

FIRST REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
SENATE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NOS. 115 & 99
102ND GENERAL ASSEMBLY

0039S.05T

2023

AN ACT

To repeal sections 195.070, 334.036, 334.100, 334.104, 334.506, 334.613, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 337.510, and 338.010, RSMo, and to enact in lieu thereof nineteen new sections relating to licensing of health care professionals.

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

Section A. Sections 195.070, 334.036, 334.100, 334.104, 334.506, 334.613, 335.016, 2 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 337.510, and 3 338.010, RSMo, are repealed and nineteen new sections enacted in lieu thereof, to be known 4 as sections 195.070, 334.036, 334.100, 334.104, 334.506, 334.613, 335.016, 335.019, 5 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 337.510, 337.550, 338.010, 6 and 338.012, to read as follows:

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

7 2. An advanced practice registered nurse, as defined in section 335.016, but not a 8 certified registered nurse anesthetist as defined in subdivision (8) of section 335.016, who 9 holds a certificate of controlled substance prescriptive authority from the board of nursing

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

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

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

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

27 (1) When the controlled substance is delivered to the practitioner to administer to the
28 patient for whom the medication is prescribed as authorized by federal law. Practitioners
29 shall maintain records and secure the medication as required by this chapter and regulations
30 promulgated pursuant to this chapter; or

31 (2) As provided in section 195.265.

32 5. An individual practitioner shall not prescribe or dispense a controlled substance for
33 such practitioner's personal use except in a medical emergency.

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

2 (1) "Assistant physician", any **graduate of a medical school [~~graduate~~] accredited**
3 **by the Liaison Committee on Medical Education, the Commission on Osteopathic**
4 **College Accreditation, or an organization accredited by the Educational Commission**
5 **for Foreign Medical Graduates** who:

6 (a) Is a resident and citizen of the United States or is a legal resident alien;

7 (b) Has successfully completed Step 2 of the United States Medical Licensing
8 Examination or the equivalent of such step of any other board-approved medical licensing
9 examination within the three-year period immediately preceding application for licensure as
10 an assistant physician, or within three years after graduation from a medical college or
11 osteopathic medical college, whichever is later;

12 (c) Has not completed an approved postgraduate residency and has successfully
13 completed Step 2 of the United States Medical Licensing Examination or the equivalent of

14 such step of any other board-approved medical licensing examination within the immediately
15 preceding three-year period unless when such three-year anniversary occurred he or she was
16 serving as a resident physician in an accredited residency in the United States and continued
17 to do so within thirty days prior to application for licensure as an assistant physician; and

18 (d) Has proficiency in the English language.

19

20 Any **graduate of a** medical school [~~graduate~~] who could have applied for licensure and
21 complied with the provisions of this subdivision at any time between August 28, 2014, and
22 August 28, 2017, may apply for licensure and shall be deemed in compliance with the
23 provisions of this subdivision;

24 (2) "Assistant physician collaborative practice arrangement", an agreement between a
25 physician and an assistant physician that meets the requirements of this section and section
26 334.037[~~];~~

27 ~~(3) "Medical school graduate", any person who has graduated from a medical college~~
28 ~~or osteopathic medical college described in section 334.031].~~

29 2. (1) An assistant physician collaborative practice arrangement shall limit the
30 assistant physician to providing only primary care services and only in medically underserved
31 rural or urban areas of this state [~~or in any pilot project areas established in which assistant~~
32 ~~physicians may practice].~~

33 (2) For a physician-assistant physician team working in a rural health clinic under the
34 federal Rural Health Clinic Services Act, P.L. 95-210, as amended:

35 (a) An assistant physician shall be considered a physician assistant for purposes of
36 regulations of the Centers for Medicare and Medicaid Services (CMS); and

37 (b) No supervision requirements in addition to the minimum federal law shall be
38 required.

39 3. (1) For purposes of this section, the licensure of assistant physicians shall take
40 place within processes established by rules of the state board of registration for the healing
41 arts. The board of healing arts is authorized to establish rules under chapter 536 establishing
42 licensure and renewal procedures, supervision, collaborative practice arrangements, fees, and
43 addressing such other matters as are necessary to protect the public and discipline the
44 profession. No licensure fee for an assistant physician shall exceed the amount of any
45 licensure fee for a physician assistant. An application for licensure may be denied or the
46 licensure of an assistant physician may be suspended or revoked by the board in the same
47 manner and for violation of the standards as set forth by section 334.100, or such other
48 standards of conduct set by the board by rule. No rule or regulation shall require an assistant
49 physician to complete more hours of continuing medical education than that of a licensed
50 physician.

51 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is
52 created under the authority delegated in this section shall become effective only if it complies
53 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.
54 This section and chapter 536 are nonseverable and if any of the powers vested with the
55 general assembly under chapter 536 to review, to delay the effective date, or to disapprove
56 and annul a rule are subsequently held unconstitutional, then the grant of rulemaking
57 authority and any rule proposed or adopted after August 28, 2014, shall be invalid and void.

58 (3) Any rules or regulations regarding assistant physicians in effect as of the effective
59 date of this section that conflict with the provisions of this section and section 334.037 shall
60 be null and void as of the effective date of this section.

61 4. An assistant physician shall clearly identify himself or herself as an assistant
62 physician and shall be permitted to use the terms "doctor", "Dr.", or "doc". No assistant
63 physician shall practice or attempt to practice without an assistant physician collaborative
64 practice arrangement, except as otherwise provided in this section and in an emergency
65 situation.

66 5. The collaborating physician is responsible at all times for the oversight of the
67 activities of and accepts responsibility for primary care services rendered by the assistant
68 physician.

69 6. The provisions of section 334.037 shall apply to all assistant physician
70 collaborative practice arrangements. Any renewal of licensure under this section shall
71 include verification of actual practice under a collaborative practice arrangement in
72 accordance with this subsection during the immediately preceding licensure period.

73 7. Each health carrier or health benefit plan that offers or issues health benefit plans
74 that are delivered, issued for delivery, continued, or renewed in this state shall reimburse an
75 assistant physician for the diagnosis, consultation, or treatment of an insured or enrollee on
76 the same basis that the health carrier or health benefit plan covers the service when it is
77 delivered by another comparable mid-level health care provider including, but not limited to,
78 a physician assistant.

334.100. 1. The board may refuse to issue or renew any certificate of registration or
2 authority, permit or license required pursuant to this chapter for one or any combination of
3 causes stated in subsection 2 of this section. The board shall notify the applicant in writing of
4 the reasons for the refusal and shall advise the applicant of the applicant's right to file a
5 complaint with the administrative hearing commission as provided by chapter 621. As an
6 alternative to a refusal to issue or renew any certificate, registration or authority, the board
7 may, at its discretion, issue a license which is subject to probation, restriction or limitation to
8 an applicant for licensure for any one or any combination of causes stated in subsection 2 of
9 this section. The board's order of probation, limitation or restriction shall contain a statement

10 of the discipline imposed, the basis therefor, the date such action shall become effective, and a
11 statement that the applicant has thirty days to request in writing a hearing before the
12 administrative hearing commission. If the board issues a probationary, limited or restricted
13 license to an applicant for licensure, either party may file a written petition with the
14 administrative hearing commission within thirty days of the effective date of the probationary,
15 limited or restricted license seeking review of the board's determination. If no written request
16 for a hearing is received by the administrative hearing commission within the thirty-day
17 period, the right to seek review of the board's decision shall be considered as waived.

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

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

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

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

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

38 (a) Obtaining or attempting to obtain any fee, charge, tuition or other compensation
39 by fraud, deception or misrepresentation; willfully and continually overcharging or
40 overtreating patients; or charging for visits to the physician's office which did not occur
41 unless the services were contracted for in advance, or for services which were not rendered or
42 documented in the patient's records;

43 (b) Attempting, directly or indirectly, by way of intimidation, coercion or deception,
44 to obtain or retain a patient or discourage the use of a second opinion or consultation;

45 (c) Willfully and continually performing inappropriate or unnecessary treatment,
46 diagnostic tests or medical or surgical services;

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

84 (r) Advertising by an applicant or licensee which is false or misleading, or which
85 violates any rule of the board, or which claims without substantiation the positive cure of any
86 disease, or professional superiority to or greater skill than that possessed by any other
87 physician. An applicant or licensee shall also be in violation of this provision if the applicant
88 or licensee has a financial interest in any organization, corporation or association which issues
89 or conducts such advertising;

90 (s) Any other conduct that is unethical or unprofessional involving a minor;

91 (5) Any conduct or practice which is or might be harmful or dangerous to the mental
92 or physical health of a patient or the public; or incompetency, gross negligence or repeated
93 negligence in the performance of the functions or duties of any profession licensed or
94 regulated by this chapter. For the purposes of this subdivision, "repeated negligence" means
95 the failure, on more than one occasion, to use that degree of skill and learning ordinarily used
96 under the same or similar circumstances by the member of the applicant's or licensee's
97 profession;

98 (6) Violation of, or attempting to violate, directly or indirectly, or assisting or
99 enabling any person to violate, any provision of this chapter or chapter 324, or of any lawful
100 rule or regulation adopted pursuant to this chapter or chapter 324;

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

104 (8) Revocation, suspension, restriction, modification, limitation, reprimand, warning,
105 censure, probation or other final disciplinary action against the holder of or applicant for a
106 license or other right to practice any profession regulated by this chapter by another state,
107 territory, federal agency or country, whether or not voluntarily agreed to by the licensee or
108 applicant, including, but not limited to, the denial of licensure, surrender of the license,
109 allowing the license to expire or lapse, or discontinuing or limiting the practice of medicine
110 while subject to an investigation or while actually under investigation by any licensing
111 authority, medical facility, branch of the Armed Forces of the United States of America,
112 insurance company, court, agency of the state or federal government, or employer;

113 (9) A person is finally adjudged incapacitated or disabled by a court of competent
114 jurisdiction;

115 (10) Assisting or enabling any person to practice or offer to practice any profession
116 licensed or regulated by this chapter who is not registered and currently eligible to practice
117 pursuant to this chapter; or knowingly performing any act which in any way aids, assists,
118 procures, advises, or encourages any person to practice medicine who is not registered and
119 currently eligible to practice pursuant to this chapter. A physician who works in accordance

120 with standing orders or protocols or in accordance with the provisions of section 334.104
121 shall not be in violation of this subdivision;

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

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

126 (13) Violation of the drug laws or rules and regulations of this state, including but not
127 limited to any provision of chapter 195, any other state, or the federal government;

128 (14) Knowingly making, or causing to be made, or aiding, or abetting in the making
129 of, a false statement in any birth, death or other certificate or document executed in
130 connection with the practice of the person's profession;

131 (15) Knowingly making a false statement, orally or in writing to the board;

132 (16) Soliciting patronage in person or by agents or representatives, or by any other
133 means or manner, under the person's own name or under the name of another person or
134 concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as
135 to the need or necessity for or appropriateness of health care services for all patients, or the
136 qualifications of an individual person or persons to diagnose, render, or perform health care
137 services;

138 (17) Using, or permitting the use of, the person's name under the designation of
139 "Doctor", "Dr.", "M.D.", or "D.O.", or any similar designation with reference to the
140 commercial exploitation of any goods, wares or merchandise;

141 (18) Knowingly making or causing to be made a false statement or misrepresentation
142 of a material fact, with intent to defraud, for payment pursuant to the provisions of chapter
143 208 or chapter 630 or for payment from Title XVIII or Title XIX of the Social Security Act;

144 (19) Failure or refusal to properly guard against contagious, infectious or
145 communicable diseases or the spread thereof; maintaining an unsanitary office or
146 performing professional services under unsanitary conditions; or failure to report the
147 existence of an unsanitary condition in the office of a physician or in any health care facility
148 to the board, in writing, within thirty days after the discovery thereof;

149 (20) Any candidate for licensure or person licensed to practice as a physical therapist,
150 paying or offering to pay a referral fee or ~~notwithstanding section 334.010 to the contrary,~~
151 ~~practicing or offering to practice professional physical therapy independent of the prescription~~
152 ~~and direction of a person licensed and registered as a physician and surgeon pursuant to this~~
153 ~~chapter, as a dentist pursuant to chapter 332, as a podiatrist pursuant to chapter 330, as an~~
154 ~~advanced practice registered nurse under chapter 335, or any licensed and registered~~
155 ~~physician, dentist, podiatrist, or advanced practice registered nurse practicing in another~~

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

158 (21) Any candidate for licensure or person licensed to practice as a physical therapist,
159 treating or attempting to treat ailments or other health conditions of human beings other than
160 by professional physical therapy and as authorized by sections 334.500 to 334.620;

161 (22) Any person licensed to practice as a physician or surgeon, requiring, as a
162 condition of the physician-patient relationship, that the patient receive prescribed drugs,
163 devices or other professional services directly from facilities of that physician's office or other
164 entities under that physician's ownership or control. A physician shall provide the patient
165 with a prescription which may be taken to the facility selected by the patient and a physician
166 knowingly failing to disclose to a patient on a form approved by the advisory commission for
167 professional physical therapists as established by section 334.625 which is dated and signed
168 by a patient or guardian acknowledging that the patient or guardian has read and understands
169 that the physician has a pecuniary interest in a physical therapy or rehabilitation service
170 providing prescribed treatment and that the prescribed treatment is available on a competitive
171 basis. This subdivision shall not apply to a referral by one physician to another physician
172 within a group of physicians practicing together;

173 (23) A pattern of personal use or consumption of any controlled substance unless it is
174 prescribed, dispensed or administered by another physician who is authorized by law to do so;

175 (24) Habitual intoxication or dependence on alcohol, evidence of which may include
176 more than one alcohol-related enforcement contact as defined by section 302.525;

177 (25) Failure to comply with a treatment program or an aftercare program entered into
178 as part of a board order, settlement agreement or licensee's professional health program;

179 (26) Revocation, suspension, limitation, probation, or restriction of any kind
180 whatsoever of any controlled substance authority, whether agreed to voluntarily or not, or
181 voluntary termination of a controlled substance authority while under investigation;

182 (27) For a physician to operate, conduct, manage, or establish an abortion facility, or
183 for a physician to perform an abortion in an abortion facility, if such facility comes under the
184 definition of an ambulatory surgical center pursuant to sections 197.200 to 197.240, and such
185 facility has failed to obtain or renew a license as an ambulatory surgical center.

186 3. Collaborative practice arrangements, protocols and standing orders shall be in
187 writing and signed and dated by a physician prior to their implementation.

188 4. After the filing of such complaint before the administrative hearing commission,
189 the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a
190 finding by the administrative hearing commission that the grounds, provided in subsection 2
191 of this section, for disciplinary action are met, the board may, singly or in combination, warn,
192 censure or place the person named in the complaint on probation on such terms and

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

201 5. In any order of revocation, the board may provide that the person may not apply for
202 reinstatement of the person's license for a period of time ranging from two to seven years
203 following the date of the order of revocation. All stay orders shall toll this time period.

204 6. Before restoring to good standing a license, certificate or permit issued pursuant to
205 this chapter which has been in a revoked, suspended or inactive state for any cause for more
206 than two years, the board may require the applicant to attend such continuing medical
207 education courses and pass such examinations as the board may direct.

208 7. In any investigation, hearing or other proceeding to determine a licensee's or
209 applicant's fitness to practice, any record relating to any patient of the licensee or applicant
210 shall be discoverable by the board and admissible into evidence, regardless of any statutory or
211 common law privilege which such licensee, applicant, record custodian or patient might
212 otherwise invoke. In addition, no such licensee, applicant, or record custodian may withhold
213 records or testimony bearing upon a licensee's or applicant's fitness to practice on the ground
214 of privilege between such licensee, applicant or record custodian and a patient.

215 8. The act of lawfully dispensing, prescribing, administering, or otherwise
216 distributing ivermectin tablets or hydroxychloroquine sulfate tablets for human use shall
217 not be grounds for denial, suspension, revocation, or other disciplinary action by the board.

334.104. 1. A physician may enter into collaborative practice arrangements with
2 registered professional nurses. Collaborative practice arrangements shall be in the form of
3 written agreements, jointly agreed-upon protocols, or standing orders for the delivery of
4 health care services. Collaborative practice arrangements, which shall be in writing, may
5 delegate to a registered professional nurse the authority to administer or dispense drugs and
6 provide treatment as long as the delivery of such health care services is within the scope of
7 practice of the registered professional nurse and is consistent with that nurse's skill, training
8 and competence.

9 2. **(1)** Collaborative practice arrangements, which shall be in writing, may delegate to
10 a registered professional nurse the authority to administer, dispense or prescribe drugs and
11 provide treatment if the registered professional nurse is an advanced practice registered nurse
12 as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may

13 delegate to an advanced practice registered nurse, as defined in section 335.016, the authority
14 to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of
15 section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice
16 arrangement shall not delegate the authority to administer any controlled substances listed in
17 Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of
18 inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures.
19 Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall
20 be limited to a one hundred twenty-hour supply without refill.

21 **(2) Notwithstanding any other provision of this section to the contrary, a**
22 **collaborative practice arrangement may delegate to an advanced practice registered**
23 **nurse the authority to administer, dispense, or prescribe Schedule II controlled**
24 **substances for hospice patients; provided, that the advanced practice registered nurse is**
25 **employed by a hospice provider certified pursuant to chapter 197 and the advanced**
26 **practice registered nurse is providing care to hospice patients pursuant to a**
27 **collaborative practice arrangement that designates the certified hospice as a location**
28 **where the advanced practice registered nurse is authorized to practice and prescribe.**

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

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

35 3. The written collaborative practice arrangement shall contain at least the following
36 provisions:

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

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

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

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

48 (5) The manner of collaboration between the collaborating physician and the
49 advanced practice registered nurse, including how the collaborating physician and the
50 advanced practice registered nurse will:

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

53 (b) Maintain geographic proximity, except as specified in this paragraph. The
54 following provisions shall apply with respect to this requirement:

55 a. Until August 28, 2025, an advanced practice registered nurse providing
56 services in a correctional center, as defined in section 217.010, and his or her
57 collaborating physician shall satisfy the geographic proximity requirement if they
58 practice within two hundred miles by road of one another. An incarcerated patient who
59 requests or requires a physician consultation shall be treated by a physician as soon as
60 appropriate;

61 b. The collaborative practice arrangement may allow for geographic proximity to be
62 waived for a maximum of twenty-eight days per calendar year for rural health clinics as
63 defined by P.L. 95-210 (42 U.S.C. Section 1395x, as amended), as long as the collaborative
64 practice arrangement includes alternative plans as required in paragraph (c) of this
65 subdivision. This exception to geographic proximity shall apply only to independent rural
66 health clinics, provider-based rural health clinics where the provider is a critical access
67 hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics
68 where the main location of the hospital sponsor is greater than fifty miles from the clinic[-];

69 c. The collaborative practice arrangement may allow for geographic proximity
70 to be waived when the arrangement outlines the use of telehealth, as defined in section
71 191.1145;

72 d. In addition to the waivers and exemptions provided in this subsection, an
73 application for a waiver for any other reason of any applicable geographic proximity
74 shall be available if a physician is collaborating with an advanced practice registered
75 nurse in excess of any geographic proximity limit. The board of nursing and the state
76 board of registration for the healing arts shall review each application for a waiver of
77 geographic proximity and approve the application if the boards determine that
78 adequate supervision exists between the collaborating physician and the advanced
79 practice registered nurse. The boards shall have forty-five calendar days to review the
80 completed application for the waiver of geographic proximity. If no action is taken by
81 the boards within forty-five days after the submission of the application for a waiver,
82 then the application shall be deemed approved. If the application is denied by the
83 boards, the provisions of section 536.063 for contested cases shall apply and govern
84 proceedings for appellate purposes; and

85 e. The collaborating physician is required to maintain documentation related to this
86 requirement and to present it to the state board of registration for the healing arts when
87 requested; and

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

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

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

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

98 (9) A description of the time and manner of the collaborating physician's review of
99 the advanced practice registered nurse's delivery of health care services. The description shall
100 include provisions that the advanced practice registered nurse shall submit a minimum of ten
101 percent of the charts documenting the advanced practice registered nurse's delivery of health
102 care services to the collaborating physician for review by the collaborating physician, or any
103 other physician designated in the collaborative practice arrangement, every fourteen days;
104 ~~and~~

105 (10) The collaborating physician, or any other physician designated in the
106 collaborative practice arrangement, shall review every fourteen days a minimum of twenty
107 percent of the charts in which the advanced practice registered nurse prescribes controlled
108 substances. The charts reviewed under this subdivision may be counted in the number of
109 charts required to be reviewed under subdivision (9) of this subsection; **and**

110 **(11) If a collaborative practice arrangement is used in clinical situations where a**
111 **collaborating advanced practice registered nurse provides health care services that**
112 **include the diagnosis and initiation of treatment for acutely or chronically ill or injured**
113 **persons, then the collaborating physician or any other physician designated in the**
114 **collaborative practice arrangement shall be present for sufficient periods of time, at**
115 **least once every two weeks, except in extraordinary circumstances that shall be**
116 **documented, to participate in a chart review and to provide necessary medical direction,**
117 **medical services, consultations, and supervision of the health care staff.**

118 4. The state board of registration for the healing arts pursuant to section 334.125 and
119 the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the
120 use of collaborative practice arrangements. Such rules shall be limited to ~~specifying~~
121 ~~geographic areas to be covered,]~~ the methods of treatment that may be covered by

122 collaborative practice arrangements and the requirements for review of services provided
123 pursuant to collaborative practice arrangements including delegating authority to prescribe
124 controlled substances. **Any rules relating to geographic proximity shall allow a**
125 **collaborating physician and a collaborating advanced practice registered nurse to**
126 **practice within two hundred miles by road of one another until August 28, 2025, if the**
127 **nurse is providing services in a correctional center, as defined in section 217.010.** Any
128 rules relating to dispensing or distribution of medications or devices by prescription or
129 prescription drug orders under this section shall be subject to the approval of the state board
130 of pharmacy. Any rules relating to dispensing or distribution of controlled substances by
131 prescription or prescription drug orders under this section shall be subject to the approval of
132 the department of health and senior services and the state board of pharmacy. In order to take
133 effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the
134 state board of registration for the healing arts nor the board of nursing may separately
135 promulgate rules relating to collaborative practice arrangements. Such jointly promulgated
136 rules shall be consistent with guidelines for federally funded clinics. The rulemaking
137 authority granted in this subsection shall not extend to collaborative practice arrangements of
138 hospital employees providing inpatient care within hospitals as defined pursuant to chapter
139 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April
140 30, 2008.

141 5. The state board of registration for the healing arts shall not deny, revoke, suspend
142 or otherwise take disciplinary action against a physician for health care services delegated to a
143 registered professional nurse provided the provisions of this section and the rules
144 promulgated thereunder are satisfied. Upon the written request of a physician subject to a
145 disciplinary action imposed as a result of an agreement between a physician and a registered
146 professional nurse or registered physician assistant, whether written or not, prior to August
147 28, 1993, all records of such disciplinary licensure action and all records pertaining to the
148 filing, investigation or review of an alleged violation of this chapter incurred as a result of
149 such an agreement shall be removed from the records of the state board of registration for the
150 healing arts and the division of professional registration and shall not be disclosed to any
151 public or private entity seeking such information from the board or the division. The state
152 board of registration for the healing arts shall take action to correct reports of alleged
153 violations and disciplinary actions as described in this section which have been submitted to
154 the National Practitioner Data Bank. In subsequent applications or representations relating to
155 his **or her** medical practice, a physician completing forms or documents shall not be required
156 to report any actions of the state board of registration for the healing arts for which the
157 records are subject to removal under this section.

158 6. Within thirty days of any change and on each renewal, the state board of
159 registration for the healing arts shall require every physician to identify whether the physician
160 is engaged in any collaborative practice ~~[agreement]~~ **arrangement**, including collaborative
161 practice ~~[agreements]~~ **arrangements** delegating the authority to prescribe controlled
162 substances, or physician assistant ~~[agreement]~~ **collaborative practice arrangement** and
163 also report to the board the name of each licensed professional with whom the physician has
164 entered into such ~~[agreement]~~ **arrangement**. The board ~~may~~ **shall** make this information
165 available to the public. The board shall track the reported information and may routinely
166 conduct random reviews of such ~~[agreements]~~ **arrangements** to ensure that ~~[agreements]~~
167 **arrangements** are carried out for compliance under this chapter.

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

177 8. A collaborating physician shall not enter into a collaborative practice arrangement
178 with more than six full-time equivalent advanced practice registered nurses, full-time
179 equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any
180 combination thereof. This limitation shall not apply to collaborative arrangements of hospital
181 employees providing inpatient care service in hospitals as defined in chapter 197 or
182 population-based public health services as defined by 20 CSR 2150-5.100 as of April 30,
183 2008, or to a certified registered nurse anesthetist providing anesthesia services under the
184 supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately
185 available if needed as set out in subsection 7 of this section.

186 9. It is the responsibility of the collaborating physician to determine and document
187 the completion of at least a one-month period of time during which the advanced practice
188 registered nurse shall practice with the collaborating physician continuously present before
189 practicing in a setting where the collaborating physician is not continuously present. This
190 limitation shall not apply to collaborative arrangements of providers of population-based
191 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, **or to**
192 **collaborative practice arrangements between a primary care physician and a primary**
193 **care advanced practice registered nurse or a behavioral health physician and a**
194 **behavioral health advanced practice registered nurse, where the collaborating physician**

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

197 10. No agreement made under this section shall supersede current hospital licensing
198 regulations governing hospital medication orders under protocols or standing orders for the
199 purpose of delivering inpatient or emergency care within a hospital as defined in section
200 197.020 if such protocols or standing orders have been approved by the hospital's medical
201 staff and pharmaceutical therapeutics committee.

202 11. No contract or other ~~[agreement]~~ **term of employment** shall require a physician
203 to act as a collaborating physician for an advanced practice registered nurse against the
204 physician's will. A physician shall have the right to refuse to act as a collaborating physician,
205 without penalty, for a particular advanced practice registered nurse. No contract or other
206 agreement shall limit the collaborating physician's ultimate authority over any protocols or
207 standing orders or in the delegation of the physician's authority to any advanced practice
208 registered nurse, but this requirement shall not authorize a physician in implementing such
209 protocols, standing orders, or delegation to violate applicable standards for safe medical
210 practice established by hospital's medical staff.

211 12. No contract or other ~~[agreement]~~ **term of employment** shall require any
212 advanced practice registered nurse to serve as a collaborating advanced practice registered
213 nurse for any collaborating physician against the advanced practice registered nurse's will.
214 An advanced practice registered nurse shall have the right to refuse to collaborate, without
215 penalty, with a particular physician.

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

2 (1) "Approved health care provider" ~~[means]~~, a person holding a current and active
3 license as a physician and surgeon under this chapter, a chiropractor under chapter 331, a
4 dentist under chapter 332, a podiatrist under chapter 330, a physician assistant under this
5 chapter, an advanced practice registered nurse under chapter 335, or any licensed and
6 registered physician, chiropractor, dentist, or podiatrist practicing in another jurisdiction
7 whose license is in good standing;

8 (2) "Consult" or "consultation", **communication by telephone, by fax, in**
9 **writing, or in person with the patient's personally approved licensed health care**
10 **provider or a licensed health care provider of the patient's designation.**

11 2. A physical therapist ~~[shall not]~~ **may evaluate and** initiate treatment ~~[for a new~~
12 ~~injury or illness]~~ **on a patient** without a prescription **or referral** from an approved health care
13 provider, **provided that the physical therapist has a doctorate of physical therapy degree**
14 **or has five years of clinical practice as a physical therapist.**

15 3. A physical therapist may provide educational resources and training, develop
16 fitness or wellness programs ~~[for asymptomatic persons]~~, or provide screening or consultative

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

19 4. ~~[A physical therapist may examine and treat without the prescription and direction~~
20 ~~of an approved health care provider any person with a recurring self-limited injury within one~~
21 ~~year of diagnosis by an approved health care provider or a chronic illness that has been~~
22 ~~previously diagnosed by an approved health care provider. The physical therapist shall:]~~

23 (1) ~~[Contact the patient's current approved health care provider within seven days of~~
24 ~~initiating physical therapy services under this subsection;]~~ **A physical therapist shall refer**
25 **to an approved health care provider any patient whose condition at the time of**
26 **evaluation or treatment is determined to be beyond the scope of practice of physical**
27 **therapy. The physical therapist shall not provide physical therapy services or treatment**
28 **after this referral has been made.**

29 (2) ~~[Not change an existing physical therapy referral available to the physical~~
30 ~~therapist without approval of the patient's current approved health care provider;]~~ **A physical**
31 **therapist shall refer to an approved health care provider any patient who does not**
32 **demonstrate measurable or functional improvement after ten visits or thirty days,**
33 **whichever occurs first. The physical therapist shall not provide further therapy services**
34 **or treatment after this referral has been made.**

35 (3) ~~[Refer to an approved health care provider any patient whose medical condition at~~
36 ~~the time of examination or treatment is determined to be beyond the scope of practice of~~
37 ~~physical therapy;~~

38 (4) ~~Refer to an approved health care provider any patient whose condition for which~~
39 ~~physical therapy services are rendered under this subsection has not been documented to be~~
40 ~~progressing toward documented treatment goals after six visits or fourteen days, whichever~~
41 ~~first occurs;~~

42 (5) ~~Notify the patient's current approved health care provider prior to the continuation~~
43 ~~of treatment if treatment rendered under this subsection is to continue beyond thirty days.~~
44 ~~The physical therapist shall provide such notification for each successive period of thirty~~
45 ~~days.]~~

46 **(a) A physical therapist shall consult with an approved health care provider if,**
47 **after every ten visits or thirty days, whichever occurs first, the patient has demonstrated**
48 **measurable or functional improvement from the course of physical therapy services or**
49 **treatment provided and the physical therapist believes that continuation of the course of**
50 **physical therapy services or treatment is reasonable and necessary based on the physical**
51 **therapist's evaluation of the patient. The physical therapist shall not provide further**

52 **(b) The consultation with the approved health care provider shall include**
53 **information concerning:**

54 **a. The patient's condition for which physical therapy services or treatments were**
55 **provided;**

56 **b. The basis for the course of services or treatment indicated, as determined**
57 **from the physical therapy evaluation of the patient;**

58 **c. The physical therapy services or treatment provided before the date of the**
59 **consultation;**

60 **d. The patient's demonstrated measurable or functional improvement from the**
61 **services or treatment provided before the date of the consultation;**

62 **e. The continuing physical therapy services or treatment proposed to be**
63 **provided following the consultation; and**

64 **f. The professional physical therapy basis for the continued physical therapy**
65 **services or treatment to be provided.**

66 **(c) Continued physical therapy services or treatment following the consultation**
67 **with and approval by an approved health care provider shall proceed in accordance**
68 **with any feedback, advice, opinion, or direction of the approved health care provider.**
69 **The physical therapist shall notify the consulting approved health care provider of**
70 **continuing physical therapy services or treatment and the patient's progress at least**
71 **every ten visits or thirty days after the initial consultation unless the consulting**
72 **approved health care provider directs otherwise.**

73 **(d) The provisions of this subdivision shall not apply to physical therapy services**
74 **performed within a primary or secondary school for individuals within ages not in**
75 **excess of twenty-one years.**

76 5. The provision of physical therapy services of evaluation and screening pursuant to
77 this section shall be limited to a physical therapist, and any authority for evaluation and
78 screening granted within this section may not be delegated. Upon each reinitiation of
79 physical therapy services, a physical therapist shall provide a full physical therapy evaluation
80 prior to the reinitiation of physical therapy treatment. ~~[Physical therapy treatment provided~~
81 ~~pursuant to the provisions of subsection 4 of this section may be delegated by physical~~
82 ~~therapists to physical therapist assistants only if the patient's current approved health care~~
83 ~~provider has been so informed as part of the physical therapist's seven-day notification upon~~
84 ~~reinitiation of physical therapy services as required in subsection 4 of this section.] Nothing~~
85 in this subsection shall be construed as to limit the ability of physical therapists or physical
86 therapist assistants to provide physical therapy services in accordance with the provisions of
87 this chapter, and upon the referral of an approved health care provider. Nothing in this
88 subsection shall prohibit an approved health care provider from acting within the scope of
89 their practice as defined by the applicable chapters of RSMo.

90 6. No person licensed to practice, or applicant for licensure, as a physical therapist or
91 physical therapist assistant shall make a medical diagnosis.

92 7. A physical therapist shall only delegate physical therapy treatment to a physical
93 therapist assistant or to a person in an entry level of a professional education program
94 approved by the Commission on Accreditation in Physical Therapy Education (CAPTE) who
95 satisfies supervised clinical education requirements related to the person's physical therapist
96 or physical therapist assistant education. The entry-level person shall be under the
97 supervision of a physical therapist.

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

19 2. The board may cause a complaint to be filed with the administrative hearing
20 commission as provided by chapter 621 against any holder of a license to practice as a
21 physical therapist or physical therapist assistant who has failed to renew or has surrendered
22 his or her license for any one or any combination of the following causes:

23 (1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage
24 to an extent that such use impairs a person's ability to perform the work of a physical therapist
25 or physical therapist assistant;

26 (2) The person has been finally adjudicated and found guilty, or entered a plea of
27 guilty or nolo contendere, in a criminal prosecution under the laws of any state, of the United
28 States, or of any country, for any offense directly related to the duties and responsibilities of

29 the occupation, as set forth in section 324.012, regardless of whether or not sentence is
30 imposed;

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

34 (4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or
35 unprofessional conduct in the performance of the functions or duties of a physical therapist
36 or physical therapist assistant, including but not limited to the following:

37 (a) Obtaining or attempting to obtain any fee, charge, tuition, or other compensation
38 by fraud, deception, or misrepresentation; willfully and continually overcharging or
39 overtreating patients; or charging for sessions of physical therapy which did not occur
40 unless the services were contracted for in advance, or for services which were not rendered or
41 documented in the patient's records;

42 (b) Attempting, directly or indirectly, by way of intimidation, coercion, or deception,
43 to obtain or retain a patient or discourage the use of a second opinion or consultation;

44 (c) Willfully and continually performing inappropriate or unnecessary treatment or
45 services;

46 (d) Delegating professional responsibilities to a person who is not qualified by
47 training, skill, competency, age, experience, or licensure to perform such responsibilities;

48 (e) Misrepresenting that any disease, ailment, or infirmity can be cured by a method,
49 procedure, treatment, medicine, or device;

50 (f) Performing services which have been declared by board rule to be of no physical
51 therapy value;

52 (g) Final disciplinary action by any professional association, professional society,
53 licensed hospital or medical staff of the hospital, or physical therapy facility in this or any
54 other state or territory, whether agreed to voluntarily or not, and including but not limited to
55 any removal, suspension, limitation, or restriction of the person's professional employment,
56 malpractice, or any other violation of any provision of this chapter;

57 (h) Administering treatment without sufficient examination, or for other than
58 medically accepted therapeutic or experimental or investigative purposes duly authorized by a
59 state or federal agency, or not in the course of professional physical therapy practice;

60 (i) Engaging in or soliciting sexual relationships, whether consensual or
61 nonconsensual, while a physical therapist or physical therapist assistant/patient relationship
62 exists; making sexual advances, requesting sexual favors, or engaging in other verbal conduct
63 or physical contact of a sexual nature with patients or clients;

64 (j) Terminating the care of a patient without adequate notice or without making other
65 arrangements for the continued care of the patient;

66 (k) Failing to furnish details of a patient's physical therapy records to treating
67 physicians, other physical therapists, or hospitals upon proper request; or failing to comply
68 with any other law relating to physical therapy records;

69 (l) Failure of any applicant or licensee, other than the licensee subject to the
70 investigation, to cooperate with the board during any investigation;

71 (m) Failure to comply with any subpoena or subpoena duces tecum from the board or
72 an order of the board;

73 (n) Failure to timely pay license renewal fees specified in this chapter;

74 (o) Violating a probation agreement with this board or any other licensing agency;

75 (p) Failing to inform the board of the physical therapist's or physical therapist
76 assistant's current telephone number, residence, and business address;

77 (q) Advertising by an applicant or licensee which is false or misleading, or which
78 violates any rule of the board, or which claims without substantiation the positive cure of any
79 disease, or professional superiority to or greater skill than that possessed by any other
80 physical therapist or physical therapist assistant. An applicant or licensee shall also be in
81 violation of this provision if the applicant or licensee has a financial interest in any
82 organization, corporation, or association which issues or conducts such advertising;

83 (5) Any conduct or practice which is or might be harmful or dangerous to the mental
84 or physical health of a patient or the public; or incompetency, gross negligence, or repeated
85 negligence in the performance of the functions or duties of a physical therapist or physical
86 therapist assistant. For the purposes of this subdivision, "repeated negligence" means the
87 failure, on more than one occasion, to use that degree of skill and learning ordinarily used
88 under the same or similar circumstances by the member of the applicant's or licensee's
89 profession;

90 (6) Violation of, or attempting to violate, directly or indirectly, or assisting or
91 enabling any person to violate, any provision of this chapter, or of any lawful rule adopted
92 under this chapter;

93 (7) Impersonation of any person licensed as a physical therapist or physical therapist
94 assistant or allowing any person to use his or her license or diploma from any school;

95 (8) Revocation, suspension, restriction, modification, limitation, reprimand, warning,
96 censure, probation, or other final disciplinary action against a physical therapist or physical
97 therapist assistant for a license or other right to practice as a physical therapist or physical
98 therapist assistant by another state, territory, federal agency or country, whether or not
99 voluntarily agreed to by the licensee or applicant, including but not limited to the denial of
100 licensure, surrender of the license, allowing the license to expire or lapse, or discontinuing or
101 limiting the practice of physical therapy while subject to an investigation or while actually
102 under investigation by any licensing authority, medical facility, branch of the Armed Forces

103 of the United States of America, insurance company, court, agency of the state or federal
104 government, or employer;

105 (9) A person is finally adjudged incapacitated or disabled by a court of competent
106 jurisdiction;

107 (10) Assisting or enabling any person to practice or offer to practice who is not
108 licensed and currently eligible to practice under this chapter; or knowingly performing any act
109 which in any way aids, assists, procures, advises, or encourages any person to practice
110 physical therapy who is not licensed and currently eligible to practice under this chapter;

111 (11) Issuance of a license to practice as a physical therapist or physical therapist
112 assistant based upon a material mistake of fact;

113 (12) Failure to display a valid license pursuant to practice as a physical therapist or
114 physical therapist assistant;

115 (13) Knowingly making, or causing to be made, or aiding, or abetting in the making
116 of, a false statement in any document executed in connection with the practice of physical
117 therapy;

118 (14) Soliciting patronage in person or by agents or representatives, or by any other
119 means or manner, under the person's own name or under the name of another person or
120 concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as
121 to the need or necessity for or appropriateness of physical therapy services for all patients, or
122 the qualifications of an individual person or persons to render, or perform physical therapy
123 services;

124 (15) Using, or permitting the use of, the person's name under the designation of
125 "physical therapist", "physiotherapist", "registered physical therapist", "P.T.", "Ph.T.",
126 "P.T.T.", "D.P.T.", "M.P.T." or "R.P.T.", "physical therapist assistant", "P.T.A.", "L.P.T.A.",
127 "C.P.T.A.", or any similar designation with reference to the commercial exploitation of any
128 goods, wares or merchandise;

129 (16) Knowingly making or causing to be made a false statement or misrepresentation
130 of a material fact, with intent to defraud, for payment under chapter 208 or chapter 630 or for
131 payment from Title XVIII or Title XIX of the Social Security Act;

132 (17) Failure or refusal to properly guard against contagious, infectious, or
133 communicable diseases or the spread thereof; maintaining an unsanitary facility or
134 performing professional services under unsanitary conditions; or failure to report the
135 existence of an unsanitary condition in any physical therapy facility to the board, in writing,
136 within thirty days after the discovery thereof;

137 (18) Any candidate for licensure or person licensed to practice as a physical therapist
138 or physical therapist assistant paying or offering to pay a referral fee or ~~notwithstanding~~
139 ~~section 334.010 to the contrary, practicing or offering to practice professional physical~~

140 ~~therapy independent of the prescription and direction of a person licensed and registered as a~~
141 ~~physician and surgeon under this chapter, as a physician assistant under this chapter, as a~~
142 ~~chiropractor under chapter 331, as a dentist under chapter 332, as a podiatrist under chapter~~
143 ~~330, as an advanced practice registered nurse under chapter 335, or any licensed and~~
144 ~~registered physician, chiropractor, dentist, podiatrist, or advanced practice registered nurse~~
145 ~~practicing in another jurisdiction, whose license is in good standing] **evaluating or treating a**~~
146 **patient in a manner inconsistent with section 334.506;**

147 (19) Any candidate for licensure or person licensed to practice as a physical therapist
148 or physical therapist assistant treating or attempting to treat ailments or other health
149 conditions of human beings other than by professional physical therapy and as authorized by
150 sections 334.500 to 334.685;

151 (20) A pattern of personal use or consumption of any controlled substance unless it is
152 prescribed, dispensed, or administered by a physician who is authorized by law to do so;

153 (21) Failing to maintain adequate patient records under section 334.602;

154 (22) Attempting to engage in conduct that subverts or undermines the integrity of the
155 licensing examination or the licensing examination process, including but not limited to
156 utilizing in any manner recalled or memorized licensing examination questions from or with
157 any person or entity, failing to comply with all test center security procedures, communicating
158 or attempting to communicate with any other examinees during the test, or copying or sharing
159 licensing examination questions or portions of questions;

160 (23) Any candidate for licensure or person licensed to practice as a physical therapist
161 or physical therapist assistant who requests, receives, participates or engages directly or
162 indirectly in the division, transferring, assigning, rebating or refunding of fees received for
163 professional services or profits by means of a credit or other valuable consideration such as
164 wages, an unearned commission, discount or gratuity with any person who referred a patient,
165 or with any relative or business associate of the referring person;

166 (24) Being unable to practice as a physical therapist or physical therapist assistant
167 with reasonable skill and safety to patients by reasons of incompetency, or because of illness,
168 drunkenness, excessive use of drugs, narcotics, chemicals, or as a result of any mental or
169 physical condition. The following shall apply to this subdivision:

170 (a) In enforcing this subdivision the board shall, after a hearing by the board, upon a
171 finding of probable cause, require a physical therapist or physical therapist assistant to submit
172 to a reexamination for the purpose of establishing his or her competency to practice as a
173 physical therapist or physical therapist assistant conducted in accordance with rules adopted
174 for this purpose by the board, including rules to allow the examination of the pattern and
175 practice of such physical therapist's or physical therapist assistant's professional conduct, or to

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

178 (b) For the purpose of this subdivision, every physical therapist and physical therapist
179 assistant licensed under this chapter is deemed to have consented to submit to a mental or
180 physical examination when directed in writing by the board;

181 (c) In addition to ordering a physical or mental examination to determine competency,
182 the board may, notwithstanding any other law limiting access to medical or other health data,
183 obtain medical data and health records relating to a physical therapist, physical therapist
184 assistant or applicant without the physical therapist's, physical therapist assistant's or
185 applicant's consent;

186 (d) Written notice of the reexamination or the physical or mental examination shall be
187 sent to the physical therapist or physical therapist assistant, by registered mail, addressed to
188 the physical therapist or physical therapist assistant at the physical therapist's or physical
189 therapist assistant's last known address. Failure of a physical therapist or physical therapist
190 assistant to submit to the examination when directed shall constitute an admission of the
191 allegations against the physical therapist or physical therapist assistant, in which case the
192 board may enter a final order without the presentation of evidence, unless the failure was due
193 to circumstances beyond the physical therapist's or physical therapist assistant's control. A
194 physical therapist or physical therapist assistant whose right to practice has been affected
195 under this subdivision shall, at reasonable intervals, be afforded an opportunity to
196 demonstrate that the physical therapist or physical therapist assistant can resume the
197 competent practice as a physical therapist or physical therapist assistant with reasonable skill
198 and safety to patients;

199 (e) In any proceeding under this subdivision neither the record of proceedings nor the
200 orders entered by the board shall be used against a physical therapist or physical therapist
201 assistant in any other proceeding. Proceedings under this subdivision shall be conducted by
202 the board without the filing of a complaint with the administrative hearing commission;

203 (f) When the board finds any person unqualified because of any of the grounds set
204 forth in this subdivision, it may enter an order imposing one or more of the disciplinary
205 measures set forth in subsection 3 of this section.

206 3. After the filing of such complaint before the administrative hearing commission,
207 the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a
208 finding by the administrative hearing commission that the grounds provided in subsection 2
209 of this section for disciplinary action are met, the board may, singly or in combination:

210 (1) Warn, censure or place the physical therapist or physical therapist assistant named
211 in the complaint on probation on such terms and conditions as the board deems appropriate
212 for a period not to exceed ten years;

213 (2) Suspend the physical therapist's or physical therapist assistant's license for a
214 period not to exceed three years;

215 (3) Restrict or limit the physical therapist's or physical therapist assistant's license for
216 an indefinite period of time;

217 (4) Revoke the physical therapist's or physical therapist assistant's license;

218 (5) Administer a public or private reprimand;

219 (6) Deny the physical therapist's or physical therapist assistant's application for a
220 license;

221 (7) Permanently withhold issuance of a license;

222 (8) Require the physical therapist or physical therapist assistant to submit to the care,
223 counseling or treatment of physicians designated by the board at the expense of the physical
224 therapist or physical therapist assistant to be examined;

225 (9) Require the physical therapist or physical therapist assistant to attend such
226 continuing educational courses and pass such examinations as the board may direct.

227 4. In any order of revocation, the board may provide that the physical therapist or
228 physical therapist assistant shall not apply for reinstatement of the physical therapist's or
229 physical therapist assistant's license for a period of time ranging from two to seven years
230 following the date of the order of revocation. All stay orders shall toll this time period.

231 5. Before restoring to good standing a license issued under this chapter which has
232 been in a revoked, suspended, or inactive state for any cause for more than two years, the
233 board may require the applicant to attend such continuing medical education courses and pass
234 such examinations as the board may direct.

235 6. In any investigation, hearing or other proceeding to determine a physical
236 therapist's, physical therapist assistant's or applicant's fitness to practice, any record relating to
237 any patient of the physical therapist, physical therapist assistant, or applicant shall be
238 discoverable by the board and admissible into evidence, regardless of any statutory or
239 common law privilege which such physical therapist, physical therapist assistant, applicant,
240 record custodian, or patient might otherwise invoke. In addition, no such physical therapist,
241 physical therapist assistant, applicant, or record custodian may withhold records or testimony
242 bearing upon a physical therapist's, physical therapist assistant's, or applicant's fitness to
243 practice on the grounds of privilege between such physical therapist, physical therapist
244 assistant, applicant, or record custodian and a patient.

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

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

- 5 (2) "~~Advanced practice registered nurse~~ or **"APRN"**, a ~~[nurse who has education~~
6 ~~beyond the basic nursing education and is certified by a nationally recognized professional~~
7 ~~organization as a certified nurse practitioner, certified nurse midwife, certified registered~~
8 ~~nurse anesthetist, or a certified clinical nurse specialist. The board shall promulgate rules~~
9 ~~specifying which nationally recognized professional organization certifications are to be~~
10 ~~recognized for the purposes of this section. Advanced practice nurses and only such~~
11 ~~individuals may use the title "Advanced Practice Registered Nurse" and the abbreviation~~
12 **"APRN"] person who is licensed under the provisions of this chapter to engage in the**
13 **practice of advanced practice nursing as a certified clinical nurse specialist, certified**
14 **nurse midwife, certified nurse practitioner, or certified registered nurse anesthetist;**
- 15 (3) "Approval", official recognition of nursing education programs which meet
16 standards established by the board of nursing;
- 17 (4) "Board" or "state board", the state board of nursing;
- 18 (5) "Certified clinical nurse specialist", a registered nurse who is currently certified as
19 a clinical nurse specialist by a nationally recognized certifying board approved by the board
20 of nursing;
- 21 (6) "Certified nurse midwife", a registered nurse who is currently certified as a nurse
22 midwife by the American ~~[College of Nurse-Midwives]~~ **Midwifery Certification Board**, or
23 other nationally recognized certifying body approved by the board of nursing;
- 24 (7) "Certified nurse practitioner", a registered nurse who is currently certified as a
25 nurse practitioner by a nationally recognized certifying body approved by the board of
26 nursing;
- 27 (8) "Certified registered nurse anesthetist", a registered nurse who is currently
28 certified as a nurse anesthetist by the Council on Certification of Nurse Anesthetists, the
29 ~~[Council on Recertification of Nurse Anesthetists]~~ **National Board of Certification and**
30 **Recertification for Nurse Anesthetists**, or other nationally recognized certifying body
31 approved by the board of nursing;
- 32 (9) "Executive director", a qualified individual employed by the board as executive
33 secretary or otherwise to administer the provisions of this chapter under the board's direction.
34 Such person employed as executive director shall not be a member of the board;
- 35 (10) "Inactive ~~[nurse]~~ **license status**", as defined by rule pursuant to section 335.061;
- 36 (11) "Lapsed license status", as defined by rule under section 335.061;
- 37 (12) "Licensed practical nurse" or "practical nurse", a person licensed pursuant to the
38 provisions of this chapter to engage in the practice of practical nursing;
- 39 (13) "Licensure", the issuing of a license ~~[to practice professional or practical~~
40 ~~nursing]~~ to candidates who have met the ~~[specified]~~ requirements **specified under this**
41 **chapter, authorizing the person to engage in the practice of advanced practice,**

42 **professional, or practical nursing**, and the recording of the names of those persons as
43 holders of a license to practice **advanced practice**, professional, or practical nursing;

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

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

60 ~~[(15)]~~ (16) "**Practice of professional nursing**", the performance for compensation of
61 any act **or action** which requires substantial specialized education, judgment and skill based
62 on knowledge and application of principles derived from the biological, physical, social,
63 **behavioral**, and nursing sciences, including, but not limited to:

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

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

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

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

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

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

76 ~~[(17)]~~ (18) "Retired license status", any person licensed in this state under this chapter
77 who retires from such practice. Such person shall file with the board an affidavit, on a form
78 to be furnished by the board, which states the date on which the licensee retired from such

79 practice, an intent to retire from the practice for at least two years, and such other facts as tend
80 to verify the retirement as the board may deem necessary; but if the licensee thereafter
81 reengages in the practice, the licensee shall renew his or her license with the board as
82 provided by this chapter and by rule and regulation.

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

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

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

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

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

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

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

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

335.036. **1.** The board shall:

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

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

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

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

13 (5) Designate as "approved" such programs as meet the requirements of sections
14 335.011 to [~~335.096~~] **335.099** and the rules and regulations enacted pursuant to such sections;
15 and the board shall annually publish a list of such programs;

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

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

20 (8) Cause the prosecution of all persons violating provisions of sections 335.011 to
21 [~~335.096~~] **335.099**, and may incur such necessary expenses therefor;

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

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

27 3. All fees received by the board pursuant to the provisions of sections 335.011 to
28 [~~335.096~~] **335.099** shall be deposited in the state treasury and be placed to the credit of the
29 state board of nursing fund. All administrative costs and expenses of the board shall be paid
30 from appropriations made for those purposes. The board is authorized to provide funding for
31 the nursing education incentive program established in sections 335.200 to 335.203.

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

40 5. Any rule or portion of a rule, as that term is defined in section 536.010, that is
41 created under the authority delegated in this chapter shall become effective only if it complies
42 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.

43 All rulemaking authority delegated prior to August 28, 1999, is of no force and effect and
44 repealed. Nothing in this section shall be interpreted to repeal or affect the validity of any
45 rule filed or adopted prior to August 28, 1999, if it fully complied with all applicable
46 provisions of law. This section and chapter 536 are nonseverable and if any of the powers
47 vested with the general assembly pursuant to chapter 536 to review, to delay the effective date
48 or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of
49 rulemaking authority and any rule proposed or adopted after August 28, 1999, shall be invalid
50 and void.

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

20 2. An applicant for license to practice as a licensed practical nurse shall submit to the
21 board a written application on forms furnished to the applicant. The original application shall
22 contain the applicant's statements showing the applicant's education and other such pertinent
23 information as the board may require. Such applicant shall be of good moral character, and
24 have completed at least two years of high school, or its equivalent as established by the state
25 board of education, and have successfully completed a basic prescribed curriculum in a state-
26 accredited or approved school of nursing, earned a nursing degree, certificate or diploma and
27 completed a course approved by the board on the role of the practical nurse. Each application
28 shall contain a statement that it is made under oath or affirmation and that its representations
29 are true and correct to the best knowledge and belief of the person signing same, subject to the

30 penalties of making a false affidavit or declaration. Applicants from non-English-speaking
31 countries shall be required to submit evidence of their proficiency in the English language.
32 The applicant must be approved by the board and shall pass an examination as required by the
33 board. The board may require by rule as a requirement for licensure that each applicant shall
34 pass an oral or practical examination. Upon successfully passing the examination, the board
35 may issue to the applicant a license to practice as a licensed practical nurse. The applicant for
36 a license to practice licensed practical nursing shall pay a fee in such amount as may be set by
37 the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall
38 be licensed as prescribed by rule.

39 **3. (1) An applicant for a license to practice as an advanced practice registered**
40 **nurse shall submit to the board a written application on forms furnished to the**
41 **applicant. The original application shall contain:**

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

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

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

50 **(3) An applicant shall:**

51 **(a) Hold a current registered professional nurse license or privilege to practice,**
52 **shall not be currently subject to discipline or any restrictions, and shall not hold an**
53 **encumbered license or privilege to practice as a registered professional nurse or**
54 **advanced practice registered nurse in any state or territory;**

55 **(b) Have completed an accredited graduate-level advanced practice registered**
56 **nurse program and achieved at least one certification as a clinical nurse specialist, nurse**
57 **midwife, nurse practitioner, or registered nurse anesthetist, with at least one population**
58 **focus prescribed by rule of the board;**

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

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

63 **(4) Any person holding a document of recognition to practice nursing as an**
64 **advanced practice registered nurse in this state that is current on August 28, 2023, shall**
65 **be deemed to be licensed as an advanced practice registered nurse under the provisions**

66 **of this section and shall be eligible for renewal of such license under the conditions and**
67 **standards prescribed in this chapter and as prescribed by rule.**

68 4. Upon refusal of the board to allow any applicant to ~~[sit for]~~ **take** either the
69 registered professional nurses' examination or the licensed practical nurses' examination, ~~[as~~
70 ~~the case may be,]~~ **or upon refusal to issue an advanced practice registered nurse license,**
71 the board shall comply with the provisions of section 621.120 and advise the applicant of his
72 or her right to have a hearing before the administrative hearing commission. The
73 administrative hearing commission shall hear complaints taken pursuant to section 621.120.

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

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

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

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

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

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

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

18 **3. A licensed nurse who holds an APRN license shall be disciplined on their**
19 **APRN license for any violations of this chapter.**

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

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

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

21 4. No person shall practice or offer to practice professional nursing, practical nursing,
22 or advanced practice nursing in this state or use any title, sign, abbreviation, card, or device to

23 indicate that such person is a practicing professional nurse, practical nurse, or advanced
24 practice nurse unless he or she has been duly licensed under the provisions of this chapter.

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

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

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

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

4 (2) Practice [~~professional or practical~~] nursing as defined by sections 335.011 to
5 [~~335.096~~] **335.099** under cover of any diploma, license, or record illegally or fraudulently
6 obtained or signed or issued unlawfully or under fraudulent representation;

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

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

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

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

335.175. 1. No later than January 1, 2014, there is hereby established within the state
2 board of registration for the healing arts and the state board of nursing the "Utilization of
3 Telehealth by Nurses". An advanced practice registered nurse (APRN) providing nursing
4 services under a collaborative practice arrangement under section 334.104 may provide such
5 services outside the geographic proximity requirements of section 334.104 if the
6 collaborating physician and advanced practice registered nurse utilize telehealth ~~in the~~

7 ~~care of the patient and if the services are provided in a rural area of need.] Telehealth~~
8 providers shall be required to obtain patient consent before telehealth services are initiated
9 and ensure confidentiality of medical information.

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

12 ~~[3. (1) The boards shall jointly promulgate rules governing the practice of telehealth~~
13 ~~under this section. Such rules shall address, but not be limited to, appropriate standards for~~
14 ~~the use of telehealth.~~

15 ~~(2) Any rule or portion of a rule, as that term is defined in section 536.010, that is~~
16 ~~created under the authority delegated in this section shall become effective only if it complies~~
17 ~~with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.~~
18 ~~This section and chapter 536 are nonseverable and if any of the powers vested with the~~
19 ~~general assembly pursuant to chapter 536 to review, to delay the effective date, or to~~
20 ~~disapprove and annul a rule are subsequently held unconstitutional, then the grant of~~
21 ~~rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid~~
22 ~~and void.~~

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

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

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

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

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

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

20 2. Each applicant for licensure as a professional counselor shall furnish evidence to
21 the committee that the applicant is at least eighteen years of age, is a United States citizen or
22 is legally present in the United States; and

23 (1) The applicant has completed a course of study as defined by the board rule leading
24 to a master's, specialist's, or doctoral degree with a major in counseling, except any applicant
25 who has held a license as a professional counselor in this state or currently holds a license as a
26 professional counselor in another state shall not be required to have completed any courses
27 related to career development; and

28 (2) The applicant has completed acceptable supervised counseling as defined by
29 board rule. If the applicant has a master's degree with a major in counseling as defined by
30 board rule, the applicant shall complete at least two years of acceptable supervised counseling
31 experience subsequent to the receipt of the master's degree. The composition and number of
32 hours comprising the acceptable supervised counseling experience shall be defined by board
33 rule. An applicant may substitute thirty semester hours of post master's graduate study for
34 one of the two required years of acceptable supervised counseling experience if such hours
35 are clearly related to counseling;

36 (3) After August 28, 2007, each applicant shall have completed a minimum of three
37 hours of graduate level coursework in diagnostic systems either in the curriculum leading to a
38 degree or as post master's graduate level course work;

39 (4) Upon examination, the applicant is possessed of requisite knowledge of the
40 profession, including techniques and applications, research and its interpretation, and
41 professional affairs and ethics.

42 ~~[2. Any person holding a current license, certificate of registration, or permit from
43 another state or territory of the United States to practice as a professional counselor who does
44 not meet the requirements in section 324.009 and who is at least eighteen years of age, and is
45 a United States citizen or is legally present in the United States may be granted a license
46 without examination to engage in the practice of professional counseling in this state upon the
47 application to the board, payment of the required fee as established by the board, and
48 satisfying one of the following requirements:~~

49 ~~(1) Approval by the American Association of State Counseling Boards (AASCB) or
50 its successor organization according to the eligibility criteria established by AASCB. The
51 successor organization shall be defined by board rule; or~~

52 ~~(2) In good standing and currently certified by the National Board for Certified
53 Counselors or its successor organization and has completed acceptable supervised counseling
54 experience as defined by board rule. The successor organization shall be defined by board
55 rule.]~~

56 3. (1) Any person who holds a valid current professional counselor license issued
57 by another state, a branch or unit of the military, a territory of the United States, or the
58 District of Columbia, and who has been licensed for at least one year in such other
59 jurisdiction, may submit an application for a professional counselor license in Missouri
60 along with proof of current licensure and proof of licensure for at least one year in the
61 other jurisdiction, to the committee.

62 (2) The committee shall:

63 (a) Within six months of receiving an application described in subdivision (1) of
64 this subsection, waive any examination, educational, or experience requirements for
65 licensure in this state for the applicant if it determines that there were minimum
66 education requirements and, if applicable, work experience and clinical supervision
67 requirements in effect and the other state verifies that the person met those
68 requirements in order to be licensed or certified in that state. The committee may
69 require an applicant to take and pass an examination specific to the laws of this state; or

70 (b) Within thirty days of receiving an application described in subdivision (1) of
71 this subsection from a nonresident military spouse or a resident military spouse, waive
72 any examination, educational, or experience requirements for licensure in this state for
73 the applicant and issue such applicant a license under this subsection if such applicant
74 otherwise meets the requirements of this section.

75 (3) (a) The committee shall not waive any examination, educational, or
76 experience requirements for any applicant who has had his or her license revoked by a
77 committee outside the state; who is currently under investigation, who has a complaint
78 pending, or who is currently under disciplinary action, except as provided in paragraph
79 (b) of this subdivision, with a committee outside the state; who does not hold a license in
80 good standing with a committee outside the state; who has a criminal record that would
81 disqualify him or her for licensure in Missouri; or who does not hold a valid current
82 license in the other jurisdiction on the date the committee receives his or her application
83 under this section.

84 (b) If another jurisdiction has taken disciplinary action against an applicant, the
85 committee shall determine if the cause for the action was corrected and the matter
86 resolved. If the matter has not been resolved by that jurisdiction, the committee may
87 deny a license until the matter is resolved.

88 (4) Nothing in this subsection shall prohibit the committee from denying a
89 license to an applicant under this subsection for any reason described in section 337.525.

90 (5) Any person who is licensed under the provisions of this subsection shall be
91 subject to the committee's jurisdiction and all rules and regulations pertaining to the
92 practice as a licensed professional counselor in this state.

93 **(6) This subsection shall not be construed to waive any requirement for an**
94 **applicant to pay any fees.**

95 **4.** The committee shall issue a license to each person who files an application and fee
96 and who furnishes evidence satisfactory to the committee that the applicant has complied with
97 the provisions of this act and has taken and passed a written, open-book examination on
98 Missouri laws and regulations governing the practice of professional counseling as defined in
99 section 337.500. The division shall issue a provisional professional counselor license to any
100 applicant who meets all requirements of this section, but who has not completed the required
101 acceptable supervised counseling experience and such applicant may reapply for licensure as
102 a professional counselor upon completion of such acceptable supervised counseling
103 experience.

104 **[4-] 5.** All persons licensed to practice professional counseling in this state shall pay
105 on or before the license renewal date a renewal license fee and shall furnish to the committee
106 satisfactory evidence of the completion of the requisite number of hours of continuing
107 education as required by rule, including two hours of suicide assessment, referral, treatment,
108 and management training, which shall be no more than forty hours biennially. The continuing
109 education requirements may be waived by the committee upon presentation to the committee
110 of satisfactory evidence of the illness of the licensee or for other good cause.

337.550. SECTION 1: PURPOSE

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

8 **This Compact is designed to achieve the following objectives:**

9 **A. Increase public access to Professional Counseling services by providing for**
10 **the mutual recognition of other Member State licenses;**

11 **B. Enhance the States' ability to protect the public's health and safety;**

12 **C. Encourage the cooperation of Member States in regulating multistate**
13 **practice for Licensed Professional Counselors;**

14 **D. Support spouses of relocating Active Duty Military personnel;**

15 **E. Enhance the exchange of licensure, investigative, and disciplinary**
16 **information among Member States;**

17 **F. Allow for the use of Telehealth technology to facilitate increased access to**
18 **Professional Counseling services;**

19 **G. Support the uniformity of Professional Counseling licensure requirements**
20 **throughout the States to promote public safety and public health benefits;**

21 **H. Invest all Member States with the authority to hold a Licensed Professional**
22 **Counselor accountable for meeting all State practice laws in the State in which the client**
23 **is located at the time care is rendered through the mutual recognition of Member State**
24 **licenses;**

25 **I. Eliminate the necessity for licenses in multiple States; and**

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

28 **SECTION 2. DEFINITIONS**

29 **As used in this Compact, and except as otherwise provided, the following**
30 **definitions shall apply:**

31 **A. "Active Duty Military" means full-time duty status in the active uniformed**
32 **service of the United States, including members of the National Guard and Reserve on**
33 **active duty orders pursuant to 10 U.S.C. Chapters 1209 and 1211.**

34 **B. "Adverse Action" means any administrative, civil, equitable or criminal**
35 **action permitted by a State's laws which is imposed by a licensing board or other**
36 **authority against a Licensed Professional Counselor, including actions against an**
37 **individual's license or Privilege to Practice such as revocation, suspension, probation,**
38 **monitoring of the licensee, limitation on the licensee's practice, or any other**
39 **Encumbrance on licensure affecting a Licensed Professional Counselor's**
40 **authorization to practice, including issuance of a cease and desist action.**

41 **C. "Alternative Program" means a non-disciplinary monitoring or practice**
42 **remediation process approved by a Professional Counseling Licensing Board to address**
43 **Impaired Practitioners.**

44 **D. "Continuing Competence/Education" means a requirement, as a condition of**
45 **license renewal, to provide evidence of participation in, and/or completion of,**
46 **educational and professional activities relevant to practice or area of work.**

47 **E. "Counseling Compact Commission" or "Commission" means the national**
48 **administrative body whose membership consists of all States that have enacted the**
49 **Compact.**

50 **F. "Current Significant Investigative Information" means:**

51 **1. Investigative Information that a Licensing Board, after a preliminary inquiry**
52 **that includes notification and an opportunity for the Licensed Professional Counselor to**
53 **respond, if required by State law, has reason to believe is not groundless and, if proved**
54 **true, would indicate more than a minor infraction; or**

55 **2. Investigative Information** that indicates that the Licensed Professional
56 Counselor represents an immediate threat to public health and safety regardless of
57 whether the Licensed Professional Counselor has been notified and had an opportunity
58 to respond.

59 **G. "Data System"** means a repository of information about Licensees, including,
60 but not limited to, continuing education, examination, licensure, investigative, Privilege
61 to Practice and Adverse Action information.

62 **H. "Encumbered License"** means a license in which an Adverse Action restricts
63 the practice of licensed Professional Counseling by the Licensee and said Adverse
64 Action has been reported to the National Practitioners Data Bank (NPDB).

65 **I. "Encumbrance"** means a revocation or suspension of, or any limitation on, the
66 full and unrestricted practice of Licensed Professional Counseling by a Licensing Board.

67 **J. "Executive Committee"** means a group of directors elected or appointed to act
68 on behalf of, and within the powers granted to them by, the Commission.

69 **K. "Home State"** means the Member State that is the Licensee's primary State
70 of residence.

71 **L. "Impaired Practitioner"** means an individual who has a condition(s) that may
72 impair their ability to practice as a Licensed Professional Counselor without some type
73 of intervention and may include, but are not limited to, alcohol and drug dependence,
74 mental health impairment, and neurological or physical impairments.

75 **M. "Investigative Information"** means information, records, and documents
76 received or generated by a Professional Counseling Licensing Board pursuant to an
77 investigation.

78 **N. "Jurisprudence Requirement"** if required by a Member State, means the
79 assessment of an individual's knowledge of the laws and Rules governing the practice of
80 Professional Counseling in a State.

81 **O. "Licensed Professional Counselor"** means a counselor licensed by a Member
82 State, regardless of the title used by that State, to independently assess, diagnose, and
83 treat behavioral health conditions.

84 **P. "Licensee"** means an individual who currently holds an authorization from
85 the State to practice as a Licensed Professional Counselor.

86 **Q. "Licensing Board"** means the agency of a State, or equivalent, that is
87 responsible for the licensing and regulation of Licensed Professional Counselors.

88 **R. "Member State"** means a State that has enacted the Compact.

89 **S. "Privilege to Practice"** means a legal authorization, which is equivalent to a
90 license, permitting the practice of Professional Counseling in a Remote State.

91 **T. "Professional Counseling" means the assessment, diagnosis, and treatment of**
92 **behavioral health conditions by a Licensed Professional Counselor.**

93 **U. "Remote State" means a Member State other than the Home State, where a**
94 **Licensee is exercising or seeking to exercise the Privilege to Practice.**

95 **V. "Rule" means a regulation promulgated by the Commission that has the force**
96 **of law.**

97 **W. "Single State License" means a Licensed Professional Counselor license**
98 **issued by a Member State that authorizes practice only within the issuing State and does**
99 **not include a Privilege to Practice in any other Member State.**

100 **X. "State" means any state, commonwealth, district, or territory of the United**
101 **States of America that regulates the practice of Professional Counseling.**

102 **Y. "Telehealth" means the application of telecommunication technology to**
103 **deliver Professional Counseling services remotely to assess, diagnose, and treat**
104 **behavioral health conditions.**

105 **Z. "Unencumbered License" means a license that authorizes a Licensed**
106 **Professional Counselor to engage in the full and unrestricted practice of Professional**
107 **Counseling.**

108 **SECTION 3. STATE PARTICIPATION IN THE COMPACT**

109 **A. To Participate in the Compact, a State must currently:**

110 **1. License and regulate Licensed Professional Counselors;**

111 **2. Require Licensees to pass a nationally recognized exam approved by the**
112 **Commission;**

113 **3. Require Licensees to have a 60 semester-hour (or 90 quarter-hour) master's**
114 **degree in counseling or 60 semester-hours (or 90 quarter-hours) of graduate course**
115 **work including the following topic areas:**

116 **a. Professional Counseling Orientation and Ethical Practice;**

117 **b. Social and Cultural Diversity;**

118 **c. Human Growth and Development;**

119 **d. Career Development;**

120 **e. Counseling and Helping Relationships;**

121 **f. Group Counseling and Group Work;**

122 **g. Diagnosis and Treatment; Assessment and Testing;**

123 **h. Research and Program Evaluation; and**

124 **i. Other areas as determined by the Commission.**

125 **4. Require Licensees to complete a supervised postgraduate professional**
126 **experience as defined by the Commission;**

127 **5. Have a mechanism in place for receiving and investigating complaints about**
128 **Licensees.**

129 **B. A Member State shall:**

130 **1. Participate fully in the Commission's Data System, including using the**
131 **Commission's unique identifier as defined in Rules;**

132 **2. Notify the Commission, in compliance with the terms of the Compact and**
133 **Rules, of any Adverse Action or the availability of Investigative Information regarding a**
134 **Licensee;**

135 **3. Implement or utilize procedures for considering the criminal history records**
136 **of applicants for an initial Privilege to Practice. These procedures shall include the**
137 **submission of fingerprints or other biometric-based information by applicants for the**
138 **purpose of obtaining an applicant's criminal history record information from the**
139 **Federal Bureau of Investigation and the agency responsible for retaining that State's**
140 **criminal records;**

141 **a. A member state must fully implement a criminal background check**
142 **requirement, within a time frame established by rule, by receiving the results of the**
143 **Federal Bureau of Investigation record search and shall use the results in making**
144 **licensure decisions.**

145 **b. Communication between a Member State, the Commission and among**
146 **Member States regarding the verification of eligibility for licensure through the**
147 **Compact shall not include any information received from the Federal Bureau of**
148 **Investigation relating to a federal criminal records check performed by a Member State**
149 **under Public Law 92-544.**

150 **4. Comply with the Rules of the Commission;**

151 **5. Require an applicant to obtain or retain a license in the Home State and meet**
152 **the Home State's qualifications for licensure or renewal of licensure, as well as all other**
153 **applicable State laws;**

154 **6. Grant the Privilege to Practice to a Licensee holding a valid Unencumbered**
155 **License in another Member State in accordance with the terms of the Compact and**
156 **Rules; and**

157 **7. Provide for the attendance of the State's commissioner to the Counseling**
158 **Compact Commission meetings.**

159 **C. Member States may charge a fee for granting the Privilege to Practice.**

160 **D. Individuals not residing in a Member State shall continue to be able to apply**
161 **for a Member State's Single State License as provided under the laws of each Member**
162 **State. However, the Single State License granted to these individuals shall not be**

163 recognized as granting a Privilege to Practice Professional Counseling in any other
164 Member State.

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

167 F. A license issued to a Licensed Professional Counselor by a Home State to a
168 resident in that State shall be recognized by each Member State as authorizing a
169 Licensed Professional Counselor to practice Professional Counseling, under a Privilege
170 to Practice, in each Member State.

171 SECTION 4. PRIVILEGE TO PRACTICE

172 A. To exercise the Privilege to Practice under the terms and provisions of the
173 Compact, the Licensee shall:

174 1. Hold a license in the Home State;

175 2. Have a valid United States Social Security Number or National Practitioner
176 Identifier;

177 3. Be eligible for a Privilege to Practice in any Member State in accordance with
178 Section 4(D), (G) and (H);

179 4. Have not had any Encumbrance or restriction against any license or Privilege
180 to Practice within the previous two (2) years;

181 5. Notify the Commission that the Licensee is seeking the Privilege to Practice
182 within a Remote State(s);

183 6. Pay any applicable fees, including any State fee, for the Privilege to Practice;

184 7. Meet any Continuing Competence/Education requirements established by the
185 Home State;

186 8. Meet any Jurisprudence Requirements established by the Remote State(s) in
187 which the Licensee is seeking a Privilege to Practice; and

188 9. Report to the Commission any Adverse Action, Encumbrance, or restriction
189 on license taken by any non-Member State within 30 days from the date the action is
190 taken.

191 B. The Privilege to Practice is valid until the expiration date of the Home State
192 license. The Licensee must comply with the requirements of Section 4(A) to maintain
193 the Privilege to Practice in the Remote State.

194 C. A Licensee providing Professional Counseling in a Remote State under the
195 Privilege to Practice shall adhere to the laws and regulations of the Remote State.

196 D. A Licensee providing Professional Counseling services in a Remote State is
197 subject to that State's regulatory authority. A Remote State may, in accordance with
198 due process and that State's laws, remove a Licensee's Privilege to Practice in the
199 Remote State for a specific period of time, impose fines, and/or take any other necessary

200 actions to protect the health and safety of its citizens. The Licensee may be ineligible for
201 a Privilege to Practice in any Member State until the specific time for removal has
202 passed and all fines are paid.

203 E. If a Home State license is encumbered, the Licensee shall lose the Privilege to
204 Practice in any Remote State until the following occur:

- 205 1. The Home State license is no longer encumbered; and
- 206 2. Have not had any Encumbrance or restriction against any license or Privilege
207 to Practice within the previous two (2) years.

208 F. Once an Encumbered License in the Home State is restored to good standing,
209 the Licensee must meet the requirements of Section 4(A) to obtain a Privilege to Practice
210 in any Remote State.

211 G. If a Licensee's Privilege to Practice in any Remote State is removed, the
212 individual may lose the Privilege to Practice in all other Remote States until the
213 following occur:

- 214 1. The specific period of time for which the Privilege to Practice was removed
215 has ended;
- 216 2. All fines have been paid; and
- 217 3. Have not had any Encumbrance or restriction against any license or Privilege
218 to Practice within the previous two (2) years.

219 H. Once the requirements of Section 4(G) have been met, the Licensee must meet
220 the requirements in Section 4(A) to obtain a Privilege to Practice in a Remote State.

221 SECTION 5: OBTAINING A NEW HOME STATE LICENSE BASED ON A 222 PRIVILEGE TO PRACTICE

223 A. A Licensed Professional Counselor may hold a Home State license, which
224 allows for a Privilege to Practice in other Member States, in only one Member State at a
225 time.

226 B. If a Licensed Professional Counselor changes primary State of residence by
227 moving between two Member States:

228 1. The Licensed Professional Counselor shall file an application for obtaining a
229 new Home State license based on a Privilege to Practice, pay all applicable fees, and
230 notify the current and new Home State in accordance with applicable Rules adopted by
231 the Commission.

232 2. Upon receipt of an application for obtaining a new Home State license by
233 virtue of a Privilege to Practice, the new Home State shall verify that the Licensed
234 Professional Counselor meets the pertinent criteria outlined in Section 4 via the Data
235 System, without need for primary source verification except for:

236 a. a Federal Bureau of Investigation fingerprint based criminal background
237 check if not previously performed or updated pursuant to applicable rules adopted by
238 the Commission in accordance with Public Law 92-544;

239 b. other criminal background check as required by the new Home State; and

240 c. completion of any requisite Jurisprudence Requirements of the new Home
241 State.

242 3. The former Home State shall convert the former Home State license into a
243 Privilege to Practice once the new Home State has activated the new Home State license
244 in accordance with applicable Rules adopted by the Commission.

245 4. Notwithstanding any other provision of this Compact, if the Licensed
246 Professional Counselor cannot meet the criteria in Section 4, the new Home State may
247 apply its requirements for issuing a new Single State License.

248 5. The Licensed Professional Counselor shall pay all applicable fees to the new
249 Home State in order to be issued a new Home State license.

250 C. If a Licensed Professional Counselor changes Primary State of Residence by
251 moving from a Member State to a non-Member State, or from a non-Member State to a
252 Member State, the State criteria shall apply for issuance of a Single State License in the
253 new State.

254 D. Nothing in this Compact shall interfere with a Licensee's ability to hold a
255 Single State License in multiple States, however for the purposes of this Compact, a
256 Licensee shall have only one Home State license.

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

259 **SECTION 6. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES**

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

266 **SECTION 7. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH**

267 A. Member States shall recognize the right of a Licensed Professional Counselor,
268 licensed by a Home State in accordance with Section 3 and under Rules promulgated by
269 the Commission, to practice Professional Counseling in any Member State via
270 Telehealth under a Privilege to Practice as provided in the Compact and Rules
271 promulgated by the Commission.

272 **B. A Licensee providing Professional Counseling services in a Remote State**
273 **under the Privilege to Practice shall adhere to the laws and regulations of the Remote**
274 **State.**

275 **SECTION 8. ADVERSE ACTIONS**

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

278 **1. Take Adverse Action against a Licensed Professional Counselor's Privilege to**
279 **Practice within that Member State, and**

280 **2. Issue subpoenas for both hearings and investigations that require the**
281 **attendance and testimony of witnesses as well as the production of evidence. Subpoenas**
282 **issued by a Licensing Board in a Member State for the attendance and testimony of**
283 **witnesses or the production of evidence from another Member State shall be enforced in**
284 **the latter State by any court of competent jurisdiction, according to the practice and**
285 **procedure of that court applicable to subpoenas issued in proceedings pending before it.**
286 **The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees**
287 **required by the service statutes of the State in which the witnesses or evidence are**
288 **located.**

289 **3. Only the Home State shall have the power to take Adverse Action against a**
290 **Licensed Professional Counselor's license issued by the Home State.**

291 **B. For purposes of taking Adverse Action, the Home State shall give the same**
292 **priority and effect to reported conduct received from a Member State as it would if the**
293 **conduct had occurred within the Home State. In so doing, the Home State shall apply**
294 **its own State laws to determine appropriate action.**

295 **C. The Home State shall complete any pending investigations of a Licensed**
296 **Professional Counselor who changes primary State of residence during the course of the**
297 **investigations. The Home State shall also have the authority to take appropriate action**
298 **(s) and shall promptly report the conclusions of the investigations to the administrator**
299 **of the Data System. The administrator of the coordinated licensure information system**
300 **shall promptly notify the new Home State of any Adverse Actions.**

301 **D. A Member State, if otherwise permitted by State law, may recover from the**
302 **affected Licensed Professional Counselor the costs of investigations and dispositions of**
303 **cases resulting from any Adverse Action taken against that Licensed Professional**
304 **Counselor.**

305 **E. A Member State may take Adverse Action based on the factual findings of the**
306 **Remote State, provided that the Member State follows its own procedures for taking the**
307 **Adverse Action.**

308 **F. Joint Investigations:**

309 **1. In addition to the authority granted to a Member State by its respective**
310 **Professional Counseling practice act or other applicable State law, any Member State**
311 **may participate with other Member States in joint investigations of Licensees.**

312 **2. Member States shall share any investigative, litigation, or compliance**
313 **materials in furtherance of any joint or individual investigation initiated under the**
314 **Compact.**

315 **G. If Adverse Action is taken by the Home State against the license of a Licensed**
316 **Professional Counselor, the Licensed Professional Counselor's Privilege to Practice in all**
317 **other Member States shall be deactivated until all Encumbrances have been removed**
318 **from the State license. All Home State disciplinary orders that impose Adverse Action**
319 **against the license of a Licensed Professional Counselor shall include a Statement that**
320 **the Licensed Professional Counselor's Privilege to Practice is deactivated in all Member**
321 **States during the pendency of the order.**

322 **H. If a Member State takes Adverse Action, it shall promptly notify the**
323 **administrator of the Data System. The administrator of the Data System shall promptly**
324 **notify the Home State of any Adverse Actions by Remote States.**

325 **I. Nothing in this Compact shall override a Member State's decision that**
326 **participation in an Alternative Program may be used in lieu of Adverse Action.**

327 **SECTION 9. ESTABLISHMENT OF COUNSELING COMPACT**
328 **COMMISSION**

329 **A. The Compact Member States hereby create and establish a joint public**
330 **agency known as the Counseling Compact Commission:**

331 **1. The Commission is an instrumentality of the Compact States.**

332 **2. Venue is proper and judicial proceedings by or against the Commission shall**
333 **be brought solely and exclusively in a court of competent jurisdiction where the**
334 **principal office of the Commission is located. The Commission may waive venue and**
335 **jurisdictional defenses to the extent it adopts or consents to participate in alternative**
336 **dispute resolution proceedings.**

337 **3. Nothing in this Compact shall be construed to be a waiver of sovereign**
338 **immunity.**

339 **B. Membership, Voting, and Meetings**

340 **1. Each Member State shall have and be limited to one (1) delegate selected by**
341 **that Member State's Licensing Board.**

342 **2. The delegate shall be either:**

343 **a. A current member of the Licensing Board at the time of appointment, who is a**
344 **Licensed Professional Counselor or public member; or**

345 **b. An administrator of the Licensing Board.**

346 **3. Any delegate may be removed or suspended from office as provided by the law**
347 **of the State from which the delegate is appointed.**

348 **4. The Member State Licensing Board shall fill any vacancy occurring on the**
349 **Commission within 60 days.**

350 **5. Each delegate shall be entitled to one (1) vote with regard to the promulgation**
351 **of Rules and creation of bylaws and shall otherwise have an opportunity to participate**
352 **in the business and affairs of the Commission.**

353 **6. A delegate shall vote in person or by such other means as provided in the**
354 **bylaws. The bylaws may provide for delegates' participation in meetings by telephone**
355 **or other means of communication.**

356 **7. The Commission shall meet at least once during each calendar year.**
357 **Additional meetings shall be held as set forth in the bylaws.**

358 **8. The Commission shall by Rule establish a term of office for delegates and may**
359 **by Rule establish term limits.**

360 **C. The Commission shall have the following powers and duties:**

361 **1. Establish the fiscal year of the Commission;**

362 **2. Establish bylaws;**

363 **3. Maintain its financial records in accordance with the bylaws;**

364 **4. Meet and take such actions as are consistent with the provisions of this**
365 **Compact and the bylaws;**

366 **5. Promulgate Rules which shall be binding to the extent and in the manner**
367 **provided for in the Compact;**

368 **6. Bring and prosecute legal proceedings or actions in the name of the**
369 **Commission, provided that the standing of any State Licensing Board to sue or be sued**
370 **under applicable law shall not be affected;**

371 **7. Purchase and maintain insurance and bonds;**

372 **8. Borrow, accept, or contract for services of personnel, including, but not**
373 **limited to, employees of a Member State;**

374 **9. Hire employees, elect or appoint officers, fix compensation, define duties,**
375 **grant such individuals appropriate authority to carry out the purposes of the Compact,**
376 **and establish the Commission's personnel policies and programs relating to conflicts of**
377 **interest, qualifications of personnel, and other related personnel matters;**

378 **10. Accept any and all appropriate donations and grants of money, equipment,**
379 **supplies, materials, and services, and to receive, utilize, and dispose of the same;**
380 **provided that at all times the Commission shall avoid any appearance of impropriety**
381 **and/or conflict of interest;**

- 382 **11. Lease, purchase, accept appropriate gifts or donations of, or otherwise to**
383 **own, hold, improve or use, any property, real, personal or mixed; provided that at all**
384 **times the Commission shall avoid any appearance of impropriety;**
- 385 **12. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise**
386 **dispose of any property real, personal, or mixed;**
- 387 **13. Establish a budget and make expenditures;**
- 388 **14. Borrow money;**
- 389 **15. Appoint committees, including standing committees composed of members,**
390 **State regulators, State legislators or their representatives, and consumer**
391 **representatives, and such other interested persons as may be designated in this**
392 **Compact and the bylaws;**
- 393 **16. Provide and receive information from, and cooperate with, law enforcement**
394 **agencies;**
- 395 **17. Establish and elect an Executive Committee; and**
- 396 **18. Perform such other functions as may be necessary or appropriate to achieve**
397 **the purposes of this Compact consistent with the State regulation of Professional**
398 **Counseling licensure and practice.**
- 399 **D. The Executive Committee**
- 400 **1. The Executive Committee shall have the power to act on behalf of the**
401 **Commission according to the terms of this Compact.**
- 402 **2. The Executive Committee shall be composed of up to eleven (11) members:**
- 403 **a. Seven voting members who are elected by the Commission from the current**
404 **membership of the Commission; and**
- 405 **b. Up to four (4) ex-officio, nonvoting members from four (4) recognized**
406 **national professional counselor organizations.**
- 407 **c. The ex-officio members will be selected by their respective organizations.**
- 408 **3. The Commission may remove any member of the Executive Committee as**
409 **provided in bylaws.**
- 410 **4. The Executive Committee shall meet at least annually.**
- 411 **5. The Executive Committee shall have the following duties and responsibilities:**
- 412 **a. Recommend to the entire Commission changes to the Rules or bylaws,**
413 **changes to this Compact legislation, fees paid by Compact Member States such as**
414 **annual dues, and any Commission Compact fee charged to Licensees for the Privilege to**
415 **Practice;**
- 416 **b. Ensure Compact administration services are appropriately provided,**
417 **contractual or otherwise;**
- 418 **c. Prepare and recommend the budget;**

- 419 **d. Maintain financial records on behalf of the Commission;**
420 **e. Monitor Compact compliance of Member States and provide compliance**
421 **reports to the Commission;**
422 **f. Establish additional committees as necessary; and**
423 **g. Other duties as provided in Rules or bylaws.**
424 **E. Meetings of the Commission**
425 **1. All meetings shall be open to the public, and public notice of meetings shall be**
426 **given in the same manner as required under the Rulemaking provisions in Section 11.**
427 **2. The Commission or the Executive Committee or other committees of the**
428 **Commission may convene in a closed, non-public meeting if the Commission or**
429 **Executive Committee or other committees of the Commission must discuss:**
430 **a. Non-compliance of a Member State with its obligations under the Compact;**
431 **b. The employment, compensation, discipline or other matters, practices or**
432 **procedures related to specific employees or other matters related to the Commission's**
433 **internal personnel practices and procedures;**
434 **c. Current, threatened, or reasonably anticipated litigation;**
435 **d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or**
436 **real estate;**
437 **e. Accusing any person of a crime or formally censuring any person;**
438 **f. Disclosure of trade secrets or commercial or financial information that is**
439 **privileged or confidential;**
440 **g. Disclosure of information of a personal nature where disclosure would**
441 **constitute a clearly unwarranted invasion of personal privacy;**
442 **h. Disclosure of investigative records compiled for law enforcement purposes;**
443 **i. Disclosure of information related to any investigative reports prepared by or**
444 **on behalf of or for use of the Commission or other committee charged with**
445 **responsibility of investigation or determination of compliance issues pursuant to the**
446 **Compact; or**
447 **j. Matters specifically exempted from disclosure by federal or Member State**
448 **statute.**
449 **3. If a meeting, or portion of a meeting, is closed pursuant to this provision, the**
450 **Commission's legal counsel or designee shall certify that the meeting may be closed and**
451 **shall reference each relevant exempting provision.**
452 **4. The Commission shall keep minutes that fully and clearly describe all matters**
453 **discussed in a meeting and shall provide a full and accurate summary of actions taken,**
454 **and the reasons therefore, including a description of the views expressed. All documents**
455 **considered in connection with an action shall be identified in such minutes. All minutes**

456 and documents of a closed meeting shall remain under seal, subject to release by a
457 majority vote of the Commission or order of a court of competent jurisdiction.

458 **F. Financing of the Commission**

459 **1. The Commission shall pay, or provide for the payment of, the reasonable**
460 **expenses of its establishment, organization, and ongoing activities.**

461 **2. The Commission may accept any and all appropriate revenue sources,**
462 **donations, and grants of money, equipment, supplies, materials, and services.**

463 **3. The Commission may levy on and collect an annual assessment from each**
464 **Member State or impose fees on other parties to cover the cost of the operations and**
465 **activities of the Commission and its staff, which must be in a total amount sufficient to**
466 **cover its annual budget as approved each year for which revenue is not provided by**
467 **other sources. The aggregate annual assessment amount shall be allocated based upon a**
468 **formula to be determined by the Commission, which shall promulgate a Rule binding**
469 **upon all Member States.**

470 **4. The Commission shall not incur obligations of any kind prior to securing the**
471 **funds adequate to meet the same; nor shall the Commission pledge the credit of any of**
472 **the Member States, except by and with the authority of the Member State.**

473 **5. The Commission shall keep accurate accounts of all receipts and**
474 **disbursements. The receipts and disbursements of the Commission shall be subject**
475 **to the audit and accounting procedures established under its bylaws. However, all**
476 **receipts and disbursements of funds handled by the Commission shall be audited yearly**
477 **by a certified or licensed public accountant, and the report of the audit shall be included**
478 **in and become part of the annual report of the Commission.**

479 **G. Qualified Immunity, Defense, and Indemnification**

480 **1. The members, officers, executive director, employees and representatives of**
481 **the Commission shall be immune from suit and liability, either personally or in their**
482 **official capacity, for any claim for damage to or loss of property or personal injury or**
483 **other civil liability caused by or arising out of any actual or alleged act, error or**
484 **omission that occurred, or that the person against whom the claim is made had a**
485 **reasonable basis for believing occurred within the scope of Commission employment,**
486 **duties or responsibilities; provided that nothing in this paragraph shall be construed to**
487 **protect any such person from suit and/or liability for any damage, loss, injury, or**
488 **liability caused by the intentional or willful or wanton misconduct of that person.**

489 **2. The Commission shall defend any member, officer, executive director,**
490 **employee or representative of the Commission in any civil action seeking to impose**
491 **liability arising out of any actual or alleged act, error, or omission that occurred within**
492 **the scope of Commission employment, duties, or responsibilities, or that the person**

493 **against whom the claim is made had a reasonable basis for believing occurred within the**
494 **scope of Commission employment, duties, or responsibilities; provided that nothing**
495 **herein shall be construed to prohibit that person from retaining his or her own counsel;**
496 **and provided further, that the actual or alleged act, error, or omission did not result**
497 **from that person's intentional or willful or wanton misconduct.**

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

506 **SECTION 10. DATA SYSTEM**

507 **A. The Commission shall provide for the development, maintenance, operation,**
508 **and utilization of a coordinated database and reporting system containing licensure,**
509 **Adverse Action, and Investigative Information on all licensed individuals in Member**
510 **States.**

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

- 514 **1. Identifying information;**
- 515 **2. Licensure data;**
- 516 **3. Adverse Actions against a license or Privilege to Practice;**
- 517 **4. Non-confidential information related to Alternative Program participation;**
- 518 **5. Any denial of application for licensure, and the reason(s) for such denial;**
- 519 **6. Current Significant Investigative Information; and**
- 520 **7. Other information that may facilitate the administration of this Compact, as**
521 **determined by the Rules of the Commission.**

522 **C. Investigative Information pertaining to a Licensee in any Member State will**
523 **only be available to other Member States.**

524 **D. The Commission shall promptly notify all Member States of any Adverse**
525 **Action taken against a Licensee or an individual applying for a license. Adverse Action**
526 **information pertaining to a Licensee in any Member State will be available to any other**
527 **Member State.**

528 **E. Member States contributing information to the Data System may designate**
529 **information that may not be shared with the public without the express permission of**
530 **the contributing State.**

531 **F. Any information submitted to the Data System that is subsequently required**
532 **to be expunged by the laws of the Member State contributing the information shall be**
533 **removed from the Data System.**

534 **SECTION 11. RULEMAKING**

535 **A. The Commission shall promulgate reasonable Rules in order to effectively**
536 **and efficiently achieve the purpose of the Compact. Notwithstanding the foregoing, in**
537 **the event the Commission exercises its Rulemaking authority in a manner that is beyond**
538 **the scope of the purposes of the Compact, or the powers granted hereunder, then such**
539 **an action by the Commission shall be invalid and have no force or effect.**

540 **B. The Commission shall exercise its Rulemaking powers pursuant to the**
541 **criteria set forth in this Section and the Rules adopted thereunder. Rules and**
542 **amendments shall become binding as of the date specified in each Rule or amendment.**

543 **C. If a majority of the legislatures of the Member States rejects a Rule, by**
544 **enactment of a statute or resolution in the same manner used to adopt the Compact**
545 **within four (4) years of the date of adoption of the Rule, then such Rule shall have no**
546 **further force and effect in any Member State.**

547 **D. Rules or amendments to the Rules shall be adopted at a regular or special**
548 **meeting of the Commission.**

549 **E. Prior to promulgation and adoption of a final Rule or Rules by the**
550 **Commission, and at least thirty (30) days in advance of the meeting at which the Rule**
551 **will be considered and voted upon, the Commission shall file a Notice of Proposed**
552 **Rulemaking:**

553 **1. On the website of the Commission or other publicly accessible platform; and**
554 **2. On the website of each Member State Professional Counseling Licensing**
555 **Board or other publicly accessible platform or the publication in which each State**
556 **would otherwise publish proposed Rules.**

557 **F. The Notice of Proposed Rulemaking shall include:**

558 **1. The proposed time, date, and location of the meeting in which the Rule will be**
559 **considered and voted upon;**

560 **2. The text of the proposed Rule or amendment and the reason for the proposed**
561 **Rule;**

562 **3. A request for comments on the proposed Rule from any interested person;**
563 **and**

564 **4. The manner in which interested persons may submit notice to the Commission**
565 **of their intention to attend the public hearing and any written comments.**

566 **G. Prior to adoption of a proposed Rule, the Commission shall allow persons to**
567 **submit written data, facts, opinions, and arguments, which shall be made available to**
568 **the public.**

569 **H. The Commission shall grant an opportunity for a public hearing before it**
570 **adopts a Rule or amendment if a hearing is requested by:**

571 **1. At least twenty-five (25) persons;**

572 **2. A State or federal governmental subdivision or agency; or**

573 **3. An association having at least twenty-five (25) members.**

574 **I. If a hearing is held on the proposed Rule or amendment, the Commission shall**
575 **publish the place, time, and date of the scheduled public hearing. If the hearing is held**
576 **via electronic means, the Commission shall publish the mechanism for access to the**
577 **electronic hearing.**

578 **1. All persons wishing to be heard at the hearing shall notify the executive**
579 **director of the Commission or other designated member in writing of their desire to**
580 **appear and testify at the hearing not less than five (5) business days before the scheduled**
581 **date of the hearing.**

582 **2. Hearings shall be conducted in a manner providing each person who wishes to**
583 **comment a fair and reasonable opportunity to comment orally or in writing.**

584 **3. All hearings will be recorded. A copy of the recording will be made available**
585 **on request.**

586 **4. Nothing in this section shall be construed as requiring a separate hearing on**
587 **each Rule. Rules may be grouped for the convenience of the Commission at hearings**
588 **required by this section.**

589 **J. Following the scheduled hearing date, or by the close of business on the**
590 **scheduled hearing date if the hearing was not held, the Commission shall consider all**
591 **written and oral comments received.**

592 **K. If no written notice of intent to attend the public hearing by interested parties**
593 **is received, the Commission may proceed with promulgation of the proposed Rule**
594 **without a public hearing.**

595 **L. The Commission shall, by majority vote of all members, take final action on**
596 **the proposed Rule and shall determine the effective date of the Rule, if any, based on the**
597 **Rulemaking record and the full text of the Rule.**

598 **M. Upon determination that an emergency exists, the Commission may consider**
599 **and adopt an emergency Rule without prior notice, opportunity for comment, or**
600 **hearing, provided that the usual Rulemaking procedures provided in the Compact and**

601 **in this section shall be retroactively applied to the Rule as soon as reasonably possible, in**
602 **no event later than ninety (90) days after the effective date of the Rule. For the purposes**
603 **of this provision, an emergency Rule is one that must be adopted immediately in order**
604 **to:**

- 605 **1. Meet an imminent threat to public health, safety, or welfare;**
- 606 **2. Prevent a loss of Commission or Member State funds;**
- 607 **3. Meet a deadline for the promulgation of an administrative Rule that is**
608 **established by federal law or Rule; or**
- 609 **4. Protect public health and safety.**

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

620 **SECTION 12. OVERSIGHT, DISPUTE RESOLUTION, AND** 621 **ENFORCEMENT**

622 **A. Oversight**

623 **1. The executive, legislative, and judicial branches of State government in each**
624 **Member State shall enforce this Compact and take all actions necessary and**
625 **appropriate to effectuate the Compact's purposes and intent. The provisions of this**
626 **Compact and the Rules promulgated hereunder shall have standing as statutory law.**

627 **2. All courts shall take judicial notice of the Compact and the Rules in any**
628 **judicial or administrative proceeding in a Member State pertaining to the subject**
629 **matter of this Compact which may affect the powers, responsibilities, or actions of the**
630 **Commission.**

631 **3. The Commission shall be entitled to receive service of process in any such**
632 **proceeding and shall have standing to intervene in such a proceeding for all purposes.**
633 **Failure to provide service of process to the Commission shall render a judgment or**
634 **order void as to the Commission, this Compact, or promulgated Rules.**

635 **B. Default, Technical Assistance, and Termination**

636 **1. If the Commission determines that a Member State has defaulted in the**
637 **performance of its obligations or responsibilities under this Compact or the**
638 **promulgated Rules, the Commission shall:**

639 **a. Provide written notice to the defaulting State and other Member States of the**
640 **nature of the default, the proposed means of curing the default and/or any other action**
641 **to be taken by the Commission; and**

642 **b. Provide remedial training and specific technical assistance regarding the**
643 **default.**

644 **C. If a State in default fails to cure the default, the defaulting State may be**
645 **terminated from the Compact upon an affirmative vote of a majority of the Member**
646 **States, and all rights, privileges and benefits conferred by this Compact may be**
647 **terminated on the effective date of termination. A cure of the default does not relieve**
648 **the offending State of obligations or liabilities incurred during the period of default.**

649 **D. Termination of membership in the Compact shall be imposed only after all**
650 **other means of securing compliance have been exhausted. Notice of intent to suspend or**
651 **terminate shall be given by the Commission to the governor, the majority and minority**
652 **leaders of the defaulting State's legislature, and each of the Member States.**

653 **E. A State that has been terminated is responsible for all assessments,**
654 **obligations, and liabilities incurred through the effective date of termination, including**
655 **obligations that extend beyond the effective date of termination.**

656 **F. The Commission shall not bear any costs related to a State that is found to be**
657 **in default or that has been terminated from the Compact, unless agreed upon in writing**
658 **between the Commission and the defaulting State.**

659 **G. The defaulting State may appeal the action of the Commission by petitioning**
660 **the U.S. District Court for the District of Columbia or the federal district where the**
661 **Commission has its principal offices. The prevailing member shall be awarded all costs**
662 **of such litigation, including reasonable attorney's fees.**

663 **H. Dispute Resolution**

664 **1. Upon request by a Member State, the Commission shall attempt to resolve**
665 **disputes related to the Compact that arise among Member States and between member**
666 **and non-Member States.**

667 **2. The Commission shall promulgate a Rule providing for both mediation and**
668 **binding dispute resolution for disputes as appropriate.**

669 **I. Enforcement**

670 **1. The Commission, in the reasonable exercise of its discretion, shall enforce the**
671 **provisions and Rules of this Compact.**

672 **2. By majority vote, the Commission may initiate legal action in the United**
673 **States District Court for the District of Columbia or the federal district where the**
674 **Commission has its principal offices against a Member State in default to enforce**
675 **compliance with the provisions of the Compact and its promulgated Rules and bylaws.**
676 **The relief sought may include both injunctive relief and damages. In the event judicial**
677 **enforcement is necessary, the prevailing member shall be awarded all costs of such**
678 **litigation, including reasonable attorney's fees.**

679 **3. The remedies herein shall not be the exclusive remedies of the Commission.**
680 **The Commission may pursue any other remedies available under federal or State law.**

681 **SECTION 13. DATE OF IMPLEMENTATION OF THE COUNSELING**
682 **COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND**
683 **AMENDMENT**

684 **A. The Compact shall come into effect on the date on which the Compact statute**
685 **is enacted into law in the tenth Member State. The provisions, which become effective**
686 **at that time, shall be limited to the powers granted to the Commission relating to**
687 **assembly and the promulgation of Rules. Thereafter, the Commission shall meet and**
688 **exercise Rulemaking powers necessary to the implementation and administration of the**
689 **Compact.**

690 **B. Any State that joins the Compact subsequent to the Commission's initial**
691 **adoption of the Rules shall be subject to the Rules as they exist on the date on which the**
692 **Compact becomes law in that State. Any Rule that has been previously adopted by the**
693 **Commission shall have the full force and effect of law on the day the Compact becomes**
694 **law in that State.**

695 **C. Any Member State may withdraw from this Compact by enacting a statute**
696 **repealing the same.**

697 **1. A Member State's withdrawal shall not take effect until six (6) months after**
698 **enactment of the repealing statute.**

699 **2. Withdrawal shall not affect the continuing requirement of the withdrawing**
700 **State's Professional Counseling Licensing Board to comply with the investigative and**
701 **Adverse Action reporting requirements of this act prior to the effective date of**
702 **withdrawal.**

703 **D. Nothing contained in this Compact shall be construed to invalidate or prevent**
704 **any Professional Counseling licensure agreement or other cooperative arrangement**
705 **between a Member State and a non-Member State that does not conflict with the**
706 **provisions of this Compact.**

707 **E. This Compact may be amended by the Member States. No amendment to this**
708 **Compact shall become effective and binding upon any Member State until it is enacted**
709 **into the laws of all Member States.**

710 **SECTION 14. CONSTRUCTION AND SEVERABILITY**

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

721 **SECTION 15. BINDING EFFECT OF COMPACT AND OTHER LAWS**

722 **A. A Licensee providing Professional Counseling services in a Remote State**
723 **under the Privilege to Practice shall adhere to the laws and regulations, including scope**
724 **of practice, of the Remote State.**

725 **B. Nothing herein prevents the enforcement of any other law of a Member State**
726 **that is not inconsistent with the Compact.**

727 **C. Any laws in a Member State in conflict with the Compact are superseded to**
728 **the extent of the conflict.**

729 **D. Any lawful actions of the Commission, including all Rules and bylaws**
730 **properly promulgated by the Commission, are binding upon the Member States.**

731 **E. All permissible agreements between the Commission and the Member States**
732 **are binding in accordance with their terms.**

733 **F. In the event any provision of the Compact exceeds the constitutional limits**
734 **imposed on the legislature of any Member State, the provision shall be ineffective to the**
735 **extent of the conflict with the constitutional provision in question in that Member State.**

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

2 **(1) The interpretation, implementation, and evaluation of medical prescription orders,**
3 **including any legend drugs under 21 U.S.C. Section 353[~~5~~], and the receipt, transmission, or**
4 **handling of such orders or facilitating the dispensing of such orders;**

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

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

17 **(4)** The ordering and administration of vaccines approved or authorized by the
18 U.S. Food and Drug Administration, excluding vaccines for cholera, monkeypox,
19 Japanese encephalitis, typhoid, rabies, yellow fever, tick-borne encephalitis, anthrax,
20 tuberculosis, dengue, Hib, polio, rotavirus, smallpox, and any vaccine approved after
21 January 1, 2023, to persons at least seven years of age or the age recommended by the
22 Centers for Disease Control and Prevention, whichever is older, pursuant to joint
23 promulgation of rules established by the board of pharmacy and the state board of
24 registration for the healing arts unless rules are established under a state of emergency
25 as described in section 44.100;

26 **(5)** The participation in drug selection according to state law and participation in drug
27 utilization reviews;

28 **(6)** The proper and safe storage of drugs and devices and the maintenance of proper
29 records thereof;

30 **(7)** Consultation with patients and other health care practitioners, and veterinarians
31 and their clients about legend drugs, about the safe and effective use of drugs and devices;

32 **(8)** The prescribing and dispensing of any nicotine replacement therapy product under
33 section 338.665;

34 **(9)** The dispensing of HIV postexposure prophylaxis pursuant to section 338.730; and

35 **(10)** The offering or performing of those acts, services, operations, or transactions
36 necessary in the conduct, operation, management and control of a pharmacy.

37 **2.** No person shall engage in the practice of pharmacy unless he or she is licensed
38 under the provisions of this chapter.

39 **3.** This chapter shall not be construed to prohibit the use of auxiliary personnel under
40 the direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties.
41 This assistance in no way is intended to relieve the pharmacist from his or her responsibilities
42 for compliance with this chapter and he or she will be responsible for the actions of the
43 auxiliary personnel acting in his or her assistance.

44 **4.** This chapter shall ~~also~~ not be construed to prohibit or interfere with any legally
45 registered practitioner of medicine, dentistry, or podiatry, or veterinary medicine only for use

46 in animals, or the practice of optometry in accordance with and as provided in sections
47 195.070 and 336.220 in the compounding, administering, prescribing, or dispensing of his or
48 her own prescriptions.

49 ~~[2. Any pharmacist who accepts a prescription order for a medication therapeutic plan~~
50 ~~shall have a written protocol from the physician who refers the patient for medication therapy~~
51 ~~services.]~~ **5. A pharmacist with a certificate of medication therapeutic plan authority**
52 **may provide medication therapy services pursuant to a written protocol from a**
53 **physician licensed under chapter 334 to patients who have established a physician-**
54 **patient relationship, as described in subdivision (1) of subsection 1 of section 191.1146,**
55 **with the protocol physician.** The written protocol ~~[and the prescription order for a~~
56 ~~medication therapeutic plan]~~ **authorized by this section** shall come **only** from the physician
57 ~~[only,]~~ and shall not come from a nurse engaged in a collaborative practice arrangement under
58 section 334.104, or from a physician assistant engaged in a collaborative practice
59 arrangement under section 334.735.

60 ~~[3.]~~ **6.** Nothing in this section shall be construed as to prevent any person, firm or
61 corporation from owning a pharmacy regulated by sections 338.210 to 338.315, provided that
62 a licensed pharmacist is in charge of such pharmacy.

63 ~~[4.]~~ **7.** Nothing in this section shall be construed to apply to or interfere with the sale
64 of nonprescription drugs and the ordinary household remedies and such drugs or medicines as
65 are normally sold by those engaged in the sale of general merchandise.

66 ~~[5.]~~ **8.** No health carrier as defined in chapter 376 shall require any physician with
67 which they contract to enter into a written protocol with a pharmacist for medication
68 therapeutic services.

69 ~~[6.]~~ **9.** This section shall not be construed to allow a pharmacist to diagnose or
70 independently prescribe pharmaceuticals.

71 ~~[7.]~~ **10.** The state board of registration for the healing arts, under section 334.125, and
72 the state board of pharmacy, under section 338.140, shall jointly promulgate rules regulating
73 the use of protocols ~~[for prescription orders]~~ for medication therapy services ~~[and~~
74 ~~administration of viral influenza vaccines]~~. Such rules shall require protocols to include
75 provisions allowing for timely communication between the pharmacist and the ~~[referring]~~
76 **protocol physician or similar body authorized by this section**, and any other patient
77 protection provisions deemed appropriate by both boards. In order to take effect, such rules
78 shall be approved by a majority vote of a quorum of each board. Neither board shall
79 separately promulgate rules regulating the use of protocols for ~~[prescription orders for]~~
80 medication therapy services ~~[and administration of viral influenza vaccines]~~. Any rule or
81 portion of a rule, as that term is defined in section 536.010, that is created under the authority
82 delegated in this section shall become effective only if it complies with and is subject to all of

83 the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter
84 536 are nonseverable and if any of the powers vested with the general assembly pursuant to
85 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
86 subsequently held unconstitutional, then the grant of rulemaking authority and any rule
87 proposed or adopted after August 28, 2007, shall be invalid and void.

88 ~~[8-]~~ **11.** The state board of pharmacy may grant a certificate of medication therapeutic
89 plan authority to a licensed pharmacist who submits proof of successful completion of a
90 board-approved course of academic clinical study beyond a bachelor of science in pharmacy,
91 including but not limited to clinical assessment skills, from a nationally accredited college or
92 university, or a certification of equivalence issued by a nationally recognized professional
93 organization and approved by the board of pharmacy.

94 ~~[9-]~~ **12.** Any pharmacist who has received a certificate of medication therapeutic plan
95 authority may engage in the designing, initiating, implementing, and monitoring of a
96 medication therapeutic plan as defined by a ~~[prescription order]~~ **written protocol** from a
97 physician that ~~[is]~~ **may be** specific to each patient for care by a pharmacist.

98 ~~[10-]~~ **13.** Nothing in this section shall be construed to allow a pharmacist to make a
99 therapeutic substitution of a pharmaceutical prescribed by a physician unless authorized by
100 the written protocol or the physician's prescription order.

101 ~~[11-]~~ **14.** "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary
102 medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or
103 an equivalent title means a person who has received a doctor's degree in veterinary medicine
104 from an accredited school of veterinary medicine or holds an Educational Commission for
105 Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary
106 Medical Association (AVMA).

107 ~~[12-]~~ **15.** In addition to other requirements established by the joint promulgation of
108 rules by the board of pharmacy and the state board of registration for the healing arts:

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

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

114 ~~[13-]~~ **16.** In addition to other requirements by the board, a pharmacist shall receive
115 additional training as required by the board and evidenced by receiving a certificate from the
116 board upon completion, and shall display the certification in his or her pharmacy where
117 vaccines are delivered.

118 ~~[14-]~~ **17.** A pharmacist shall inform the patient that the administration of ~~[the]~~ **a**
119 vaccine will be entered into the ShowMeVax system, as administered by the department of

120 health and senior services. The patient shall attest to the inclusion of such information in the
121 system by signing a form provided by the pharmacist. If the patient indicates that he or she
122 does not want such information entered into the ShowMeVax system, the pharmacist shall
123 provide a written report within fourteen days of administration of a vaccine to the patient's
124 health care provider, if provided by the patient, containing:

- 125 (1) The identity of the patient;
- 126 (2) The identity of the vaccine or vaccines administered;
- 127 (3) The route of administration;
- 128 (4) The anatomic site of the administration;
- 129 (5) The dose administered; and
- 130 (6) The date of administration.

131 **18. A pharmacist licensed under this chapter may order and administer vaccines**
132 **approved or authorized by the U.S. Food and Drug Administration to address a public**
133 **health need, as lawfully authorized by the state or federal government, or a department**
134 **or agency thereof, during a state or federally declared public health emergency.**

338.012. 1. A pharmacist with a certificate of medication therapeutic plan
2 authority may provide influenza, group A streptococcus, and COVID-19 medication
3 therapy services pursuant to a statewide standing order issued by the director or chief
4 medical officer of the department of health and senior services if that person is a
5 licensed physician, or a licensed physician designated by the department of health and
6 senior services.

7 2. The state board of registration for the healing arts, pursuant to section
8 334.125, and the state board of pharmacy, pursuant to section 338.140, shall jointly
9 promulgate rules to implement the provisions of this section. Any rule or portion of a
10 rule, as that term is defined in section 536.010, that is created under the authority
11 delegated in this section shall become effective only if it complies with and is subject to
12 all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
13 chapter 536 are nonseverable and if any of the powers vested with the general assembly
14 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul
15 a rule are subsequently held unconstitutional, then the grant of rulemaking authority
16 and any rule proposed or adopted after August 28, 2023, shall be invalid and void.

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