

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1866
98TH GENERAL ASSEMBLY

4782H.02C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 195.070, 334.104, 335.016, 335.019, 335.046, 335.056, 335.086, 338.198, RSMo, section 195.100 as enacted by senate bill no. 491, ninety-seventh general assembly, second regular session, and section 195.100 as enacted by senate bill no. 296, ninety-fifth general assembly, first regular session, and to enact in lieu thereof nine new sections relating to advanced practice registered nurses.

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

Section A. Sections 195.070, 334.104, 335.016, 335.019, 335.046, 335.056, 335.086, 2 338.198, RSMo, section 195.100 as enacted by senate bill no. 491, ninety-seventh general 3 assembly, second regular session, and section 195.100 as enacted by senate bill no. 296, ninety- 4 fifth general assembly, first regular session, are repealed and nine new sections enacted in lieu 5 thereof, to be known as sections 195.070, 195.100, 334.104, 335.016, 335.019, 335.046, 6 335.056, 335.086, and 338.198, 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 **an advanced practice registered nurse as defined in** 4 **section 335.016** or a physician assistant in accordance with section 334.747 in good faith and 5 in the course of his or her professional practice only, may prescribe, administer, and dispense 6 controlled substances or he or she may cause the same to be administered or dispensed by an 7 individual as authorized by statute.

8 2. [An advanced practice registered nurse, as defined in section 335.016, but not a 9 certified registered nurse anesthetist as defined in subdivision (8) of section 335.016, who holds 10 a certificate of controlled substance prescriptive authority from the board of nursing under 11 section 335.019 and who is delegated the authority to prescribe controlled substances under a

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.

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

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

24 [4.] 3. A practitioner shall not accept any portion of a controlled substance unused by a
25 patient, for any reason, if such practitioner did not originally dispense the drug.

26 [5.] 4. An individual practitioner shall not prescribe or dispense a controlled substance
27 for such practitioner's personal use except in a medical emergency.

195.100. 1. It shall be unlawful to distribute any controlled substance in a commercial
2 container unless such container bears a label containing an identifying symbol for such substance
3 in accordance with federal laws.

4 2. It shall be unlawful for any manufacturer of any controlled substance to distribute such
5 substance unless the labeling thereof conforms to the requirements of federal law and contains
6 the identifying symbol required in subsection 1 of this section.

7 3. The label of a controlled substance in Schedule II, III or IV shall, when dispensed to
8 or for a patient, contain a clear, concise warning that it is a criminal offense to transfer such
9 narcotic or dangerous drug to any person other than the patient.

10 4. Whenever a manufacturer sells or dispenses a controlled substance and whenever a
11 wholesaler sells or dispenses a controlled substance in a package prepared by him or her, the
12 manufacturer or wholesaler shall securely affix to each package in which that drug is contained
13 a label showing in legible English the name and address of the vendor and the quantity, kind, and
14 form of controlled substance contained therein. No person except a pharmacist for the purpose
15 of filling a prescription under this chapter, shall alter, deface, or remove any label so affixed.

16 5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on
17 a prescription issued by a physician, physician assistant, dentist, podiatrist, veterinarian, or
18 advanced practice registered nurse, the pharmacist or practitioner shall affix to the container in
19 which such drug is sold or dispensed a label showing his or her own name and address of the
20 pharmacy or practitioner for whom he or she is lawfully acting; the name of the patient or, if the

21 patient is an animal, the name of the owner of the animal and the species of the animal; the name
22 of the physician, physician assistant, dentist, podiatrist, advanced practice registered nurse, or
23 veterinarian by whom the prescription was written; the name of [the collaborating physician if
24 the prescription is written by an advanced practice registered nurse or] the supervising physician
25 if the prescription is written by a physician assistant, and such directions as may be stated on the
26 prescription. No person shall alter, deface, or remove any label so affixed.

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11 wholesaler sells or dispenses a controlled substance in a package prepared by him or her, the
12 manufacturer or wholesaler shall securely affix to each package in which that drug is contained
13 a label showing in legible English the name and address of the vendor and the quantity, kind, and
14 form of controlled substance contained therein. No person except a pharmacist for the purpose
15 of filling a prescription under sections 195.005 to 195.425, shall alter, deface, or remove any
16 label so affixed.

17 5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on
18 a prescription issued by a physician, physician assistant, dentist, podiatrist, veterinarian, or
19 advanced practice registered nurse, the pharmacist or practitioner shall affix to the container in
20 which such drug is sold or dispensed a label showing his or her own name and address of the
21 pharmacy or practitioner for whom he or she is lawfully acting; the name of the patient or, if the
22 patient is an animal, the name of the owner of the animal and the species of the animal; the name
23 of the physician, physician assistant, dentist, podiatrist, advanced practice registered nurse, or
24 veterinarian by whom the prescription was written; the name of [the collaborating physician if
25 the prescription is written by an advanced practice registered nurse or] the supervising physician
26 if the prescription is written by a physician assistant, and such directions as may be stated on the
27 prescription. No person shall alter, deface, or remove any label so affixed.

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 health

4 care services. Collaborative practice arrangements[, which shall be in writing,] may delegate to
5 a registered professional nurse, **who is not an advanced practice registered nurse as defined**
6 **in section 335.016**, the authority to administer or dispense drugs and provide treatment as long
7 as the delivery of such health care services is within the scope of practice of the registered
8 professional nurse and is consistent with that nurse's skill, training and competence.

9 2. [Collaborative practice arrangements, which shall be in writing, may delegate to a
10 registered professional nurse the authority to administer, dispense or prescribe drugs and provide
11 treatment if the registered professional nurse is an advanced practice registered nurse as defined
12 in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
13 advanced practice registered nurse, as defined in section 335.016, the authority to administer,
14 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,
15 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not
16 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V
17 of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general
18 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled
19 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred
20 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form
21 of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health
22 care services] **An advanced practice registered nurse licensed under chapter 335 shall enter**
23 **into a collaborative practice arrangement with a licensed physician to administer or**
24 **dispense drugs or provide treatment, which shall be in writing, for collaboration and**
25 **consulting.**

26 3. The written collaborative practice arrangement shall contain [at least the following
27 provisions:

28 (1)] complete names, home and business addresses, zip codes, [and] telephone numbers,
29 **and license numbers** of the collaborating physician and the advanced practice registered nurse];

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

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

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

39 (5) The manner of collaboration between the collaborating physician and the advanced
40 practice registered nurse, including how the collaborating physician and the advanced practice
41 registered nurse will:

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

44 (b) Maintain geographic proximity, except the collaborative practice arrangement may
45 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar
46 year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice
47 arrangement includes alternative plans as required in paragraph (c) of this subdivision. This
48 exception to geographic proximity shall apply only to independent rural health clinics,
49 provider-based rural health clinics where the provider is a critical access hospital as provided in
50 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of
51 the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is
52 required to maintain documentation related to this requirement and to present it to the state board
53 of registration for the healing arts when requested; and

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

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

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

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

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

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

75 4. The state board of registration for the healing arts pursuant to section 334.125 and the
76 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
77 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas
78 to be covered, the methods of treatment that may be covered by collaborative practice
79 arrangements and the requirements for review of services provided pursuant to collaborative
80 practice arrangements including delegating authority to prescribe controlled substances. Any
81 rules relating to dispensing or distribution of medications or devices by prescription or
82 prescription drug orders under this section shall be subject to the approval of the state board of
83 pharmacy. Any rules relating to dispensing or distribution of controlled substances by
84 prescription or prescription drug orders under this section shall be subject to the approval of the
85 department of health and senior services and the state board of pharmacy. In order to take effect,
86 such rules shall be approved by a majority vote of a quorum of each board].

87 4. Neither the state board of registration for the healing arts nor the board of nursing may
88 separately promulgate rules relating to collaborative practice arrangements. Such jointly
89 promulgated rules shall be consistent with guidelines for federally funded clinics. The
90 rulemaking authority granted in this subsection shall not extend to collaborative practice
91 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant
92 to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as
93 of April 30, 2008.

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

110 6. Within thirty days of any change and on each renewal, the state board of registration
111 for the healing arts shall require every physician to identify whether the physician is engaged in
112 [any] collaborative practice [agreement, including collaborative practice agreements delegating
113 the authority to prescribe controlled substances, or] **with a registered professional nurse or in**
114 **a supervisory arrangement with a** physician assistant [agreement] and also report to the board
115 the name of each licensed professional with whom the physician has entered into such
116 [agreement] **an arrangement**. The board [may] **shall** make this information available to the
117 public. The board shall track the reported information and may routinely conduct random
118 reviews of such [agreements] to ensure [that agreements are carried out for] compliance under
119 this chapter.

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

129 [8. A collaborating physician shall not enter into a collaborative practice arrangement
130 with more than three full-time equivalent advanced practice registered nurses. This limitation
131 shall not apply to collaborative arrangements of hospital employees providing inpatient care
132 service in hospitals as defined in chapter 197 or population-based public health services as
133 defined by 20 CSR 2150-5.100 as of April 30, 2008.

134 9. It is the responsibility of the collaborating physician to determine and document the
135 completion of at least a one-month period of time during which the advanced practice registered
136 nurse shall practice with the collaborating physician continuously present before practicing in
137 a setting where the collaborating physician is not continuously present. This limitation shall not
138 apply to collaborative arrangements of providers of population-based public health services as
139 defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

145 11.] **8.** No contract or other agreement shall require a physician to act as a collaborating
146 physician for [an advanced practice] a registered nurse against the physician's will. A physician
147 shall have the right to refuse to act as a collaborating physician, without penalty, for a particular
148 [advanced practice] registered nurse. [No contract or other agreement shall limit the
149 collaborating physician's ultimate authority over any protocols or standing orders or in the
150 delegation of the physician's authority to any advanced practice registered nurse, but this
151 requirement shall not authorize a physician in implementing such protocols, standing orders, or
152 delegation to violate applicable standards for safe medical practice established by hospital's
153 medical staff.

154 12.] **9.** No contract or other agreement shall require any [advanced practice] registered
155 nurse to serve as a collaborating [advanced practice] registered nurse for any collaborating
156 physician against the [advanced practice] registered nurse's will. [An advanced practice] **A**
157 registered nurse shall have the right to refuse to collaborate, without penalty, with a particular
158 physician. **Any refusal to collaborate shall not violate applicable standards for the**
159 **provision of safe practice and patient care.**

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 program
4 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 nurse
8 anesthetist, or a certified clinical nurse specialist. The board shall promulgate rules specifying
9 which nationally recognized professional organization certifications are to be recognized for the
10 purposes of this section. Advanced practice nurses and only such individuals may use the title
11 "Advanced Practice Registered Nurse" and the abbreviation "APRN"] **person who is licensed**
12 **under the provisions of this chapter to engage in the practice of advanced practice nursing;**

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

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

16 (5) "Certified clinical nurse specialist", a registered nurse who is currently certified as
17 a clinical nurse specialist by a nationally recognized certifying board approved by the board of
18 nursing. **A certified clinical nurse specialist is one of the four APRN roles;**

19 (6) "Certified nurse midwife", a registered nurse who is currently certified as a nurse
20 midwife by the American College of Nurse Midwives, or other nationally recognized certifying

21 body approved by the board of nursing. **A certified nurse midwife is one of the four APRN**
22 **roles;**

23 (7) "Certified nurse practitioner", a registered nurse who is currently certified as a nurse
24 practitioner by a nationally recognized certifying body approved by the board of nursing. **A**
25 **certified nurse practitioner is one of the four APRN roles;**

26 (8) "Certified registered nurse anesthetist", a registered nurse who is currently certified
27 as a nurse anesthetist by the [Council on Certification of Nurse Anesthetists, the Council on
28 Recertification of Nurse Anesthetists,] **National Board of Certification and Recertification**
29 **for Nurse Anesthetists** or other nationally recognized certifying body approved by the board of
30 nursing. **A certified registered nurse anesthetist is one of the four APRN roles;**

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

34 (10) "Inactive nurse", as defined by rule pursuant to section 335.061;

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

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

38 (13) "Licensure", the issuing of a license to practice **advanced practice**, professional,
39 or practical nursing to candidates who have met the specified requirements and the recording of
40 the names of those persons as holders of a license to practice **advanced practice**, professional,
41 or practical nursing;

42 (14) "**Population focus**", one of the following six areas of practice for which an
43 **advanced practice registered nurse has the education and training to provide care and**
44 **services:**

45 (a) **A family or individual across the lifespan;**

46 (b) **Adult-gerontology;**

47 (c) **Pediatrics;**

48 (d) **Neonatal;**

49 (e) **Women's health or gender-related; and**

50 (f) **Psychiatric or mental health;**

51 (15) "**Practice of advanced practice nursing**":

52 (a) **The practice of advanced practice nursing that includes, but is not limited to:**

53 a. **The practice of professional nursing as defined in this section performed with**
54 **or without compensation or personal profit;**

55 b. **Assessing and diagnosing actual or potential human health problems;**

56 c. **Planning, initiating, ordering, and evaluating therapeutic regimens;**

57 **d. Coordinating and consulting with a health care provider, or when appropriate,**
58 **referral to a physician or other health care provider;**

59 **e. Prescriptive authority for legend drugs and controlled substances;**

60 **f. Completing certifications or similar documents that reflect a patient's current**
61 **health status or continuing health needs consistent with such advanced practice registered**
62 **nurse's scope of practice and the nurse-patient relationship;**

63 **(b) Advanced practice nursing shall be practiced in accordance with the APRN's**
64 **graduate-level education and certification in one of four recognized roles, with at least one**
65 **population focus, including a:**

66 **a. Certified clinical nurse specialist;**

67 **b. Certified nurse midwife;**

68 **c. Certified nurse practitioner; and**

69 **d. Certified registered nurse anesthetist;**

70 **(c) Nothing in the subdivision shall alter the definition of the practice of**
71 **professional nursing;**

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

85 **[(15)] (17) "Practice of professional nursing",** the performance for compensation of any
86 **act or function** which requires substantial specialized education, judgment and skill based on
87 knowledge and application of principles derived from the biological, physical, social,
88 **behavioral,** and nursing sciences, including, but not limited to:

89 **(a) Responsibility for the promotion as well as the teaching of health care and the**
90 **prevention of illness to the patient and his or her family;**

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

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

95 (d) The coordination, **initiation, performance,** and assistance in the **determination and**
96 delivery of a plan of health care with all members of a health team;

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

99 [(16) A] **(18)** "Registered professional nurse" or "registered nurse", a person licensed
100 pursuant to the provisions of this chapter to engage in the practice of professional nursing;

101 [(17)] **(19)** "Retired license status", any person licensed in this state under this chapter
102 who retires from such practice. Such person shall file with the board an affidavit, on a form to
103 be furnished by the board, which states the date on which the licensee retired from such practice,
104 an intent to retire from the practice for at least two years, and such other facts as tend to verify
105 the retirement as the board may deem necessary; but if the licensee thereafter reengages in the
106 practice, the licensee shall renew his or her license with the board as provided by this chapter and
107 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 nonscheduled legend drugs and medications**
4 **as defined in section 338.330, within such APRN's practice and specialty;**

5 **(2) Notwithstanding any other provision of this chapter, prescribe, administer, and**
6 **provide nonscheduled legend drug samples from pharmaceutical manufacturers to patients**
7 **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 one
18 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 category
20 may include transmitting a prescription order orally or telephonically or to an inpatient medical
21 record from protocols developed in collaboration with and signed by a licensed physician; and

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

26 **3. Advanced practice registered nurses, except for certified registered nurse**
27 **anesthetists, shall not administer any controlled substances listed in Schedules II, III, IV,**
28 **or V of section 195.017 for the purpose of inducing general anesthesia for procedures that**
29 **are outside the advanced practice registered nurse's scope of practice.**

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

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

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

38 **3. (1) An applicant for a license to practice as an advanced practice registered**
39 **nurse shall submit a completed application as established by the board. The application**
40 **shall, at a minimum, contain:**

41 **(a) The applicant's advanced nursing education and other pertinent information**
42 **as the board may require;**

43 **(b) A statement under oath or affirmation that the applicant is of good moral**
44 **character and that the representations contained in the application are true and correct**
45 **to the best knowledge and belief of the applicant, subject to the penalties of making a false**
46 **affidavit or declaration; and**

47 **(c) Documentation that demonstrates the following educational requirements:**

48 **a. Prior to July 1, 1998, completion of a formal post-basic educational program**
49 **from or formally affiliated with an accredited college, university, or hospital of at least one**
50 **academic year, which includes advanced nurse theory and clinical nursing practice, leading**
51 **to a graduate degree or certificate with a concentration in an advanced nursing clinical**
52 **specialty area;**

53 **b. From July 1, 1998, to June 30, 2009, completion of a graduate degree from an**
54 **accredited college or university with a concentration in an advanced practice nursing**
55 **clinical specialty area, which includes advanced nursing theory and clinical nursing**
56 **practice;**

57 **c. On or after July 1, 2009, completion of an accredited graduate-level advanced**
58 **practice registered nursing program that prepared the applicant for one of the four APRN**
59 **roles in at least one population focus;**

60 **(d) Documentation of current certification in one of the four APRN roles from a**
61 **nationally recognized certifying body approved by the board, or current documentation**
62 **of recognition as an advanced practice registered nurse issued by the board prior to**
63 **January 1, 2017; and**

64 (e) Other evidence as required by board rule, including as may be applicable,
65 evidence of proficiency in the English language.

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

69 (3) Upon issuance of a license, the license holder's advanced practice registered
70 nursing license and his or her professional nursing license shall be treated as one license
71 for the purpose of renewal and assessment of renewal fees.

72 4. Upon refusal of the board to allow any applicant to sit for either the registered
73 professional nurses' examination or the licensed practical nurses' examination, as the case may
74 be, the board shall comply with the provisions of section 621.120 and advise the applicant of his
75 or her right to have a hearing before the administrative hearing commission. The administrative
76 hearing commission shall hear complaints taken pursuant to section 621.120.

77 [4.] 5. The board shall not deny a license because of sex, religion, race, ethnic origin, age
78 or political affiliation.

335.056. The license of every person licensed under the provisions of [sections 335.011
2 to 335.096] **this chapter** shall be renewed as provided. An application for renewal of license
3 shall be mailed to every person to whom a license was issued or renewed during the current
4 licensing period. The applicant shall complete the application and return it to the board by the
5 renewal date with a renewal fee in an amount to be set by the board. The fee shall be uniform
6 for all applicants. The certificates of renewal shall render the holder thereof a legal practitioner
7 of nursing for the period stated in the certificate of renewal. Any person who practices nursing
8 as **an advanced practice registered nurse**, as a registered professional nurse, or as a licensed
9 practical nurse during the time his **or her** license has lapsed shall be considered an illegal
10 practitioner and shall be subject to the penalties provided for violation of the provisions of
11 [sections 335.011 to 335.096] **this chapter**.

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] **in this chapter** 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] **in this chapter** unless duly licensed to do so under the provisions of [sections
9 335.011 to 335.096] **this chapter**;

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

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

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

338.198. Other provisions of law to the contrary notwithstanding, a pharmacist may fill
2 a physician's **or advanced practice registered nurse's** prescription [or the prescription of an
3 advanced practice nurse working under a collaborative practice arrangement with a physician],
4 when it is forwarded to the pharmacist by a registered professional nurse or registered physician's
5 assistant or other authorized agent. The written collaborative practice arrangement shall
6 specifically state that the registered professional nurse or registered physician assistant is
7 permitted to authorize a pharmacist to fill a prescription on behalf of the physician.

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