (6) Conduct a nursing education program for the preparation of professional or 18 practical nurses unless the program has been accredited by the board.
- 335.175. 1. No later than January 1, 2014, there is hereby established within the state board of registration for the healing arts and the state board of nursing the "Utilization of Telehealth by Nurses". An advanced practice registered nurse (APRN) providing nursing services under a collaborative practice arrangement under section 334.104 may provide such services outside the geographic proximity requirements of section 334.104 if the collaborating physician and advanced practice registered nurse utilize telehealth [in the eare of the patient and if the services are provided in a rural area of need]. Telehealth providers shall be required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical information.
- 2. As used in this section, "telehealth" shall have the same meaning as such term is defined in section 191.1145.

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- 12 [3. (1) The boards shall jointly promulgate rules governing the practice of telehealth under this section. Such rules shall address, but not be limited to, appropriate standards for 13 14 the use of telehealth.
 - (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.
- 4. For purposes of this section, "rural area of need" means any rural area of this state which is located in a health professional shortage area as defined in section 354.650. 24
 - 335.203. 1. There is hereby established the "Nursing Education Incentive Program" within the state board of nursing.
 - 2. Subject to appropriation and board disbursement, grants shall be awarded through the nursing education incentive program to eligible institutions of higher education based on criteria jointly determined by the board and the department of higher education and workforce development. [Grant award amounts shall not exceed one hundred fifty thousand dollars.] No campus shall receive more than one grant per year.
 - 3. To be considered for a grant, an eligible institution of higher education shall offer a program of nursing that meets the predetermined category and area of need as established by the board and the department under subsection 4 of this section.
 - 4. The board and the department shall determine categories and areas of need for designating grants to eligible institutions of higher education. In establishing categories and areas of need, the board and department may consider criteria including, but not limited to:
- 14 (1) Data generated from licensure renewal data and the department of health and senior services; and 15
 - (2) National nursing statistical data and trends that have identified nursing shortages.
 - 5. The board shall be the administrative agency responsible for implementation of the program established under sections 335.200 to 335.203, and shall promulgate reasonable rules for the exercise of its functions and the effectuation of the purposes of sections 335.200 to 335.203. The board shall, by rule, prescribe the form, time, and method of filing applications and shall supervise the processing of such applications.
 - 6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.

- 25 This section and chapter 536 are nonseverable and if any of the powers vested with the
- 26 general assembly pursuant to chapter 536 to review, to delay the effective date, or to
- 27 disapprove and annul a rule are subsequently held unconstitutional, then the grant of
- 28 rulemaking authority and any rule proposed or adopted after August 28, 2011, shall be invalid
- 29 and void.

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- 335.205. The board, in addition to any other duties it may have regarding
- licensure of nurses, shall collect, at the time of any initial license application or license
- 3 renewal application, a nursing education incentive program surcharge from each person
- 4 licensed or relicensed under chapter 335, in the amount of one dollar per year for
- 5 practical nurses and five dollars per year for registered professional nurses. These
- 6 funds shall be deposited in the state board of nursing fund described in section 335.036.
 - 337.510. 1. As used in this section, the following terms mean:
 - (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. Such term 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) "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.
- 20 **2.** Each applicant for licensure as a professional counselor shall furnish evidence to the committee that the applicant is at least eighteen years of age, is a United States citizen or is legally present in the United States; and
- 23 (1) The applicant has completed a course of study as defined by the board rule leading 24 to a master's, specialist's, or doctoral degree with a major in counseling, except any applicant 25 who has held a license as a professional counselor in this state or currently holds a license as a

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

- (2) The applicant has completed acceptable supervised counseling as defined by board rule. If the applicant has a master's degree with a major in counseling as defined by board rule, the applicant shall complete at least two years of acceptable supervised counseling experience subsequent to the receipt of the master's degree. The composition and number of hours comprising the acceptable supervised counseling experience shall be defined by board rule. An applicant may substitute thirty semester hours of post master's graduate study for one of the two required years of acceptable supervised counseling experience if such hours are clearly related to counseling;
- (3) After August 28, 2007, each applicant shall have completed a minimum of three hours of graduate level coursework in diagnostic systems either in the curriculum leading to a degree or as post master's graduate level course work;
- (4) Upon examination, the applicant is possessed of requisite knowledge of the profession, including techniques and applications, research and its interpretation, and professional affairs and ethics.
- [2. Any person holding a current license, certificate of registration, or permit from another state or territory of the United States to practice as a professional counselor who does not meet the requirements in section 324.009 and who is at least eighteen years of age, and is a United States citizen or is legally present in the United States may be granted a license without examination to engage in the practice of professional counseling in this state upon the application to the board, payment of the required fee as established by the board, and satisfying one of the following requirements:
- (1) Approval by the American Association of State Counseling Boards (AASCB) or its successor organization according to the eligibility criteria established by AASCB. The successor organization shall be defined by board rule; or
- (2) In good standing and currently certified by the National Board for Certified Counselors or its successor organization and has completed acceptable supervised counseling experience as defined by board rule. The successor organization shall be defined by board rule.]
- 3. (1) Any person who holds a valid current professional counselor license issued by another state, a branch or unit of the military, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit an application for a professional counselor license in Missouri along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction, to the committee.
 - (2) The committee shall:

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- (a) Within six months of receiving an application described in subdivision (1) of this subsection, waive any examination, educational, or experience requirements for licensure in this state for the applicant if it determines that there were minimum education requirements and, if applicable, work experience and clinical supervision requirements in effect and the other state verifies that the person met those requirements in order to be licensed or certified in that state. The committee may require an applicant to take and pass an examination specific to the laws of this state; or
- (b) Within thirty days of receiving an application described in subdivision (1) of this subsection from a nonresident military spouse or a resident military spouse, waive any examination, educational, or experience requirements for licensure in this state for the applicant and issue such applicant a license under this subsection if such applicant otherwise meets the requirements of this section.
- The committee shall not waive any examination, educational, or experience requirements for any applicant who has had his or her license revoked by a committee outside the state; who is currently under investigation, who has a complaint pending, or who is currently under disciplinary action, except as provided in paragraph (b) of this subdivision, with a committee outside the state; who does not hold a license in good standing with a committee outside the state; who has a criminal record that would disqualify him or her for licensure in Missouri; or who does not hold a valid current license in the other jurisdiction on the date the committee receives his or her application under this section.
- (b) If another jurisdiction has taken disciplinary action against an applicant, the committee shall determine if the cause for the action was corrected and the matter resolved. If the matter has not been resolved by that jurisdiction, the committee may deny a license until the matter is resolved.
- (4) Nothing in this subsection shall prohibit the committee from denying a license to an applicant under this subsection for any reason described in section 337.525.
- (5) Any person who is licensed under the provisions of this subsection shall be subject to the committee's jurisdiction and all rules and regulations pertaining to the practice as a licensed professional counselor in this state.
- (6) This subsection shall not be construed to waive any requirement for an applicant to pay any fees.
- 4. The committee shall issue a license to each person who files an application and fee 96 and who furnishes evidence satisfactory to the committee that the applicant has complied with 97 the provisions of this act and has taken and passed a written, open-book examination on Missouri laws and regulations governing the practice of professional counseling as defined in 98 section 337.500. The division shall issue a provisional professional counselor license to any

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applicant who meets all requirements of this section, but who has not completed the required acceptable supervised counseling experience and such applicant may reapply for licensure as 101 102 a professional counselor upon completion of such acceptable supervised counseling 103 experience.

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

337.550. SECTION 1: PURPOSE

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

This Compact is designed to achieve the following objectives:

- A. Increase public access to Professional Counseling services by providing for the mutual recognition of other Member State licenses;
- B. Enhance the States' ability to protect the public's health and safety;
- 12 Encourage the cooperation of Member States in regulating multistate 13 practice for Licensed Professional Counselors;
 - D. Support spouses of relocating Active Duty Military personnel;
- Enhance the exchange of licensure, investigative, and disciplinary 15 Ε. information among Member States; 16
- 17 F. Allow for the use of Telehealth technology to facilitate increased access to 18 **Professional Counseling services;**
- G. Support the uniformity of Professional Counseling licensure requirements 20 throughout the States to promote public safety and public health benefits;
- 21 H. Invest all Member States with the authority to hold a Licensed Professional 22 Counselor accountable for meeting all State practice laws in the State in which the client 23 is located at the time care is rendered through the mutual recognition of Member State 24 licenses;
 - I. Eliminate the necessity for licenses in multiple States; and

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

SECTION 2. DEFINITIONS

- As used in this Compact, and except as otherwise provided, the following definitions shall apply:
- A. "Active Duty Military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Chapters 1209 and 1211.
 - B. "Adverse Action" means any administrative, civil, equitable or criminal action permitted by a State's laws which is imposed by a licensing board or other authority against a Licensed Professional Counselor, including actions against an individual's license or Privilege to Practice such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other Encumbrance on licensure affecting a Licensed Professional Counselor's authorization to practice, including issuance of a cease and desist action.
 - C. "Alternative Program" means a non-disciplinary monitoring or practice remediation process approved by a Professional Counseling Licensing Board to address Impaired Practitioners.
 - D. "Continuing Competence/Education" means a requirement, as a condition of license renewal, to provide evidence of participation in, and/or completion of, educational and professional activities relevant to practice or area of work.
 - E. "Counseling Compact Commission" or "Commission" means the national administrative body whose membership consists of all States that have enacted the Compact.
 - F. "Current Significant Investigative Information" means:
 - 1. Investigative Information that a Licensing Board, after a preliminary inquiry that includes notification and an opportunity for the Licensed Professional Counselor to respond, if required by State law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
 - 2. Investigative Information that indicates that the Licensed Professional Counselor represents an immediate threat to public health and safety regardless of whether the Licensed Professional Counselor has been notified and had an opportunity to respond.
- G. "Data System" means a repository of information about Licensees, including, but not limited to, continuing education, examination, licensure, investigative, Privilege to Practice and Adverse Action information.

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- H. "Encumbered License" means a license in which an Adverse Action restricts 62 63 the practice of licensed Professional Counseling by the Licensee and said Adverse 64 Action has been reported to the National Practitioners Data Bank (NPDB).
 - I. "Encumbrance" means a revocation or suspension of, or any limitation on, the full and unrestricted practice of Licensed Professional Counseling by a Licensing Board.
- 67 J. "Executive Committee" means a group of directors elected or appointed to act 68 on behalf of, and within the powers granted to them by, the Commission.
- K. "Home State" means the Member State that is the Licensee's primary State 70 of residence.
 - L. "Impaired Practitioner" means an individual who has a condition(s) that may impair their ability to practice as a Licensed Professional Counselor without some type of intervention and may include, but are not limited to, alcohol and drug dependence, mental health impairment, and neurological or physical impairments.
- M. "Investigative Information" means information, records, and documents 76 received or generated by a Professional Counseling Licensing Board pursuant to an investigation.
 - N. "Jurisprudence Requirement" if required by a Member State, means the assessment of an individual's knowledge of the laws and Rules governing the practice of Professional Counseling in a State.
 - O. "Licensed Professional Counselor" means a counselor licensed by a Member State, regardless of the title used by that State, to independently assess, diagnose, and treat behavioral health conditions.
- 84 P. "Licensee" means an individual who currently holds an authorization from 85 the State to practice as a Licensed Professional Counselor.
 - "Licensing Board" means the agency of a State, or equivalent, that is responsible for the licensing and regulation of Licensed Professional Counselors.
 - R. "Member State" means a State that has enacted the Compact.
- 89 S. "Privilege to Practice" means a legal authorization, which is equivalent to a 90 license, permitting the practice of Professional Counseling in a Remote State.
- 91 T. "Professional Counseling" means the assessment, diagnosis, and treatment of behavioral health conditions by a Licensed Professional Counselor. 92
- 93 U. "Remote State" means a Member State other than the Home State, where a 94 Licensee is exercising or seeking to exercise the Privilege to Practice.
- 95 V. "Rule" means a regulation promulgated by the Commission that has the force 96 of law.

- 97 W. "Single State License" means a Licensed Professional Counselor license
- 98 issued by a Member State that authorizes practice only within the issuing State and does
- 99 not include a Privilege to Practice in any other Member State.
- 100 X. "State" means any state, commonwealth, district, or territory of the United
- 101 States of America that regulates the practice of Professional Counseling.
- 102 Y. "Telehealth" means the application of telecommunication technology to
- 103 deliver Professional Counseling services remotely to assess, diagnose, and treat
- 104 behavioral health conditions.
- 105 Z. "Unencumbered License" means a license that authorizes a Licensed
- 106 Professional Counselor to engage in the full and unrestricted practice of Professional
- 107 Counseling.

SECTION 3. STATE PARTICIPATION IN THE COMPACT

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

- 2. Notify the Commission, in compliance with the terms of the Compact and Rules, of any Adverse Action or the availability of Investigative Information regarding a Licensee;
- 3. Implement or utilize procedures for considering the criminal history records of applicants for an initial Privilege to Practice. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that State's criminal records;
- a. A member state must fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search and shall use the results in making licensure decisions.
- b. Communication between a Member State, the Commission and among Member States regarding the verification of eligibility for licensure through the Compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a Member State under Public Law 92-544.
 - 4. Comply with the Rules of the Commission;
- 5. Require an applicant to obtain or retain a license in the Home State and meet the Home State's qualifications for licensure or renewal of licensure, as well as all other applicable State laws:
- 6. Grant the Privilege to Practice to a Licensee holding a valid Unencumbered License in another Member State in accordance with the terms of the Compact and Rules; and
- 7. Provide for the attendance of the State's commissioner to the Counseling Compact Commission meetings.
 - C. Member States may charge a fee for granting the Privilege to Practice.
- D. Individuals not residing in a Member State shall continue to be able to apply for a Member State's Single State License as provided under the laws of each Member State. However, the Single State License granted to these individuals shall not be recognized as granting a Privilege to Practice Professional Counseling in any other Member State.
- 165 E. Nothing in this Compact shall affect the requirements established by a 166 Member State for the issuance of a Single State License.
- F. A license issued to a Licensed Professional Counselor by a Home State to a resident in that State shall be recognized by each Member State as authorizing a

- 169 Licensed Professional Counselor to practice Professional Counseling, under a Privilege
- 170 to Practice, in each Member State.
- 171 SECTION 4. PRIVILEGE TO PRACTICE
- 172 A. To exercise the Privilege to Practice under the terms and provisions of the
- 173 Compact, the Licensee shall:
- 1. Hold a license in the Home State;
- 2. Have a valid United States Social Security Number or National Practitioner Identifier:
- 3. Be eligible for a Privilege to Practice in any Member State in accordance with Section 4(D), (G) and (H);
- 4. Have not had any Encumbrance or restriction against any license or Privilege to Practice within the previous two (2) years;
- 5. Notify the Commission that the Licensee is seeking the Privilege to Practice within a Remote State(s);
- 6. Pay any applicable fees, including any State fee, for the Privilege to Practice;
- 7. Meet any Continuing Competence/Education requirements established by the Home State;
- 8. Meet any Jurisprudence Requirements established by the Remote State(s) in which the Licensee is seeking a Privilege to Practice; and
- 9. Report to the Commission any Adverse Action, Encumbrance, or restriction on license taken by any non-Member State within 30 days from the date the action is taken.
- B. The Privilege to Practice is valid until the expiration date of the Home State license. The Licensee must comply with the requirements of Section 4(A) to maintain the Privilege to Practice in the Remote State.
- 194 C. A Licensee providing Professional Counseling in a Remote State under the 195 Privilege to Practice shall adhere to the laws and regulations of the Remote State.
- D. A Licensee providing Professional Counseling services in a Remote State is subject to that State's regulatory authority. A Remote State may, in accordance with due process and that State's laws, remove a Licensee's Privilege to Practice in the Remote State for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens. The Licensee may be ineligible for a Privilege to Practice in any Member State until the specific time for removal has passed and all fines are paid.
- E. If a Home State license is encumbered, the Licensee shall lose the Privilege to Practice in any Remote State until the following occur:
 - 1. The Home State license is no longer encumbered; and

- 206 2. Have not had any Encumbrance or restriction against any license or Privilege 207 to Practice within the previous two (2) years.
- F. Once an Encumbered License in the Home State is restored to good standing, 208 209 the Licensee must meet the requirements of Section 4(A) to obtain a Privilege to Practice 210 in any Remote State.
- 211 G. If a Licensee's Privilege to Practice in any Remote State is removed, the 212 individual may lose the Privilege to Practice in all other Remote States until the 213 following occur:
- 214 1. The specific period of time for which the Privilege to Practice was removed 215 has ended:
 - 2. All fines have been paid; and
- 217 3. Have not had any Encumbrance or restriction against any license or Privilege 218 to Practice within the previous two (2) years.
- 219 H. Once the requirements of Section 4(G) have been met, the Licensee must meet 220 the requirements in Section 4(A) to obtain a Privilege to Practice in a Remote State.
- 221 SECTION 5: OBTAINING A NEW HOME STATE LICENSE BASED ON A 222 PRIVILEGE TO PRACTICE
- 223 A. A Licensed Professional Counselor may hold a Home State license, which 224 allows for a Privilege to Practice in other Member States, in only one Member State at a 225 time.
- B. If a Licensed Professional Counselor changes primary State of residence by 227 moving between two Member States:
- 228 1. The Licensed Professional Counselor shall file an application for obtaining a 229 new Home State license based on a Privilege to Practice, pay all applicable fees, and notify the current and new Home State in accordance with applicable Rules adopted by 231 the Commission.
- 232 2. Upon receipt of an application for obtaining a new Home State license by 233 virtue of a Privilege to Practice, the new Home State shall verify that the Licensed 234 Professional Counselor meets the pertinent criteria outlined in Section 4 via the Data System, without need for primary source verification except for:
- 236 a. a Federal Bureau of Investigation fingerprint based criminal background 237 check if not previously performed or updated pursuant to applicable rules adopted by 238 the Commission in accordance with Public Law 92-544;
- 239 b. other criminal background check as required by the new Home State; and
- 240 c. completion of any requisite Jurisprudence Requirements of the new Home 241 State.

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- 3. The former Home State shall convert the former Home State license into a Privilege to Practice once the new Home State has activated the new Home State license in accordance with applicable Rules adopted by the Commission.
- 4. Notwithstanding any other provision of this Compact, if the Licensed Professional Counselor cannot meet the criteria in Section 4, the new Home State may apply its requirements for issuing a new Single State License.
- 5. The Licensed Professional Counselor shall pay all applicable fees to the new Home State in order to be issued a new Home State license.
- C. If a Licensed Professional Counselor changes Primary State of Residence by moving from a Member State to a non-Member State, or from a non-Member State to a Member State, the State criteria shall apply for issuance of a Single State License in the new State.
- D. Nothing in this Compact shall interfere with a Licensee's ability to hold a Single State License in multiple States, however for the purposes of this Compact, a Licensee shall have only one Home State license.
- E. Nothing in this Compact shall affect the requirements established by a Member State for the issuance of a Single State License.

259 SECTION 6. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

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

SECTION 7. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

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

275 SECTION 8. ADVERSE ACTIONS

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

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- 278 1. Take Adverse Action against a Licensed Professional Counselor's Privilege to 279 Practice 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 282 issued by a Licensing Board in a Member State for the attendance and testimony of 283 witnesses or the production of evidence from another Member State shall be enforced in 284 the latter State by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing 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.
- 289 3. Only the Home State shall have the power to take Adverse Action against a 290 Licensed Professional Counselor's license issued by the Home State.
 - B. For purposes of taking Adverse Action, the Home State shall give the same priority and effect to reported conduct received from a Member State as it would if the conduct had occurred within the Home State. In so doing, the Home State shall apply its own State laws to determine appropriate action.
 - C. The Home State shall complete any pending investigations of a Licensed Professional Counselor who changes primary State of residence during the course of the investigations. The Home State shall also have the authority to take appropriate action (s) and shall promptly report the conclusions of the investigations to the administrator of the Data System. The administrator of the coordinated licensure information system shall promptly notify the new Home State of any Adverse Actions.
 - D. A Member State, if otherwise permitted by State law, may recover from the affected Licensed Professional Counselor the costs of investigations and dispositions of cases resulting from any Adverse Action taken against that Licensed Professional Counselor.
- 305 E. A Member State may take Adverse Action based on the factual findings of the 306 Remote State, provided that the Member State follows its own procedures for taking the 307 Adverse Action.
 - F. Joint Investigations:
- 309 1. In addition to the authority granted to a Member State by its respective 310 Professional Counseling practice act or other applicable State law, any Member State 311 may participate with other Member States in joint investigations of Licensees.
- 312 Member States shall share any investigative, litigation, or compliance 313 materials in furtherance of any joint or individual investigation initiated under the 314 Compact.

- G. If Adverse Action is taken by the Home State against the license of a Licensed
- 316 Professional Counselor, the Licensed Professional Counselor's Privilege to Practice in all
- 317 other Member States shall be deactivated until all Encumbrances have been removed
- 318 from the State license. All Home State disciplinary orders that impose Adverse Action
- 319 against the license of a Licensed Professional Counselor shall include a Statement that
- 320 the Licensed Professional Counselor's Privilege to Practice is deactivated in all Member
- 321 States during the pendency of the order.
- 322 H. If a Member State takes Adverse Action, it shall promptly notify the
- 323 administrator of the Data System. The administrator of the Data System shall promptly
- 324 notify the Home State of any Adverse Actions by Remote States.
- 325 I. Nothing in this Compact shall override a Member State's decision that
- 326 participation in an Alternative Program may be used in lieu of Adverse Action.
- 327 SECTION 9. ESTABLISHMENT OF COUNSELING COMPACT
- 328 **COMMISSION**
- A. The Compact Member States hereby create and establish a joint public
- 330 agency known as the Counseling Compact Commission:
- 1. The Commission is an instrumentality of the Compact States.
- 2. Venue is proper and judicial proceedings by or against the Commission shall
- 333 be brought solely and exclusively in a court of competent jurisdiction where the
- 334 principal office of the Commission is located. The Commission may waive venue and
- 335 jurisdictional defenses to the extent it adopts or consents to participate in alternative
- 336 dispute resolution proceedings.
- 3. Nothing in this Compact shall be construed to be a waiver of sovereign
- 338 immunity.

- 339 B. Membership, Voting, and Meetings
- 1. Each Member State shall have and be limited to one (1) delegate selected by
- 341 that Member State's Licensing Board.
 - 2. The delegate shall be either:
- a. A current member of the Licensing Board at the time of appointment, who is a
- 344 Licensed Professional Counselor or public member; or
- b. An administrator of the Licensing Board.
- 3. Any delegate may be removed or suspended from office as provided by the law
- 347 of the State from which the delegate is appointed.
- 4. The Member State Licensing Board shall fill any vacancy occurring on the
- 349 Commission within 60 days.

- 5. Each delegate shall be entitled to one (1) vote with regard to the promulgation of Rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.
- 6. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.
- 7. The Commission shall meet at least once during each calendar year.
 Additional meetings shall be held as set forth in the bylaws.
- 358 **8.** The Commission shall by Rule establish a term of office for delegates and may 359 by Rule establish term limits.
 - C. The Commission shall have the following powers and duties:
- 1. Establish the fiscal year of the Commission;
- 362 **2.** Establish bylaws;

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- 3. Maintain its financial records in accordance with the bylaws;
- 4. Meet and take such actions as are consistent with the provisions of this Compact and the bylaws;
- 5. Promulgate Rules which shall be binding to the extent and in the manner provided for in the Compact;
- 6. Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any State Licensing Board to sue or be sued under applicable law shall not be affected;
 - 7. Purchase and maintain insurance and bonds:
 - 8. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a Member State;
 - 9. Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
 - 10. Accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;
- 11. Lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall avoid any appearance of impropriety;
- 385 **12.** Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise 386 dispose of any property real, personal, or mixed;

- 387 13. Establish a budget and make expenditures;
- 388 **14. Borrow money**;
- 389 15. Appoint committees, including standing committees composed of members,
- 390 State regulators, State legislators or their representatives, and consumer
- 391 representatives, and such other interested persons as may be designated in this
- 392 Compact and the bylaws;

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- 393 **16.** Provide and receive information from, and cooperate with, law enforcement agencies;
 - 17. Establish and elect an Executive Committee; and
- 18. Perform such other functions as may be necessary or appropriate to achieve 397 the purposes of this Compact consistent with the State regulation of Professional 398 Counseling licensure and practice.
 - D. The Executive Committee
- 1. The Executive Committee shall have the power to act on behalf of the Commission according to the terms of this Compact.
 - 2. The Executive Committee shall be composed of up to eleven (11) members:
- 403 a. Seven voting members who are elected by the Commission from the current 404 membership of the Commission; and
- b. Up to four (4) ex-officio, nonvoting members from four (4) recognized national professional counselor organizations.
 - c. The ex-officio members will be selected by their respective organizations.
- 408 3. The Commission may remove any member of the Executive Committee as 409 provided in bylaws.
- 4. The Executive Committee shall meet at least annually.
- 5. The Executive Committee shall have the following duties and responsibilities:
- a. Recommend to the entire Commission changes to the Rules or bylaws,
- 413 changes to this Compact legislation, fees paid by Compact Member States such as
- 414 annual dues, and any Commission Compact fee charged to Licensees for the Privilege to
- 415 Practice:
- b. Ensure Compact administration services are appropriately provided,
- 417 contractual or otherwise;
- 418 c. Prepare and recommend the budget;
- 419 d. Maintain financial records on behalf of the Commission;
- e. Monitor Compact compliance of Member States and provide compliance
- 421 reports to the Commission;
- f. Establish additional committees as necessary; and
- 423 g. Other duties as provided in Rules or bylaws.

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

- 2. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.
 - 3. The Commission may levy on and collect an annual assessment from each Member State or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a Rule binding upon all Member States.
 - 4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the Member States, except by and with the authority of the Member State.
 - 5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.
 - G. Qualified Immunity, Defense, and Indemnification
 - 1. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.
 - 2. The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

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

SECTION 10. DATA SYSTEM

- A. The Commission shall provide for the development, maintenance, operation, and utilization of a coordinated database and reporting system containing licensure, Adverse Action, and Investigative Information on all licensed individuals in Member States.
- B. 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;
- 515 2. Licensure data;
 - 3. Adverse Actions against a license or Privilege to Practice;
- 4. Non-confidential information related to Alternative Program participation;
- 5. Any denial of application for licensure, and the reason(s) for such denial;
- 6. Current Significant Investigative Information; and
- 7. Other information that may facilitate the administration of this Compact, as determined by the Rules of the Commission.
- 522 C. Investigative Information pertaining to a Licensee in any Member State will 523 only be available to other Member States.
- D. The Commission shall promptly notify all Member States of any Adverse Action taken against a Licensee or an individual applying for a license. Adverse Action information pertaining to a Licensee in any Member State will be available to any other Member State.
- E. Member States contributing information to the Data System may designate information that may not be shared with the public without the express permission of the contributing State.
- F. Any information submitted to the Data System that is subsequently required to be expunged by the laws of the Member State contributing the information shall be removed from the Data System.
- 534 SECTION 11. RULEMAKING

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- 535 A. The Commission shall promulgate reasonable Rules in order to effectively 536 and efficiently achieve the purpose of the Compact. Notwithstanding the foregoing, in the event the Commission exercises its Rulemaking authority in a manner that is beyond 538 the scope of the purposes of the Compact, or the powers granted hereunder, then such 539 an action by the Commission shall be invalid and have no force or effect.
 - B. The Commission shall exercise its Rulemaking powers pursuant to the criteria set forth in this Section and the Rules adopted thereunder. amendments shall become binding as of the date specified in each Rule or amendment.
 - C. If a majority of the legislatures of the Member States rejects a Rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within four (4) years of the date of adoption of the Rule, then such Rule shall have no further force and effect in any Member State.
 - D. Rules or amendments to the Rules shall be adopted at a regular or special meeting of the Commission.
 - Prior to promulgation and adoption of a final Rule or Rules by the Commission, and at least thirty (30) days in advance of the meeting at which the Rule will be considered and voted upon, the Commission shall file a Notice of Proposed **Rulemaking:**
 - 1. On the website of the Commission or other publicly accessible platform; and
- 2. On the website of each Member State Professional Counseling Licensing Board or other publicly accessible platform or the publication in which each State 556 would otherwise publish proposed Rules.
- 557 F. The Notice of Proposed Rulemaking shall include:
- 558 1. The proposed time, date, and location of the meeting in which the Rule will be 559 considered and voted upon;
- 560 2. The text of the proposed Rule or amendment and the reason for the proposed 561 Rule:
- 562 3. A request for comments on the proposed Rule from any interested person; 563 and
 - 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- G. Prior to adoption of a proposed Rule, the Commission shall allow persons to 566 567 submit written data, facts, opinions, and arguments, which shall be made available to 568 the public.
- 569 H. The Commission shall grant an opportunity for a public hearing before it adopts a Rule or amendment if a hearing is requested by: 570
- 571 1. At least twenty-five (25) persons;

- 2. A State or federal governmental subdivision or agency; or
- 3. An association having at least twenty-five (25) members.
- I. If a hearing is held on the proposed Rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.
 - 1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
- **2.** Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
 - 3. All hearings will be recorded. A copy of the recording will be made available on request.
 - 4. Nothing in this section shall be construed as requiring a separate hearing on each Rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
 - J. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
 - K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed Rule without a public hearing.
 - L. The Commission shall, by majority vote of all members, take final action on the proposed Rule and shall determine the effective date of the Rule, if any, based on the Rulemaking record and the full text of the Rule.
 - M. Upon determination that an emergency exists, the Commission may consider and adopt an emergency Rule without prior notice, opportunity for comment, or hearing, provided that the usual Rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the Rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the Rule. For the purposes of this provision, an emergency Rule is one that must be adopted immediately in order to:
 - 1. Meet an imminent threat to public health, safety, or welfare;
 - 2. Prevent a loss of Commission or Member State funds;
- 3. Meet a deadline for the promulgation of an administrative Rule that is established by federal law or Rule; or

- 609 4. Protect public health and safety.
- 610 N. The Commission or an authorized committee of the Commission may direct 611 revisions to a previously adopted Rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. 612 Public notice of any revisions shall be posted on the website of the Commission. The
- 614 revision shall be subject to challenge by any person for a period of thirty (30) days after
- posting. The revision may be challenged only on grounds that the revision results in a
- 616 material change to a Rule. A challenge shall be made in writing and delivered to the
- 617 chair of the Commission prior to the end of the notice period. If no challenge is made,
- 618 the revision will take effect without further action. If the revision is challenged, the
- 619 revision may not take effect without the approval of the Commission.
- 620 SECTION 12. OVERSIGHT, DISPUTE RESOLUTION, AND 621 **ENFORCEMENT**
 - A. Oversight

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- 1. The executive, legislative, and judicial branches of State government in each 624 Member State shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this 626 Compact and the Rules promulgated hereunder shall have standing as statutory law.
- 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 this Compact which may affect the powers, responsibilities, or actions of the 630 Commission.
 - 3. The Commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated Rules.
 - B. Default, Technical Assistance, and Termination
 - 1. If the Commission determines that a Member State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated Rules, the Commission shall:
 - a. Provide written notice to the defaulting State and other Member States of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and
- 642 b. Provide remedial training and specific technical assistance regarding the 643 default.
- 644 C. If a State in default fails to cure the default, the defaulting State may be 645 terminated from the Compact upon an affirmative vote of a majority of the Member

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- States, and all rights, privileges and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending State of obligations or liabilities incurred during the period of default.
 - D. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting State's legislature, and each of the Member States.
 - E. A State that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.
- F. The Commission shall not bear any costs related to a State that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting State.
 - G. The defaulting State may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.
 - H. Dispute Resolution
 - 1. Upon request by a Member State, the Commission shall attempt to resolve disputes related to the Compact that arise among Member States and between member and non-Member States.
 - 2. The Commission shall promulgate a Rule providing for both mediation and binding dispute resolution for disputes as appropriate.
 - I. Enforcement
 - 1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and Rules of this Compact.
- 2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a Member State in default to enforce compliance with the provisions of the Compact and its promulgated Rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.
- 3. The remedies herein shall not be the exclusive remedies of the Commission.
 The Commission may pursue any other remedies available under federal or State law.

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- DATE OF IMPLEMENTATION OF THE COUNSELING 681 SECTION 13. 682 COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND 683 **AMENDMENT**
- A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the tenth Member State. The provisions, which become effective 685 at that time, shall be limited to the powers granted to the Commission relating to 686 687 assembly and the promulgation of Rules. Thereafter, the Commission shall meet and exercise Rulemaking powers necessary to the implementation and administration of the 689 Compact.
 - B. Any State that joins the Compact subsequent to the Commission's initial adoption of the Rules shall be subject to the Rules as they exist on the date on which the Compact becomes law in that State. Any Rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that State.
- C. Any Member State may withdraw from this Compact by enacting a statute 696 repealing the same.
- 697 1. A Member State's withdrawal shall not take effect until six (6) months after 698 enactment of the repealing statute.
 - 2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Professional Counseling Licensing Board to comply with the investigative and Adverse Action reporting requirements of this act prior to the effective date of withdrawal.
 - D. Nothing contained in this Compact shall be construed to invalidate or prevent any Professional Counseling licensure agreement or other cooperative arrangement between a Member State and a non-Member State that does not conflict with the provisions of this Compact.
 - E. This Compact may be amended by the Member States. No amendment to this Compact shall become effective and binding upon any Member State until it is enacted into the laws of all Member States.

SECTION 14. CONSTRUCTION AND SEVERABILITY

711 This Compact shall be liberally construed so as to effectuate the purposes 712 thereof. The provisions of this Compact shall be severable and if any phrase, clause, 713 sentence or provision of this Compact is declared to be contrary to the constitution of 714 any Member State or of the United States or the applicability thereof to any 715 government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, 716 person or circumstance shall not be affected thereby. If this Compact shall be held 717

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718 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 719 720 Member State affected as to all severable matters.

SECTION 15. BINDING EFFECT OF COMPACT AND OTHER LAWS

- 722 A. A Licensee providing Professional Counseling services in a Remote State 723 under the Privilege to Practice shall adhere to the laws and regulations, including scope of practice, of the Remote State.
- 725 B. Nothing herein prevents the enforcement of any other law of a Member State 726 that is not inconsistent with the Compact.
- 727 C. Any laws in a Member State in conflict with the Compact are superseded to 728 the extent of the conflict.
- 729 D. Any lawful actions of the Commission, including all Rules and bylaws 730 properly promulgated by the Commission, are binding upon the Member States.
- E. All permissible agreements between the Commission and the Member States 732 are binding in accordance with their terms.
 - F. In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any Member State, the provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that Member State.
 - 337.615. 1. As used in this section, the following terms mean:
 - "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;
 - 15 (4) "Oversight body", any board, department, agency, or office of a jurisdiction that issues licenses; 16
 - 17 (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 18 the state of Missouri or an adjacent state and who is a permanent resident of the state of

20 Missouri, who is domiciled in the state of Missouri, or who has Missouri as his or her 21 home of record.

- **2.** Each applicant for licensure as a clinical social worker shall furnish evidence to the committee that:
- (1) The applicant has a master's degree from a college or university program of social work accredited by the council of social work education or a doctorate degree from a school of social work acceptable to the committee;
- (2) The applicant has completed at least three thousand hours of supervised clinical experience with a qualified clinical supervisor, as defined in section 337.600, in no less than twenty-four months and no more than forty-eight consecutive calendar months. For any applicant who has successfully completed at least four thousand hours of supervised clinical experience with a qualified clinical supervisor, as defined in section 337.600, within the same time frame prescribed in this subsection, the applicant shall be eligible for application of licensure at three thousand hours and shall be furnished a certificate by the state committee for social workers acknowledging the completion of said additional hours;
- (3) The applicant has achieved a passing score, as defined by the committee, on an examination approved by the committee. The eligibility requirements for such examination shall be promulgated by rule of the committee; **and**
- (4) The applicant is at least eighteen years of age, is a United States citizen or has status as a legal resident alien, and has not been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state, of the United States, or of any country, for any offense directly related to the duties and responsibilities of the occupation, as set forth in section 324.012, regardless of whether or not sentence has been imposed.
- [2. Any person holding a current license, certificate of registration, or permit from another state or territory of the United States or the District of Columbia to practice clinical social work who does not meet the requirements of section 324.009 and who has had no disciplinary action taken against the license, certificate of registration, or permit for the preceding five years may be granted a license to practice clinical social work in this state if the person has received a masters or doctoral degree from a college or university program of social work accredited by the council of social work education and has been licensed to practice clinical social work for the preceding five years.]
- 3. (1) Any person who holds a valid current clinical social work license issued by another state, a branch or unit of the military, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit to the committee an application for a clinical social work

- 56 license in Missouri along with proof of current licensure and proof of licensure for at 57 least one year in the other jurisdiction.
 - (2) The committee shall:
 - (a) Within six months of receiving an application described in subdivision (1) of this subsection, waive any examination, educational, or experience requirements for licensure in this state for the applicant if it determines that there were minimum education requirements and, if applicable, work experience and clinical supervision requirements in effect and the other jurisdiction verifies that the person met those requirements in order to be licensed or certified in that jurisdiction. The committee may require an applicant to take and pass an examination specific to the laws of this state; or
 - (b) Within thirty days of receiving an application described in subdivision (1) of this subsection from a nonresident military spouse or a resident military spouse, waive any examination, educational, or experience requirements for licensure in this state for the applicant and issue such applicant a license under this subsection if such applicant otherwise meets the requirements of this subsection.
 - (3) (a) The committee shall not waive any examination, educational, or experience requirements for any applicant who has had his or her license revoked by an oversight body outside the state; who is currently under investigation, who has a complaint pending, or who is currently under disciplinary action, except as provided in paragraph (b) of this subdivision, with an oversight body outside the state; who does not hold a license in good standing with an oversight body outside the state; who has a criminal record that would disqualify him or her for licensure in Missouri; or who does not hold a valid current license in the other jurisdiction on the date the committee receives his or her application under this section.
 - (b) If another jurisdiction has taken disciplinary action against an applicant, the committee shall determine if the cause for the action was corrected and the matter resolved. If the matter has not been resolved by that jurisdiction, the committee may deny a license until the matter is resolved.
 - (4) Nothing in this subsection shall prohibit the committee from denying a license to an applicant under this subsection for any reason described in section 337.630.
 - (5) Any person who is licensed under the provisions of this subsection shall be subject to the committee's jurisdiction and all rules and regulations pertaining to the practice as a licensed clinical social worker in this state.
 - (6) This subsection shall not be construed to waive any requirement for an applicant to pay any fees.

4. The committee shall issue a license to each person who files an application and fee as required by the provisions of sections 337.600 to 337.689 and who furnishes evidence satisfactory to the committee that the applicant has complied with the provisions of subdivisions (1) to (4) of subsection [4] 2 of this section [or with the provisions of subsection 2 of this section].

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

- (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;
 - (2) The applicant has achieved a passing score, as defined by the committee, on an examination approved by the committee. The eligibility requirements for such examination shall be determined by the state committee for social workers;
 - (3) The applicant is at least eighteen years of age, is a United States citizen or has status as a legal resident alien, and has not been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state, of the United States, or of any country, for any offense directly related to the duties and

- responsibilities of the occupation, as set forth in section 324.012, regardless [or] of whether or not sentence is imposed;
- 35 (4) The applicant has submitted a written application on forms prescribed by the state 36 board; and
- 37 (5) The applicant has submitted the required licensing fee, as determined by the 38 committee.
 - [2.] 3. Any applicant who answers in the affirmative to any question on the application that relates to possible grounds for denial of licensure under section 337.630 shall submit a sworn affidavit setting forth in detail the facts which explain such answer and copies of appropriate documents related to such answer.
 - [3-] 4. The committee shall issue a license to each person who files an application and fee as required by the provisions of sections 337.600 to 337.689 and who furnishes evidence satisfactory to the committee that the applicant has complied with the provisions of subsection [4] 2 of this section. The license shall refer to the individual as a licensed master social worker and shall recognize that individual's right to practice licensed master social work as defined in section 337.600.
 - 5. (1) Any person who holds a valid current master social work license issued by another state, a branch or unit of the military, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit to the committee an application for a master social work license in Missouri along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction.
 - (2) The committee shall:
 - (a) Within six months of receiving an application described in subdivision (1) of this subsection, waive any examination, educational, or experience requirements for licensure in this state for the applicant if it determines that there were minimum education requirements and, if applicable, work experience and clinical supervision requirements in effect and the other jurisdiction verifies that the person met those requirements in order to be licensed or certified in that jurisdiction. The committee may require an applicant to take and pass an examination specific to the laws of this state; or
 - (b) Within thirty days of receiving an application described in subdivision (1) of this subsection from a nonresident military spouse or a resident military spouse, waive any examination, educational, or experience requirements for licensure in this state for the applicant and issue such applicant a license under this subsection if such applicant otherwise meets the requirements of this subsection.

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- The committee shall not waive any examination, educational, or $(3) \quad (a)$ 70 experience requirements for any applicant who has had his or her license revoked by an oversight body outside the state; who is currently under investigation, who has a 72 complaint pending, or who is currently under disciplinary action, except as provided in paragraph (b) of this subdivision, with an oversight body outside the state; who does not 74 hold a license in good standing with an oversight body outside the state; who has a criminal record that would disqualify him or her for licensure in Missouri; or who does not hold a valid current license in the other jurisdiction on the date the committee receives his or her application under this section.
 - (b) If another jurisdiction has taken disciplinary action against an applicant, the committee shall determine if the cause for the action was corrected and the matter resolved. If the matter has not been resolved by that jurisdiction, the committee may deny a license until the matter is resolved.
 - (4) Nothing in this subsection shall prohibit the committee from denying a license to an applicant under this subsection for any reason described in section 337.630.
 - (5) Any person who is licensed under the provisions of this subsection shall be subject to the committee's jurisdiction and all rules and regulations pertaining to the practice as a licensed master social worker in this state.
 - (6) This subsection shall not be construed to waive any requirement for an applicant to pay any fees.
 - 337.665. 1. As used in this section, the following terms mean:
 - "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;
- 15 (4) "Oversight body", any board, department, agency, or office of a jurisdiction that issues licenses; 16

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- (5) "Resident military spouse", a spouse of an active-duty member of the Armed 17 18 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 20 Missouri, who is domiciled in the state of Missouri, or who has Missouri as his or her 21 home of record.
- 22 2. Each applicant for licensure as a baccalaureate social worker shall furnish evidence 23 to the committee that:
 - (1) The applicant has a baccalaureate degree in social work from an accredited social work degree program approved by the council of social work education;
 - (2) The applicant has achieved a passing score, as defined by the committee, on an examination approved by the committee. The eligibility requirements for such examination shall be determined by the state committee for social work;
 - (3) The applicant is at least eighteen years of age, is a United States citizen or has status as a legal resident alien, and has not been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state, of the United States, or of any country, for any offense directly related to the duties and responsibilities of the occupation, as set forth in section 324.012, regardless of whether or not sentence is imposed;
- 35 (4) The applicant has submitted a written application on forms prescribed by the state 36 board; and
- 37 (5) The applicant has submitted the required licensing fee, as determined by the 38 committee.
 - Any applicant who answers in the affirmative to any question on the $[\frac{2}{2}]$ 3. application that relates to possible grounds for denial of licensure pursuant to section 337.630 shall submit a sworn affidavit setting forth in detail the facts which explain such answer and copies of appropriate documents related to such answer.
 - [3.] 4. The committee shall issue a license to each person who files an application and fee as required by the provisions of sections 337.600 to 337.689 and who furnishes evidence satisfactory to the committee that the applicant has complied with the provisions of subsection [1] 2 of this section.
 - [4.] 5. The committee shall issue a certificate to practice independently under subsection 3 of section 337.653 to any licensed baccalaureate social worker who has satisfactorily completed three thousand hours of supervised experience with a qualified baccalaureate supervisor in no less than twenty-four months and no more than forty-eight consecutive calendar months.
- 6. (1) Any person who holds a valid current baccalaureate social work license issued by another state, a branch or unit of the military, a territory of the United States, 53

or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, may submit to the committee an application for a baccalaureate social work license in Missouri along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction.

- (2) The committee shall:
- (a) Within six months of receiving an application described in subdivision (1) of this subsection, waive any examination, educational, or experience requirements for licensure in this state for the applicant if it determines that there were minimum education requirements and, if applicable, work experience and clinical supervision requirements in effect and the other jurisdiction verifies that the person met those requirements in order to be licensed or certified in that jurisdiction. The committee may require an applicant to take and pass an examination specific to the laws of this state; or
- (b) Within thirty days of receiving an application described in subdivision (1) of this subsection from a nonresident military spouse or a resident military spouse, waive any examination, educational, or experience requirements for licensure in this state for the applicant and issue such applicant a license under this subsection if such applicant otherwise meets the requirements of this subsection.
- (3) (a) The committee shall not waive any examination, educational, or experience requirements for any applicant who has had his or her license revoked by an oversight body outside the state; who is currently under investigation, who has a complaint pending, or who is currently under disciplinary action, except as provided in paragraph (b) of this subdivision, with an oversight body outside the state; who does not hold a license in good standing with an oversight body outside the state; who has a criminal record that would disqualify him or her for licensure in Missouri; or who does not hold a valid current license in the other jurisdiction on the date the committee receives his or her application under this section.
- (b) If another jurisdiction has taken disciplinary action against an applicant, the committee shall determine if the cause for the action was corrected and the matter resolved. If the matter has not been resolved by that jurisdiction, the committee may deny a license until the matter is resolved.
- (4) Nothing in this subsection shall prohibit the committee from denying a license to an applicant under this subsection for any reason described in section 337.630.
- (5) Any person who is licensed under the provisions of this subsection shall be subject to the committee's jurisdiction and all rules and regulations pertaining to the practice as a licensed baccalaureate social worker in this state.

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- 90 **(6)** This subsection shall not be construed to waive any requirement for an 91 applicant to pay any fees.
 - 337.1000. 1. Sections 337.1000 to 337.1075 shall be known and may be cited as the "Social Work Licensure Compact".
- 2. The purpose of this Compact is to facilitate interstate practice of Regulated Social Workers by improving public access to competent Social Work Services. The Compact preserves the regulatory authority of States to protect public health and safety through the current system of State licensure.
 - 3. This Compact is designed to achieve the following objectives:
 - (1) Increase public access to Social Work Services;
- 9 (2) Reduce overly burdensome and duplicative requirements associated with 10 holding multiple licenses;
 - (3) Enhance the Member States' ability to protect the public's health and safety;
- 12 (4) Encourage the cooperation of Member States in regulating multistate 13 practice;
- 14 (5) Promote mobility and address workforce shortages by eliminating the 15 necessity for licenses in multiple States by providing for the mutual recognition of other 16 Member State licenses;
 - (6) Support military families;
- 18 (7) Facilitate the exchange of licensure and disciplinary information among 19 Member States;
- 20 (8) Authorize all Member States to hold a Regulated Social Worker accountable 21 for abiding by a Member State's laws, regulations, and applicable professional 22 standards in the Member State in which the client is located at the time care is rendered; 23 and
- 24 (9) Allow for the use of telehealth to facilitate increased access to regulated 25 Social Work Services.
- 337.1005. As used in this Compact, and except as otherwise provided, the 2 following definitions shall apply:
- 3 (1) "Active Military Member" means any individual with full-time duty status in 4 the active armed forces of the United States including members of the National Guard 5 and Reserve.
- (2) "Adverse Action" means any administrative, civil, equitable or criminal action permitted by a State's laws which is imposed by a Licensing Authority or other authority against a Regulated Social Worker, including actions against an individual's license or Multistate Authorization to Practice such as revocation, suspension, probation, monitoring of the Licensee, limitation on the Licensee's practice, or any

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- other Encumbrance on licensure affecting a Regulated Social Worker's authorization to 12 practice, including issuance of a cease and desist action.
- (3) "Alternative Program" means a non-disciplinary monitoring or practice remediation process approved by a Licensing Authority to address practitioners with an 14 Impairment.
 - "Charter Member States" means Member States who have enacted **(4)** legislation to adopt this Compact where such legislation predates the effective date of this Compact as described in section 337.1065.
 - (5) "Compact Commission" or "Commission" means the government agency whose membership consists of all States that have enacted this Compact, which is known as the Social Work Licensure Compact Commission, as described in section 337.1045, and which shall operate as an instrumentality of the Member States.
 - (6) "Current Significant Investigative Information" means:
 - (a) Investigative information that a Licensing Authority, after a preliminary inquiry that includes notification and an opportunity for the Regulated Social Worker to respond has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction as may be defined by the Commission; or
 - (b) Investigative information that indicates that the Regulated Social Worker represents an immediate threat to public health and safety, as may be defined by the Commission, regardless of whether the Regulated Social Worker has been notified and has had an opportunity to respond.
 - (7) "Data System" means a repository of information about Licensees, including, continuing education, examination, licensure, Current Significant Investigative Information, Disqualifying Event, Multistate License(s) and Adverse Action information or other information as required by the Commission.
 - (8) "Domicile" means the jurisdiction in which the Licensee resides and intends to remain indefinitely.
 - (9) "Disqualifying Event" means any Adverse Action or incident which results in an Encumbrance that disqualifies or makes the Licensee ineligible to either obtain, retain or renew a Multistate License.
- 41 (10) "Encumbrance" means a revocation or suspension of, or any limitation on, the full and unrestricted practice of Social Work licensed and regulated by a Licensing 42 43 Authority.
- 44 (11) "Executive Committee" means a group of delegates elected or appointed to 45 act on behalf of, and within the powers granted to them by, the compact and Commission. 46

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- (12) "Home State" means the Member State that is the Licensee's primary 47 48 Domicile.
- 49 (13) "Impairment" means a condition(s) that may impair a practitioner's ability to engage in full and unrestricted practice as a Regulated Social Worker without some 50 type of intervention and may include alcohol and drug dependence, mental health impairment, and neurological or physical impairments. 52
- 53 (14) "Licensee(s)" means an individual who currently holds a license from a 54 State to practice as a Regulated Social Worker.
- 55 (15) "Licensing Authority" means the board or agency of a Member State, or 56 equivalent, that is responsible for the licensing and regulation of Regulated Social 57 Workers.
- (16) "Member State" means a state, commonwealth, district, or territory of the 59 United States of America that has enacted this Compact.
- (17) "Multistate Authorization to Practice" means a legally authorized privilege to practice, which is equivalent to a license, associated with a Multistate License 62 permitting the practice of Social Work in a Remote State.
- (18) "Multistate License" means a license to practice as a Regulated Social 63 64 Worker issued by a Home State Licensing Authority that authorizes the Regulated Social Worker to practice in all Member States under Multistate Authorization to 66 Practice.
- 67 "Qualifying National Exam" means a national licensing examination 68 approved by the Commission.
- 69 (20) "Regulated Social Worker" means any clinical, master's or bachelor's Social Worker licensed by a Member State regardless of the title used by that Member 71 State.
- 72. (21) "Remote State" means a Member State other than the Licensee's Home 73 State.
- (22) "Rule(s)" or "Rule(s) of the Commission" means a regulation or regulations 75 duly promulgated by the Commission, as authorized by the Compact, that has the force 76 of law.
 - (23) "Single State License" means a Social Work license issued by any State that authorizes practice only within the issuing State and does not include Multistate Authorization to Practice in any Member State.
- (24) "Social Work" or "Social Work Services" means the application of social 81 work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, 82 families, groups, organizations, and communities through the care and services

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- provided by a Regulated Social Worker as set forth in the Member State's statutes and regulations in the State where the services are being provided.
- 86 (25) "State" means any state, commonwealth, district, or territory of the United 87 States of America that regulates the practice of Social Work.
- 88 (26) "Unencumbered License" means a license that authorizes a Regulated 89 Social Worker to engage in the full and unrestricted practice of Social Work.
 - 337.1010. 1. To be eligible to participate in the compact, a potential Member State must currently meet all of the following criteria:
- 3 (1) License and regulate the practice of Social Work at either the clinical, 4 master's, or bachelor's category.
 - (2) Require applicants for licensure to graduate from a program that is:
 - (a) Operated by a college or university recognized by the Licensing Authority;
- 7 (b) Accredited, or in candidacy by an institution that subsequently becomes 8 accredited, by an accrediting agency recognized by either:
 - a. the Council for Higher Education Accreditation, or its successor; or
- 10 b. the United States Department of Education; and
- (c) Corresponds to the licensure sought as outlined in section 337.1015.
- 12 **(3)** Require applicants for clinical licensure to complete a period of supervised 13 practice.
 - (4) Have a mechanism in place for receiving, investigating, and adjudicating complaints about Licensees.
 - 2. To maintain membership in the Compact a Member State shall:
- 17 (1) Require that applicants for a Multistate License pass a Qualifying National 18 Exam for the corresponding category of Multistate License sought as outlined in section 19 337.1015;
- 20 (2) Participate fully in the Commission's Data System, including using the 21 Commission's unique identifier as defined in Rules;
 - (3) Notify the Commission, in compliance with the terms of the Compact and Rules, of any Adverse Action or the availability of Current Significant Investigative Information regarding a Licensee;
 - (4) Implement procedures for considering the criminal history records of applicants for a Multistate License. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that State's criminal records;
 - (5) Comply with the Rules of the Commission;

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- 31 (6) Require an applicant to obtain or retain a license in the Home State and meet 32 the Home State's qualifications for licensure or renewal of licensure, as well as all other 33 applicable Home State laws;
 - (7) Authorize a Licensee holding a Multistate License in any Member State to practice in accordance with the terms of the Compact and Rules of the Commission; and
 - (8) Designate a delegate to participate in the Commission meetings.
- 37 3. A Member State meeting the requirements of subsections 1 and 2 of this section shall designate the categories of Social Work licensure that are eligible for 38 39 issuance of a Multistate License for applicants in such Member State. To the extent that 40 any Member State does not meet the requirements for participation in the Compact at any particular category of Social Work licensure, such Member State may choose, but is 41 not obligated to, issue a Multistate License to applicants that otherwise meet the 43 requirements of section 337.1015 for issuance of a Multistate License in such category or categories of licensure.
 - 4. The Home State may charge a fee for granting the Multistate License.
 - 337.1015. 1. To be eligible for a Multistate License under the terms and provisions of the Compact, an applicant, regardless of category must:
 - (1) Hold or be eligible for an active, Unencumbered License in the Home State;
 - (2) Pay any applicable fees, including any State fee, for the Multistate License;
 - Submit, in connection with an application for a Multistate License, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that State's criminal records;
 - (4) Notify the Home State of any Adverse Action, Encumbrance, or restriction on any professional license taken by any Member State or non-Member State within 30 days from the date the action is taken;
- 12 (5) Meet any continuing competence requirements established by the Home 13 State;
- 14 (6) Abide by the laws, regulations, and applicable standards in the Member 15 State where the client is located at the time care is rendered.
 - 2. An applicant for a clinical-category Multistate License must meet all of the following requirements:
 - (1) Fulfill a competency requirement, which shall be satisfied by either:
- 19 (a) Passage of a clinical-category Qualifying National Exam; or
- 20 (b) Licensure of the applicant in their Home State at the clinical category, 21 beginning prior to such time as a Qualifying National Exam was required by the Home

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- 22 State and accompanied by a period of continuous Social Work licensure thereafter, all of which may be further governed by the Rules of the Commission; or 23
- (c) The substantial equivalency of the foregoing competency requirements which 25 the Commission may determine by Rule.
 - (2) Attain at least a master's degree in Social Work from a program that is:
- 27 (a) Operated by a college or university recognized by the Licensing Authority; 28 and
- 29 (b) Accredited, or in candidacy that subsequently becomes accredited, by an 30 accrediting agency recognized by either:
 - a. the Council for Higher Education Accreditation or its successor; or
 - b. the United States Department of Education.
- 33 (3) Fulfill a practice requirement, which shall be satisfied by demonstrating 34 completion of either:
 - (a) A period of postgraduate supervised clinical practice equal to a minimum of three thousand hours; or
- 37 (b) A minimum of two years of full-time postgraduate supervised clinical 38 practice; or
- 39 (c) The substantial equivalency of the foregoing practice requirements which the Commission may determine by Rule. 40
 - 3. An applicant for a master's-category Multistate License must meet all of the following requirements:
 - (1) Fulfill a competency requirement, which shall be satisfied by either:
 - (a) Passage of a masters-category Qualifying National Exam;
- 45 (b) Licensure of the applicant in their Home State at the master's category, 46 beginning prior to such time as a Qualifying National Exam was required by the Home State at the master's category and accompanied by a continuous period of Social Work 47 licensure thereafter, all of which may be further governed by the Rules of the 48 49 Commission; or
- 50 (c) The substantial equivalency of the foregoing competency requirements which the Commission may determine by Rule. 51
 - (2) Attain at least a master's degree in Social Work from a program that is:
- 53 (a) Operated by a college or university recognized by the Licensing Authority; 54 and
- 55 (b) Accredited, or in candidacy that subsequently becomes accredited, by an 56 accrediting agency recognized by either:
 - a. the Council for Higher Education Accreditation or its successor; or
- 58 b. the United States Department of Education.

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- 59 4. An applicant for a bachelor's-category Multistate License must meet all of the 60 following requirements:
 - (1) Fulfill a competency requirement, which shall be satisfied by either:
- 62 (a) Passage of a bachelor's-category Qualifying National Exam;
- 63 (b) Licensure of the applicant in their Home State at the bachelor's category, beginning prior to such time as a Qualifying National Exam was required by the Home 64 State and accompanied by a period of continuous Social Work licensure thereafter, all of which may be further governed by the Rules of the Commission; or 66
 - (c) The substantial equivalency of the foregoing competency requirements which the Commission may determine by Rule.
 - (2) Attain at least a bachelor's degree in Social Work from a program that is:
- 70 (a) Operated by a college or university recognized by the Licensing Authority; 71 and
 - (b) Accredited, or in candidacy that subsequently becomes accredited, by an accrediting agency recognized by either:
 - a. the Council for Higher Education Accreditation or its successor; or
 - b. the United States Department of Education.
 - 5. The Multistate License for a Regulated Social Worker is subject to the renewal requirements of the Home State. The Regulated Social Worker must maintain compliance with the requirements of subsection 1 of this section to be eligible to renew a Multistate License.
 - 6. The Regulated Social Worker's services in a Remote State are subject to that Member State's regulatory authority. A Remote State may, in accordance with due process and that Member State's laws, remove a Regulated Social Worker's Multistate Authorization to Practice in the Remote State for a specific period of time, impose fines, and take any other necessary actions to protect the health and safety of its citizens.
- 7. If a Multistate License is encumbered, the Regulated Social Worker's 86 Multistate Authorization to Practice shall be deactivated in all Remote States until the Multistate License is no longer encumbered.
- 88 8. If a Multistate Authorization to Practice is encumbered in a Remote State, the regulated Social Worker's Multistate Authorization to Practice may be deactivated in 89 90 that State until the Multistate Authorization to Practice is no longer encumbered.
- 337.1020. 1. Upon receipt of an application for a Multistate License, the Home 2 State Licensing Authority shall determine the applicant's eligibility for a Multistate License in accordance with section 337.1015 of this Compact.
- 4 2. If such applicant is eligible pursuant to section 337.1015 of this Compact, the 5 Home State Licensing Authority shall issue a Multistate License that authorizes the

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- applicant or Regulated Social Worker to practice in all Member States under a Multistate Authorization to Practice.
- 8 3. Upon issuance of a Multistate License, the Home State Licensing Authority shall designate whether the Regulated Social Worker holds a Multistate License in the Bachelors, Masters, or Clinical category of Social Work. 10
- 11 4. A Multistate License issued by a Home State to a resident in that State shall be 12 recognized by all Compact Member States as authorizing Social Work Practice under a 13 Multistate Authorization to Practice corresponding to each category of licensure regulated in each Member State. 14
- 337.1025. 1. Nothing in this Compact, nor any Rule of the Commission, shall be 2 construed to limit, restrict, or in any way reduce the ability of a Member State to enact and enforce laws, regulations, or other rules related to the practice of Social Work in 4 that State, where those laws, regulations, or other rules are not inconsistent with the provisions of this Compact.
- 2. Nothing in this Compact shall affect the requirements established by a 7 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.
- 11 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 13 Action against a Licensee's Multistate Authorization to Practice in that State.
- 14 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 15 Adverse Action against a Licensee's Multistate License based upon information 17 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.
- 3 2. If a Licensee changes their Home State by moving between two Member **States:** 4
- 5 (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 7 the prior Home State in accordance with the Rules of the Commission.
- 8 (2) Upon receipt of an application to reissue a Multistate License, the new Home State shall verify that the Multistate License is active, unencumbered and eligible for 10 reissuance under the terms of the Compact and the Rules of the Commission. The

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- Multistate License issued by the prior Home State will be deactivated and all Member States notified in accordance with the applicable Rules adopted by the Commission. 12
 - (3) Prior to the reissuance of the Multistate License, the new Home State shall conduct procedures for considering the criminal history records of the Licensee. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that State's criminal records.
 - (4) If required for initial licensure, the new Home State may require completion of jurisprudence requirements in the new Home State.
 - (5) Notwithstanding any other provision of this Compact, if a Licensee does not meet the requirements set forth in this Compact for the reissuance of a Multistate License by the new Home State, then the Licensee shall be subject to the new Home State requirements for the issuance of a Single State License in that State.
- 3. If a Licensee changes their primary State of residence by moving from a 26 Member State to a non-Member State, or from a non-Member State to a Member State, then the Licensee shall be subject to the State requirements for the issuance of a Single State License in the new Home State.
- 29 4. Nothing in this Compact shall interfere with a Licensee's ability to hold a 30 Single State License in multiple States; however, for the purposes of this Compact, a 31 Licensee shall have only one Home State, and only one Multistate License.
- 32 5. Nothing in this Compact shall interfere with the requirements established by a Member State for the issuance of a Single State License. 33
 - 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:
- 3 Take Adverse Action against a Regulated Social Worker's Multistate 4 Authorization to Practice only within that Member State, and issue subpoenas for both 5 hearings and investigations that require the attendance and testimony of witnesses as 6 well as the production of evidence. Subpoenas issued by a Licensing Authority in a 7 Member State for the attendance and testimony of witnesses or the production of evidence from another Member State shall be enforced in the latter State by any court 9 of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing Licensing

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- Authority shall pay any witness fees, travel expenses, mileage, and other fees required 12 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 14 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 16 conduct had occurred within the Home State. In so doing, the Home State shall apply its own State laws to determine appropriate action. 18
- 3. The Home State shall complete any pending investigations of a Regulated 20 Social Worker who changes their Home State during the course of the investigations. The Home State shall also have the authority to take appropriate action(s) and shall promptly report the conclusions of the investigations to the administrator of the Data System. The administrator of the Data System shall promptly notify the new Home State of any Adverse Actions.
 - 4. A Member State, if otherwise permitted by State law, may recover from the affected Regulated Social Worker the costs of investigations and dispositions of cases resulting from any Adverse Action taken against that Regulated Social Worker.
 - 5. A Member State may take Adverse Action based on the factual findings of another Member State, provided that the Member State follows its own procedures for taking the Adverse Action.
 - 6. (1) In addition to the authority granted to a Member State by its respective Social Work practice act or other applicable State law, any Member State may participate with other Member States in joint investigations of Licensees.
- Member States shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the 36 Compact.
 - 7. If Adverse Action is taken by the Home State against the Multistate License of a Regulated Social Worker, the Regulated Social Worker's Multistate Authorization to Practice in all other Member States shall be deactivated until all Encumbrances have been removed from the Multistate License. All Home State disciplinary orders that impose Adverse Action against the license of a Regulated Social Worker shall include a statement that the Regulated Social Worker's Multistate Authorization to Practice is deactivated in all Member States until all conditions of the decision, order or agreement are satisfied.
- 45 If a Member State takes Adverse Action, it shall promptly notify the administrator of the Data System. The administrator of the Data System shall promptly 46

- 47 notify the Home State and all other Member States of any Adverse Actions by Remote48 States.
- 9. Nothing in this Compact shall override a Member State's decision that participation in an Alternative Program may be used in lieu of Adverse Action.
- 10. Nothing in this Compact shall authorize a Member State to demand the issuance of subpoenas for attendance and testimony of witnesses or the production of evidence from another Member State for lawful actions within that Member State.
- 11. Nothing in this Compact shall authorize a Member State to impose discipline against a Regulated Social Worker who holds a Multistate Authorization to Practice for lawful actions within another Member State.
- 337.1045. 1. The Compact Member States hereby create and establish a joint government agency whose membership consists of all Member States that have enacted the compact known as the Social Work Licensure Compact Commission. The Commission is an instrumentality of the Compact States acting jointly and not an instrumentality of any one State. The Commission shall come into existence on or after the effective date of the Compact as set forth in section 337.1065.
- 7 2. (1) Each Member State shall have and be limited to one (1) delegate selected 8 by that Member State's State Licensing Authority.
- 9 (2) The delegate shall be either:

- 10 (a) A current member of the State Licensing Authority at the time of appointment, who is a Regulated Social Worker or public member of the State Licensing 12 Authority; or
 - (b) An administrator of the State Licensing Authority or their designee.
- 14 (3) The Commission shall by Rule or bylaw establish a term of office for delegates and may by Rule or bylaw establish term limits.
- 16 (4) The Commission may recommend removal or suspension of any delegate 17 from office.
- 18 (5) A Member State's State Licensing Authority shall fill any vacancy of its 19 delegate occurring on the Commission within 60 days of the vacancy.
- 20 (6) Each delegate shall be entitled to one vote on all matters before the 21 Commission requiring a vote by Commission delegates.
- 22 (7) A delegate shall vote in person or by such other means as provided in the 23 bylaws. The bylaws may provide for delegates to meet by telecommunication, 24 videoconference, or other means of communication.
- 25 (8) The Commission shall meet at least once during each calendar year. 26 Additional meetings may be held as set forth in the bylaws. The Commission may meet 27 by telecommunication, video conference or other similar electronic means.

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- 28 3. The Commission shall have the following powers:
- 29 (1) Establish the fiscal year of the Commission;
- 30 (2) Establish code of conduct and conflict of interest policies;
- 31 (3) Establish and amend Rules and bylaws;
- 32 (4) Maintain its financial records in accordance with the bylaws;
- 33 (5) Meet and take such actions as are consistent with the provisions of this 34 Compact, the Commission's Rules, and the bylaws;
- 35 (6) Initiate and conclude legal proceedings or actions in the name of the 36 Commission, provided that the standing of any State Licensing Board to sue or be sued 37 under applicable law shall not be affected;
- (7) Maintain and certify records and information provided to a Member State as 39 the authenticated business records of the Commission, and designate an agent to do so 40 on the Commission's behalf:
 - (8) Purchase and maintain insurance and bonds:
- 42 (9) Borrow, accept, or contract for services of personnel, including, but not 43 limited to, employees of a Member State;
 - (10) Conduct an annual financial review;
 - (11) Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
 - (12) Assess and collect fees;
 - (13) Accept any and all appropriate gifts, donations, grants of money, other sources of revenue, equipment, supplies, materials, and services, and receive, utilize, and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety or conflict of interest;
- 54 (14) Lease, purchase, retain, own, hold, improve, or use any property, real, 55 personal, or mixed, or any undivided interest therein;
- (15) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise 56 dispose of any property real, personal, or mixed; 57
 - (16) Establish a budget and make expenditures;
 - (17) Borrow money;
- 60 (18) Appoint committees, including standing committees, composed of members, State regulators, State legislators or their representatives, and consumer 61 62 representatives, and such other interested persons as may be designated in this Compact and the bylaws; 63

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- 64 (19) Provide and receive information from, and cooperate with, law enforcement 65 agencies;
- 66 (20) Establish and elect an Executive Committee, including a chair and a vice 67 chair:
- 68 (21) Determine whether a State's adopted language is materially different from 69 the model compact language such that the State would not qualify for participation in 70 the Compact; and
- (22) Perform such other functions as may be necessary or appropriate to achieve 72 the purposes of this Compact.
 - 4. (1) The Executive Committee shall have the power to act on behalf of the Commission according to the terms of this Compact. The powers, duties, and responsibilities of the Executive Committee shall include:
- (a) Oversee the day-to-day activities of the administration of the compact including enforcement and compliance with the provisions of the compact, its Rules and 77 bylaws, and other such duties as deemed necessary; 78
- 79 (b) Recommend to the Commission changes to the Rules or bylaws, changes to 80 this Compact legislation, fees charged to Compact Member States, fees charged to 81 Licensees, and other fees;
- 82 Ensure Compact administration services are appropriately provided, 83 including by contract;
 - (d) Prepare and recommend the budget;
 - (e) Maintain financial records on behalf of the Commission;
- 86 (f) Monitor Compact compliance of Member States and provide compliance reports to the Commission; 87
 - (g) Establish additional committees as necessary;
- (h) Exercise the powers and duties of the Commission during the interim 90 between Commission meetings, except for adopting or amending Rules, adopting or amending bylaws, and exercising any other powers and duties expressly reserved to the Commission by Rule or bylaw; and
 - (i) Other duties as provided in the Rules or bylaws of the Commission.
 - (2) The Executive Committee shall be composed of up to eleven (11) members:
- 95 (a) The chair and vice chair of the Commission shall be voting members of the 96 **Executive Committee: and**
- 97 The Commission shall elect five voting members from the current 98 membership of the Commission.
- 99 (c) Up to four (4) ex-officio, nonvoting members from four (4) recognized 100 national Social Work organizations.

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- 101 (d) The ex-officio members will be selected by their respective organizations.
- 102 (3) The Commission may remove any member of the Executive Committee as 103 provided in the Commission's bylaws.
 - (4) The Executive Committee shall meet at least annually.
- 105 (a) Executive Committee meetings shall be open to the public, except that the 106 Executive Committee may meet in a closed, non-public meeting as provided in 107 subdivision (2) of subsection 6 of this section.
- 108 (b) The Executive Committee shall give seven (7) days' notice of its meetings, 109 posted on its website and as determined to provide notice to persons with an interest in 110 the business of the Commission.
- 111 (c) The Executive Committee may hold a special meeting in accordance with 112 paragraph (b) of subdivision (1) of subsection 6 of this section.
- 5. The Commission shall adopt and provide to the Member States an annual report.
 - 6. (1) All meetings shall be open to the public, except that the Commission may meet in a closed, non-public meeting as provided in subdivision (2) of this subsection.
- (a) Public notice for all meetings of the full Commission of meetings shall be given in the same manner as required under the Rulemaking provisions in section 337.1055, except that the Commission may hold a special meeting as provided in paragraph (b) of this subdivision.
 - (b) The Commission may hold a special meeting when it must meet to conduct emergency business by giving 48 hours' notice to all commissioners, on the Commission's website, and other means as provided in the Commission's Rules. The Commission's legal counsel shall certify that the Commission's need to meet qualifies as an emergency.
- 126 (2) The Commission or the Executive Committee or other committees of the 127 Commission may convene in a closed, non-public meeting for the Commission or 128 Executive Committee or other committees of the Commission to receive legal advice or 129 to discuss:
 - (a) Non-compliance of a Member State with its obligations under the Compact;
- 131 (b) The employment, compensation, discipline or other matters, practices or 132 procedures related to specific employees;
- 133 (c) Current or threatened discipline of a Licensee by the Commission or by a 134 Member State's Licensing Authority;
 - (d) Current, threatened, or reasonably anticipated litigation;
- 136 (e) Negotiation of contracts for the purchase, lease, or sale of goods, services, or 137 real estate:

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- 138 (f) Accusing any person of a crime or formally censuring any person;
- 139 (g) Trade secrets or commercial or financial information that is privileged or 140 confidential:
 - (h) Information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - (i) Investigative records compiled for law enforcement purposes;
 - (j) Information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact;
- 147 (k) Matters specifically exempted from disclosure by federal or Member State 148 law; or
 - (l) Other matters as promulgated by the Commission by Rule.
 - (3) If a meeting, or portion of a meeting, is closed, the presiding officer shall state that the meeting will be closed and reference each relevant exempting provision, and such reference shall be recorded in the minutes.
- The Commission shall keep minutes that fully and clearly describe all 154 matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the Commission or order of a court of competent iurisdiction.
- 160 7. (1) The Commission shall pay, or provide for the payment of, the reasonable 161 expenses of its establishment, organization, and ongoing activities.
 - (2) The Commission may accept any and all appropriate revenue sources as provided in subdivision (13) of subsection 3 of this section.
 - (3) The Commission may levy on and collect an annual assessment from each Member State and impose fees on Licensees of Member States to whom it grants a Multistate License to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount for Member States shall be allocated based upon a formula that the Commission shall promulgate by Rule.
 - (4) The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the Member States, except by and with the authority of the Member State.

- (5) The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the financial review and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report of the Commission.
- 8. (1) The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this subdivision shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the Commission shall not in any way compromise or limit the immunity granted hereunder.
- (2) The Commission shall defend any member, officer, executive director, employee, and representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or as determined by the Commission that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining their own counsel at their own expense; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.
- (3) The Commission shall indemnify and hold harmless any member, officer, executive director, employee, and representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

- 210 (4) Nothing herein shall be construed as a limitation on the liability of any 211 Licensee for professional malpractice or misconduct, which shall be governed solely by 212 any other applicable State laws.
- 213 (5) Nothing in this Compact shall be interpreted to waive or otherwise abrogate 214 a Member State's state action immunity or state action affirmative defense with respect 215 to antitrust claims under the Sherman Act, Clayton Act, or any other State or federal 216 antitrust or anticompetitive law or regulation.
- 217 (6) Nothing in this Compact shall be construed to be a waiver of sovereign 218 immunity by the Member States or by the Commission.
 - 337.1050. 1. The Commission shall provide for the development, maintenance, operation, and utilization of a coordinated Data System.
 - 2. The Commission shall assign each applicant for a Multistate License a unique didentifier, as determined by the Rules of the Commission.
 - 5 3. Notwithstanding any other provision of State law to the contrary, a Member 6 State shall submit a uniform data set to the Data System on all individuals to whom this 7 Compact is applicable as required by the Rules of the Commission, including:
 - (1) Identifying information;
 - (2) Licensure data;

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- (3) Adverse Actions against a license and information related thereto;
- 11 (4) Non-confidential information related to Alternative Program participation, 12 the beginning and ending dates of such participation, and other information related to 13 such participation not made confidential under Member State law;
- 14 **(5)** Any denial of application for licensure, and the reason or reasons for such denial;
 - (6) The presence of Current Significant Investigative Information; and
- 17 (7) Other information that may facilitate the administration of this Compact or 18 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.
- 26 (2) It is the responsibility of the Member States to report any Adverse Action against a Licensee and to monitor the database to determine whether Adverse Action

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- has been taken against a Licensee. Adverse Action information pertaining to a Licensee 29 in any Member State will be available to any other Member State.
- 30 6. Member States contributing information to the Data System may designate information that may not be shared with the public without the express permission of 31 32 the contributing State.
- 7. Any information submitted to the Data System that is subsequently expunged 34 pursuant to federal law or the laws of the Member State contributing the information shall be removed from the Data System.
- 337.1055. 1. The Commission shall promulgate reasonable Rules in order to 2 effectively and efficiently implement and administer the purposes and provisions of the 3 Compact. A Rule shall be invalid and have no force or effect only if a court of 4 competent jurisdiction holds that the Rule is invalid because the Commission exercised 5 its rulemaking authority in a manner that is beyond the scope and purposes of the Compact, or the powers granted hereunder, or based upon another applicable standard of review.
- 2. The Rules of the Commission shall have the force of law in each Member 9 State, provided however that where the Rules of the Commission conflict with the laws 10 of the Member State that establish the Member State's laws, regulations, and applicable standards that govern the practice of Social Work as held by a court of competent jurisdiction, the Rules of the Commission shall be ineffective in that State to the extent of the conflict.
 - 3. The Commission shall exercise its Rulemaking powers pursuant to the criteria set forth in this Section and the Rules adopted thereunder. Rules shall become binding on the day following adoption or the date specified in the rule or amendment, whichever is later.
- 4. If a majority of the legislatures of the Member States rejects a Rule or portion 19 of a Rule, by enactment of a statute or resolution in the same manner used to adopt the 20 Compact within four (4) years of the date of adoption of the Rule, then such Rule shall have no further force and effect in any Member State.
 - 5. Rules shall be adopted at a regular or special meeting of the Commission.
 - 6. Prior to adoption of a proposed Rule, the Commission shall hold a public hearing and allow persons to provide oral and written comments, data, facts, opinions, and arguments.
 - 7. Prior to adoption of a proposed Rule by the Commission, and at least thirty (30) days in advance of the meeting at which the Commission will hold a public hearing on the proposed Rule, the Commission shall provide a Notice of Proposed Rulemaking:
 - (1) On the website of the Commission or other publicly accessible platform;

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- 30 (2) To persons who have requested notice of the Commission's notices of 31 proposed rulemaking; and
 - (3) In such other way(s) as the Commission may by Rule specify.
 - 8. The Notice of Proposed Rulemaking shall include:
- 34 (1) The time, date, and location of the public hearing at which the Commission 35 will hear public comments on the proposed Rule and, if different, the time, date, and 36 location of the meeting where the Commission will consider and vote on the proposed 37 Rule;
 - (2) If the hearing is held via telecommunication, video conference, or other electronic means, the Commission shall include the mechanism for access to the hearing in the Notice of Proposed Rulemaking;
 - (3) The text of the proposed Rule and the reason therefor;
- 42 (4) A request for comments on the proposed Rule from any interested person; 43 and
 - (5) The manner in which interested persons may submit written comments.
 - 9. All hearings will be recorded. A copy of the recording and all written comments and documents received by the Commission in response to the proposed Rule shall be available to the public.
 - 10. Nothing in this section shall be construed as requiring a separate hearing on each Rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
 - 11. The Commission shall, by majority vote of all members, take final action on the proposed Rule based on the Rulemaking record and the full text of the Rule.
 - (1) The Commission may adopt changes to the proposed Rule provided the changes do not enlarge the original purpose of the proposed Rule.
 - (2) The Commission shall provide an explanation of the reasons for substantive changes made to the proposed Rule as well as reasons for substantive changes not made that were recommended by commenters.
 - (3) The Commission shall determine a reasonable effective date for the Rule. Except for an emergency as provided in subsection 12 of this section, the effective date of the rule shall be no sooner than 30 days after issuing the notice that it adopted or amended the Rule.
 - 12. Upon determination that an emergency exists, the Commission may consider and adopt an emergency Rule with 48 hours' notice, with opportunity to comment, provided that the usual Rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the Rule as soon as reasonably possible, in no

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event later than ninety (90) days after the effective date of the Rule. For the purposes of 67 this provision, an emergency Rule is one that must be adopted immediately in order to:

- (1) Meet an imminent threat to public health, safety, or welfare;
- (2) Prevent a loss of Commission or Member State funds;
- 70 (3) Meet a deadline for the promulgation of a Rule that is established by federal 71 law or rule; or
 - (4) Protect public health and safety.
 - 13. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted Rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a Rule. A challenge shall be made in writing and delivered to the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.
- 83 No Member State's rulemaking requirements shall apply under this compact. 84
 - 337.1060. 1. (1) The executive and judicial branches of State government in each Member State shall enforce this Compact and take all actions necessary and appropriate to implement the Compact.
- (2) Except as otherwise provided in this Compact, venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. 7 The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a Licensee for professional malpractice, misconduct or any such similar matter.
 - The Commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the Compact and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the Commission service of process shall render a judgment or order void as to the Commission, this Compact, or promulgated Rules.
 - 2. (1) If the Commission determines that a Member State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated Rules, the Commission shall provide written notice to the defaulting

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- 19 State. The notice of default shall describe the default, the proposed means of curing the 20 default, and any other action that the Commission may take, and shall offer training and specific technical assistance regarding the default. 21
 - (2) The Commission shall provide a copy of the notice of default to the other Member States.
 - 3. If a State in default fails to cure the default, the defaulting State may be terminated from the Compact upon an affirmative vote of a majority of the delegates of the Member States, and all rights, privileges and benefits conferred on that State by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending State of obligations or liabilities incurred during the period of default.
 - 4. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting State's legislature, the defaulting State's State Licensing Authority and each of the Member States' State Licensing Authority.
 - A State that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.
 - 6. Upon the termination of a State's membership from this Compact, that State shall immediately provide notice to all Licensees within that State of such termination. The terminated State shall continue to recognize all licenses granted pursuant to this Compact for a minimum of six (6) months after the date of said notice of termination.
 - 7. The Commission shall not bear any costs related to a State that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting State.
 - 8. The defaulting State may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.
- 9. (1) Upon request by a Member State, the Commission shall attempt to resolve 50 disputes related to the Compact that arise among Member States and between Member and non-Member States.
 - (2) The Commission shall promulgate a Rule providing for both mediation and binding dispute resolution for disputes as appropriate.
- 54 10. (1) By majority vote as provided by Rule, the Commission may initiate legal action against a Member State in default in the United States District Court for the 55

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- 56 District of Columbia or the federal district where the Commission has its principal
- 57 offices to enforce compliance with the provisions of the Compact and its promulgated
- 58 Rules. The relief sought may include both injunctive relief and damages. In the event
- 59 judicial enforcement is necessary, the prevailing party shall be awarded all costs of such
- 60 litigation, including reasonable attorney's fees. The remedies herein shall not be the
- 61 exclusive remedies of the Commission. The Commission may pursue any other
- remedies available under federal or the defaulting Member State's law.
- (2) A Member State may initiate legal action against the Commission in the U.S.
 District Court for the District of Columbia or the federal district where the Commission
- 65 has its principal offices to enforce compliance with the provisions of the Compact and its
- 66 promulgated Rules. The relief sought may include both injunctive relief and damages.
- 67 In the event judicial enforcement is necessary, the prevailing party shall be awarded all
- 68 costs of such litigation, including reasonable attorney's fees.
 - (3) No person other than a Member State shall enforce this compact against the Commission.
 - 337.1065. 1. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the seventh Member State.
 - (1) On or after the effective date of the Compact, the Commission shall convene and review the enactment of each of the first seven Member States ("Charter Member States") to determine if the statute enacted by each such Charter Member State is materially different than the model Compact statute.
 - (a) A Charter Member State whose enactment is found to be materially different from the model Compact statute shall be entitled to the default process set forth in section 337.1060.
 - (b) If any Member State is later found to be in default, or is terminated or withdraws from the Compact, the Commission shall remain in existence and the Compact shall remain in effect even if the number of Member States should be less than seven.
 - (2) Member States enacting the Compact subsequent to the seven initial Charter Member States shall be subject to the process set forth in subdivision (21) of subsection 3 of section 337.1045 to determine if their enactments are materially different from the model Compact statute and whether they qualify for participation in the Compact.
- (3) All actions taken for the benefit of the Commission or in furtherance of the purposes of the administration of the Compact prior to the effective date of the Compact or the Commission coming into existence shall be considered to be actions of the Commission unless specifically repudiated by the Commission.

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- 22 (4) Any State that joins the Compact subsequent to the Commission's initial 23 adoption of the Rules and bylaws shall be subject to the Rules and bylaws as they exist 24 on the date on which the Compact becomes law in that State. Any Rule that has been 25 previously adopted by the Commission shall have the full force and effect of law on the 26 day the Compact becomes law in that State.
 - 2. Any Member State may withdraw from this Compact by enacting a statute repealing the same.
 - (1) A Member State's withdrawal shall not take effect until 180 days after enactment of the repealing statute.
 - (2) Withdrawal shall not affect the continuing requirement of the withdrawing State's Licensing Authority to comply with the investigative and Adverse Action reporting requirements of this Compact prior to the effective date of withdrawal.
 - (3) Upon the enactment of a statute withdrawing from this compact, a State shall immediately provide notice of such withdrawal to all Licensees within that State. Notwithstanding any subsequent statutory enactment to the contrary, such withdrawing State shall continue to recognize all licenses granted pursuant to this compact for a minimum of 180 days after the date of such notice of withdrawal.
 - 3. Nothing contained in this Compact shall be construed to invalidate or prevent any licensure agreement or other cooperative arrangement between a Member State and a non-Member State that does not conflict with the provisions of this Compact.
 - 4. This Compact may be amended by the Member States. No amendment to this Compact shall become effective and binding upon any Member State until it is enacted into the laws of all Member States.
 - 337.1070. 1. This Compact and the Commission's rulemaking authority shall be liberally construed so as to effectuate the purposes, and the implementation and administration of the Compact. Provisions of the Compact expressly authorizing or requiring the promulgation of Rules shall not be construed to limit the Commission's rulemaking authority solely for those purposes.
 - 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

- 15 subsection 2 of section 337.1060, terminate a Member State's participation in the
- 6 Compact, if it determines that a constitutional requirement of a Member State is a
- 17 material departure from the Compact. Otherwise, if this Compact shall be held to be
- 18 contrary to the constitution of any Member State, the Compact shall remain in full force
- 19 and effect as to the remaining Member States and in full force and effect as to the
- 20 Member State affected as to all severable matters.
 - 337.1075. 1. A Licensee providing services in a Remote State under a Multistate Authorization to Practice shall adhere to the laws and regulations, including laws, regulations, and applicable standards, of the Remote State where the client is located at the time care is rendered.
- 5 2. Nothing herein shall prevent or inhibit the enforcement of any other law of a 6 Member State that is not inconsistent with the Compact.
 - 3. Any laws, statutes, regulations, or other legal requirements in a Member State in conflict with the Compact are superseded to the extent of the conflict.
 - 4. All permissible agreements between the Commission and the Member States are binding in accordance with their terms.

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

- (1) "Area of defined need", a community or section of an urban area of this state which is certified by the department of health and senior services as being in need of the services of a physician to improve the patient-doctor ratio in the area, to contribute professional physician services to an area of economic impact, or to contribute professional physician services to an area suffering from the effects of a natural disaster;
 - (2) "Department", the department of health and senior services;
- (3) "Eligible student", a full time student accepted and enrolled in a formal course of instruction leading to a degree of doctor of medicine or doctor of osteopathy, including psychiatry, at a participating school, or a doctor of dental surgery, doctor of dental medicine, or a bachelor of science degree in dental hygiene;
- (4) "Financial assistance", an amount of money paid by the state of Missouri to a qualified applicant pursuant to sections 191.500 to 191.550;
- (5) "Participating school", an institution of higher learning within this state which grants the degrees of doctor of medicine or doctor of osteopathy, and which is accredited in the appropriate degree program by the American Medical Association or the American Osteopathic Association, or a degree program by the American Dental Association or the American Psychiatric Association, and applicable residency programs for each degree type and discipline;
- (6) "Primary care", general or family practice, internal medicine, pediatric, psychiatric, obstetric and gynecological care as provided to the general public by physicians licensed and registered pursuant to chapter 334,

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degree in dental hygiene.

27 dental practice, or a dental hygienist licensed and registered pursuant to 28 chapter 332; 29 (7) "Resident", any natural person who has lived in this state for one or 30 more years for any purpose other than the attending of an educational 31 institution located within this state; 32 (8) "Rural area", a town or community within this state which is not 33 within a standard metropolitan statistical area, and has a population of six 34 thousand or fewer inhabitants as determined by the last preceding federal 35 decennial census or any unincorporated area not within a standard 36 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 2 3 sections 191.500 to 191.550. The department shall promulgate reasonable 4 rules and regulations for the exercise of its functions in the effectuation of the 5 purposes of sections 191.500 to 191.550. It shall prescribe the form and the 6 time and method of filing applications and supervise the processing thereof. [191.510. The department shall enter into a contract with each 2 applicant receiving a state loan under sections 191.500 to 191.550 for 3 repayment of the principal and interest and for forgiveness of a portion thereof 4 for participation in the service areas as provided in sections 191.500 to 5 191.550.] 191.515. An eligible student may apply to the department for a loan 2 under sections 191.500 to 191.550 only if, at the time of his application and 3 throughout the period during which he receives the loan, he has been formally 4 accepted as a student in a participating school in a course of study leading to 5 the degree of doctor of medicine or doctor of osteopathy, including psychiatry, 6 or a doctor of dental surgery, a doctor of dental medicine, or a bachelor of 7 science degree in dental hygiene, and is a resident of this state.] [191.520. No loan to any eligible student shall exceed twenty-five 2 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 3 4 made from funds appropriated to the medical school loan and loan repayment 5 program fund created by section 191.600, by the general assembly. [191.525. No more than twenty-five loans shall be made to eligible students during the first academic year this program is in effect. Twenty-five 2 3 new loans may be made for the next three academic years until a total of one 4 hundred loans are available. At least one-half of the loans shall be made to 5 students from rural areas as defined in section 191.500. An eligible student 6 may receive loans for each academic year he is pursuing a course of study 7 directly leading to a degree of doctor of medicine or doctor of osteopathy,

doctor of dental surgery, or doctor of dental medicine, or a bachelor of science

	[191.530. Interest at the rate of nine and one-half percent per year shall
2	be charged on all loans made under sections 191.500 to 191.550 but one fourth
3	of the interest and principal of the total loan at the time of the awarding of the
4	degree shall be forgiven for each year of participation by an applicant in the
5	practice of his profession in a rural area or an area of defined need. The
6	department shall grant a deferral of interest and principal payments to a loan
7	recipient who is pursuing an internship or a residency in primary care. The
8	deferral shall not exceed three years. The status of each loan recipient
9	receiving a deferral shall be reviewed annually by the department to ensure
10	compliance with the intent of this provision. The loan recipient will repay the
11	loan beginning with the calendar year following completion of his internship
12	or his primary care residency in accordance with the loan contract.]
	[191.535. If a student ceases his study prior to receiving a degree,
2	interest at the rate specified in section 191.530 shall be charged on the amount
3	received from the state under the provisions of sections 191.500 to 191.550.]
	[191.540. 1. The department shall establish schedules and procedures
2	for repayment of the principal and interest of any loan made under the
3	provisions of sections 191.500 to 191.550 and not forgiven as provided in
4	section 191.530.
5	2. A penalty shall be levied against a person in breach of contract.
6	Such penalty shall be twice the sum of the principal and the accrued interest.]
	[101 545 W]
2	[191.545. When necessary to protect the interest of the state in any
2 3	loan transaction under sections 191.500 to 191.550, the board may institute
3	any action to recover any amount due.
	[191.550. The contracts made with the participating students shall be
2	approved by the attorney general.]
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•	[335.212. As used in sections 335.212 to 335.242, the following terms
2	mean:
3	(1) "Board", the Missouri state board of nursing;
4	(2) "Department", the Missouri department of health and senior
5	Services;
6	(3) "Director", director of the Missouri department of health and
/	Semior services;
8	(4) "Eligible student", a resident who has been accepted as a full-time
9	student in a formal course of instruction leading to an associate degree, a
10	diploma, a bachelor of science, a master of science in nursing (M.S.N.), a
11	doctorate in nursing (Ph.D. or D.N.P.), or a student with a master of science in
12	nursing seeking a doctorate in education (Ed.D.), or leading to the completion
13	of educational requirements for a licensed practical nurse. The doctoral
14	applicant may be a part-time student; (5) "Partiainating school" on institution within this state which is
15	(5) "Participating school", an institution within this state which is
16	approved by the board for participation in the professional and practical
17	nursing student loan program established by sections 335.212 to 335.242,

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, community health, primary care, hospital, long-term care, a consumer, and the Missouri state board of nursing. The panel shall make recommendations to the director on the content of any rules, regulations or guidelines prior to their promulgation. The panel may make recommendations to the director regarding fund allocations for loans and loan repayment based on current nursing shortage needs.
- 3. The department of health and senior services shall promulgate reasonable rules and regulations for the exercise of its function pursuant to sections 335.212 to 335.259. It shall prescribe the form, the time and method of filing applications and supervise the proceedings thereof. No rule or portion of a rule promulgated under the authority of sections 335.212 to 335.257 shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.
- 4. Ninety-five percent of funds loaned pursuant to sections 335.212 to 335.242 shall be loaned to qualified applicants who are enrolled in professional nursing programs in participating schools and five percent of the funds loaned pursuant to sections 335.212 to 335.242 shall be loaned to qualified applicants who are enrolled in practical nursing programs. Priority shall be given to eligible students who have established financial need. All loan repayment funds pursuant to sections 335.245 to 335.259 shall be used to reimburse successful associate, diploma, baccalaureate or graduate professional nurse applicants' educational loans who agree to serve in areas of defined need as determined by the department.]

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

[335.221. The board, in addition to any other duties it may have regarding licensure of nurses, shall collect, at the time of licensure 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 eredit of general revenue.]

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

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

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

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[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:

- "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 accredited institution in this state which provides a bachelor of science completion program for registered professional nurses:

(4) "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 public or nonprofit 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.

[335.248. Sections 335.245 to 335.259 shall be known as the "Nursing Student Loan Repayment Program". The department of health and senior services shall be the administrative agency for the implementation of the authority established by sections 335.245 to 335.259. The department shall promulgate reasonable rules and regulations necessary to implement sections 335.245 to 335.259. Promulgated rules shall include, but not be limited to, applicant eligibility, selection criteria, prioritization of service obligation sites and the content of loan repayment contracts, including repayment schedules for those in default and penalties. The department shall promulgate rules regarding recruitment opportunities for minority students into nursing schools. Priority for student loan repayment shall be given to eligible applicants who have demonstrated financial need. All funds collected by the department from participants not meeting their contractual obligations to the state 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.]

[335.251. Upon proper verification to the department by the eligible applicant of securing qualified employment in this state, the department shall enter into a loan repayment contract with the eligible applicant to repay the interest and principal on the educational loans of the applicant to the limit of the contract, which contract shall provide for instances of less than full-time qualified employment consistent with the provisions of section 335.233, out of any appropriation made to the professional and practical nursing student loan and nurse loan repayment fund. If the applicant breaches the contract by failing to begin or complete the qualified employment, the department is entitled to recover the total of the loan repayment paid by the department plus interest on the repaid amount at the rate of nine and one-half percent per annum.]

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

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

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