

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 79

102ND GENERAL ASSEMBLY

0644S.06C

KRISTINA MARTIN, Secretary

AN ACT

To repeal sections 195.070, 334.104, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, and 335.175, RSMo, and to enact in lieu thereof twelve new sections relating to nurses.

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

Section A. Sections 195.070, 334.104, 335.016, 335.019,
2 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, and
3 335.175, RSMo, are repealed and twelve new sections enacted in
4 lieu thereof, to be known as sections 195.070, 334.104, 335.016,
5 335.019, 335.036, 335.046, 335.049, 335.051, 335.056, 335.076,
6 335.086, and 335.175, to read as follows:

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

11 2. An advanced practice registered nurse, as defined
12 in section 335.016, but not a certified registered nurse
13 anesthetist as defined in subdivision (8) of section

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

14 335.016, who holds a certificate of controlled substance
15 prescriptive authority from the board of nursing under
16 section 335.019 and who is delegated the authority to
17 prescribe controlled substances under a collaborative
18 practice arrangement under section 334.104 may prescribe any
19 controlled substances listed in Schedules III, IV, and V of
20 section 195.017, and may have restricted authority in
21 Schedule II. Prescriptions for Schedule II medications
22 prescribed by an advanced practice registered nurse who has
23 a certificate of controlled substance prescriptive authority
24 are restricted to only those medications containing
25 hydrocodone **and Schedule II controlled substances for**
26 **hospice patients pursuant to the provisions of section**
27 **334.104.** However, no such certified advanced practice
28 registered nurse shall prescribe controlled substance for
29 his or her own self or family. Schedule III narcotic
30 controlled substance and Schedule II - hydrocodone
31 prescriptions shall be limited to a one hundred twenty-hour
32 supply without refill.

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

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

43 (1) When the controlled substance is delivered to the
44 practitioner to administer to the patient for whom the
45 medication is prescribed as authorized by federal law.

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.

334.104. 1. A physician may enter into collaborative practice arrangements with 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 Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of 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;

(5) The manner of collaboration between the collaborating physician and the advanced practice registered nurse, including how the collaborating physician and the 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 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, 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

90 clinics where the main location of the hospital sponsor is
91 greater than fifty miles from the clinic. **The collaborative**
92 **practice arrangement may allow for geographic proximity to**
93 **be waived when the arrangement outlines the use of**
94 **telecommunications, as described in section 191.1145.** The
95 collaborating physician is required to maintain
96 documentation related to this requirement and to present it
97 to the state board of registration for the healing arts when
98 requested; and

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

101 (6) A description of the advanced practice registered
102 nurse's controlled substance prescriptive authority in
103 collaboration with the physician, including a list of the
104 controlled substances the physician authorizes the nurse to
105 prescribe and documentation that it is consistent with each
106 professional's education, knowledge, skill, and competence;

107 (7) A list of all other written practice agreements of
108 the collaborating physician and the advanced practice
109 registered nurse;

110 (8) The duration of the written practice agreement
111 between the collaborating physician and the advanced
112 practice registered nurse;

113 (9) A description of the time and manner of the
114 collaborating physician's review of the advanced practice
115 registered nurse's delivery of health care services. The
116 description shall include provisions that the advanced
117 practice registered nurse shall submit a minimum of ten
118 percent of the charts documenting the advanced practice
119 registered nurse's delivery of health care services to the
120 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.

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 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 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, where the collaborating physician is new to a patient population to which the advanced practice registered nurse is familiar.**

10. No agreement made under this section shall supersede current hospital licensing regulations governing

249 hospital medication orders under protocols or standing
250 orders for the purpose of delivering inpatient or emergency
251 care within a hospital as defined in section 197.020 if such
252 protocols or standing orders have been approved by the
253 hospital's medical staff and pharmaceutical therapeutics
254 committee.

255 11. No contract or other [agreement] **arrangement** shall
256 require a physician to act as a collaborating physician for
257 an advanced practice registered nurse against the
258 physician's will. A physician shall have the right to
259 refuse to act as a collaborating physician, without penalty,
260 for a particular advanced practice registered nurse. No
261 contract or other agreement shall limit the collaborating
262 physician's ultimate authority over any protocols or
263 standing orders or in the delegation of the physician's
264 authority to any advanced practice registered nurse, but
265 this requirement shall not authorize a physician in
266 implementing such protocols, standing orders, or delegation
267 to violate applicable standards for safe medical practice
268 established by hospital's medical staff.

269 12. No contract or other [agreement] **arrangement** shall
270 require any [advanced practice] registered nurse to serve as
271 a collaborating [advanced practice] registered nurse for any
272 collaborating physician against the [advanced practice]
273 registered nurse's will. [An advanced practice] **A**
274 registered nurse shall have the right to refuse to
275 collaborate, without penalty, with a particular physician.

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

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

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

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

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

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

32 (6) "Certified nurse midwife", a registered nurse who
33 is currently certified as a nurse midwife by the American
34 [College of Nurse Midwives] **Midwifery Certification Board,**

35 or other nationally recognized certifying body approved by
36 the board of nursing;

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

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

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

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

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

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

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

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

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

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

93 [(15)] (16) **"Practice of professional nursing", the**
94 performance for compensation of any act **or action** which
95 requires substantial specialized education, judgment and
96 skill based on knowledge and application of principles

97 derived from the biological, physical, social, **behavioral**,
98 and nursing sciences, including, but not limited to:

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

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

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

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

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

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

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

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

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

(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 nurse or licensed practical nurse** pursuant to the provisions of sections 335.011 to [335.096] **335.099;**

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

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

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

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

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

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

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

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

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

57 5. Any rule or portion of a rule, as that term is
58 defined in section 536.010, that is created under the
59 authority delegated in this chapter shall become effective
60 only if it complies with and is subject to all of the
61 provisions of chapter 536 and, if applicable, section
62 536.028. All rulemaking authority delegated prior to August
63 28, 1999, is of no force and effect and repealed. Nothing
64 in this section shall be interpreted to repeal or affect the
65 validity of any rule filed or adopted prior to August 28,
66 1999, if it fully complied with all applicable provisions of
67 law. This section and chapter 536 are nonseverable and if
68 any of the powers vested with the general assembly pursuant
69 to chapter 536 to review, to delay the effective date or to
70 disapprove and annul a rule are subsequently held
71 unconstitutional, then the grant of rulemaking authority and
72 any rule proposed or adopted after August 28, 1999, shall be
73 invalid and void.

335.046. 1. An applicant for a license to practice as
2 a registered professional nurse shall submit to the board a
3 written application on forms furnished to the applicant.
4 The original application shall contain the applicant's
5 statements showing the applicant's education and other such
6 pertinent information as the board may require. The
7 applicant shall be of good moral character and have
8 completed at least the high school course of study, or the
9 equivalent thereof as determined by the state board of
10 education, and have successfully completed the basic
11 professional curriculum in an accredited or approved school
12 of nursing and earned a professional nursing degree or
13 diploma. Each application shall contain a statement that it
14 is made under oath or affirmation and that its
15 representations are true and correct to the best knowledge

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 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 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 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 by the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by rule.

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 state-accredited 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

111 applicant of his or her right to have a hearing before the
112 administrative hearing commission. The administrative
113 hearing commission shall hear complaints taken pursuant to
114 section 621.120.

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

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

4 (1) Report to the board the mailing address or
5 addresses of his or her current practice location or
6 locations;

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

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

11 2. Advanced practice registered nurses shall maintain
12 an adequate and complete patient record for each patient
13 that is retained on paper, microfilm, electronic media, or
14 other media that is capable of being printed for review by
15 the board. An adequate and complete patient record shall
16 include documentation of the following information:

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

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

20 (3) The current status of the patient, including the
21 reason for the visit;

22 (4) Observation of pertinent physical findings;

23 (5) Assessment and clinical impression of diagnosis;

24 (6) Plan for care and treatment or additional
25 consultations or diagnostic testing, if necessary. If

26 treatment includes medication, the advanced practice
27 registered nurse shall include in the patient record the
28 medication and dosage of any medication prescribed,
29 dispensed, or administered; and

30 (7) Any informed consent for office procedures.

31 3. Patient records remaining under the care, custody,
32 and control of the advanced practice registered nurse shall
33 be maintained by the advanced practice registered nurse or
34 his or her designee for a minimum of seven years from the
35 date on which the last professional service was provided.

36 4. Any correction, addition, or change in any patient
37 record made more than forty-eight hours after the final
38 entry is entered in the record and signed by the advanced
39 practice registered nurse shall be clearly marked and
40 identified as such. The date, time, and name of the person
41 making the correction, addition, or change, as well as the
42 reason for the correction, addition, or change, shall be
43 included.

44 5. Advanced practice registered nurses shall ensure
45 that medical records are completed within thirty days
46 following each patient encounter.

335.051. 1. The board shall issue a license to
2 practice nursing as ~~[either]~~ **an advanced practice registered**
3 **nurse**, a registered professional nurse, or a licensed
4 practical nurse without examination to an applicant who has
5 duly become licensed as ~~[a]~~ **an advanced practice registered**
6 **nurse**, registered nurse, or licensed practical nurse
7 pursuant to the laws of another state, territory, or foreign
8 country if the applicant meets the qualifications required
9 of **advanced practice registered nurses**, registered nurses,
10 or licensed practical nurses in this state at the time the

11 applicant was originally licensed in the other state,
12 territory, or foreign country.

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

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

335.056. 1. The license of every person licensed
2 under the provisions of **[sections 335.011 to 335.096]** **this**
3 **chapter** shall be renewed as provided. An application for
4 renewal of license shall be mailed to every person to whom a
5 license was issued or renewed during the current licensing
6 period. The applicant shall complete the application and
7 return it to the board by the renewal date with a renewal
8 fee in an amount to be set by the board. The fee shall be

9 uniform for all applicants. The certificates of renewal
10 shall render the holder thereof a legal practitioner of
11 nursing for the period stated in the certificate of
12 renewal. Any person who practices nursing as **an advanced**
13 **practice registered nurse**, a registered professional nurse,
14 or **[as]** a licensed practical nurse during the time his **or**
15 **her** license has lapsed shall be considered an illegal
16 practitioner and shall be subject to the penalties provided
17 for violation of the provisions of sections 335.011 to
18 **[335.096] 335.099**.

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

335.076. 1. Any person who holds a license to
2 practice professional nursing in this state may use the
3 title "Registered Professional Nurse" and the abbreviation
4 **["R.N."] "RN"**. No other person shall use the title
5 "Registered Professional Nurse" or the abbreviation **["R.N."]**
6 **"RN"**. No other person shall assume any title or use any
7 abbreviation or any other words, letters, signs, or devices
8 to indicate that the person using the same is a registered
9 professional nurse.

10 2. Any person who holds a license to practice
11 practical nursing in this state may use the title "Licensed
12 Practical Nurse" and the abbreviation **["L.P.N."] "LPN"**. No
13 other person shall use the title "Licensed Practical Nurse"

14 or the abbreviation ["L.P.N."] **"LPN"**. No other person shall
15 assume any title or use any abbreviation or any other words,
16 letters, signs, or devices to indicate that the person using
17 the same is a licensed practical nurse.

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

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

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

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**;

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

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

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

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

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

21 (2) Any rule or portion of a rule, as that term is
22 defined in section 536.010, that is created under the
23 authority delegated in this section shall become effective
24 only if it complies with and is subject to all of the
25 provisions of chapter 536 and, if applicable, section

26 536.028. This section and chapter 536 are nonseverable and
27 if any of the powers vested with the general assembly
28 pursuant to chapter 536 to review, to delay the effective
29 date, or to disapprove and annul a rule are subsequently
30 held unconstitutional, then the grant of rulemaking
31 authority and any rule proposed or adopted after August 28,
32 2013, shall be invalid and void.

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

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