

FIRST REGULAR SESSION

SENATE BILL NO. 42

99TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR WALLINGFORD.

Pre-filed December 1, 2016, and ordered printed.

ADRIANE D. CROUSE, Secretary.

0364S.02I

AN ACT

To repeal sections 334.104, 335.016, 335.019, 335.046, 335.056, 335.086, and 338.198, RSMo, and to enact in lieu thereof seven 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Section A. Sections 334.104, 335.016, 335.019, 335.046, 335.056, 335.086, and 338.198, RSMo, are repealed and seven new sections enacted in lieu thereof, to be known as sections 334.104, 335.016, 335.019, 335.046, 335.056, 335.086, and 338.198, to read as follows:

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

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense, or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, **who has been granted a certificate of controlled substance prescriptive authority**, the authority

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

17 to administer, dispense, or prescribe controlled substances listed in Schedules III,
18 IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the
19 collaborative practice arrangement shall not delegate the authority to administer
20 any controlled substances listed in Schedules III, IV, and V of section 195.017, or
21 Schedule II - hydrocodone for the purpose of inducing sedation or general
22 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III
23 narcotic controlled substance and Schedule II - hydrocodone prescriptions shall
24 be limited to a one hundred twenty-hour supply without refill. Such collaborative
25 practice arrangements shall be in the form of written agreements, jointly
26 agreed-upon protocols or standing orders for the delivery of health care services.

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

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

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

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

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

42 (5) The manner of collaboration between the collaborating physician and
43 the advanced practice registered nurse, including how the collaborating physician
44 and the advanced practice registered nurse will:

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

47 (b) Maintain geographic proximity, except the collaborative practice
48 arrangement may allow for geographic proximity to be waived for a maximum of
49 twenty-eight days per calendar year for rural health clinics as defined by P.L.
50 95-210, as long as the collaborative practice arrangement includes alternative
51 plans as required in paragraph (c) of this subdivision. This exception to
52 geographic proximity shall apply only to independent rural health clinics,

53 provider-based rural health clinics where the provider is a critical access hospital
54 as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics
55 where the main location of the hospital sponsor is greater than fifty miles from
56 the clinic. The collaborating physician is required to maintain documentation
57 related to this requirement and to present it to the state board of registration for
58 the healing arts when requested; and

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

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

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

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

70 (9) A description of the time and manner of the collaborating physician's
71 review of the advanced practice registered nurse's delivery of health care
72 services. The description shall include provisions that the advanced practice
73 registered nurse shall submit a minimum of ten percent of the charts
74 documenting the advanced practice registered nurse's delivery of health care
75 services to the collaborating physician for review by the collaborating physician,
76 or any other physician designated in the collaborative practice arrangement,
77 every fourteen days; and

78 (10) The collaborating physician, or any other physician designated in the
79 collaborative practice arrangement, shall review every fourteen days a minimum
80 of twenty percent of the charts in which the advanced practice registered nurse
81 prescribes controlled substances. The charts reviewed under this subdivision may
82 be counted in the number of charts required to be reviewed under subdivision (9)
83 of this subsection].

84 4. The state board of registration for the healing arts pursuant to section
85 334.125 and the board of nursing pursuant to section 335.036 may jointly
86 promulgate rules regulating the use of collaborative practice arrangements. Such
87 rules shall be limited to [specifying geographic areas to be covered, the methods
88 of treatment that may be covered by collaborative practice arrangements and the

89 requirements for review of services provided pursuant to collaborative practice
90 arrangements including] delegating authority to prescribe controlled
91 substances. **Any previously adopted rules regulating the use of**
92 **collaborative practice arrangements that are not limited to delegating**
93 **authority to prescribe controlled substances shall from the effective**
94 **date of this act be null and void.** Any rules relating to dispensing or
95 distribution of medications or devices by prescription or prescription drug orders
96 under this section shall be subject to the approval of the state board of
97 pharmacy. Any rules relating to dispensing or distribution of controlled
98 substances by prescription or prescription drug orders under this section shall be
99 subject to the approval of the department of health and senior services and the
100 state board of pharmacy. In order to take effect, such rules shall be approved by
101 a majority vote of a quorum of each board. Neither the state board of registration
102 for the healing arts nor the board of nursing may separately promulgate rules
103 relating to collaborative practice arrangements. Such jointly promulgated rules
104 shall be consistent with guidelines for federally funded clinics. The rulemaking
105 authority granted in this subsection shall not extend to collaborative practice
106 arrangements of hospital employees providing inpatient care within hospitals as
107 defined pursuant to chapter 197 or population-based public health services as
108 defined by 20 CSR 2150-5.100 as of April 30, 2008.

109 5. The state board of registration for the healing arts shall not deny,
110 revoke, suspend or otherwise take disciplinary action against a physician for
111 health care services delegated to a registered professional nurse provided the
112 provisions of this section and the rules promulgated thereunder are
113 satisfied. Upon the written request of a physician subject to a disciplinary action
114 imposed as a result of an agreement between a physician and a registered
115 professional nurse or registered physician assistant, whether written or not, prior
116 to August 28, 1993, all records of such disciplinary licensure action and all
117 records pertaining to the filing, investigation or review of an alleged violation of
118 this chapter incurred as a result of such an agreement shall be removed from the
119 records of the state board of registration for the healing arts and the division of
120 professional registration and shall not be disclosed to any public or private entity
121 seeking such information from the board or the division. The state board of
122 registration for the healing arts shall take action to correct reports of alleged
123 violations and disciplinary actions as described in this section which have been
124 submitted to the National Practitioner Data Bank. In subsequent applications

125 or representations relating to his **or her** medical practice, a physician completing
126 forms or documents shall not be required to report any actions of the state board
127 of registration for the healing arts for which the records are subject to removal
128 under this section.

129 6. Within thirty days of any change and on each renewal, the state board
130 of registration for the healing arts shall require every physician to identify
131 whether the physician is engaged in any collaborative practice agreement,
132 including collaborative practice agreements delegating the authority to prescribe
133 controlled substances, or physician assistant agreement and also report to the
134 board the name of each licensed professional with whom the physician has
135 entered into such agreement. The board [may] **shall** make this information
136 available to the public. The board shall track the reported information and may
137 routinely conduct random reviews of such agreements to ensure that agreements
138 are carried out for compliance under this chapter.

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

150 8. [A collaborating physician shall not enter into a collaborative practice
151 arrangement with more than three full-time equivalent advanced practice
152 registered nurses. This limitation shall not apply to collaborative arrangements
153 of hospital employees providing inpatient care service in hospitals as defined in
154 chapter 197 or population-based public health services as defined by 20 CSR
155 2150-5.100 as of April 30, 2008.

156 9. It is the responsibility of the collaborating physician to determine and
157 document the completion of at least a one-month period of time during which the
158 advanced practice registered nurse shall practice with the collaborating physician
159 continuously present before practicing in a setting where the collaborating
160 physician is not continuously present. This limitation shall not apply to

161 collaborative arrangements of providers of population-based public health services
162 as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

169 11.] No contract or other agreement shall require a physician to act as a
170 collaborating physician for an advanced practice registered nurse against the
171 physician's will. A physician shall have the right to refuse to act as a
172 collaborating physician, without penalty, for a particular advanced practice
173 registered nurse. [No contract or other agreement shall limit the collaborating
174 physician's ultimate authority over any protocols or standing orders or in the
175 delegation of the physician's authority to any advanced practice registered nurse,
176 but this requirement shall not authorize a physician in implementing such
177 protocols, standing orders, or delegation to violate applicable standards for safe
178 medical practice established by hospital's medical staff.]

179 [12.] 9. No contract or other agreement shall require any advanced
180 practice registered nurse to serve as a collaborating advanced practice registered
181 nurse for any collaborating physician against the advanced practice registered
182 nurse's will. An advanced practice registered nurse shall have the right to refuse
183 to collaborate, without penalty, with a particular physician.

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

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

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

14 **in the practice of advanced practice nursing in one of the four APRN**
15 **roles recognized in this section;**

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

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

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

23 (6) "Certified nurse midwife", a registered nurse who is currently certified
24 as a nurse midwife by the American College of Nurse Midwives, or other
25 nationally recognized certifying body approved by the board of nursing. **A**
26 **certified nurse midwife is one of the four APRN roles;**

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

31 (8) "Certified registered nurse anesthetist", a registered nurse who is
32 currently certified as a nurse anesthetist by the [Council on Certification of
33 Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists,]
34 **National Board of Certification and Recertification for Nurse**
35 **Anesthetists** or other nationally recognized certifying body approved by the
36 board of nursing. **A certified registered nurse anesthetist is one of the**
37 **four APRN roles;**

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

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

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

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

47 (13) "Licensure", the issuing of a license **to an individual authorizing**
48 **the individual** to practice **advanced practice**, professional, or practical
49 nursing to candidates who have met the specified requirements and the recording

50 of the names of those persons as holders of a license to practice **advanced**
51 **practice**, professional, or practical nursing;

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

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

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

57 (c) **Pediatrics;**

58 (d) **Neonatal;**

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

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

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

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

64 a. **The practice of professional nursing performed with or**
65 **without compensation or personal profit;**

66 b. **Conducting an advanced assessment beyond a registered**
67 **nurse's assessment;**

68 c. **Ordering and interpreting diagnostic procedures;**

69 d. **Establishing primary and differential diagnoses;**

70 e. **Prescribing, ordering, administering, dispensing, and**
71 **furnishing therapeutic measures, including the authority to:**

72 (i) **Diagnose, prescribe, and institute therapy or referrals of**
73 **patients to health care agencies, health care providers, and community**
74 **resources;**

75 (ii) **Prescribe, order, procure, administer, dispense, and furnish**
76 **pharmacological agents, including over the counter and legend drugs;**

77 (iii) **Prescribe, order, procure, administer, dispense, and furnish**
78 **controlled substances listed in Schedules III, IV, and V of section**
79 **195.017, and Schedule II - hydrocodone with a certificate of controlled**
80 **substance prescriptive authority as part of a collaborative practice**
81 **arrangement; and**

82 (iv) **Plan and initiate a therapeutic regimen that includes**
83 **ordering and prescribing nonpharmacological interventions including,**
84 **but not limited to, durable medical equipment, medical devices,**
85 **nutrition, blood and blood products, and diagnostic and supportive**
86 **services including, but not limited to, home health care, hospice, and**

87 **physical and occupational therapy;**

88 **f. Delegating and assigning the performance of therapeutic**
89 **measures to assistive personnel;**

90 **g. Consulting with other disciplines and providing referrals to**
91 **health care agencies, health care providers, and community resources;**
92 **and**

93 **h. Other acts that require education and training consistent with**
94 **professional standards and commensurate with the APRN's education,**
95 **certification, demonstrated competencies, and experience;**

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

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

100 **b. Certified nurse midwife;**

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

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

103 **(c) When providing direct patient care, an APRN shall wear**
104 **identification that clearly identifies the nurse as an APRN, unless**
105 **wearing identification creates a safety or health risk for either the**
106 **nurse or the patient;**

107 **(d) Nothing in this subdivision shall alter the definition of the**
108 **practice of professional nursing;**

109 **(16) "Practice of practical nursing",** the performance for compensation
110 of selected acts for the promotion of health and in the care of persons who are ill,
111 injured, or experiencing alterations in normal health processes. Such
112 performance requires substantial specialized skill, judgment and knowledge. All
113 such nursing care shall be given under the direction of a person licensed by a
114 state regulatory board to prescribe medications and treatments or under the
115 direction of a registered professional nurse. For the purposes of this chapter, the
116 term "direction" shall mean guidance or [supervision] **oversight** provided by a
117 person licensed by a state regulatory board to prescribe medications and
118 treatments or a registered professional nurse, including, but not limited to, oral,
119 written, or otherwise communicated orders or directives for patient care. When
120 practical nursing care is delivered pursuant to the direction of a person licensed
121 by a state regulatory board to prescribe medications and treatments or under the
122 direction of a registered professional nurse, such care may be delivered by a

123 licensed practical nurse without direct physical oversight;

124 [(15)] **(17) "Practice of professional nursing"**, the performance for
 125 compensation of any act **or function** which requires substantial specialized
 126 education, judgment and skill based on knowledge and application of principles
 127 derived from the biological, physical, social, **behavioral**, and nursing sciences,
 128 including, but not limited to:

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

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

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

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

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

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

145 [(17)] **(19) "Retired license status"**, any person licensed in this state
 146 under this chapter who retires from such practice. Such person shall file with the
 147 board an affidavit, on a form to be furnished by the board, which states the date
 148 on which the licensee retired from such practice, an intent to retire from the
 149 practice for at least two years, and such other facts as tend to verify the
 150 retirement as the board may deem necessary; but if the licensee thereafter
 151 reengages in the practice, the licensee shall renew his or her license with the
 152 board as provided by this chapter and by rule and regulation.

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

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

6 **(2) Notwithstanding any other provision of this chapter, receive,**

7 **prescribe, administer, and provide nonscheduled legend drug samples**
8 **from pharmaceutical manufacturers to patients at no charge to the**
9 **patient or any other party.**

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

12 (1)] submits proof of successful completion of an advanced pharmacology
13 course that shall include [preceptorial experience in] the prescription of drugs,
14 medicines, and therapeutic devices[; and

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

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

26 (4) Has a controlled substance prescribing authority delegated in the
27 collaborative practice arrangement under section 334.104 with a physician who
28 has an unrestricted federal Drug Enforcement Administration registration
29 number and who is actively engaged in a practice comparable in scope, specialty,
30 or expertise to that of the advanced practice registered nurse], **to administer,**
31 **dispense, or prescribe controlled substances listed in Schedules III, IV,**
32 **and V of section 195.017, and Schedule II - hydrocodone within the**
33 **parameters of a collaborative practice arrangement; except that, such**
34 **certificate shall not delegate the authority to administer any controlled**
35 **substances listed in Schedules III, IV, and V of section 195.017, or**
36 **Schedule II - hydrocodone for the purpose of inducing sedation or**
37 **general anesthesia for therapeutic, diagnostic, or surgical procedures.**

38 3. **Notwithstanding any other provision in this section, a**
39 **certified registered nurse anesthetist may administer any controlled**
40 **substances listed in Schedules III, IV, and V of section 195.017, or**
41 **Schedule II - hydrocodone for purposes of providing care that is within**
42 **the certified registered nurse anesthetist's scope of practice without**

43 **being issued a certificate of controlled substance prescriptive**
44 **authority.**

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

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

35 correct to the best knowledge and belief of the person signing same, subject to the
36 penalties of making a false affidavit or declaration. Applicants from
37 non-English-speaking countries shall be required to submit evidence of their
38 proficiency in the English language. The applicant must be approved by the
39 board and shall pass an examination as required by the board. The board may
40 require by rule as a requirement for licensure that each applicant shall pass an
41 oral or practical examination. Upon successfully passing the examination, the
42 board may issue to the applicant a license to practice as a licensed practical
43 nurse. The applicant for a license to practice licensed practical nursing shall pay
44 a fee in such amount as may be set by the board. The fee shall be uniform for all
45 applicants. Applicants from foreign countries shall be licensed as prescribed by
46 rule.

47 **3. (1) An applicant for a license to practice as an advanced**
48 **practice registered nurse shall submit a completed application as**
49 **established by the board. The application shall, at a minimum, contain:**

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

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

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

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

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

69 **c. On or after July 1, 2009, completion of an accredited graduate-**
70 **level advanced practice registered nursing program that prepared the**

71 **applicant for one of the four APRN roles in at least one population**
72 **focus;**

73 **(d) Documentation of current certification in one of the four**
74 **APRN roles from a nationally recognized certifying body approved by**
75 **the board, or current documentation of recognition as an advanced**
76 **practice registered nurse issued by the board prior to January 1, 2018;**
77 **and**

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

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

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

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

93 [4.] 5. The board shall not deny a license because of sex, religion, race,
94 ethnic origin, age or political affiliation.

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

13 335.011 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
3 furnish any nursing diploma, license, renewal or record or aid or abet therein;

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

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

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

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

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

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

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