

SECOND REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 808

97TH GENERAL ASSEMBLY

2014

5659H.07T

AN ACT

To repeal sections 324.024, 334.735, 337.615, 337.643, 337.645, 338.010, 338.020, 338.059, 338.220, 346.010, and 346.055, RSMo, and to enact in lieu thereof thirteen new sections relating to the licensing of certain professions, with an existing penalty provision.

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

Section A. Sections 324.024, 334.735, 337.615, 337.643, 337.645, 338.010, 2 338.020, 338.059, 338.220, 346.010, and 346.055, RSMo, are repealed and thirteen 3 new sections enacted in lieu thereof, to be known as sections 316.265, 324.024, 4 334.735, 337.615, 337.643, 337.645, 338.010, 338.020, 338.059, 338.165, 338.220, 5 346.010, and 346.055, to read as follows:

316.265. No employee or employer primarily engaged in the 2 practice of combing, braiding, or curling hair without the use of 3 potentially harmful chemicals shall be subject to the provisions of 4 chapter 329 while working in conjunction with any licensee for any 5 public amusement or entertainment venue as defined in this chapter.

324.024. 1. Notwithstanding any provision of law to the contrary, every 2 application for a license, certificate, registration, or permit[, or renewal of a 3 license, certificate, registration, or permit] issued in this state shall contain the 4 Social Security number of the applicant. This provision shall not apply to an 5 original application for a license, certificate, registration, or permit submitted by 6 a citizen of a foreign country who has never been issued a Social Security number 7 and who previously has not been licensed by any other state, United States 8 territory, or federal agency. A citizen of a foreign country applying for licensure 9 with the division of professional registration shall be required to submit his or

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

10 her visa or passport identification number in lieu of the Social Security number.

11 **2. Notwithstanding any provision of law to the contrary, every**
12 **application for a renewal of a license, certificate, registration, or**
13 **permit which did not originally contain the Social Security number of**
14 **the applicant shall contain the Social Security number of the applicant**
15 **at the first renewal of the license, certificate, registration, or permit.**

16 **3. Following initial application for licensure, certificate,**
17 **registration, or permit as described in subsection 1 of this section or**
18 **first renewal application for licensure, certificate, registration, or**
19 **permit as described in subsection 2 of this section, all subsequent**
20 **applications shall not contain the Social Security number of the**
21 **licensee, certificate holder, registrant, or permit holder. All Social**
22 **Security numbers collected for registered professionals may be**
23 **maintained on file by the agency in compliance with federal law.**

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

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

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

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

11 (4) "Department", the department of insurance, financial institutions and
12 professional registration or a designated agency thereof;

13 (5) "License", a document issued to an applicant by the board
14 acknowledging that the applicant is entitled to practice as a physician assistant;

15 (6) "Physician assistant", a person who has graduated from a physician
16 assistant program accredited by the American Medical Association's Committee
17 on Allied Health Education and Accreditation or by its successor agency, who has
18 passed the certifying examination administered by the National Commission on
19 Certification of Physician Assistants and has active certification by the National
20 Commission on Certification of Physician Assistants who provides health care
21 services delegated by a licensed physician. A person who has been employed as
22 a physician assistant for three years prior to August 28, 1989, who has passed the
23 National Commission on Certification of Physician Assistants examination, and

24 has active certification of the National Commission on Certification of Physician
25 Assistants;

26 (7) "Recognition", the formal process of becoming a certifying entity as
27 required by the provisions of sections 334.735 to 334.749;

28 (8) "Supervision", control exercised over a physician assistant working
29 with a supervising physician and oversight of the activities of and accepting
30 responsibility for the physician assistant's delivery of care. The physician
31 assistant shall only practice at a location where the physician routinely provides
32 patient care, except existing patients of the supervising physician in the patient's
33 home and correctional facilities. The supervising physician must be immediately
34 available in person or via telecommunication during the time the physician
35 assistant is providing patient care. Prior to commencing practice, the supervising
36 physician and physician assistant shall attest on a form provided by the board
37 that the physician shall provide supervision appropriate to the physician
38 assistant's training and that the physician assistant shall not practice beyond the
39 physician assistant's training and experience. Appropriate supervision shall
40 require the supervising physician to be working within the same facility as the
41 physician assistant for at least four hours within one calendar day for every
42 fourteen days on which the physician assistant provides patient care as described
43 in subsection 3 of this section. Only days in which the physician assistant
44 provides patient care as described in subsection 3 of this section shall be counted
45 toward the fourteen-day period. The requirement of appropriate supervision shall
46 be applied so that no more than thirteen calendar days in which a physician
47 assistant provides patient care shall pass between the physician's four hours
48 working within the same facility. The board shall promulgate rules pursuant to
49 chapter 536 for documentation of joint review of the physician assistant activity
50 by the supervising physician and the physician assistant.

51 2. (1) A supervision agreement shall limit the physician assistant to
52 practice only at locations described in subdivision (8) of subsection 1 of this
53 section, where the supervising physician is no further than fifty miles by road
54 using the most direct route available and where the location is not so situated as
55 to create an impediment to effective intervention and supervision of patient care
56 or adequate review of services.

57 (2) For a physician-physician assistant team working in a rural health
58 clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as
59 amended, no supervision requirements in addition to the minimum federal law
60 shall be required.

61 3. The scope of practice of a physician assistant shall consist only of the
62 following services and procedures:

63 (1) Taking patient histories;

64 (2) Performing physical examinations of a patient;

65 (3) Performing or assisting in the performance of routine office laboratory
66 and patient screening procedures;

67 (4) Performing routine therapeutic procedures;

68 (5) Recording diagnostic impressions and evaluating situations calling for
69 attention of a physician to institute treatment procedures;

70 (6) Instructing and counseling patients regarding mental and physical
71 health using procedures reviewed and approved by a licensed physician;

72 (7) Assisting the supervising physician in institutional settings, including
73 reviewing of treatment plans, ordering of tests and diagnostic laboratory and
74 radiological services, and ordering of therapies, using procedures reviewed and
75 approved by a licensed physician;

76 (8) Assisting in surgery;

77 (9) Performing such other tasks not prohibited by law under the
78 supervision of a licensed physician as the physician's assistant has been trained
79 and is proficient to perform; and

80 (10) Physician assistants shall not perform or prescribe abortions.

81 4. Physician assistants shall not prescribe nor dispense any drug,
82 medicine, device or therapy unless pursuant to a physician supervision agreement
83 in accordance with the law, nor prescribe lenses, prisms or contact lenses for the
84 aid, relief or correction of vision or the measurement of visual power or visual
85 efficiency of the human eye, nor administer or monitor general or regional block
86 anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing
87 and dispensing of drugs, medications, devices or therapies by a physician
88 assistant shall be pursuant to a physician assistant supervision agreement which
89 is specific to the clinical conditions treated by the supervising physician and the
90 physician assistant shall be subject to the following:

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

93 (2) The types of drugs, medications, devices or therapies prescribed or
94 dispensed by a physician assistant shall be consistent with the scopes of practice
95 of the physician assistant and the supervising physician;

96 (3) All prescriptions shall conform with state and federal laws and
97 regulations and shall include the name, address and telephone number of the

98 physician assistant and the supervising physician;

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

102 (5) A physician assistant shall not prescribe any drugs, medicines, devices
103 or therapies the supervising physician is not qualified or authorized to prescribe;
104 and

105 (6) A physician assistant may only dispense starter doses of medication
106 to cover a period of time for seventy-two hours or less.

107 5. A physician assistant shall clearly identify himself or herself as a
108 physician assistant and shall not use or permit to be used in the physician
109 assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out
110 in any way to be a physician or surgeon. No physician assistant shall practice or
111 attempt to practice without physician supervision or in any location where the
112 supervising physician is not immediately available for consultation, assistance
113 and intervention, except as otherwise provided in this section, and in an
114 emergency situation, nor shall any physician assistant bill a patient
115 independently or directly for any services or procedure by the physician assistant;
116 **however, this shall not be construed to prohibit a physician assistant**
117 **from enrolling with the department of social services as a Medicaid**
118 **provider while acting under a supervision agreement between the**
119 **physician and physician assistant.**

120 6. For purposes of this section, the licensing of physician assistants shall
121 take place within processes established by the state board of registration for the
122 healing arts through rule and regulation. The board of healing arts is authorized
123 to establish rules pursuant to chapter 536 establishing licensing and renewal
124 procedures, supervision, supervision agreements, fees, and addressing such other
125 matters as are necessary to protect the public and discipline the profession. An
126 application for licensing may be denied or the license of a physician assistant may
127 be suspended or revoked by the board in the same manner and for violation of the
128 standards as set forth by section 334.100, or such other standards of conduct set
129 by the board by rule or regulation. Persons licensed pursuant to the provisions
130 of chapter 335 shall not be required to be licensed as physician assistants. All
131 applicants for physician assistant licensure who complete a physician assistant
132 training program after January 1, 2008, shall have a master's degree from a
133 physician assistant program.

134 7. "Physician assistant supervision agreement" means a written

135 agreement, jointly agreed-upon protocols or standing order between a supervising
136 physician and a physician assistant, which provides for the delegation of health
137 care services from a supervising physician to a physician assistant and the review
138 of such services. The agreement shall contain at least the following provisions:

139 (1) Complete names, home and business addresses, zip codes, telephone
140 numbers, and state license numbers of the supervising physician and the
141 physician assistant;

142 (2) A list of all offices or locations where the physician routinely provides
143 patient care, and in which of such offices or locations the supervising physician
144 has authorized the physician assistant to practice;

145 (3) All specialty or board certifications of the supervising physician;

146 (4) The manner of supervision between the supervising physician and the
147 physician assistant, including how the supervising physician and the physician
148 assistant shall:

149 (a) Attest on a form provided by the board that the physician shall provide
150 supervision appropriate to the physician assistant's training and experience and
151 that the physician assistant shall not practice beyond the scope of the physician
152 assistant's training and experience nor the supervising physician's capabilities
153 and training; and

154 (b) Provide coverage during absence, incapacity, infirmity, or emergency
155 by the supervising physician;

156 (5) The duration of the supervision agreement between the supervising
157 physician and physician assistant; and

158 (6) A description of the time and manner of the supervising physician's
159 review of the physician assistant's delivery of health care services. Such
160 description shall include provisions that the supervising physician, or a
161 designated supervising physician listed in the supervision agreement review a
162 minimum of ten percent of the charts of the physician assistant's delivery of
163 health care services every fourteen days.

164 8. When a physician assistant supervision agreement is utilized to provide
165 health care services for conditions other than acute self-limited or well-defined
166 problems, the supervising physician or other physician designated in the
167 supervision agreement shall see the patient for evaluation and approve or
168 formulate the plan of treatment for new or significantly changed conditions as
169 soon as practical, but in no case more than two weeks after the patient has been
170 seen by the physician assistant.

171 9. At all times the physician is responsible for the oversight of the

172 activities of, and accepts responsibility for, health care services rendered by the
173 physician assistant.

174 10. It is the responsibility of the supervising physician to determine and
175 document the completion of at least a one-month period of time during which the
176 licensed physician assistant shall practice with a supervising physician
177 continuously present before practicing in a setting where a supervising physician
178 is not continuously present.

179 11. No contract or other agreement shall require a physician to act as a
180 supervising physician for a physician assistant against the physician's will. A
181 physician shall have the right to refuse to act as a supervising physician, without
182 penalty, for a particular physician assistant. No contract or other agreement
183 shall limit the supervising physician's ultimate authority over any protocols or
184 standing orders or in the delegation of the physician's authority to any physician
185 assistant, but this requirement shall not authorize a physician in implementing
186 such protocols, standing orders, or delegation to violate applicable standards for
187 safe medical practice established by the hospital's medical staff.

188 12. Physician assistants shall file with the board a copy of their
189 supervising physician form.

190 13. No physician shall be designated to serve as supervising physician for
191 more than three full-time equivalent licensed physician assistants. This
192 limitation shall not apply to physician assistant agreements of hospital employees
193 providing inpatient care service in hospitals as defined in chapter 197.

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

3 (1) The applicant has a master's degree from a college or university
4 program of social work accredited by the council of social work education or a
5 doctorate degree from a school of social work acceptable to the committee;

6 (2) The applicant has completed **at least** three thousand hours of
7 supervised clinical experience with a qualified clinical supervisor, as defined in
8 section 337.600, in no less than twenty-four months and no more than forty-eight
9 consecutive calendar months. **For any applicant who has successfully**
10 **completed at least four thousand hours of supervised clinical**
11 **experience with a qualified clinical supervisor, as defined in section**
12 **337.600, within the same time frame prescribed in this subsection, the**
13 **applicant shall be eligible for application of licensure at three thousand**
14 **hours and shall be furnished a certificate by the state committee for**
15 **social workers acknowledging the completion of said additional hours;**

16 (3) The applicant has achieved a passing score, as defined by the
17 committee, on an examination approved by the committee. The eligibility
18 requirements for such examination shall be promulgated by rule of the committee;

19 (4) The applicant is at least eighteen years of age, is of good moral
20 character, is a United States citizen or has status as a legal resident alien, and
21 has not been convicted of a felony during the ten years immediately prior to
22 application for licensure.

23 2. Any person holding a current license, certificate of registration, or
24 permit from another state or territory of the United States or the District of
25 Columbia to practice clinical social work who has had no disciplinary action taken
26 against the license, certificate of registration, or permit for the preceding five
27 years may be granted a license to practice clinical social work in this state if the
28 person meets one of the following criteria:

29 (1) Has received a masters or doctoral degree from a college or university
30 program of social work accredited by the council of social work education and has
31 been licensed to practice clinical social work for the preceding five years; or

32 (2) Is currently licensed or certified as a clinical social worker in another
33 state, territory of the United States, or the District of Columbia having
34 substantially the same requirements as this state for clinical social workers.

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

337.643. 1. No person shall use the title of licensed master social worker
2 and engage in the practice of master social work in this state unless the person
3 is licensed as required by the provisions of this section and section 337.644.

4 2. A licensed master social worker shall be deemed qualified to practice
5 the applications of social work theory, knowledge, methods and ethics and the
6 professional use of self to restore or enhance social, psychosocial, or
7 biopsychosocial functioning of individuals, couples, families, groups,
8 organizations, and communities. "Master social work practice" includes the
9 applications of specialized knowledge and advanced practice skills in the
10 management, information and referral, counseling, supervision, consultation,
11 education, research, advocacy, community organization, and the development,
12 implementation, and administration of policies, programs, and activities. Under
13 supervision as provided in sections 337.600 to 337.689, the practice of master

14 social work may include the practices reserved to clinical social workers or
15 advanced macro social workers for no more than forty-eight consecutive calendar
16 months for the purpose of obtaining licensure under section 337.615 or 337.645.
17 **No licensed master social worker shall practice independently the**
18 **scope of practice reserved for clinical social workers or advanced**
19 **macro social workers. This shall mean that any practices reserved to**
20 **licensed clinical social workers or licensed advanced macro social**
21 **workers performed by a licensed master social worker shall be for the**
22 **purpose of obtaining licensure under section 337.615 or 337.645 in an**
23 **employment setting where either a licensed clinical social worker or a**
24 **licensed advanced macro social worker is a registered supervisor**
25 **approved by the state committee for social work.**

337.645. 1. Each applicant for licensure as an advanced macro social
2 worker shall furnish evidence to the committee that:

3 (1) The applicant has a master's degree from a college or university
4 program of social work accredited by the council of social work education or a
5 doctorate degree from a school of social work acceptable to the committee;

6 (2) The applicant has completed **at least** three thousand hours of
7 supervised advanced macro experience with a qualified advanced macro
8 supervisor as defined in section 337.600 in no less than twenty-four months and
9 no more than forty-eight consecutive calendar months. **For any applicant who**
10 **has successfully completed at least four thousand hours of supervised**
11 **advanced macro experience with a qualified advanced macro**
12 **supervisor, as defined in section 337.600, within the same time frame**
13 **prescribed in this subsection, the applicant shall be eligible for**
14 **application of licensure at three thousand hours and shall be furnished**
15 **a certificate by the state committee for social workers acknowledging**
16 **the completion of said additional hours;**

17 (3) The applicant has achieved a passing score, as defined by the
18 committee, on an examination approved by the committee. The eligibility
19 requirements for such examination shall be promulgated by rule of the committee;

20 (4) The applicant is at least eighteen years of age, is of good moral
21 character, is a United States citizen or has status as a legal resident alien, and
22 has not been convicted of a felony during the ten years immediately prior to
23 application for licensure.

24 2. Any person holding a current license, certificate of registration, or
25 permit from another state or territory of the United States or the District of

26 Columbia to practice advanced macro social work who has had no disciplinary
27 action taken against the license, certificate of registration, or permit for the
28 preceding five years may be granted a license to practice advanced macro social
29 work in this state if the person meets one of the following criteria:

30 (1) Has received a master's or doctoral degree from a college or university
31 program of social work accredited by the council of social work education and has
32 been licensed to practice advanced macro social work for the preceding five years;
33 or

34 (2) Is currently licensed or certified as an advanced macro social worker
35 in another state, territory of the United States, or the District of Columbia having
36 substantially the same requirements as this state for advanced macro social
37 workers.

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

338.010. 1. The "practice of pharmacy" means the interpretation,
2 implementation, and evaluation of medical prescription orders, including any
3 legend drugs under 21 U.S.C. Section 353; receipt, transmission, or handling of
4 such orders or facilitating the dispensing of such orders; the designing, initiating,
5 implementing, and monitoring of a medication therapeutic plan as defined by the
6 prescription order so long as the prescription order is specific to each patient for
7 care by a pharmacist; the compounding, dispensing, labeling, and administration
8 of drugs and devices pursuant to medical prescription orders and administration
9 of viral influenza, pneumonia, shingles, **hepatitis A, hepatitis B, diphtheria,**
10 **tetanus, pertussis,** and meningitis vaccines by written protocol authorized by
11 a physician for persons twelve years of age or older as authorized by rule or the
12 administration of pneumonia, shingles, **hepatitis A, hepatitis B, diphtheria,**
13 **tetanus, pertussis,** and meningitis vaccines by written protocol authorized by
14 a physician for a specific patient as authorized by rule; the participation in drug
15 selection according to state law and participation in drug utilization reviews; the
16 proper and safe storage of drugs and devices and the maintenance of proper
17 records thereof; consultation with patients and other health care practitioners,
18 and veterinarians and their clients about legend drugs, about the safe and
19 effective use of drugs and devices; and the offering or performing of those acts,
20 services, operations, or transactions necessary in the conduct, operation,

21 management and control of a pharmacy. No person shall engage in the practice
22 of pharmacy unless he is licensed under the provisions of this chapter. This
23 chapter shall not be construed to prohibit the use of auxiliary personnel under
24 the direct supervision of a pharmacist from assisting the pharmacist in any of his
25 or her duties. This assistance in no way is intended to relieve the pharmacist
26 from his or her responsibilities for compliance with this chapter and he or she
27 will be responsible for the actions of the auxiliary personnel acting in his or her
28 assistance. This chapter shall also not be construed to prohibit or interfere with
29 any legally registered practitioner of medicine, dentistry, or podiatry, or
30 veterinary medicine only for use in animals, or the practice of optometry in
31 accordance with and as provided in sections 195.070 and 336.220 in the
32 compounding, administering, prescribing, or dispensing of his or her own
33 prescriptions.

34 2. Any pharmacist who accepts a prescription order for a medication
35 therapeutic plan shall have a written protocol from the physician who refers the
36 patient for medication therapy services. The written protocol and the prescription
37 order for a medication therapeutic plan shall come from the physician only, and
38 shall not come from a nurse engaged in a collaborative practice arrangement
39 under section 334.104, or from a physician assistant engaged in a supervision
40 agreement under section 334.735.

41 3. Nothing in this section shall be construed as to prevent any person,
42 firm or corporation from owning a pharmacy regulated by sections 338.210 to
43 338.315, provided that a licensed pharmacist is in charge of such pharmacy.

44 4. Nothing in this section shall be construed to apply to or interfere with
45 the sale of nonprescription drugs and the ordinary household remedies and such
46 drugs or medicines as are normally sold by those engaged in the sale of general
47 merchandise.

48 5. No health carrier as defined in chapter 376 shall require any physician
49 with which they contract to enter into a written protocol with a pharmacist for
50 medication therapeutic services.

51 6. This section shall not be construed to allow a pharmacist to diagnose
52 or independently prescribe pharmaceuticals.

53 7. The state board of registration for the healing arts, under section
54 334.125, and the state board of pharmacy, under section 338.140, shall jointly
55 promulgate rules regulating the use of protocols for prescription orders for
56 medication therapy services and administration of viral influenza vaccines. Such
57 rules shall require protocols to include provisions allowing for timely

58 communication between the pharmacist and the referring physician, and any
59 other patient protection provisions deemed appropriate by both boards. In order
60 to take effect, such rules shall be approved by a majority vote of a quorum of each
61 board. Neither board shall separately promulgate rules regulating the use of
62 protocols for prescription orders for medication therapy services and
63 administration of viral influenza vaccines. Any rule or portion of a rule, as that
64 term is defined in section 536.010, that is created under the authority delegated
65 in this section shall become effective only if it complies with and is subject to all
66 of the provisions of chapter 536 and, if applicable, section 536.028. This section
67 and chapter 536 are nonseverable and if any of the powers vested with the
68 general assembly pursuant to chapter 536 to review, to delay the effective date,
69 or to disapprove and annul a rule are subsequently held unconstitutional, then
70 the grant of rulemaking authority and any rule proposed or adopted after August
71 28, 2007, shall be invalid and void.

72 8. The state board of pharmacy may grant a certificate of medication
73 therapeutic plan authority to a licensed pharmacist who submits proof of
74 successful completion of a board-approved course of academic clinical study
75 beyond a bachelor of science in pharmacy, including but not limited to clinical
76 assessment skills, from a nationally accredited college or university, or a
77 certification of equivalence issued by a nationally recognized professional
78 organization and approved by the board of pharmacy.

79 9. Any pharmacist who has received a certificate of medication therapeutic
80 plan authority may engage in the designing, initiating, implementing, and
81 monitoring of a medication therapeutic plan as defined by a prescription order
82 from a physician that is specific to each patient for care by a pharmacist.

83 10. Nothing in this section shall be construed to allow a pharmacist to
84 make a therapeutic substitution of a pharmaceutical prescribed by a physician
85 unless authorized by the written protocol or the physician's prescription order.

86 11. "Veterinarian", "doctor of veterinary medicine", "practitioner of
87 veterinary medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)",
88 "VMB", "MRCVS", or an equivalent title means a person who has received a
89 doctor's degree in veterinary medicine from an accredited school of veterinary
90 medicine or holds an Educational Commission for Foreign Veterinary Graduates
91 (EDFVG) certificate issued by the American Veterinary Medical Association
92 (AVMA).

93 **12. In addition to other requirements established by the joint**
94 **promulgation of rules by the board of pharmacy and the state board of**

95 registration for the healing arts:

96 (1) A pharmacist shall administer vaccines in accordance with
97 treatment guidelines established by the Centers for Disease Control and
98 Prevention (CDC);

99 (2) A pharmacist who is administering a vaccine shall request a
100 patient to remain in the pharmacy a safe amount of time after
101 administering the vaccine to observe any adverse reactions. Such
102 pharmacist shall have adopted emergency treatment protocols;

103 (3) In addition to other requirements by the board, a pharmacist
104 shall receive additional training as required by the board and
105 evidenced by receiving a certificate from the board upon completion,
106 and shall display the certification in his or her pharmacy where
107 vaccines are delivered.

108 13. A pharmacist shall provide a written report within fourteen
109 days of administration of a vaccine to the patient's primary health care
110 provider, if provided by the patient, containing:

111 (1) The identity of the patient;

112 (2) The identity of the vaccine or vaccines administered;

113 (3) The route of administration;

114 (4) The anatomic site of the administration;

115 (5) The dose administered; and

116 (6) The date of administration.

338.020. 1. Every person who shall hereafter desire to be licensed as a
2 pharmacist shall file with the board of pharmacy an application setting forth his
3 name and age, the place, or places, at which and the time spent in the study of
4 the science and art of pharmacy, and the practical experience which the applicant
5 has had under the direction of a legally licensed pharmacist, and shall appear at
6 a time and place designated by the board of pharmacy and submit to an
7 examination as to his qualifications for registration as a licensed
8 pharmacist. Each application shall contain a statement that it is made under
9 oath or affirmation and that its representations are true and correct to the best
10 knowledge and belief of the person signing same, subject to the penalties of
11 making a false affidavit or declaration.

12 2. So long as the person involved does not represent or hold
13 himself or herself out as a pharmacist licensed to practice in this state,
14 a Missouri pharmacist license shall not be required for a legally
15 qualified pharmacist serving in the armed forces of the United States
16 or a legally qualified pharmacist employed by the government of the

17 **United States or any bureau, division, or agency thereof who is engaged**
18 **in the practice of pharmacy while in the discharge of his or her official**
19 **duties.**

338.059. 1. It shall be the duty of a licensed pharmacist or a physician
2 to affix or have affixed by someone under the pharmacist's or physician's
3 supervision a label to each and every container provided to a consumer in which
4 is placed any prescription drug upon which is typed or written the following
5 information:

- 6 (1) The date the prescription is filled;
- 7 (2) The sequential number **or other unique identifier**;
- 8 (3) The patient's name;
- 9 (4) The prescriber's directions for usage;
- 10 (5) The prescriber's name;
- 11 (6) The name and address of the pharmacy;
- 12 (7) The exact name and dosage of the drug dispensed;
- 13 (8) There may be one line under the information provided in subdivisions
14 (1) to (7) of this subsection stating "Refill" with a blank line or squares following
15 or the words "No Refill";
- 16 (9) When a generic substitution is dispensed, the name of the
17 manufacturer or an abbreviation thereof shall appear on the label or in the
18 pharmacist's records as required in section 338.100.

19 2. The label of any drug which is sold at wholesale in this state and which
20 requires a prescription to be dispensed at retail shall contain the name of the
21 manufacturer, expiration date, if applicable, batch or lot number and national
22 drug code.

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

- 2 (1) **"Board", the Missouri board of pharmacy;**
- 3 (2) **"Hospital", a hospital as defined in section 197.020;**
- 4 (3) **"Hospital clinic or facility", a clinic or facility under the**
5 **common control, management, or ownership of the same hospital or**
6 **hospital system;**
- 7 (4) **"Medical staff committee", the committee or other body of a**
8 **hospital or hospital system responsible for formulating policies**
9 **regarding pharmacy services and medication management;**
- 10 (5) **"Medication order", an order for a legend drug or device that**
11 **is:**
 - 12 (a) **Authorized or issued by an authorized prescriber acting**

13 within the scope of his or her professional practice or pursuant to a
14 protocol or standing order approved by the medical staff committee;
15 and

16 (b) To be distributed or administered to the patient by a health
17 care practitioner or lawfully authorized designee at a hospital or a
18 hospital clinic or facility;

19 (6) "Patient", an individual receiving medical diagnosis,
20 treatment, or care at a hospital or a hospital clinic or facility.

21 2. The department of health and senior services shall have sole
22 authority and responsibility for the inspection and licensure of
23 hospitals as provided by chapter 197 including, but not limited to, all
24 parts, services, functions, support functions, and activities which
25 contribute directly or indirectly to patient care of any kind
26 whatsoever. However, the board may inspect a class B pharmacy or
27 any portion thereof that is not under the inspection authority vested
28 in the department of health and senior services by chapter 197 to
29 determine compliance with this chapter or the rules of the board. This
30 section shall not be construed to bar the board from conducting an
31 investigation pursuant to a public or governmental complaint to
32 determine compliance by an individual licensee or registrant of the
33 board with any applicable provisions of this chapter or the rules of the
34 board.

35 3. The department of health and senior services shall have
36 authority to promulgate rules in conjunction with the board governing
37 medication distribution and the provision of medication therapy
38 services by a pharmacist at or within a hospital. Rules may include,
39 but are not limited to, medication management, preparation,
40 compounding, administration, storage, distribution, packaging and
41 labeling. Until such rules are jointly promulgated, hospitals shall
42 comply with all applicable state law and department of health and
43 senior services rules governing pharmacy services and medication
44 management in hospitals. The rulemaking authority granted herein to
45 the department of health and senior services shall not include the
46 dispensing of medication by prescription.

47 4. All pharmacists providing medication therapy services shall
48 obtain a certificate of medication therapeutic plan authority as
49 provided by rule of the board. Medication therapy services may be
50 provided by a pharmacist for patients of a hospital pursuant to a

51 protocol with a physician as required by section 338.010 or pursuant to
52 a protocol approved by the medical staff committee. However, the
53 medical staff protocol shall include a process whereby an exemption to
54 the protocol for a patient may be granted for clinical efficacy should
55 the patient's physician make such request. The medical staff protocol
56 shall also include an appeals process to request a change in specific
57 protocol based on medical evidence presented by a physician on staff.

58 5. Medication may be dispensed by a class B hospital pharmacy
59 pursuant to a prescription or a medication order.

60 6. A drug distributor license shall not be required to transfer
61 medication from a class B hospital pharmacy to a hospital clinic or
62 facility for patient care or treatment.

63 7. Medication dispensed by a class A pharmacy located in a
64 hospital to a hospital patient for use or administration outside of the
65 hospital under a medical staff-approved protocol for medication
66 therapy shall be dispensed only by a prescription order for medication
67 therapy from an individual physician for a specific patient.

68 8. Medication dispensed by a hospital to a hospital patient for
69 use or administration outside of the hospital shall be labeled as
70 provided by rules promulgated by the department of health and senior
71 services and the board including, medication distributed for
72 administration by or under the supervision of a health care
73 practitioner at a hospital clinic or facility.

74 9. This section shall not be construed to preempt any law or rule
75 governing controlled substances.

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

85 11. The board shall appoint an advisory committee to review and
86 make recommendations to the board on the merit of all rules and
87 regulations to be jointly promulgated by the board and the department
88 of health and senior services pursuant to the joint rulemaking

89 **authority granted by this section. The advisory committee shall consist**
90 **of:**

91 **(1) Two representatives designated by the Missouri Hospital**
92 **Association, one of whom shall be a pharmacist;**

93 **(2) One pharmacist designated by the Missouri Society of Health**
94 **System Pharmacists;**

95 **(3) One pharmacist designated by the Missouri Pharmacy**
96 **Association;**

97 **(4) One pharmacist designated by the department of health and**
98 **senior services from a hospital with a licensed bed count that does not**
99 **exceed fifty beds or from a critical access hospital as defined by the**
100 **department of social services for purposes of MO HealthNet**
101 **reimbursement;**

102 **(5) One pharmacist designated by the department of health and**
103 **senior services from a hospital with a licensed bed count that exceeds**
104 **two hundred beds; and**

105 **(6) One pharmacist designated by the board with experience in**
106 **the provision of hospital pharmacy services.**

107 **12. Nothing in this section shall be construed to limit the**
108 **authority of a licensed health care provider to prescribe, administer,**
109 **or dispense medications and treatments within the scope of their**
110 **professional practice.**

338.220. 1. It shall be unlawful for any person, copartnership,
2 association, corporation or any other business entity to open, establish, operate,
3 or maintain any pharmacy as defined by statute without first obtaining a permit
4 or license to do so from the Missouri board of pharmacy. A permit shall not be
5 required for an individual licensed pharmacist to perform nondispensing activities
6 outside of a pharmacy, as provided by the rules of the board. A permit shall not
7 be required for an individual licensed pharmacist to administer drugs, vaccines,
8 and biologicals by protocol, as permitted by law, outside of a pharmacy. The
9 following classes of pharmacy permits or licenses are hereby established:

10 (1) Class A: Community/ambulatory;

11 (2) Class B: Hospital [outpatient] pharmacy;

12 (3) Class C: Long-term care;

13 (4) Class D: Nonsterile compounding;

14 (5) Class E: Radio pharmaceutical;

15 (6) Class F: Renal dialysis;

16 (7) Class G: Medical gas;

- 17 (8) Class H: Sterile product compounding;
18 (9) Class I: Consultant services;
19 (10) Class J: Shared service;
20 (11) Class K: Internet;
21 (12) Class L: Veterinary;
22 (13) Class M: Specialty (bleeding disorder);
23 (14) Class N: Automated dispensing system (health care facility);
24 (15) Class O: Automated dispensing system (ambulatory care);
25 (16) Class P: Practitioner office/clinic.

26 2. Application for such permit or license shall be made upon a form
27 furnished to the applicant; shall contain a statement that it is made under oath
28 or affirmation and that its representations are true and correct to the best
29 knowledge and belief of the person signing same, subject to the penalties of
30 making a false affidavit or declaration; and shall be accompanied by a permit or
31 license fee. The permit or license issued shall be renewable upon payment of a
32 renewal fee. Separate applications shall be made and separate permits or
33 licenses required for each pharmacy opened, established, operated, or maintained
34 by the same owner.

35 3. All permits, licenses or renewal fees collected pursuant to the
36 provisions of sections 338.210 to 338.370 shall be deposited in the state treasury
37 to the credit of the Missouri board of pharmacy fund, to be used by the Missouri
38 board of pharmacy in the enforcement of the provisions of sections 338.210 to
39 338.370, when appropriated for that purpose by the general assembly.

40 4. Class L: veterinary permit shall not be construed to prohibit or
41 interfere with any legally registered practitioner of veterinary medicine in the
42 compounding, administering, prescribing, or dispensing of their own
43 prescriptions, or medicine, drug, or pharmaceutical product to be used for
44 animals.

45 5. Except for any legend drugs under 21 U.S.C. Section 353, the provisions
46 of this section shall not apply to the sale, dispensing, or filling of a
47 pharmaceutical product or drug used for treating animals.

48 **6. A "class B hospital pharmacy" shall be defined as a pharmacy**
49 **owned, managed, or operated by a hospital as defined by section**
50 **197.020 or a clinic or facility under common control, management, or**
51 **ownership of the same hospital or hospital system. This section shall**
52 **not be construed to require a class B hospital pharmacy permit or**
53 **license for hospitals solely providing services within the practice of**

54 **pharmacy under the jurisdiction of, and the licensure granted by, the**
55 **department of health and senior services under chapter 197.**

56 **7. Upon application to the board, any hospital that holds a**
57 **pharmacy permit or license on the effective date of this section shall be**
58 **entitled to obtain a class B pharmacy permit or license without fee,**
59 **provided such application shall be submitted to the board on or before**
60 **January 1, 2015.**

346.010. As used in sections 346.010 to 346.250, except as the context may
2 require otherwise, the following terms mean:

3 (1) "Audiologist", a clinical audiologist licensed pursuant to chapter 345;

4 (2) "Board", the Missouri board of examiners for hearing instrument
5 specialists, which is established in section 346.120;

6 (3) "Department", the department of insurance, financial institutions and
7 professional registration;

8 (4) "Division", the division of professional registration;

9 (5) "Hearing instrument" or "hearing aid", any wearable instrument or
10 device designed for or offered for the purpose of aiding or compensating for
11 impaired human hearing and **that can provide more than fifteen decibel**
12 **full-on gain via a two cc coupler at any single frequency from two**
13 **hundred through six thousand cycles per second, and** any parts,
14 attachments, or accessories, including earmold, but excluding batteries, cords,
15 receivers and repairs;

16 (6) "Hearing instrument specialist" or "specialist", a person licensed by the
17 state pursuant to sections 346.010 to 346.250 who is authorized to engage in the
18 practice of fitting hearing instruments;

19 (7) "Hearing instrument specialist in-training", a person who holds a
20 temporary permit issued by the division to fit hearing instruments under the
21 supervision of a hearing instrument specialist;

22 (8) "License", a license issued by the state under sections 346.010 to
23 346.250 to hearing instrument specialists;

24 (9) "Otolaryngologist", a person licensed to practice medicine and surgery
25 in the state of Missouri pursuant to chapter 334 and who spends the majority of
26 the person's practice seeing patients with ear, nose, and throat diseases;

27 (10) "Person", an individual, corporation, partnership, joint venture,
28 association, trust or any other legal entity;

29 (11) "Practice of fitting hearing instruments", the selection, adaptation,
30 and sale of hearing instruments, including the testing and evaluation of hearing

31 by means of an audiometer and the making of impressions for earmolds;

32 (12) "Registration of supervision", the process of obtaining a certificate of
33 authority issued by the division to a hearing instrument specialist that enables
34 the specialist to supervise one or more hearing instrument specialists in-training,
35 as defined by division rules;

36 (13) "Sell or sale", any transfer of title or of the right to use by lease,
37 bailment, or any other contract, excluding wholesale transactions with
38 distributors or dealers;

39 (14) "Supervised training", the program of education and experience, as
40 defined by division rule, required to be followed by each hearing instrument
41 specialist in-training;

42 (15) "Supervisor", a hearing instrument specialist who has filed a
43 registration of supervision with the board and has received from the division a
44 certificate of authority;

45 (16) "Temporary permit", a permit issued by the division while the
46 applicant is in training to become a licensed hearing instrument specialist.

346.055. 1. An applicant may obtain a license [by successfully passing a
2 qualifying examination of the type described in sections 346.010 to 346.250,]
3 provided the applicant:

4 (1) Is at least eighteen years of age; and

5 (2) Is of good moral character; and

6 (3) **Successfully passes a qualifying examination as described**
7 **under sections 346.010 to 346.250; and**

8 (4) (a) Holds an associate's degree or higher, from a state or regionally
9 accredited institution of higher education, in hearing instrument sciences; or

10 (b) Holds an associate's level degree or higher, from a state or regionally
11 accredited institution of higher education[, and submits proof of completion of
12 the International Hearing Society's Distance Learning for Professionals in
13 Hearing Health Sciences [course, and submits proof of completion of the Hearing
14 Instrument Specialists in Training program as established by the Board of
15 Examiners for Hearing Instrument Specialists] **Course**; or

16 (c) Holds a master's or doctoral degree in audiology from a state or
17 regionally accredited institution; or

18 (d) Holds a current, unsuspended, unrevoked license from another
19 jurisdiction if the standards for licensing in such other jurisdiction, as determined
20 by the board, are substantially equivalent to or exceed those required in
21 paragraph (a) or (b) of subdivision [(3)] (4) of this subsection; or

22 (e) Holds a current, unsuspended, unrevoked license from another
23 jurisdiction, has been actively practicing as a licensed hearing aid fitter or
24 dispenser in another jurisdiction for no less than forty-eight of the last
25 seventy-two months, and submits proof of completion of advance certification from
26 either the International Hearing Society or the National Board for Certification
27 in Hearing Instrument Sciences.

28 2. The provisions of subsection 1 of this section shall not apply to any
29 person holding a valid Missouri hearing instrument specialist license under this
30 chapter when applying for the renewal of that license. These provisions shall
31 apply to any person holding a hearing instrument specialist-in-training permit
32 at the time of their application for licensure or renewal of said permit.

33 3. (1) The board shall promulgate reasonable standards and rules for the
34 evaluation of applicants for purposes of determining the course of instruction and
35 training required of each applicant for a hearing instrument specialist license
36 under the requirement of subdivision (3) of subsection 1 of this section.

37 (2) Any rule or portion of a rule, as that term is defined in section
38 536.010, that is created under the authority delegated in this section shall
39 become effective only if it complies with and is subject to all of the provisions of
40 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
41 nonseverable and if any of the powers vested with the general assembly pursuant
42 to chapter 536 to review, to delay the effective date, or to disapprove and annul
43 a rule are subsequently held unconstitutional, then the grant of rulemaking
44 authority and any rule proposed or adopted after August 28, 2013, shall be
45 invalid and void.

✓

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