

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By

1 AMEND House Committee Substitute for House Bill Nos. 348, 285 & 407, Page 1, Section A, Line  
2 5, by inserting after all of said section and line the following:

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

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

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

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

29 (1) When the controlled substance is delivered to the practitioner to administer to the patient  
30 for whom the medication is prescribed as authorized by federal law. Practitioners shall maintain

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

1 records and secure the medication as required by this chapter and regulations promulgated pursuant  
2 to this chapter; or

3 (2) As provided in section 195.265.

4 5. An individual practitioner shall not prescribe or dispense a controlled substance for such  
5 practitioner's personal use except in a medical emergency."; and

6  
7 Further amend said bill, Page 3, Section 334.043, Line 72, by inserting after all of said section and  
8 line the following:

9  
10 "334.104. 1. A physician may enter into collaborative practice arrangements with registered  
11 professional nurses. Collaborative practice arrangements shall be in the form of written agreements,  
12 jointly agreed-upon protocols, or standing orders for the delivery of health care services.

13 Collaborative practice arrangements, which shall be in writing, may delegate to a registered  
14 professional nurse the authority to administer or dispense drugs and provide treatment as long as the  
15 delivery of such health care services is within the scope of practice of the registered professional  
16 nurse and is consistent with that nurse's skill, training and competence.

17 2. (1) Collaborative practice arrangements, which shall be in writing, may delegate to a  
18 registered professional nurse the authority to administer, dispense or prescribe drugs and provide  
19 treatment if the registered professional nurse is an advanced practice registered nurse as defined in  
20 subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an  
21 advanced practice registered nurse, as defined in section 335.016, the authority to administer,  
22 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,  
23 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not  
24 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of  
25 section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general  
26 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled  
27 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-  
28 hour supply without refill.

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

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

1           (4) An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-  
2 day supply without refill for patients receiving medication-assisted treatment for substance use  
3 disorders under the direction of the collaborating physician.

4           3. The written collaborative practice arrangement shall contain at least the following  
5 provisions:

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

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

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

15           (4) All specialty or board certifications of the collaborating physician and all certifications  
16 of the advanced practice registered nurse;

17           (5) The manner of collaboration between the collaborating physician and the advanced  
18 practice registered nurse, including how the collaborating physician and the advanced practice  
19 registered nurse will:

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

22           (b) Maintain geographic proximity, except the collaborative practice arrangement may  
23 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year  
24 for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement  
25 includes alternative plans as required in paragraph (c) of this subdivision. This exception to  
26 geographic proximity shall apply only to independent rural health clinics, provider-based rural  
27 health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-  
28 4, and provider-based rural health clinics where the main location of the hospital sponsor is greater  
29 than fifty miles from the clinic. The collaborative practice arrangement may allow for geographic  
30 proximity to be waived when the arrangement outlines the use of telecommunications, as described  
31 in section 191.1145. The collaborating physician is required to maintain documentation related to  
32 this requirement and to present it to the state board of registration for the healing arts when  
33 requested; and

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

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

1 (7) A list of all other written practice agreements of the collaborating physician and the  
2 advanced practice registered nurse;

3 (8) The duration of the written practice agreement between the collaborating physician and  
4 the advanced practice registered nurse;

5 (9) A description of the time and manner of the collaborating physician's review of the  
6 advanced practice registered nurse's delivery of health care services. The description shall include  
7 provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the  
8 charts documenting the advanced practice registered nurse's delivery of health care services to the  
9 collaborating physician for review by the collaborating physician, or any other physician designated  
10 in the collaborative practice arrangement, every fourteen days; and

11 (10) The collaborating physician, or any other physician designated in the collaborative  
12 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in  
13 which the advanced practice registered nurse prescribes controlled substances. The charts reviewed  
14 under this subdivision may be counted in the number of charts required to be reviewed under  
15 subdivision (9) of this subsection.

16 4. The state board of registration for the healing arts pursuant to section 334.125 and the  
17 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of  
18 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to be  
19 covered, the methods of treatment that may be covered by collaborative practice arrangements and  
20 the requirements for review of services provided pursuant to collaborative practice arrangements  
21 including delegating authority to prescribe controlled substances. Any rules relating to dispensing  
22 or distribution of medications or devices by prescription or prescription drug orders under this  
23 section shall be subject to the approval of the state board of pharmacy. Any rules relating to  
24 dispensing or distribution of controlled substances by prescription or prescription drug orders under  
25 this section shall be subject to the approval of the department of health and senior services and the  
26 state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a  
27 quorum of each board. Neither the state board of registration for the healing arts nor the board of  
28 nursing may separately promulgate rules relating to collaborative practice arrangements. Such  
29 jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The  
30 rulemaking authority granted in this subsection shall not extend to collaborative practice  
31 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to  
32 chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April  
33 30, 2008.

34 5. The state board of registration for the healing arts shall not deny, revoke, suspend or  
35 otherwise take disciplinary action against a physician for health care services delegated to a  
36 registered professional nurse provided the provisions of this section and the rules promulgated  
37 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action  
38 imposed as a result of an agreement between a physician and a registered professional nurse or  
39 registered physician assistant, whether written or not, prior to August 28, 1993, all records of such

1 disciplinary licensure action and all records pertaining to the filing, investigation or review of an  
2 alleged violation of this chapter incurred as a result of such an agreement shall be removed from the  
3 records of the state board of registration for the healing arts and the division of professional  
4 registration and shall not be disclosed to any public or private entity seeking such information from  
5 the board or the division. The state board of registration for the healing arts shall take action to  
6 correct reports of alleged violations and disciplinary actions as described in this section which have  
7 been submitted to the National Practitioner Data Bank. In subsequent applications or  
8 representations relating to his or her medical practice, a physician completing forms or documents  
9 shall not be required to report any actions of the state board of registration for the healing arts for  
10 which the records are subject to removal under this section.

11 6. Within thirty days of any change and on each renewal, the state board of registration for  
12 the healing arts shall require every physician to identify whether the physician is engaged in any  
13 collaborative practice ~~[agreement]~~ arrangement, including collaborative practice ~~[agreements]~~  
14 arrangements delegating the authority to prescribe controlled substances, or physician assistant  
15 ~~[agreement]~~ collaborative practice arrangement and also report to the board the name of each  
16 licensed professional with whom the physician has entered into such ~~[agreement]~~ arrangement. The  
17 board ~~[may]~~ shall make this information available to the public. The board shall track the reported  
18 information and may routinely conduct random reviews of such ~~[agreements]~~ arrangements to  
19 ensure that ~~[agreements]~~ arrangements are carried out for compliance under this chapter.

20 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined  
21 in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a  
22 collaborative practice arrangement provided that he or she is under the supervision of an  
23 anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed.  
24 Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse  
25 anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative  
26 practice arrangement under this section, except that the collaborative practice arrangement may not  
27 delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of  
28 section 195.017, or Schedule II - hydrocodone.

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

37 9. It is the responsibility of the collaborating physician to determine and document the  
38 completion of at least a one-month period of time during which the advanced practice registered  
39 nurse shall practice with the collaborating physician continuously present before practicing in a

1 setting where the collaborating physician is not continuously present. This limitation shall not apply  
 2 to collaborative arrangements of providers of population-based public health services as defined by  
 3 20 CSR 2150-5.100 as of April 30, 2008, or to collaborative practice arrangements between a  
 4 primary care physician and a primary care advanced practice registered nurse, where the  
 5 collaborating physician is new to a patient population to which the advanced practice registered  
 6 nurse is familiar.

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

12 11. No contract or other ~~[agreement]~~ arrangement shall require a physician to act as a  
 13 collaborating physician for an advanced practice registered nurse against the physician's will. A  
 14 physician shall have the right to refuse to act as a collaborating physician, without penalty, for a  
 15 particular advanced practice registered nurse. No contract or other agreement shall limit the  
 16 collaborating physician's ultimate authority over any protocols or standing orders or in the  
 17 delegation of the physician's authority to any advanced practice registered nurse, but this  
 18 requirement shall not authorize a physician in implementing such protocols, standing orders, or  
 19 delegation to violate applicable standards for safe medical practice established by hospital's medical  
 20 staff.

21 12. No contract or other ~~[agreement]~~ arrangement shall require any ~~[advanced practice]~~  
 22 registered nurse to serve as a collaborating ~~[advanced practice]~~ registered nurse for any  
 23 collaborating physician against the ~~[advanced practice]~~ registered nurse's will. ~~[An advanced~~  
 24 ~~practice]~~ A registered nurse shall have the right to refuse to collaborate, without penalty, with a  
 25 particular physician."; and

26  
 27 Further amend said bill, Page 18, Section, 334.1720, Line 11, by inserting after all of said section  
 28 and line the following:

29  
 30 "335.016. As used in this chapter, unless the context clearly requires otherwise, the  
 31 following words and terms mean:

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

34 (2) "Advanced practice registered nurse" or "APRN", a ~~[nurse who has education beyond~~  
 35 ~~the basic nursing education and is certified by a nationally recognized professional organization as a~~  
 36 ~~certified nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or a~~  
 37 ~~certified clinical nurse specialist. The board shall promulgate rules specifying which nationally~~  
 38 ~~recognized professional organization certifications are to be recognized for the purposes of this~~  
 39 ~~section. Advanced practice nurses and only such individuals may use the title "Advanced Practice~~

1 Registered Nurse" and the abbreviation "APRN"] person who is licensed under the provisions of this  
 2 chapter to engage in the practice of advanced practice nursing as a certified clinical nurse specialist,  
 3 certified nurse midwife, certified nurse practitioner, or certified registered nurse anesthetist;

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

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

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

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

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

15 (8) "Certified registered nurse anesthetist", a registered nurse who is currently certified as a  
 16 nurse anesthetist by the Council on Certification of Nurse Anesthetists, the ~~[Council on~~  
 17 ~~Recertification of Nurse Anesthetists]~~ National Board of Certification and Recertification for Nurse  
 18 Anesthetists, or other nationally recognized certifying body approved by the board of nursing;

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

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

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

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

26 (13) "Licensure", the issuing of a license ~~[to practice professional or practical nursing]~~ to  
 27 candidates who have met the ~~[specified]~~ requirements specified under this chapter, authorizing the  
 28 person to engage in the practice of advanced practice, professional, or practical nursing, and the  
 29 recording of the names of those persons as holders of a license to practice advanced practice,  
 30 professional, or practical nursing;

31 (14) "Practice of advanced practice nursing", the performance for compensation of activities  
 32 and services consistent with the required education, training, certification, demonstrated  
 33 competencies, and experiences of an advanced practice registered nurse;

34 (15) "Practice of practical nursing", the performance for compensation of selected acts for  
 35 the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in  
 36 normal health processes. Such performance requires substantial specialized skill, judgment and  
 37 knowledge. All such nursing care shall be given under the direction of a person licensed by a state  
 38 regulatory board to prescribe medications and treatments or under the direction of a registered  
 39 professional nurse. For the purposes of this chapter, the term "direction" shall mean guidance or

1 supervision provided by a person licensed by a state regulatory board to prescribe medications and  
 2 treatments or a registered professional nurse, including, but not limited to, oral, written, or otherwise  
 3 communicated orders or directives for patient care. When practical nursing care is delivered  
 4 pursuant to the direction of a person licensed by a state regulatory board to prescribe medications  
 5 and treatments or under the direction of a registered professional nurse, such care may be delivered  
 6 by a licensed practical nurse without direct physical oversight;

7 ~~[(15)]~~ (16) "Practice of professional nursing", the performance for compensation of any act  
 8 or action which requires substantial specialized education, judgment and skill based on knowledge  
 9 and application of principles derived from the biological, physical, social, behavioral, and nursing  
 10 sciences, including, but not limited to:

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

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

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

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

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

21 ~~[(16)–A]~~ (17) "Registered professional nurse" or "registered nurse", a person licensed  
 22 pursuant to the provisions of this chapter to engage in the practice of professional nursing;

23 ~~[(17)]~~ (18) "Retired license status", any person licensed in this state under this chapter who  
 24 retires from such practice. Such person shall file with the board an affidavit, on a form to be  
 25 furnished by the board, which states the date on which the licensee retired from such practice, an  
 26 intent to retire from the practice for at least two years, and such other facts as tend to verify the  
 27 retirement as the board may deem necessary; but if the licensee thereafter reengages in the practice,  
 28 the licensee shall renew his or her license with the board as provided by this chapter and by rule and  
 29 regulation.

30 335.019. 1. An advanced practice registered nurse's prescriptive authority shall include  
 31 authority to:

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

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

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



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

3 (2) Provides documentation of a minimum of three hundred clock hours preceptorial  
4 experience in the prescription of drugs, medicines, and therapeutic devices with a qualified  
5 preceptor; and

6 (3) Provides evidence of a minimum of one thousand hours of practice in an advanced  
7 practice nursing category prior to application for a certificate of prescriptive authority. The one  
8 thousand hours shall not include clinical hours obtained in the advanced practice nursing education  
9 program. The one thousand hours of practice in an advanced practice nursing category may include  
10 transmitting a prescription order orally or telephonically or to an inpatient medical record from  
11 protocols developed in collaboration with and signed by a licensed physician; and

12 (4) Has a controlled substance prescribing authority delegated in the collaborative practice  
13 arrangement under section 334.104 with a physician who has an unrestricted federal Drug  
14 Enforcement Administration registration number and who is actively engaged in a practice  
15 comparable in scope, specialty, or expertise to that of the advanced practice registered nurse.

16 335.036. 1. The board shall:

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

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

23 (3) Prescribe minimum standards for educational programs preparing persons for licensure  
24 as a registered nurse or licensed practical nurse pursuant to the provisions of sections 335.011 to  
25 ~~[335.096]~~ 335.099;

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

28 (5) Designate as "approved" such programs as meet the requirements of sections 335.011 to  
29 ~~[335.096]~~ 335.099 and the rules and regulations enacted pursuant to such sections; and the board  
30 shall annually publish a list of such programs;

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

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

34 (8) Cause the prosecution of all persons violating provisions of sections 335.011 to  
35 ~~[335.096]~~ 335.099, and may incur such necessary expenses therefor;

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

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

4           3. All fees received by the board pursuant to the provisions of sections 335.011 to ~~335.096~~  
5 335.099 shall be deposited in the state treasury and be placed to the credit of the state board of  
6 nursing fund. All administrative costs and expenses of the board shall be paid from appropriations  
7 made for those purposes. The board is authorized to provide funding for the nursing education  
8 incentive program established in sections 335.200 to 335.203.

9           4. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall  
10 not be transferred and placed to the credit of general revenue until the amount in the fund at the end  
11 of the biennium exceeds two times the amount of the appropriation from the board's funds for the  
12 preceding fiscal year or, if the board requires by rule, permit renewal less frequently than yearly,  
13 then three times the appropriation from the board's funds for the preceding fiscal year. The amount,  
14 if any, in the fund which shall lapse is that amount in the fund which exceeds the appropriate  
15 multiple of the appropriations from the board's funds for the preceding fiscal year.

16           5. Any rule or portion of a rule, as that term is defined in section 536.010, that is created  
17 under the authority delegated in this chapter shall become effective only if it complies with and is  
18 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. All rulemaking  
19 authority delegated prior to August 28, 1999, is of no force and effect and repealed. Nothing in this  
20 section shall be interpreted to repeal or affect the validity of any rule filed or adopted prior to  
21 August 28, 1999, if it fully complied with all applicable provisions of law. This section and chapter  
22 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter  
23 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held  
24 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after  
25 August 28, 1999, shall be invalid and void.

26           335.046. 1. An applicant for a license to practice as a registered professional nurse shall  
27 submit to the board a written application on forms furnished to the applicant. The original  
28 application shall contain the applicant's statements showing the applicant's education and other such  
29 pertinent information as the board may require. The applicant shall be of good moral character and  
30 have completed at least the high school course of study, or the equivalent thereof as determined by  
31 the state board of education, and have successfully completed the basic professional curriculum in  
32 an accredited or approved school of nursing and earned a professional nursing degree or diploma.  
33 Each application shall contain a statement that it is made under oath or affirmation and that its  
34 representations are true and correct to the best knowledge and belief of the person signing same,  
35 subject to the penalties of making a false affidavit or declaration. Applicants from non-English-  
36 speaking lands shall be required to submit evidence of proficiency in the English language. The  
37 applicant must be approved by the board and shall pass an examination as required by the board.  
38 The board may require by rule as a requirement for licensure that each applicant shall pass an oral or  
39 practical examination. Upon successfully passing the examination, the board may issue to the

1 applicant a license to practice nursing as a registered professional nurse. The applicant for a license  
2 to practice registered professional nursing shall pay a license fee in such amount as set by the board.  
3 The fee shall be uniform for all applicants. Applicants from foreign countries shall be licensed as  
4 prescribed by rule.

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

23 3. (1) An applicant for a license to practice as an advanced practice registered nurse shall  
24 submit to the board a written application on forms furnished to the applicant. The original  
25 application shall contain:

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

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

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

33 (3) An applicant shall:

34 (a) Hold a current registered professional nurse license or privilege to practice, shall not be  
35 currently subject to discipline or any restrictions, and shall not hold an encumbered license or  
36 privilege to practice as a registered professional nurse or advanced practice registered nurse in any  
37 state or territory;

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

1 practitioner, or registered nurse anesthetist, with at least one population focus prescribed by rule of  
 2 the board;

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

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

7 (4) Any person holding a document of recognition to practice nursing as an advanced  
 8 practice registered nurse in this state that is current on August 28, 2023, shall be deemed to be  
 9 licensed as an advanced practice registered nurse under the provisions of this section and shall be  
 10 eligible for renewal of such license under the conditions and standards prescribed in this chapter and  
 11 as prescribed by rule.

12 4. Upon refusal of the board to allow any applicant to ~~sit for~~ take either the registered  
 13 professional nurses' examination or the licensed practical nurses' examination, ~~as the case may be,~~  
 14 or upon refusal to issue an advanced practice registered nurse license, the board shall comply with  
 15 the provisions of section 621.120 and advise the applicant of his or her right to have a hearing  
 16 before the administrative hearing commission. The administrative hearing commission shall hear  
 17 complaints taken pursuant to section 621.120.

18 [4-] 5. The board shall not deny a license because of sex, religion, race, ethnic origin, age or  
 19 political affiliation.

20 335.049. 1. Any advanced practice registered nurse actively practicing in a direct or  
 21 indirect patient care setting shall:

22 (1) Report to the board the mailing address or addresses of his or her current practice  
 23 location or locations;

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

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

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

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

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

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

34 (4) Observation of pertinent physical findings;

35 (5) Assessment and clinical impression of diagnosis;

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

37 If treatment includes medication, the advanced practice registered nurse shall include in the patient  
 38 record the medication and dosage of any medication prescribed, dispensed, or administered; and

39 (7) Any informed consent for office procedures.

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

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

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

11           335.051. 1. The board shall issue a license to practice nursing as ~~[either]~~ an advanced  
12 practice registered nurse, a registered professional nurse, or a licensed practical nurse without  
13 examination to an applicant who has duly become licensed as ~~[a]~~ an advanced practice registered  
14 nurse, registered nurse, or licensed practical nurse pursuant to the laws of another state, territory, or  
15 foreign country if the applicant meets the qualifications required of advanced practice registered  
16 nurses, registered nurses, or licensed practical nurses in this state at the time the applicant was  
17 originally licensed in the other state, territory, or foreign country.

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

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

31           335.056. 1. The license of every person licensed under the provisions of ~~[sections 335.011~~  
32 ~~to 335.096]~~ this chapter shall be renewed as provided. An application for renewal of license shall be  
33 mailed to every person to whom a license was issued or renewed during the current licensing period.  
34 The applicant shall complete the application and return it to the board by the renewal date with a  
35 renewal fee in an amount to be set by the board. The fee shall be uniform for all applicants. The  
36 certificates of renewal shall render the holder thereof a legal practitioner of nursing for the period  
37 stated in the certificate of renewal. Any person who practices nursing as an advanced practice  
38 registered nurse, a registered professional nurse, or ~~[as]~~ a licensed practical nurse during the time his

1 or her license has lapsed shall be considered an illegal practitioner and shall be subject to the  
2 penalties provided for violation of the provisions of sections 335.011 to [~~335.096~~] 335.099.

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

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

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

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

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

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

34 6. Notwithstanding any law to the contrary, nothing in this chapter shall prohibit a Christian  
35 Science nurse from using the title "Christian Science nurse", so long as such person provides only  
36 religious nonmedical services when offering or providing such services to those who choose to rely  
37 upon healing by spiritual means alone and does not hold his or her own religious organization and  
38 does not hold himself or herself out as a registered nurse, advanced practice registered nurse, nurse

1 practitioner, licensed practical nurse, nurse midwife, clinical nurse specialist, or nurse anesthetist,  
2 unless otherwise authorized by law to do so.

3 335.086. No person, firm, corporation or association shall:

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

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

9 (3) Practice [~~professional nursing or practical~~] nursing as defined by sections 335.011 to  
10 [~~335.096~~] 335.099 unless duly licensed to do so under the provisions of sections 335.011 to  
11 [~~335.096~~] 335.099;

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

16 (5) Practice [~~professional nursing or practical~~] nursing during the time his or her license  
17 issued under the provisions of sections 335.011 to [~~335.096~~] 335.099 shall be suspended or revoked;  
18 or

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

21 335.175. 1. No later than January 1, 2014, there is hereby established within the state board  
22 of registration for the healing arts and the state board of nursing the "Utilization of Telehealth by  
23 Nurses". An advanced practice registered nurse (APRN) providing nursing services under a  
24 collaborative practice arrangement under section 334.104 may provide such services outside the  
25 geographic proximity requirements of section 334.104 if the collaborating physician and advanced  
26 practice registered nurse utilize telehealth [~~in the care of the patient and if the services are provided~~  
27 ~~in a rural area of need~~]. Telehealth providers shall be required to obtain patient consent before  
28 telehealth services are initiated and ensure confidentiality of medical information.

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

31 [~~3. (1) The boards shall jointly promulgate rules governing the practice of telehealth under~~  
32 ~~this section. Such rules shall address, but not be limited to, appropriate standards for the use of~~  
33 ~~telehealth.~~

34 (2) ~~Any rule or portion of a rule, as that term is defined in section 536.010, that is created~~  
35 ~~under the authority delegated in this section shall become effective only if it complies with and is~~  
36 ~~subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and~~  
37 ~~chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to~~  
38 ~~chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently~~

1 ~~held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after~~  
2 ~~August 28, 2013, shall be invalid and void.~~

3 ~~4. For purposes of this section, "rural area of need" means any rural area of this state which is~~  
4 ~~located in a health professional shortage area as defined in section 354.650. ]"; and~~

5  
6 Further amend said bill by amending the title, enacting clause, and intersectional references  
7 accordingly.