## SECOND REGULAR SESSION HOUSE COMMITTEE SUBSTITUTE FOR

# **SENATE BILL NO. 835**

## 98TH GENERAL ASSEMBLY

5271H.03C

D. ADAM CRUMBLISS, Chief Clerk

### AN ACT

To repeal sections 192.945, 327.313, 327.321, 334.037, 334.104, 335.203, 335.300, 335.305, 335.310, 335.315, 335.320, 335.325, 335.330, 335.335, 335.340, 335.345, 335.350, 335.355, and 336.020, RSMo, and to enact in lieu thereof thirty-four new sections relating to licensed professionals, with a delayed effective date.

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

Section A. Sections 192.945, 327.313, 327.321, 334.037, 334.104, 335.203, 335.300, 335.305, 335.310, 335.315, 335.320, 335.325, 335.330, 335.335, 335.340, 335.345, 335.350, 335.355, and 336.020, RSMo, are repealed and thirty-four new sections enacted in lieu thereof, to be known as sections 192.945, 192.947, 324.004, 327.313, 327.321, 334.037, 334.104, 334.1200, 334.1203, 334.1206, 334.1209, 334.1212, 334.1215, 334.1218, 334.1221, 334.1224, 334.1227, 334.1230, 334.1233, 335.203, 335.360, 335.365, 335.370, 335.375, 335.380, 335.385, 335.390, 335.395, 335.400, 335.405, 335.410, 335.415, 336.020, and 621.280, to read as follows:

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

- (1) "Department", the department of health and senior services;
- (2) "Hemp extract", as such term is defined in section 195.207;
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- (3) "Hemp extract registration card", a card issued by the department under this section;
- (4) "Intractable epilepsy", epilepsy that as determined by a neurologist does not respond
- 6 to three or more treatment options overseen by the neurologist;
- 7 (5) "Neurologist", a physician who is licensed under chapter 334 and board certified in 8 neurology;
- 9 (6) "Parent", a parent or legal guardian of a minor who is responsible for the minor's 10 medical care;

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.

card under this section.

(1) Is eighteen years of age or older;

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(7) "Registrant", an individual to whom the department issues a hemp extract registration

2. The department shall issue a hemp extract registration card to an individual who:

15 (2) Is a Missouri resident; 16 (3) Provides the department with a statement signed by a neurologist that: 17 (a) Indicates that the individual suffers from intractable epilepsy and may benefit from 18 treatment with hemp extract; and 19 (b) Is consistent with a record from the neurologist concerning the individual contained in the database described in subsection [9] 10 of this section; 20 21 (4) Pays the department a fee in an amount established by the department under 22 subsection 6 of this section; and (5) Submits an application to the department on a form created by the department that 23 24 contains: 25 (a) The individual's name and address; 26 (b) A copy of the individual's valid photo identification; and 27 (c) Any other information the department considers necessary to implement the provisions of this section. 28 29 3. The department shall issue a hemp extract registration card to a parent who: 30 (1) Is eighteen years of age or older; 31 (2) Is a Missouri resident; 32 (3) Provides the department with a statement signed by a neurologist that: 33 (a) Indicates that a minor in the parent's care suffers from intractable epilepsy and may 34 benefit from treatment with hemp extract; and 35 (b) Is consistent with a record from the neurologist concerning the minor contained in the database described in subsection [9] 10 of this section; 36 37 (4) Pays the department a fee in an amount established by the department under subsection 6 of this section; and 38 39 (5) Submits an application to the department on a form created by the department that 40 contains: 41 (a) The parent's name and address; 42 (b) The minor's name; 43 (c) A copy of the parent's valid photo identification; and 44 (d) Any other information the department considers necessary to implement the

44 (d) Any other information the department considers necessary to implement the 45 provisions of this section. 46 4. The department shall maintain a record of the name of each registrant and the name47 of each minor receiving care from a registrant.

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5. The department shall promulgate rules to:

(1) Implement the provisions of this section including establishing the information the
 applicant is required to provide to the department and establishing in accordance with
 recommendations from the department of public safety the form and content of the hemp extract
 registration card; and

(2) Regulate the distribution of hemp extract from a cannabidiol oil care center to a
 registrant, which shall be in addition to any other state or federal regulations; and

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56 The department may promulgate rules to authorize clinical trials involving hemp extract.

57 6. The department shall establish fees that are no greater than the amount necessary to 58 cover the cost the department incurs to implement the provisions of this section.

7. The registration cards issued under this section shall be valid for one year and
renewable if at the time of renewal the registrant meets the requirements of either subsection 2
or 3 of this section.

8. Only a neurologist may recommend hemp extract and sign the statement
described in subsection 2 or 3 of this section as part of the treatment plan of a patient
diagnosed with intractable epilepsy.

9. The neurologist who signs the statement described in subsection 2 or 3 of this sectionshall:

67 (1) Keep a record of the neurologist's evaluation and observation of a patient who is a 68 registrant or minor under a registrant's care including the patient's response to hemp extract; and

(2) Transmit the record described in subdivision (1) of this subsection to the department.
[9.] 10. The department shall maintain a database of the records described in subsection

71 [8] 9 of this section and treat the records as identifiable health data.

[10.] 11. The department may share the records described in subsection [9] 10 of this
section with a higher education institution for the purpose of studying hemp extract.

[11.] 12. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after July 14, 2014, shall be invalid and void.

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192.947. 1. No individual or health care entity organized under the laws of this state shall be subject to any adverse action by the state or any agency, board, or 2 subdivision thereof, including civil or criminal prosecution, denial of any right or privilege, 3 4 imposing a civil or administrative penalty or sanction, or disciplinary action by any 5 accreditation or licensing board or commission if such individual or health care entity, in 6 its normal course of business and within its applicable licenses and regulations and in good faith, acts upon or in furtherance of any order, recommendation, or statement by a 7 neurologist authorized under section 192.945 relating to the medical use and 8 9 administration of hemp extract with respect to an eligible patient.

2. The provisions of subsection 1 of this section shall apply to the possession,
 handling, storage, transfer, destruction, dispensing, or administration of hemp extract,
 including any act in preparation of such dispensing or administration.

324.004. 1. (1) The purpose of this section is to promote the general welfare by 2 establishing guidelines for the regulation of occupations and professions not regulated 3 prior to January 1, 2017.

4 (2) All individuals may engage in the occupation of their choice, free from 5 unreasonable government regulation. The state shall not impose a substantial burden on 6 an individual's pursuit of his or her occupation or profession unless there is an important 7 governmental interest for the state to protect the general welfare. If such an interest exists, 8 the regulation adopted by the state shall be the least restrictive type of occupational 9 regulation consistent with the public interest to be protected.

(3) All bills introduced in the legislature to regulate an occupation or profession for
 the first time shall be reviewed according to the following criteria. An occupation or
 profession shall be regulated by the state only if:

(a) Unregulated practice has caused significant harm and endangered the general
 welfare and the potential for further harm and endangerment is easily recognizable and
 not remote or dependent upon tenuous argument;

(b) The public needs and can reasonably be expected to benefit from an assurance
 of initial personal qualifications; and

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(c) The general welfare cannot be effectively protected by other means.

(4) After evaluating the criteria in subdivision (3) of this subsection and considering governmental, economic, and societal costs and benefits, if the legislature finds that the state has an important interest in regulating an occupation or profession not previously regulated by law, the least restrictive type of occupational regulation shall be implemented, consistent with the need to protect the general welfare and this section. If:

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(a) Market competition, common law, statutory civil actions, and criminal
 prohibitions are insufficient to eradicate actual harm, the regulation shall provide for
 stricter civil actions and criminal prosecutions;

(b) A service is being performed for individuals involving a hazard to the general
welfare, the regulation shall impose inspection requirements and enable an appropriate
state agency to enforce violations by injunctive relief in court including, but not limited to,
regulation of the business activity providing the service rather than practitioners;

31 (c) The threat to the general welfare resulting from the practitioner's services is
32 relatively small, easily identifiable, or predictable, the regulation shall implement a system
33 of insurance, bonding, or registration;

(d) The consumer possesses significantly less information so that the practitioner
 puts the consumer in a disadvantageous position relative to the practitioner to judge the
 quality of the practitioner's services, the regulation shall implement a voluntary system of
 certification; or

(e) There is no other type of regulation that will protect the general welfare other
 than licensing, the regulation shall implement a system of licensing.

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2. For the purposes of this section, the following terms mean:

41 (1) "Applicant group", any occupational or professional group or organization, any
42 individual, or any other interested party that proposes that any occupation or profession
43 not presently regulated be regulated;

44 (2) "Certification", a voluntary program in which the government grants 45 nontransferable recognition to an individual who meets personal qualifications established 46 by a legislative body. Upon approval, the individual may use "certified" as a designated 47 title. Someone who has not been recognized as certified may perform the occupation for 48 compensation lawfully, but shall not use the title "certified". This term shall not be 49 synonymous with an occupational license or prohibit the use of private certification;

50 (3) "General welfare", the concern of the government for the health, peace, 51 morality, and safety of its citizens;

52 (4) "Grandfather clause", a provision in a regulatory statute applicable to 53 practitioners actively engaged in the regulated occupation or profession prior to the 54 effective date of the regulatory statute which exempts the practitioners from meeting the 55 personal qualifications set forth in the regulatory statute to perform prescribed 56 occupational tasks;

57 (5) "Inspection", the periodic examination of practitioners by a state agency in 58 order to ascertain whether the practitioners' activities are being carried out in a fashion 59 consistent with the requisite level of cleanliness necessary to protect the general welfare;

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60 (6) "Lawful occupation", a course of conduct, pursuit, or profession that includes
61 the sale of goods or services that are not themselves illegal to sell irrespective of whether
62 the individual selling them is subject to an occupational regulation;

- 63 (7) "Least restrictive type of occupational regulations", in order from least to most
   64 restrictive:
- 65 (a) Market competition;
  - (b) A provision for private civil action to remedy consumer harm;
- 67 (c) Criminal sanction;
- 68 (d) Regulation of the business activity providing the service rather than the 69 practitioner;
- 70 (e) Inspection;
- 71 (f) Bonding or insurance;
- 72 (g) Registration;
- 73 (h) Certification;
- 74 (i) Occupational license;

(8) "Legislative committees of reference", the standing legislative committees
 designated by the respective rules committees of the senate and house of representatives
 to consider proposed legislation to regulate occupations, or professions not previously
 regulated;

(9) "Occupational license", a nontransferable authorization in law for an
 individual to perform a lawful occupation for compensation based on meeting personal
 qualifications established by a legislative body. It shall be prohibited for an individual who
 does not possess an occupational license to perform the occupation for compensation;

(10) "Occupational regulation", a statute, ordinance, rule, practice, policy, or other
 law requiring an individual to possess certain personal qualifications to work in a lawful
 occupation;

(11) "Personal qualifications", criteria related to an individual's personal
 background including completion of an approved educational program, satisfactory
 performance on an examination, work experience, criminal history, moral standing, and
 completion of continuing education;

90 (12) "Practitioner", an individual who has achieved knowledge and skill by 91 practice and is actively engaged in a specified occupation or profession;

92 (13) "Public member", an individual who is not currently, and has never been in
93 the past, a member or spouse of a member of the occupation or profession being regulated
94 or an individual who does not currently have and has never in the past had a material

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95 financial interest in either the rendering of the occupation or professional service being
 96 regulated or an activity directly related to the occupation or profession being regulated;

97 (14) "Registration", a requirement established by the legislature in which a person 98 submits notification to a state agency and may use "registered" as a designated title. 99 Notification may include the person's name and address, the person's agent for service of 100 process, the location of the activity to be performed, and a description of the service the 101 person provides. Registration may include a requirement to post a bond, but does not 102 include education or experience requirements. Nonregistered persons shall not perform 103 the occupation for compensation or use "registered" as a designated title. The term registration shall not be synonymous with an occupational license and does not refer to or 104 105 prohibit the use of private registration;

(15) "Regulatory entity", any board, commission, agency, division, or other unit
 or subunit of state government which regulates one or more professions, occupations,
 industries, businesses, or other endeavors in this state;

(16) "State agency", every state office, department, board, commission, regulatory
entity, and agency of the state, and, if provided by law, programs and activities involving
less than the full responsibility of a state agency;

(17) "Substantial burden", a requirement in an occupational regulation that
imposes significant difficulty or cost on an individual seeking to enter into or continue in
a lawful occupation and is more than an incidental burden.

115 3. The general assembly shall not pass any laws regulating an occupation or 116 profession for the first time except by bill, as defined in section 21.600, which has been referred to the legislative committees of reference in both houses, reviewed in accordance 117 118 with this section by each committee, and voted upon in favor by a majority of committee 119 members as required by rule of the respective house. Any amendment containing language 120 to regulate an occupation or profession for the first time shall not be adopted onto a bill 121 in either house, unless such language is identical to a bill which has been heard and voted 122 on in favor by a legislative committee of reference in the house where the amendment is 123 being proposed.

4. After January 1, 2017, applicant groups shall submit a written report explaining
each of the following factors to the legislative committees of reference prior to the bill,
containing the proposed regulation, being heard before the committee in each house:

127 (1) A definition of the problem and why regulation is necessary including, but not128 limited to:

(a) The description and quantification of the actual harm to the general public due
 to the fact that the occupation or profession is not regulated;

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131 (b) The extent to which the actual harm could be avoided; 132 (c) A description of how consumers will benefit in the future from the proposed type of regulation; and 133 134 (d) The extent of autonomy a practitioner has, as indicated by: 135 a. The extent to which the occupation or profession calls for independent judgment and the extent of skill or experience required in making the independent judgment; and 136 137 b. The extent to which practitioners are supervised; 138 (2) The efforts made to address the actual harm caused: 139 (a) Voluntary efforts, if any, by members of the occupation or profession to: 140 a. Establish a code of ethics; or 141 b. Help resolve disputes between practitioners and consumers; and 142 (b) Recourse to and the extent of use of applicable law and whether it could be 143 strengthened to control the problem; 144 (3) The alternatives considered including, but not limited to: 145 (a) Increased civil or criminal sanctions; 146 (b) Regulation of businesses rather than practitioners; (c) Regulation of the service or training program rather than the individual 147 practitioners; 148 149 (d) Inspections; 150 (e) Bonding or insurance; 151 (f) Registration of all practitioners; 152 (g) Certification of all practitioners; 153 (h) Other alternatives: 154 (i) Why the use of the alternatives specified in this subsection would not be 155 adequate to protect the general welfare; and 156 (i) Why licensing would serve to protect the general welfare; 157 (4) The benefit to the public if regulation is granted; 158 (5) The extent to which the incidences of specific problems present in the 159 unregulated occupation or profession can reasonably be expected to be reduced by 160 proposed regulation; 161 (6) Whether the public can identify qualified practitioners; 162 (7) The extent to which the public can be confident that qualified practitioners are 163 competent: 164 (a) Whether the proposed regulatory entity would be a board composed of 165 members of the profession and public members, a state agency, or both, and, if appropriate, their respective responsibilities in administering the system of inspections, 166

bonding, insurance, registration, certification, or licensure, including the composition of the board and the number of public members, if any; the powers and duties of the board or state agency regarding examinations and for cause revocation, suspension, and nonrenewal of registrations, certificates, or licenses; the promulgation of rules and canons of ethics; the conduct of inspections; the receipt of complaints and disciplinary action taken against practitioners; and how fees would be levied and collected to cover the expenses of administering and operating the regulatory system;

(b) If there is a grandfather clause, how consumers will be protected from the harm
 caused by current practitioners that is the basis for advocating for the enactment of the
 proposed regulation;

(c) If there is a grandfather clause, if current practitioners will be required to meet
the prerequisite qualifications established by the regulatory entity at a later date and if not,
why not;

(d) Whether the regulatory entity would be authorized to enter into reciprocity
 agreements with other jurisdictions;

182 (e) The nature and duration of any training including, but not limited to, whether 183 the training includes a substantial amount of supervised field experience; whether training programs exist in this state; if there will be an experience requirement; whether the 184 185 experience shall be acquired under a registered, certified, or licensed practitioner; whether 186 there are alternative routes of entry or methods of meeting the prerequisite qualifications; 187 whether all applicants will be required to pass an examination; and, if an examination is 188 required, by whom it will be developed and how the costs of development will be met; and 189 (f) What additional training programs are anticipated to be necessary to assure 190 training is accessible statewide; the anticipated time required to establish the additional 191 training programs; the types of institutions capable of providing the training; a description 192 of how training programs will meet the needs of the expected workforce, including reentry

193 workers, minorities, placebound students, and others;

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(8) Assurance of the public that practitioners have maintained their competence:

(a) Whether the registration, certification, or licensure will carry an expirationdate; and

(b) Whether renewal will be based only upon payment of a fee, or whether renewal
will involve reexamination, peer review, or other enforcement;

199 (9) The extent to which regulation might harm the public;

200 (10) The extent to which regulation will restrict entry into the occupation or 201 profession:

(a) Whether the proposed personal qualifications are more restrictive than
 necessary to insure safe and effective performance;

(b) How the proposed personal qualifications compare to other regulations in the
 state which may involve greater risks to the general welfare; and

(c) The number of other states that regulate the same occupation or profession and
 how the proposed personal qualifications compare to required personal qualifications in
 other states that regulate the same occupation or profession;

(11) Whether there are similar professions to that of the applicant group which
shall be included in or portions of the applicant group which shall be excluded from the
proposed legislation;

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(12) The maintenance of personal qualifications;

(13) Whether effective quality assurance standards exist in the occupation or profession, such as legal requirements associated with specific programs that define or enforce professional standards, or a code of ethics;

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(14) How the proposed legislation will assure:

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218 (b) Grounds for suspension or revocation of registration, certification, or licensure;

(a) The extent to which a code of ethics, if any, will be adopted; and

(15) A description of the group proposed for regulation, including a list of associations, organizations, and other groups representing the practitioners in this state, an estimate of the number of practitioners in each group, and whether the groups represent different levels of practice; and

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(16) The expected costs of regulation including, but not limited to:

(a) The impact registration, certification, or licensure will have on the costs of theservices to the public;

(b) The cost to the state and to the general public of implementing the proposedlegislation; and

(c) The cost to the state and the members of the group proposed for regulation for
 the required education, including projected tuition and expenses and expected increases
 in training programs, staffing, and enrollments at state training institutions.

5. A legislative proposal which contains a continuing education requirement shall
be accompanied by a detailed explanation of how such requirement could be effective for
the profession addressed in the legislation.

6. Nothing in this section shall be construed to create a right of action against a private party or to require a private party to do business with an individual who is not licensed, certified, or registered with the government or to create a right of action against the state, county, municipal, or other level of government in the state.

327.313. Applications for enrollment as a land surveyor-in-training shall be typewritten on prescribed forms furnished to the applicant. The application shall contain applicant's 2 3 statements showing the applicant's education, experience and such other pertinent information as the board may require[, including but not limited to three letters of reference, one of which 4 shall be from a professional land surveyor who has personal knowledge of the applicant's land 5 surveying education or experience]. Each application shall contain a statement that it is made 6 under oath or affirmation and that the representations are true and correct to the best knowledge 7 8 and belief of the applicant, subject to the penalties of making a false affidavit or declaration and 9 shall be accompanied by the required fee.

327.321. Applications for licensure as a professional land surveyor shall be typewritten on prescribed forms furnished to the applicant. The application shall contain the applicant's 2 statements showing the applicant's education, experience, results of prior land surveying 3 examinations, if any, and such other pertinent information as the board may require[, including 4 but not limited to three letters of reference from professional land surveyors with personal 5 knowledge of the experience of the applicant's land surveying education or experience]. Each 6 application shall contain a statement that it is made under oath or affirmation and that its 7 representations are true and correct to the best knowledge and belief of the person signing same, 8 9 subject to the penalties of making a false affidavit or declaration and shall be accompanied by 10 the required fee.

334.037. 1. A physician may enter into collaborative practice arrangements with assistant physicians. 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 an assistant physician 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 assistant physician and is consistent with that assistant physician's skill, training, and competence and the skill and training of the collaborating physician.

9 2. The written collaborative practice arrangement shall contain at least the following 10 provisions:

(1) Complete names, home and business addresses, zip codes, and telephone numbersof the collaborating physician and the assistant physician;

- (2) A list of all other offices or locations besides those listed in subdivision (1) of this
  subsection where the collaborating physician authorized the assistant physician to prescribe;
- (3) A requirement that there shall be posted at every office where the assistant physician
   is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure

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statement informing patients that they may be seen by an assistant physician and have the rightto see the collaborating physician;

(4) All specialty or board certifications of the collaborating physician and allcertifications of the assistant physician;

(5) The manner of collaboration between the collaborating physician and the assistant
 physician, including how the collaborating physician and the assistant physician shall:

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

25 (b) Maintain geographic proximity; except, the collaborative practice arrangement may 26 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar 27 year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. Such 28 29 exception to geographic proximity shall apply only to independent rural health clinics, provider-30 based rural health clinics if the provider is a critical access hospital as provided in 42 U.S.C. 31 Section 1395i-4, and provider-based rural health clinics if the main location of the hospital 32 sponsor is greater than fifty miles from the clinic. The collaborating physician shall maintain 33 documentation related to such requirement and present it to the state board of registration for the 34 healing arts when requested; and

(c) Provide coverage during absence, incapacity, infirmity, or emergency by thecollaborating physician;

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

41 (7) A list of all other written practice agreements of the collaborating physician and the 42 assistant physician;

43 (8) The duration of the written practice agreement between the collaborating physician44 and the assistant physician;

45 (9) A description of the time and manner of the collaborating physician's review of the 46 assistant physician's delivery of health care services. The description shall include provisions 47 that the assistant physician shall submit a minimum of ten percent of the charts documenting the 48 assistant physician's delivery of health care services to the collaborating physician for review by 49 the collaborating physician, or any other physician designated in the collaborative practice 50 arrangement, every fourteen days. In performing the review, the collaborating physician 51 need not be present at the health care practitioner's site; and

52 (10) The collaborating physician, or any other physician designated in the collaborative 53 practice arrangement, shall review every fourteen days a minimum of twenty percent of the 54 charts in which the assistant physician prescribes controlled substances. The charts reviewed 55 under this subdivision may be counted in the number of charts required to be reviewed under 56 subdivision (9) of this subsection.

57 3. The state board of registration for the healing arts under section 334.125 shall 58 promulgate rules regulating the use of collaborative practice arrangements for assistant 59 physicians. Such rules shall specify:

(1) Geographic areas to be covered;

61 (2) The methods of treatment that may be covered by collaborative practice 62 arrangements;

63 (3) In conjunction with deans of medical schools and primary care residency program 64 directors in the state, the development and implementation of educational methods and programs 65 undertaken during the collaborative practice service which shall facilitate the advancement of 66 the assistant physician's medical knowledge and capabilities, and which may lead to credit 67 toward a future residency program for programs that deem such documented educational 68 achievements acceptable; and

69 (4) The requirements for review of services provided under collaborative practice70 arrangements, including delegating authority to prescribe controlled substances.

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72 Any rules relating to dispensing or distribution of medications or devices by prescription or 73 prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by 74 75 prescription or prescription drug orders under this section shall be subject to the approval of the 76 department of health and senior services and the state board of pharmacy. The state board of 77 registration for the healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in 78 79 this subsection shall not extend to collaborative practice arrangements of hospital employees 80 providing inpatient care within hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008. 81

4. The state board of registration for the healing arts shall not deny, revoke, suspend, or otherwise take disciplinary action against a collaborating physician for health care services delegated to an assistant physician provided the provisions of this section and the rules promulgated thereunder are satisfied.

5. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice arrangement, including collaborative practice arrangements delegating
 the authority to prescribe controlled substances, and also report to the board the name of each

the authority to prescribe controlled substances, and also report to the board the name of each assistant physician with whom the physician has entered into such arrangement. The board may make such information available to the public. The board shall track the reported information and may routinely conduct random reviews of such arrangements to ensure that arrangements

93 are carried out for compliance under this chapter.

6. A collaborating physician shall not enter into a collaborative practice arrangement with more than three full-time equivalent assistant physicians. Such limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

99 7. The collaborating physician shall determine and document the completion of at least a one-month period of time during which the assistant physician shall practice with the 100 101 collaborating physician continuously present before practicing in a setting where the 102 collaborating physician is not continuously present. Such limitation shall not apply to 103 collaborative arrangements of providers of population-based public health services as defined 104 by 20 CSR 2150-5.100 as of April 30, 2008, nor to collaborative arrangements between a 105 physician and an assistant physician, if the collaborative physician is new to a patient 106 population to which the collaborating assistant physician is already familiar.

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

112 9. No contract or other agreement shall require a physician to act as a collaborating physician for an assistant physician against the physician's will. A physician shall have the right 113 114 to refuse to act as a collaborating physician, without penalty, for a particular assistant physician. No contract or other agreement shall limit the collaborating physician's ultimate authority over 115 116 any protocols or standing orders or in the delegation of the physician's authority to any assistant 117 physician, but such requirement shall not authorize a physician in implementing such protocols, 118 standing orders, or delegation to violate applicable standards for safe medical practice 119 established by a hospital's medical staff.

120 10. No contract or other agreement shall require any assistant physician to serve as a 121 collaborating assistant physician for any collaborating physician against the assistant physician's 122 will. An assistant physician shall have the right to refuse to collaborate, without penalty, with 123 a particular physician.

124 11. All collaborating physicians and assistant physicians in collaborative practice 125 arrangements shall wear identification badges while acting within the scope of their collaborative 126 practice arrangement. The identification badges shall prominently display the licensure status 127 of such collaborating physicians and assistant physicians.

128 12. (1) An assistant physician with a certificate of controlled substance prescriptive 129 authority as provided in this section may prescribe any controlled substance listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated 130 131 the authority to prescribe controlled substances in a collaborative practice arrangement. 132 Prescriptions for Schedule II medications prescribed by an assistant physician who has a 133 certificate of controlled substance prescriptive authority are restricted to only those medications 134 containing hydrocodone. Such authority shall be filed with the state board of registration for the 135 healing arts. The collaborating physician shall maintain the right to limit a specific scheduled 136 drug or scheduled drug category that the assistant physician is permitted to prescribe. Any 137 limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall 138 not prescribe controlled substances for themselves or members of their families. Schedule III 139 controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day 140 supply without refill. Assistant physicians who are authorized to prescribe controlled substances 141 under this section shall register with the federal Drug Enforcement Administration and the state 142 bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration 143 registration number on prescriptions for controlled substances.

144 (2) The collaborating physician shall be responsible to determine and document the 145 completion of at least one hundred twenty hours in a four-month period by the assistant physician 146 during which the assistant physician shall practice with the collaborating physician on-site prior 147 to prescribing controlled substances when the collaborating physician is not on-site. Such 148 limitation shall not apply to assistant physicians of population-based public health services as 149 defined in 20 CSR 2150-5.100 as of April 30, 2009.

(3) An assistant physician shall receive a certificate of controlled substance prescriptive
authority from the state board of registration for the healing arts upon verification of licensure
under section 334.036.

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 7 the registered professional nurse and is consistent with that nurse's skill, training and 8 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 treatment if the registered professional nurse is an advanced practice registered nurse as defined 11 12 in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, 13 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, 14 15 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V 16 of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general 17 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled 18 19 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-20 hour supply without refill. Such collaborative practice arrangements shall be in the form of 21 written agreements, jointly agreed-upon protocols or standing orders for the delivery of health 22 care services.

3. The written collaborative practice arrangement shall contain at least the followingprovisions:

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

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

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

34 (4) All specialty or board certifications of the collaborating physician and all35 certifications of the advanced practice registered nurse;

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

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

41 (b) Maintain geographic proximity, except the collaborative practice arrangement may
42 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar

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43 year for rural health clinics as defined by [P.L. 95-210] Pub. L. 95-210 (42 U.S.C. Section

44 1395x, as amended), as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall 45 apply only to independent rural health clinics, provider-based rural health clinics where the 46 47 provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and providerbased rural health clinics where the main location of the hospital sponsor is greater than fifty 48 49 miles from the clinic. The collaborating physician is required to maintain documentation related 50 to this requirement and to present it to the state board of registration for the healing arts when requested; and 51

52 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the 53 collaborating physician;

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

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

60 (8) The duration of the written practice agreement between the collaborating physician61 and the advanced practice registered nurse;

62 (9) A description of the time and manner of the collaborating physician's review of the 63 advanced practice registered nurse's delivery of health care services. The description shall include provisions that the advanced practice registered nurse shall submit a minimum of ten 64 percent of the charts documenting the advanced practice registered nurse's delivery of health care 65 66 services to the collaborating physician for review by the collaborating physician, or any other 67 physician designated in the collaborative practice arrangement, every fourteen days. In 68 performing the review, the collaborating physician need not be present at the health care 69 practitioner's site; and

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

4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to specifying geographic areas 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. Neither the state

board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

117 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as 118 defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services 119 without a collaborative practice arrangement provided that he or she is under the supervision of 120 an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if 121 needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered 122 nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a 123 collaborative practice arrangement under this section, except that the collaborative practice 124 arrangement may not delegate the authority to prescribe any controlled substances listed in 125 Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

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

131 9. It is the responsibility of the collaborating physician to determine and document the 132 completion of at least a one-month period of time during which the advanced practice registered 133 nurse shall practice with the collaborating physician continuously present before practicing in 134 a setting where the collaborating physician is not continuously present. This limitation shall not 135 apply to collaborative arrangements of providers of population-based public health services as 136 defined by 20 CSR 2150-5.100 as of April 30, 2008, nor to collaborative arrangements 137 between a physician and an advanced practice registered nurse, if the collaborative 138 physician is new to a patient population to which the collaborating advanced practice 139 registered nurse is already familiar.

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. No contract or other agreement shall require a physician to act as a collaborating 146 physician for an advanced practice 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 collaborating 149 physician's ultimate authority over any protocols or standing orders or in the delegation of the 150 physician's authority to any advanced practice registered nurse, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violateapplicable standards for safe medical practice established by hospital's medical staff.

153 12. No contract or other agreement shall require any advanced practice registered nurse 154 to serve as a collaborating advanced practice registered nurse for any collaborating physician 155 against the advanced practice registered nurse's will. An advanced practice registered nurse shall 156 have the right to refuse to collaborate, without penalty, with a particular physician.

334.1200. PURPOSE

The purpose of this compact is to facilitate interstate practice of physical therapy with the goal of improving public access to physical therapy services. The practice of physical therapy occurs in the state where the patient/client is located at the time of the patient/client encounter. The compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

This compact is designed to achieve the following objectives:

8 **1.** Increase public access to physical therapy services by providing for the mutual 9 recognition of other member state licenses;

- 2. Enhance the states' ability to protect the public's health and safety;
- 3. Encourage the cooperation of member states in regulating multistate physical
   therapy practice;

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4. Support spouses of relocating military members;

5. Enhance the exchange of licensure, investigative, and disciplinary information
 between member states; and

6. Allow a remote state to hold a provider of services with a compact privilege in
 that state accountable to that state's practice standards.

**334.1203. DEFINITIONS** 

As used in this compact, and except as otherwise provided, the following definitions
shall apply:

4 1. "Active Duty Military" means full-time duty status in the active uniformed 5 service of the United States, including members of the National Guard and Reserve on 6 active duty orders pursuant to 10 U.S.C. Section 1209 and 1211.

7 2. "Adverse Action" means disciplinary action taken by a physical therapy
8 licensing board based upon misconduct, unacceptable performance, or a combination of
9 both.

10 **3.** "Alternative Program" means a nondisciplinary monitoring or practice 11 remediation process approved by a physical therapy licensing board. This includes, but 12 is not limited to, substance abuse issues. 13

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15 16 a licensee from another member state to practice as a physical therapist or work as a physical therapist assistant in the remote state under its laws and rules. The practice of

physical therapy occurs in the member state where the patient/client is located at the time

4. "Compact privilege" means the authorization granted by a remote state to allow

17 of the patient/client encounter. 18 5. "Continuing competence" means a requirement, as a condition of license 19 renewal, to provide evidence of participation in, and/or completion of, educational and 20 professional activities relevant to practice or area of work. 21 6. "Data system" means a repository of information about licensees, including 22 examination, licensure, investigative, compact privilege, and adverse action. 23 7. "Encumbered license" means a license that a physical therapy licensing board 24 has limited in any way. 25 8. "Executive Board" means a group of directors elected or appointed to act on 26 behalf of, and within the powers granted to them by, the commission. 27 9. "Home state" means the member state that is the licensee's primary state of 28 residence. 29 10. "Investigative information" means information, records, and documents 30 received or generated by a physical therapy licensing board pursuant to an investigation. 31 11. "Jurisprudence requirement" means the assessment of an individual's 32 knowledge of the laws and rules governing the practice of physical therapy in a state. 33 12. "Licensee" means an individual who currently holds an authorization from the state to practice as a physical therapist or to work as a physical therapist assistant. 34 13. "Member state" means a state that has enacted the compact. 35 36 14. "Party state" means any member state in which a licensee holds a current license or compact privilege or is applying for a license or compact privilege. 37 38 15. "Physical therapist" means an individual who is licensed by a state to practice physical therapy. 39 40 16. "Physical therapist assistant" means an individual who is licensed/certified by 41 a state and who assists the physical therapist in selected components of physical therapy. 42 17. "Physical therapy", "physical therapy practice", and "the practice of physical 43 therapy" mean the care and services provided by or under the direction and supervision 44 of a licensed physical therapist. 45 18. "Physical therapy compact commission" or "commission" means the national 46 administrative body whose membership consists of all states that have enacted the 47 compact.

19. "Physical therapy licensing board" or "licensing board" means the agency of 48 49 a state that is responsible for the licensing and regulation of physical therapists and physical therapist assistants. 50 20. "Remote state" means a member state other than the home state, where a 51 52 licensee is exercising or seeking to exercise the compact privilege. 53 "Rule" means a regulation, principle, or directive promulgated by the 21. 54 commission that has the force of law. 55 22. "State" means any state, commonwealth, district, or territory of the United 56 States of America that regulates the practice of physical therapy. **334.1206. STATE PARTICIPATION IN THE COMPACT** 2 A. To participate in the compact, a state must: 3 1. Participate fully in the commission's data system, including using the 4 commission's unique identifier as defined in rules; 5 2. Have a mechanism in place for receiving and investigating complaints about 6 licensees: 7 3. Notify the commission, in compliance with the terms of the compact and rules, of any adverse action or the availability of investigative information regarding a licensee; 8 9 4. Fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record 10 search on criminal background checks and use the results in making licensure decisions 11 12 in accordance with section 334.1206.B.; 13 5. Comply with the rules of the commission; 14 6. Utilize a recognized national examination as a requirement for licensure pursuant to the rules of the commission: and 15 7. Have continuing competence requirements as a condition for license renewal. 16 17 B. Upon adoption of sections 334.1200 to 334.1233, the member state shall have the 18 authority to obtain biometric-based information from each physical therapy licensure applicant and submit this information to the Federal Bureau of Investigation for a criminal 19 20 background check in accordance with 28 U.S.C. Section 534 and 42 U.S.C. Section 14616. 21 C. A member state shall grant the compact privilege to a licensee holding a valid 22 unencumbered license in another member state in accordance with the terms of the 23 compact and rules. 24 D. Member states may charge a fee for granting a compact privilege. 334.1209. COMPACT PRIVILEGE 2 A. To exercise the compact privilege under the terms and provisions of the 3 compact, the licensee shall:

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1. Hold a license in the home state; 2. Have no encumbrance on any state license; 3. Be eligible for a compact privilege in any member state in accordance with section 334.1209D, G and H; 4. Have not had any adverse action against any license or compact privilege within the previous 2 years; 5. Notify the commission that the licensee is seeking the compact privilege within a remote state(s); 6. Pay any applicable fees, including any state fee, for the compact privilege; 7. Meet any jurisprudence requirements established by the remote state(s) in which the licensee is seeking a compact privilege; and 8. Report to the commission adverse action taken by any nonmember state within thirty days from the date the adverse action is taken. B. The compact privilege is valid until the expiration date of the home license. The licensee must comply with the requirements of section 334.1209.A. to maintain the compact privilege in the remote state. C. A licensee providing physical therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state. D. A licensee providing physical therapy in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens. The licensee is not eligible for a compact privilege in any state until the specific time for removal has passed and all fines are paid. E. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur: 1. The home state license is no longer encumbered; and 2. Two years have elapsed from the date of the adverse action. F. Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of section 334.1209A to obtain a compact privilege in any remote state. G. If a licensee's compact privilege in any remote state is removed, the individual shall lose the compact privilege in any remote state until the following occur: 1. The specific period of time for which the compact privilege was removed has ended:

39 **2.** All fines have been paid; and

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40 **3. Two years have elapsed from the date of the adverse action.** 

- 41 H. Once the requirements of section 334.1209G have been met, the license must
- 42 meet the requirements in section 334.1209A to obtain a compact privilege in a remote state. 334.1212. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES
- 2 A licensee who is active duty military or is the spouse of an individual who is active 3 duty military may designate one of the following as the home state:
- 4 **A. Home of record**;
  - B. Permanent change of station (PCS); or
- 6 C. State of current residence if it is different than the PCS state or home of record. 334.1215. ADVERSE ACTIONS

2 A. A home state shall have exclusive power to impose adverse action against a 3 license issued by the home state.

B. A home state may take adverse action based on the investigative information of
a remote state, so long as the home state follows its own procedures for imposing adverse
action.

7 C. Nothing in this compact shall override a member state's decision that 8 participation in an alternative program may be used in lieu of adverse action and that such 9 participation shall remain nonpublic if required by the member state's laws. Member 10 states must require licensees who enter any alternative programs in lieu of discipline to 11 agree not to practice in any other member state during the term of the alternative program 12 without prior authorization from such other member state.

D. Any member state may investigate actual or alleged violations of the statutes and
 rules authorizing the practice of physical therapy in any other member state in which a
 physical therapist or physical therapist assistant holds a license or compact privilege.

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E. A remote state shall have the authority to:

Take adverse actions as set forth in section 334.1209.D. against a licensee's
 compact privilege in the state;

19 2. Issue subpoenas for both hearings and investigations that require the attendance 20 and testimony of witnesses, and the production of evidence. Subpoenas issued by a 21 physical therapy licensing board in a party state for the attendance and testimony of 22 witnesses, and/or the production of evidence from another party state, shall be enforced 23 in the latter state by any court of competent jurisdiction, according to the practice and 24 procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees 25 26 required by the service statutes of the state where the witnesses and/or evidence are located; and 27

28 3. If otherwise permitted by state law, recover from the licensee the costs of 29 investigations and disposition of cases resulting from any adverse action taken against that 30 licensee. 31 F. Joint Investigations 32 1. In addition to the authority granted to a member state by its respective physical 33 therapy practice act or other applicable state law, a member state may participate with 34 other member states in joint investigations of licensees. 35 2. Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the compact. 36 334.1218. ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT 2 **COMMISSION.** 3 A. The compact member states hereby create and establish a joint public agency 4 known as the physical therapy compact commission: 5 1. The commission is an instrumentality of the compact states. 6 2. Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal 7 8 office of the commission is located. The commission may waive venue and jurisdictional 9 defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. 10 11 3. Nothing in this compact shall be construed to be a waiver of sovereign immunity. 12 **B.** Membership, Voting, and Meetings 13 1. Each member state shall have and be limited to one delegate selected by that 14 member state's licensing board. 15 2. The delegate shall be a current member of the licensing board, who is a physical therapist, physical therapist assistant, public member, or the board administrator. 16 17 3. Any delegate may be removed or suspended from office as provided by the law 18 of the state from which the delegate is appointed. 19 4. The member state board shall fill any vacancy occurring in the commission. 20 5. Each delegate shall be entitled to one vote with regard to the promulgation of 21 rules and creation of bylaws and shall otherwise have an opportunity to participate in the 22 business and affairs of the commission. 23 6. A delegate shall vote in person or by such other means as provided in the bylaws. 24 The bylaws may provide for delegates' participation in meetings by telephone or other 25 means of communication. 26 7. The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws. 27

28 C. The commission shall have the following powers and duties:

29 **1. Establish the fiscal year of the commission;** 

30 **2.** Establish bylaws;

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

4. Meet and take such actions as are consistent with the provisions of this compact
and the bylaws;

5. Promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all member states;

6. Bring and prosecute legal proceedings or actions in the name of the commission,
provided that the standing of any state physical therapy licensing board to sue or be sued
under applicable law shall not be affected;

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7. Purchase and maintain insurance and bonds;

8. Borrow, accept, or contract for services of personnel, including, but not limited
to, employees of a member state;

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

47 10. Accept any and all appropriate donations and grants of money, equipment, 48 supplies, materials and services, and to receive, utilize and dispose of the same; provided 49 that at all times the commission shall avoid any appearance of impropriety and/or conflict 50 of interest;

11. Lease, purchase, accept appropriate gifts or donations of, or otherwise to own,
hold, improve or use, any property, real, personal or mixed; provided that at all times the
commission shall avoid any appearance of impropriety;

54 12. Sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose
 55 of any property real, personal, or mixed;

56 **13. Establish a budget and make expenditures;** 

57 **14. Borrow money;** 

15. Appoint committees, including standing committees comprised of members,
 state regulators, state legislators or their representatives, and consumer representatives,
 and such other interested persons as may be designated in this compact and the bylaws;
 16. Provide and receive information from, and cooperate with, law enforcement

62 agencies;

63 **17. Establish and elect an executive board; and** 

- 64 18. Perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of physical therapy licensure 65 and practice. 66 67 **D.** The Executive Board 68 The executive board shall have the power to act on behalf of the commission 69 according to the terms of this compact. 70 1. The executive board shall be comprised of nine members: 71 a. Seven voting members who are elected by the commission from the current 72 membership of the commission; 73 b. One ex officio, nonvoting member from the recognized national physical therapy 74 professional association; and 75 c. One ex officio, nonvoting member from the recognized membership organization of the physical therapy licensing boards. 76 77 2. The ex officio members will be selected by their respective organizations. 78 3. The commission may remove any member of the executive board as provided in 79 bylaws. 80 4. The executive board shall meet at least annually. 81 5. The executive board shall have the following duties and responsibilities: 82 a. Recommend to the entire commission changes to the rules or bylaws, changes to 83 this compact legislation, fees paid by compact member states such as annual dues, and any 84 commission compact fee charged to licensees for the compact privilege; 85 b. Ensure compact administration services are appropriately provided, contractual 86 or otherwise; 87 c. Prepare and recommend the budget; 88 d. Maintain financial records on behalf of the commission; 89 e. Monitor compact compliance of member states and provide compliance reports 90 to the commission: 91 f. Establish additional committees as necessary; and 92 g. Other duties as provided in rules or bylaws. 93 E. Meetings of the Commission 94 1. All meetings shall be open to the public, and public notice of meetings shall be 95 given in the same manner as required under the rulemaking provisions in section 334.1224. 96 2. The commission or the executive board or other committees of the commission 97 may convene in a closed, nonpublic meeting if the commission or executive board or other 98 committees of the commission must discuss:
- 99 a. Noncompliance of a member state with its obligations under the compact;

100b. The employment, compensation, discipline or other matters, practices or101procedures related to specific employees or other matters related to the commission's102internal personnel practices and procedures;

103 c. Current, threatened, or reasonably anticipated litigation;

d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real
 estate;

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e. Accusing any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information that is
 privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute
 a clearly unwarranted invasion of personal privacy;

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h. Disclosure of investigative records compiled for law enforcement purposes;

i. Disclosure of information related to any investigative reports prepared by or on
 behalf of or for use of the commission or other committee charged with responsibility of
 investigation or determination of compliance issues pursuant to the compact; or

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j. Matters specifically exempted from disclosure by federal or member state statute.

116 3. If a meeting, or portion of a meeting, is closed pursuant to this provision, the 117 commission's legal counsel or designee shall certify that the meeting may be closed and 118 shall reference each relevant exempting provision.

4. The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.

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F. Financing of the Commission

126 **1.** The commission shall pay, or provide for the payment of, the reasonable 127 expenses of its establishment, organization, and ongoing activities.

The commission may accept any and all appropriate revenue sources, donations,
 and grants of money, equipment, supplies, materials, and services.

130 3. The commission may levy on and collect an annual assessment from each 131 member state or impose fees on other parties to cover the cost of the operations and 132 activities of the commission and its staff, which must be in a total amount sufficient to 133 cover its annual budget as approved each year for which revenue is not provided by other 134 sources. The aggregate annual assessment amount shall be allocated based upon a formula

to be determined by the commission, which shall promulgate a rule binding upon allmember states.

4. The commission shall not incur obligations of any kind prior to securing the
funds adequate to meet the same; nor shall the commission pledge the credit of any of the
member states, except by and with the authority of the member state.

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

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G. Qualified Immunity, Defense, and Indemnification

147 1. The members, officers, executive director, employees and representatives of the 148 commission shall be immune from suit and liability, either personally or in their official 149 capacity, for any claim for damage to or loss of property or personal injury or other civil 150 liability caused by or arising out of any actual or alleged act, error or omission that 151 occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities; 152 153 provided that nothing in this paragraph shall be construed to protect any such person from 154 suit and/or liability for any damage, loss, injury, or liability caused by the intentional or 155 willful or wanton misconduct of that person.

156 2. The commission shall defend any member, officer, executive director, employee 157 or representative of the commission in any civil action seeking to impose liability arising 158 out of any actual or alleged act, error, or omission that occurred within the scope of 159 commission employment, duties, or responsibilities, or that the person against whom the 160 claim is made had a reasonable basis for believing occurred within the scope of commission 161 employment, duties, or responsibilities; provided that nothing herein shall be construed 162 to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional 163 or willful or wanton misconduct. 164

1653. The commission shall indemnify and hold harmless any member, officer,166executive director, employee, or representative of the commission for the amount of any167settlement or judgment obtained against that person arising out of any actual or alleged168act, error or omission that occurred within the scope of commission employment, duties,169or responsibilities, or that such person had a reasonable basis for believing occurred within170the scope of commission employment, duties, or responsibilities, provided that the actual

171 or alleged act, error, or omission did not result from the intentional or willful or wanton

172 misconduct of that person.

**334.1221. DATA SYSTEM** 

A. The commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

5 **B.** Notwithstanding any other provision of state law to the contrary, a member state 6 shall submit a uniform data set to the data system on all individuals to whom this compact 7 is applicable as required by the rules of the commission, including:

1. Identifying information;

9 **2.** Licensure data;

10 **3.** Adverse actions against a license or compact privilege;

**4. Nonconfidential information related to alternative program participation;** 

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5. Any denial of application for licensure, and the reason(s) for such denial; and

6. Other information that may facilitate the administration of this compact, as
determined by the rules of the commission.

C. Investigative information pertaining to a licensee in any member state will only
 be available to other party states.

D. The commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

E. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

F. Any information submitted to the data system that is subsequently required to be expunded by the laws of the member state contributing the information shall be removed from the data system.

334.1224. RULEMAKING

A. The commission shall exercise its rulemaking powers pursuant to the criteria set
forth in this section and the rules adopted thereunder. Rules and amendments shall
become binding as of the date specified in each rule or amendment.

5 B. If a majority of the legislatures of the member states rejects a rule, by enactment 6 of a statute or resolution in the same manner used to adopt the compact within four years 7 of the date of adoption of the rule, then such rule shall have no further force and effect in 8 any member state.

9 C. Rules or amendments to the rules shall be adopted at a regular or special 10 meeting of the commission.

D. Prior to promulgation and adoption of a final rule or rules by the commission, and at least thirty days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

14

1. On the website of the commission or other publicly accessible platform; and

2. On the website of each member state physical therapy licensing board or other
 publicly accessible platform or the publication in which each state would otherwise publish
 proposed rules.

18

E. The notice of proposed rulemaking shall include:

19 **1.** The proposed time, date, and location of the meeting in which the rule will be 20 considered and voted upon;

21 2. The text of the proposed rule or amendment and the reason for the proposed
 22 rule;

23

3. A request for comments on the proposed rule from any interested person; and

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

F. Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

G. The commission shall grant an opportunity for a public hearing before it adopts
 a rule or amendment if a hearing is requested by:

31

1. At least twenty-five persons;

32 **2.** A state or federal governmental subdivision or agency; or

33 **3.** An association having at least twenty-five members.

H. If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the commission shall publish the mechanism for access to the electronic hearing.

38 1. All persons wishing to be heard at the hearing shall notify the executive director 39 of the commission or other designated member in writing of their desire to appear and 40 testify at the hearing not less than five business days before the scheduled date of the 41 hearing.

42 **2.** Hearings shall be conducted in a manner providing each person who wishes to 43 comment a fair and reasonable opportunity to comment orally or in writing.

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

46 4. Nothing in this section shall be construed as requiring a separate hearing on each
47 rule. Rules may be grouped for the convenience of the commission at hearings required
48 by this section.

I. Following the scheduled hearing date, or by the close of business on the scheduled
 hearing date if the hearing was not held, the commission shall consider all written and oral
 comments received.

52 J. If no written notice of intent to attend the public hearing by interested parties 53 is received, the commission may proceed with promulgation of the proposed rule without 54 a public hearing.

55 K. The commission shall, by majority vote of all members, take final action on the 56 proposed rule and shall determine the effective date of the rule, if any, based on the 57 rulemaking record and the full text of the rule.

L. Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;

64 65

2. Prevent a loss of commission or member state funds;

66 **3. Meet a deadline for the promulgation of an administrative rule that is established** 67 **by federal law or rule; or** 

68

4. Protect public health and safety.

69 M. The commission or an authorized committee of the commission may direct 70 revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. 71 72 Public notice of any revisions shall be posted on the website of the commission. The 73 revision shall be subject to challenge by any person for a period of thirty days after 74 posting. The revision may be challenged only on grounds that the revision results in a 75 material change to a rule. A challenge shall be made in writing, and delivered to the chair 76 of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision 77 78 may not take effect without the approval of the commission.

334.1227. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

2 **A. Oversight** 

1. The executive, legislative, and judicial branches of state government in each
member state shall enforce this compact and take all actions necessary and appropriate to
effectuate the compact's purposes and intent. The provisions of this compact and the rules
promulgated hereunder shall have standing as statutory law.

2. All courts shall take judicial notice of the compact and the rules in any judicial
or administrative proceeding in a member state pertaining to the subject matter of this
compact which may affect the powers, responsibilities or actions of the commission.

3. The commission shall be entitled to receive service of process in any such
 proceeding, and shall have standing to intervene in such a proceeding for all purposes.
 Failure to provide service of process to the commission shall render a judgment or order
 void as to the commission, this compact, or promulgated rules.

14

B. Default, Technical Assistance, and Termination

15 **1.** If the commission determines that a member state has defaulted in the 16 performance of its obligations or responsibilities under this compact or the promulgated 17 rules, the commission shall:

a. Provide written notice to the defaulting state and other member states of the
 nature of the default, the proposed means of curing the default and/or any other action to
 be taken by the commission; and

21

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

22 2. If a state in default fails to cure the default, the defaulting state may be 23 terminated from the compact upon an affirmative vote of a majority of the member states, 24 and all rights, privileges and benefits conferred by this compact may be terminated on the 25 effective date of termination. A cure of the default does not relieve the offending state of 26 obligations or liabilities incurred during the period of default.

3. Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

4. A state that has been terminated is responsible for all assessments, obligations,
and liabilities incurred through the effective date of termination, including obligations that
extend beyond the effective date of termination.

5. The commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state.

6. The defaulting state may appeal the action of the commission by petitioning the United States District Court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

- 41 **C. Dispute Resolution**
- Upon request by a member state, the commission shall attempt to resolve
   disputes related to the compact that arise among member states and between member and
   nonmember states.
- 45 **2.** The commission shall promulgate a rule providing for both mediation and 46 binding dispute resolution for disputes as appropriate.
- 47 **D. Enforcement**

48 1. The commission, in the reasonable exercise of its discretion, shall enforce the
49 provisions and rules of this compact.

2. By majority vote, the commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

57 **3.** The remedies herein shall not be the exclusive remedies of the commission. The 58 commission may pursue any other remedies available under federal or state law.

334.1230. DATE OF IMPLEMENTATION OF THE INTERSTATE 2 COMMISSION FOR PHYSICAL THERAPY PRACTICE AND ASSOCIATED RULES, 3 WITHDRAWAL, AND AMENDMENT

A. The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

B. Any state that joins the compact subsequent to the commission's initial adoption
of the rules shall be subject to the rules as they exist on the date on which the compact
becomes law in that state. Any rule that has been previously adopted by the commission
shall have the full force and effect of law on the day the compact becomes law in that state.
C. Any member state may withdraw from this compact by enacting a statute

14 repealing the same.

15 **1.** A member state's withdrawal shall not take effect until six months after 16 enactment of the repealing statute.

Withdrawal shall not affect the continuing requirement of the withdrawing
 state's physical therapy licensing board to comply with the investigative and adverse action
 reporting requirements of this act prior to the effective date of withdrawal.

D. Nothing contained in this compact shall be construed to invalidate or prevent any physical therapy licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this compact.

E. This compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

#### 334.1233. CONSTRUCTION AND SEVERABILITY

2 This compact shall be liberally construed so as to effectuate the purposes thereof. 3 The provisions of this compact shall be severable and if any phrase, clause, sentence or 4 provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or 5 6 circumstance is held invalid, the validity of the remainder of this compact and the 7 applicability thereof to any government, agency, person or circumstance shall not be 8 affected thereby. If this compact shall be held contrary to the constitution of any party state, the compact shall remain in full force and effect as to the remaining party states and 9 in full force and effect as to the party state affected as to all severable matters. 10

335.203. 1. There is hereby established the "Nursing Education Incentive Program"within the [department of higher education] state board of nursing.

2. Subject to appropriation **and board disbursement**, grants shall be awarded through the nursing education incentive program to eligible institutions of higher education based on criteria jointly determined by the board and the department. Grant award amounts shall not exceed one hundred fifty thousand dollars. No campus shall receive more than one grant per year.

8 3. To be considered for a grant, an eligible institution of higher education shall offer a 9 program of nursing that meets the predetermined category and area of need as established by the 10 board and the department under subsection 4 of this section.

4. The board and the department shall determine categories and areas of need for
designating grants to eligible institutions of higher education. In establishing categories and
areas of need, the board and department may consider criteria including, but not limited to:

14 (1) Data generated from licensure renewal data and the department of health and senior 15 services: and

16

(2) National nursing statistical data and trends that have identified nursing shortages.

17 The [department] board shall be the administrative agency responsible for 5. implementation of the program established under sections 335.200 to 335.203, and shall 18 promulgate reasonable rules for the exercise of its functions and the effectuation of the purposes 19 of sections 335.200 to 335.203. The [department] board shall, by rule, prescribe the form, time, 20 21 and method of filing applications and shall supervise the processing of such applications.

22 6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created 23 under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section 24 25 and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule 26 27 are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2011, shall be invalid and void. 28

335.360. 1. The party states find that:

2 (1) The health and safety of the public are affected by the degree of compliance 3 with and the effectiveness of enforcement activities related to state nurse licensure laws;

4 (2) Violations of nurse licensure and other laws regulating the practice of nursing 5 may result in injury or harm to the public;

6 (3) The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater 7 coordination and cooperation among states in the areas of nurse licensure and regulation; 8

9 (4) New practice modalities and technology make compliance with individual state 10 nurse licensure laws difficult and complex;

11 (5) The current system of duplicative licensure for nurses practicing in multiple 12 states is cumbersome and redundant to both nurses and states; and

13 (6) Uniformity of nurse licensure requirements throughout the states promotes 14 public safety and public health benefits.

15

16

2. The general purposes of this compact are to:

(1) Facilitate the states' responsibility to protect the public's health and safety;

17 (2) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation: 18

19 (3) Facilitate the exchange of information between party states in the areas of nurse 20 regulation, investigation, and adverse actions;

21 (4) Promote compliance with the laws governing the practice of nursing in each 22 jurisdiction;

23 (5) Invest all party states with the authority to hold a nurse accountable for meeting 24 all state practice laws in the state in which the patient is located at the time care is rendered 25 through the mutual recognition of party state licenses;

26

(6) Decrease redundancies in the consideration and issuance of nurse licenses; and

27 (7) Provide opportunities for interstate practice by nurses who meet uniform 28 licensure requirements.

335.365. As used in this compact, the following terms shall mean:

2 (1) "Adverse action", any administrative, civil, equitable, or criminal action permitted by a state's laws which is imposed by a licensing board or other authority 3 4 against a nurse, including actions against an individual's license or multistate licensure 5 privilege such as revocation, suspension, probation, monitoring of the licensee, limitation 6 on the licensee's practice, or any other encumbrance on licensure affecting a nurse's 7 authorization to practice, including issuance of a cease and desist action;

8 (2) "Alternative program", a nondisciplinary monitoring program approved by a 9 licensing board;

10 (3) "Coordinated licensure information system", an integrated process for 11 collecting, storing, and sharing information on nurse licensure and enforcement activities 12 related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards; 13

14

(4) "Current significant investigative information":

15 (a) Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond, if required by state 16 law, has reason to believe is not groundless and, if proved true, would indicate more than 17 18 a minor infraction; or

19 (b) Investigative information that indicates that the nurse represents an immediate threat to public health and safety, regardless of whether the nurse has been notified and 20 21 had an opportunity to respond;

22 (5) "Encumbrance", a revocation or suspension of, or any limitation on, the full 23 and unrestricted practice of nursing imposed by a licensing board;

24

(6) "Home state", the party state which is the nurse's primary state of residence; 25 (7) "Licensing board", a party state's regulatory body responsible for issuing nurse 26 licenses;

27 (8) "Multistate license", a license to practice as a registered nurse, "RN", or a licensed practical or vocational nurse, "LPN" or "VN", issued by a home state licensing 28

29 board that authorizes the licensed nurse to practice in all party states under a multistate 30 licensure privilege;

31 (9) "Multistate licensure privilege", a legal authorization associated with a 32 multistate license permitting the practice of nursing as either an RN, LPN, or VN in a 33 remote state:

34 (10) "Nurse", an RN, LPN, or VN, as those terms are defined by each party state's 35 practice laws;

36

(11) "Party state", any state that has adopted this compact;

37

(12) "Remote state", a party state, other than the home state;

38 (13) "Single-state license", a nurse license issued by a party state that authorizes 39 practice only within the issuing state and does not include a multistate licensure privilege 40 to practice in any other party state;

(14) "State", a state, territory, or possession of the United States and the District 41 42 of Columbia;

43 (15) "State practice laws", a party state's laws, rules, and regulations that govern 44 the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. State practice laws do not include requirements necessary 45 46 to obtain and retain a license, except for qualifications or requirements of the home state. 47 335.370. 1. A multistate license to practice registered or licensed practical or 48 vocational nursing issued by a home state to a resident in that state shall be recognized by

each party state as authorizing a nurse to practice as a registered nurse, "RN", or as a 49 50 licensed practical or vocational nurse, "LPN" or "VN", under a multistate licensure 51 privilege, in each party state.

52 2. A state must implement procedures for considering the criminal history records 53 of applicants for initial multistate license or licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by 54 55 applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that 56 57 state's criminal records.

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3. Each party state shall require the following for an applicant to obtain or retain 59 a multistate license in the home state:

60 (1) Meets the home state's qualifications for licensure or renewal of licensure as 61 well as all other applicable state laws;

62 (2) (a) Has graduated or is eligible to graduate from a licensing board-approved 63 RN or LPN or VN prelicensure education program; or

39

64 (b) Has graduated from a foreign RN or LPN or VN prelicensure education 65 program that has been approved by the authorized accrediting body in the applicable 66 country and has been verified by an independent credentials review agency to be 67 comparable to a licensing board-approved prelicensure education program;

(3) Has, if a graduate of a foreign prelicensure education program not taught in
 English or if English is not the individual's native language, successfully passed an English
 proficiency examination that includes the components of reading, speaking, writing, and
 listening;

72 (4) Has successfully passed an NCLEX-RN or NCLEX-PN examination or 73 recognized predecessor, as applicable;

74

(5) Is eligible for or holds an active, unencumbered license;

75 (6) Has submitted, in connection with an application for initial licensure or 76 licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining 77 criminal history record information from the Federal Bureau of Investigation and the 78 agency responsible for retaining that state's criminal records;

79 (7) Has not been convicted or found guilty, or has entered into an agreed 80 disposition, of a felony offense under applicable state or federal criminal law;

81 (8) Has not been convicted or found guilty, or has entered into an agreed 82 disposition, of a misdemeanor offense related to the practice of nursing as determined on 83 a case-by-case basis;

84

## (9) Is not currently enrolled in an alternative program;

85 (10) Is subject to self-disclosure requirements regarding current participation in
 86 an alternative program; and

87

(11) Has a valid United States Social Security number.

4. All party states shall be authorized, in accordance with existing state due process law, to take adverse action against a nurse's multistate licensure privilege such as revocation, suspension, probation, or any other action that affects a nurse's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

5. A nurse practicing in a party state shall comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of the party state in which the client is located. The practice of nursing in a party state under a multistate licensure privilege shall subject a nurse to the 100 jurisdiction of the licensing board, the courts, and the laws of the party state in which the 101 client is located at the time service is provided.

6. Individuals not residing in a party state shall continue to be able to apply for a party state's single-state license as provided under the laws of each party state. However, the single-state license granted to these individuals shall not be recognized as granting the privilege to practice nursing in any other party state. Nothing in this compact shall affect the requirements established by a party state for the issuance of a single-state license.

107 7. Any nurse holding a home state multistate license on the effective date of this
 108 compact may retain and renew the multistate license issued by the nurse's then current
 109 home state, provided that:

(1) A nurse who changes primary state of residence after this compact's effective
date shall meet all applicable requirements as provided in subsection 3 of this section to
obtain a multistate license from a new home state;

(2) A nurse who fails to satisfy the multistate licensure requirements in subsection 3 of this section due to a disqualifying event occurring after this compact's effective date shall be ineligible to retain or renew a multistate license, and the nurse's multistate license shall be revoked or deactivated in accordance with applicable rules adopted by the Interstate Commission of Nurse Licensure Compact Administrators, commission.

335.375. 1. Upon application for a multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant, and whether the applicant is currently participating in an alternative program.

8 2. A nurse shall hold a multistate license, issued by the home state, in only one party
9 state at a time.

3. If a nurse changes primary state of residence by moving between two party states, the nurse shall apply for licensure in the new home state, and the multistate license issued by the prior home state shall be deactivated in accordance with applicable rules adopted by the commission.

14 (1) The nurse may apply for licensure in advance of a change in primary state of 15 residence.

16 (2) A multistate license shall not be issued by the new home state until the nurse 17 provides satisfactory evidence of a change in primary state of residence to the new home

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state and satisfies all applicable requirements to obtain a multistate license from the new 18 home state. 19

20 4. If a nurse changes primary state of residence by moving from a party state to a 21 non-party state, the multistate license issued by the prior home state shall convert to a 22 single-state license, valid only in the former home state.

335.380. 1. In addition to the other powers conferred by state law, a licensing 2 board shall have the authority to:

3 (1) Take adverse action against a nurse's multistate licensure privilege to practice 4 within that party state;

5 (a) Only the home state shall have the power to take adverse action against a 6 nurse's license issued by the home state;

7 (b) For purposes of taking adverse action, the home state licensing board shall give 8 the same priority and effect to reported conduct received from a remote state as it would 9 if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action; 10

11 (2) Issue cease and desist orders or impose an encumbrance on a nurse's authority 12 to practice within that party state;

13 (3) Complete any pending investigations of a nurse who changes primary state of 14 residence during the course of such investigations. The licensing board shall also have the 15 authority to take appropriate action and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The 16 administrator of the coordinated licensure information system shall promptly notify the 17 18 new home state of any such actions:

19 (4) Issue subpoenas for both hearings and investigations that require the 20 attendance and testimony of witnesses as well as the production of evidence. Subpoenas 21 issued by a licensing board in a party state for the attendance and testimony of witnesses 22 or the production of evidence from another party state shall be enforced in the latter state 23 by any court of competent jurisdiction according to the practice and procedure of that 24 court applicable to subpoenas issued in proceedings pending before it. The issuing 25 authority shall pay any witness fees, travel expenses, mileage, and other fees required by 26 the service statutes of the state in which the witnesses or evidence are located;

27 (5) Obtain and submit, for each nurse licensure applicant, fingerprint or other 28 biometric based information to the Federal Bureau of Investigation for criminal 29 background checks, receive the results of the Federal Bureau of Investigation record 30 search on criminal background checks, and use the results in making licensure decisions;

(6) If otherwise permitted by state law, recover from the affected nurse the costs
 of investigations and disposition of cases resulting from any adverse action taken against
 that nurse; and

34 (7) Take adverse action based on the factual findings of the remote state; provided
 35 that, the licensing board follows its own procedures for taking such adverse action.

2. If adverse action is taken by the home state against a nurse's multistate license, the nurse's multistate licensure privilege to practice in all other party states shall be deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders that impose adverse action against a nurse's multistate license shall include a statement that the nurse's multistate licensure privilege is deactivated in all party states during the pendency of the order.

3. Nothing in this compact shall override a party state's decision that participation
in an alternative program may be used in lieu of adverse action. The home state licensing
board shall deactivate the multistate licensure privilege under the multistate license of any
nurse for the duration of the nurse's participation in an alternative program.

335.385. 1. All party states shall participate in a coordinated licensure information
system of all licensed registered nurses, "RNs", and licensed practical or vocational nurses,
"LPNs" or "VNs". This system shall include information on the licensure and disciplinary
history of each nurse, as submitted by party states, to assist in the coordination of nurse
licensure and enforcement efforts.

6 2. The commission, in consultation with the administrator of the coordinated 7 licensure information system, shall formulate necessary and proper procedures for the 8 identification, collection, and exchange of information under this compact.

9 3. All licensing boards shall promptly report to the coordinated licensure 10 information system any adverse action, any current significant investigative information, 11 denials of applications with the reasons for such denials, and nurse participation in 12 alternative programs known to the licensing board regardless of whether such 13 participation is deemed nonpublic or confidential under state law.

4. Current significant investigative information and participation in nonpublic or
 confidential alternative programs shall be transmitted through the coordinated licensure
 information system only to party state licensing boards.

5. Notwithstanding any other provision of law, all party state licensing boards contributing information to the coordinated licensure information system may designate information that shall not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.

21 6. Any personally identifiable information obtained from the coordinated licensure 22 information system by a party state licensing board shall not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws 23 24 of the party state contributing the information. 25 7. Any information contributed to the coordinated licensure information system 26 that is subsequently required to be expunged by the laws of the party state contributing 27 that information shall also be expunged from the coordinated licensure information 28 system. 29 8. The compact administrator of each party state shall furnish a uniform data set

- 30 to the compact administrator of each other party state, which shall include, at a minimum:
- 31 (1) Identifying information;
- 32 (2) Licensure data;

33 (3) Information related to alternative program participation; and

(4) Other information that may facilitate the administration of this compact, as
 determined by commission rules.

36
 9. The compact administrator of a party state shall provide all investigative
 37 documents and information requested by another party state.

335.390. 1. The party states hereby create and establish a joint public entity known 2 as the "Interstate Commission of Nurse Licensure Compact Administrators".

3

(1) The commission is an instrumentality of the party states.

4 (2) Venue is proper, and judicial proceedings by or against the commission shall 5 be brought solely and exclusively in a court of competent jurisdiction where the principal 6 office of the commission is located. The commission may waive venue and jurisdictional 7 defenses to the extent it adopts or consents to participate in alternative dispute resolution 8 proceedings.

9 (3) Nothing in this compact shall be construed to be a waiver of sovereign 10 immunity.

11 2. (1) Each party state shall have and be limited to one administrator. The head 12 of the state licensing board or designee shall be the administrator of this compact for each 13 party state. Any administrator may be removed or suspended from office as provided by 14 the law of the state from which the administrator is appointed. Any vacancy occurring in 15 the commission shall be filled in accordance with the laws of the party state in which the 16 vacancy exists.

(2) Each administrator shall be entitled to one vote with regard to the promulgation
 of rules and creation of bylaws and shall otherwise have an opportunity to participate in
 the business and affairs of the commission. An administrator shall vote in person or by

20 such other means as provided in the bylaws. The bylaws may provide for an 21 administrator's participation in meetings by telephone or other means of communication.

(3) The commission shall meet at least once during each calendar year. Additional
 meetings shall be held as set forth in the bylaws or rules of the commission.

(4) All meetings shall be open to the public, and public notice of meetings shall be
 given in the same manner as required under the rulemaking provisions in section 335.395.

(5) The commission may convene in a closed, nonpublic meeting if the commission
 must discuss:

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(a) Noncompliance of a party state with its obligations under this compact;

(b) The employment, compensation, discipline, or other personnel matters,
 practices, or procedures related to specific employees, or other matters related to the
 commission's internal personnel practices and procedures;

(c) Current, threatened, or reasonably anticipated litigation;

33 (d) Negotiation of contracts for the purchase or sale of goods, services, or real
 34 estate;

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(e) Accusing any person of a crime or formally censuring any person;

36 (f) Disclosure of trade secrets or commercial or financial information that is
 37 privileged or confidential;

38 (g) Disclosure of information of a personal nature where disclosure would 39 constitute a clearly unwarranted invasion of personal privacy;

40 (h) Disclosure of investigatory records compiled for law enforcement purposes;

41 (i) Disclosure of information related to any reports prepared by or on behalf of the 42 commission for the purpose of investigation of compliance with this compact; or

43

(j) Matters specifically exempted from disclosure by federal or state statute.

44 (6) If a meeting, or portion of a meeting, is closed pursuant to subdivision (5) of this 45 subsection, the commission's legal counsel or designee shall certify that the meeting shall 46 be closed and shall reference each relevant exempting provision. The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall 47 48 provide a full and accurate summary of actions taken, and the reasons therefor, including 49 a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting 50 51 shall remain under seal, subject to release by a majority vote of the commission or order 52 of a court of competent jurisdiction.

3. The commission shall, by a majority vote of the administrators, prescribe bylaws
 or rules to govern its conduct as may be necessary or appropriate to carry out the purposes
 and exercise the powers of this compact including, but not limited to:

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56 (1) Establishing the fiscal year of the commission;

57 (2) Providing reasonable standards and procedures:

(a) For the establishment and meetings of other committees; and

59 (b) Governing any general or specific delegation of any authority or function of the 60 commission;

61 (3) Providing reasonable procedures for calling and conducting meetings of the 62 commission, ensuring reasonable advance notice of all meetings and providing an 63 opportunity for attendance of such meetings by interested parties, with enumerated 64 exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The commission may meet in closed 65 session only after a majority of the administrators vote to close a meeting in whole or in 66 67 part. As soon as practicable, the commission must make public a copy of the vote to close 68 the meeting revealing the vote of each administrator, with no proxy votes allowed;

69 (4) Establishing the titles, duties, and authority and reasonable procedures for the 70 election of the officers of the commission;

71 (5) Providing reasonable standards and procedures for the establishment of the 72 personnel policies and programs of the commission. Notwithstanding any civil service or 73 other similar laws of any party state, the bylaws shall exclusively govern the personnel 74 policies and programs of the commission; and

75 (6) Providing a mechanism for winding up the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of this 76 compact after the payment or reserving of all of its debts and obligations. 77

78 4. The commission shall publish its bylaws and rules, and any amendments thereto, 79 in a convenient form on the website of the commission.

80 5. The commission shall maintain its financial records in accordance with the 81 bylaws.

82 6. The commission shall meet and take such actions as are consistent with the 83 provisions of this compact and the bylaws.

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7. The commission shall have the following powers:

85 (1) To promulgate uniform rules to facilitate and coordinate implementation and 86 administration of this compact. The rules shall have the force and effect of law and shall 87 be binding in all party states;

88 (2) To bring and prosecute legal proceedings or actions in the name of the 89 commission; provided that, the standing of any licensing board to sue or be sued under 90 applicable law shall not be affected;

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(3) To purchase and maintain insurance and bonds;

92 (4) To borrow, accept, or contract for services of personnel including, but not
93 limited to, employees of a party state or nonprofit organizations;

94 (5) To cooperate with other organizations that administer state compacts related
 95 to the regulation of nursing including, but not limited to, sharing administrative or staff
 96 expenses, office space, or other resources;

97 (6) To hire employees, elect or appoint officers, fix compensation, define duties, 98 grant such individuals appropriate authority to carry out the purposes of this compact, and 99 to establish the commission's personnel policies and programs relating to conflicts of 100 interest, qualifications of personnel, and other related personnel matters;

101 (7) To accept any and all appropriate donations, grants and gifts of money, 102 equipment, supplies, materials, and services, and to receive, utilize, and dispose of the 103 same; provided that, at all times the commission shall avoid any appearance of impropriety 104 or conflict of interest;

(8) To lease, purchase, accept appropriate gifts or donations of, or otherwise to
 own, hold, improve, or use, any property, whether real, personal, or mixed; provided that,
 at all times the commission shall avoid any appearance of impropriety;

108 (9) To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise 109 dispose of any property, whether real, personal, or mixed;

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(10) To establish a budget and make expenditures;

111 (11) To borrow money;

(12) To appoint committees, including advisory committees comprised of
 administrators, state nursing regulators, state legislators or their representatives, consumer
 representatives, and other such interested persons;

115 (13) To provide and receive information from, and to cooperate with, law 116 enforcement agencies;

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(14) To adopt and use an official seal; and

(15) To perform such other functions as may be necessary or appropriate to achieve
 the purposes of this compact consistent with the state regulation of nurse licensure and
 practice.

121 **8. (1)** The commission shall pay, or provide for the payment of, the reasonable 122 expenses of its establishment, organization, and ongoing activities.

(2) The commission may also levy on and collect an annual assessment from each party state to cover the cost of its operations, activities, and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule that is binding upon all party states.

(3) The commission shall not incur obligations of any kind prior to securing the
 funds adequate to meet the same; nor shall the commission pledge the credit of any of the
 party states, except by and with the authority of such party state.

(4) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the commission.

137 9. The administrators, officers, executive director, employees, and (1) 138 representatives of the commission shall be immune from suit and liability, either personally 139 or in their official capacity, for any claim for damage to or loss of property, personal 140 injury, or other civil liability caused by or arising out of any actual or alleged act, error, 141 or omission that occurred, or that the person against whom the claim is made had a 142 reasonable basis for believing occurred, within the scope of commission employment, 143 duties, or responsibilities; provided that, nothing in this paragraph shall be construed to 144 protect any such person from suit or liability for any damage, loss, injury, or liability 145 caused by the intentional, willful, or wanton misconduct of that person.

146 (2) The commission shall defend any administrator, officer, executive director, 147 employee, or representative of the commission in any civil action seeking to impose liability 148 arising out of any actual or alleged act, error, or omission that occurred within the scope 149 of commission employment, duties, or responsibilities, or that the person against whom the 150 claim is made had a reasonable basis for believing occurred within the scope of commission 151 employment, duties, or responsibilities; provided that, nothing herein shall be construed 152 to prohibit that person from retaining his or her own counsel; and provided further that 153 the actual or alleged act, error, or omission did not result from that person's intentional, 154 willful, or wanton misconduct.

155 (3) The commission shall indemnify and hold harmless any administrator, officer, 156 executive director, employee, or representative of the commission for the amount of any 157 settlement or judgment obtained against that person arising out of any actual or alleged 158 act, error, or omission that occurred within the scope of commission employment, duties, 159 or responsibilities, or that such person had a reasonable basis for believing occurred within 160 the scope of commission employment, duties, or responsibilities; provided that, the actual 161 or alleged act, error, or omission did not result from the intentional, willful, or wanton 162 misconduct of that person.

335.395. 1. The commission shall exercise its rulemaking powers pursuant to the 2 criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the 3 4 same force and effect as provisions of this compact. 5 2. Rules or amendments to the rules shall be adopted at a regular or special meeting 6 of the commission. 7 3. Prior to promulgation and adoption of a final rule or rules by the commission, 8 and at least sixty days in advance of the meeting at which the rule shall be considered and 9 voted upon, the commission shall file a notice of proposed rulemaking: 10 (1) On the website of the commission; and 11 (2) On the website of each licensing board or the publication in which each state 12 would otherwise publish proposed rules. 13 4. The notice of proposed rulemaking shall include: 14 (1) The proposed time, date, and location of the meeting in which the rule shall be 15 considered and voted upon; 16 (2) The text of the proposed rule or amendment, and the reason for the proposed 17 rule; 18 (3) A request for comments on the proposed rule from any interested person; 19 (4) The manner in which interested persons may submit notice to the commission 20 of their intention to attend the public hearing and any written comments. 21 5. Prior to adoption of a proposed rule, the commission shall allow persons to 22 submit written data, facts, opinions, and arguments, which shall be made available to the 23 public. 24 6. The commission shall grant an opportunity for a public hearing before it adopts 25 a rule or amendment. 26 7. The commission shall publish the place, time, and date of the scheduled public 27 hearing. 28 (1) Hearings shall be conducted in a manner providing each person who wishes to 29 comment a fair and reasonable opportunity to comment orally or in writing. All hearings 30 shall be recorded, and a copy shall be made available upon request. 31 (2) Nothing in this section shall be construed as requiring a separate hearing on 32 each rule. Rules may be grouped for the convenience of the commission at hearings 33 required by this section. 34 8. If no one appears at the public hearing, the commission may proceed with 35 promulgation of the proposed rule.

9. Following the scheduled hearing date, or by the close of business on the
scheduled hearing date if the hearing was not held, the commission shall consider all
written and oral comments received.

10. The commission shall, by majority vote of all administrators, take final action
on the proposed rule and shall determine the effective date of the rule, if any, based on the
rulemaking record and the full text of the rule.

11. Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing; provided that, the usual rulemaking procedures provided in this compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that shall be adopted immediately in order to:

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(1) Meet an imminent threat to public health, safety, or welfare;

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(2) Prevent a loss of commission or party state funds; or

(3) Meet a deadline for the promulgation of an administrative rule that is required
 by federal law or rule.

52 12. The commission may direct revisions to a previously adopted rule or 53 amendment for purposes of correcting typographical errors, errors in format, errors in 54 consistency, or grammatical errors. Public notice of any revisions shall be posted on the 55 website of the commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision shall be challenged only on grounds that 56 the revision results in a material change to a rule. A challenge shall be made in writing and 57 58 delivered to the commission prior to the end of the notice period. If no challenge is made, the revision shall take effect without further action. If the revision is challenged, the 59 revision shall not take effect without the approval of the commission. 60

335.400. 1. (1) Each party state shall enforce this compact and take all actions2 necessary and appropriate to effectuate this compact's purposes and intent.

3 (2) The commission shall be entitled to receive service of process in any proceeding 4 that may affect the powers, responsibilities, or actions of the commission, and shall have 5 standing to intervene in such a proceeding for all purposes. Failure to provide service of 6 process in such proceeding to the commission shall render a judgment or order void as to 7 the commission, this compact, or promulgated rules.

8 2. (1) If the commission determines that a party state has defaulted in the 9 performance of its obligations or responsibilities under this compact or the promulgated 10 rules, the commission shall: 11 (a) Provide written notice to the defaulting state and other party states of the 12 nature of the default, the proposed means of curing the default, or any other action to be taken by the commission; and 13

14 (b) Provide remedial training and specific technical assistance regarding the 15 default.

16 (2) If a state in default fails to cure the default, the defaulting state's membership in this compact shall be terminated upon an affirmative vote of a majority of the 17 18 administrators, and all rights, privileges, and benefits conferred by this compact shall be 19 terminated on the effective date of termination. A cure of the default does not relieve the 20 offending state of obligations or liabilities incurred during the period of default.

21 (3) Termination of membership in this compact shall be imposed only after all other 22 means of securing compliance have been exhausted. Notice of intent to suspend or 23 terminate shall be given by the commission to the governor of the defaulting state, to the 24 executive officer of the defaulting state's licensing board, and each of the party states.

(4) A state whose membership in this compact has been terminated is responsible 26 for all assessments, obligations, and liabilities incurred through the effective date of 27 termination, including obligations that extend beyond the effective date of termination.

28 (5) The commission shall not bear any costs related to a state that is found to be in 29 default or whose membership in this compact has been terminated unless agreed upon in 30 writing between the commission and the defaulting state.

31 (6) The defaulting state may appeal the action of the commission by petitioning the 32 United States District Court for the District of Columbia or the federal district in which 33 the commission has its principal offices. The prevailing party shall be awarded all costs 34 of such litigation, including reasonable attorneys' fees.

35 3. (1) Upon request by a party state, the commission shall attempt to resolve 36 disputes related to the compact that arise among party states and between party and non-37 party states.

38 (2) The commission shall promulgate a rule providing for both mediation and 39 binding dispute resolution for disputes, as appropriate.

40 (3) In the event the commission cannot resolve disputes among party states arising 41 under this compact:

42 (a) The party states shall submit the issues in dispute to an arbitration panel, which 43 shall be comprised of individuals appointed by the compact administrator in each of the 44 affected party states and an individual mutually agreed upon by the compact 45 administrators of all the party states involved in the dispute.

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(b) The decision of a majority of the arbitrators shall be final and binding.

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47 **4. (1)** The commission, in the reasonable exercise of its discretion, shall enforce the 48 provisions and rules of this compact.

49 (2) By majority vote, the commission may initiate legal action in the United States 50 District Court for the District of Columbia or the federal district in which the commission 51 has its principal offices against a party state that is in default to enforce compliance with 52 the provisions of this compact and its promulgated rules and bylaws. The relief sought 53 may include both injunctive relief and damages. In the event judicial enforcement is 54 necessary, the prevailing party shall be awarded all costs of such litigation, including 55 reasonable attorneys' fees.

(3) The remedies herein shall not be the exclusive remedies of the commission. The
 commission may pursue any other remedies available under federal or state law.

335.405. 1. This compact shall become effective and binding on the earlier of the date of legislative enactment of this compact into law by no less than twenty-six states or December 31, 2018. All party states to this compact that also were parties to the prior Nurse Licensure Compact superseded by this compact "prior compact" shall be deemed to have withdrawn from said prior compact within six months after the effective date of this compact.

2. Each party state to this compact shall continue to recognize a nurse's multistate
licensure privilege to practice in that party state issued under the prior compact until such
party state has withdrawn from the prior compact.

3. Any party state may withdraw from this compact by enacting a statute repealing
 the same. A party state's withdrawal shall not take effect until six months after enactment
 of the repealing statute.

4. A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring prior to the effective date of such withdrawal or termination.

17 5. Nothing contained in this compact shall be construed to invalidate or prevent any
 18 nurse licensure agreement or other cooperative arrangement between a party state and a
 19 non-party state that is made in accordance with the other provisions of this compact.

6. This compact may be amended by the party states. No amendment to this compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

7. Representatives of non-party states to this compact shall be invited to participate
 in the activities of the commission on a nonvoting basis prior to the adoption of this
 compact by all states.

**335.410.** This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, 2 sentence, or provision of this compact is declared to be contrary to the constitution of any 3 4 party state or of the United States or the applicability thereof to any government, agency, 5 person, or circumstance is held invalid, the validity of the remainder of this compact and 6 the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any party 7 8 state, this compact shall remain in full force and effect as to the remaining party states and 9 in full force and effect as to the party state affected as to all severable matters.

335.415. 1. The term "head of the nurse licensing board" as referred to in section
335.390 of this compact shall mean the executive director of the Missouri state board of
nursing.

4 **2.** This compact is designed to facilitate the regulation of nurses, and does not 5 relieve employers from complying with statutorily imposed obligations.

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This compact does not supersede existing state labor laws.
 336.020. It shall be unlawful for any person to practice, to attempt to practice, or to offer

to practice optometry, or to be employed by any person, corporation, partnership, association, 2 3 or other entity that practice or attempts to practice without a license as an optometrist issued by the board. Nothing in this section shall be construed to prohibit a person licensed or registered 4 5 under chapter 334 whose license is in good standing from acting within the scope of his or her practice or a person licensed as an optometrist in any state to serve as an expert witness in a civil, 6 criminal, or administrative proceeding or optometry students in any accredited optometry 7 8 school from training in the practice of optometry under the direct supervision of a 9 physician licensed under chapter 334 or an optometrist licensed under chapter 336.

621.280. 1. For any new board or commission created after July 1, 2016, and charged with regulating or licensing an occupation or profession, those practitioners actively engaged in the newly regulated occupation or profession for at least one year prior to the effective date of the regulatory statute shall have a property right in their continued legal ability to engage in their occupation or profession.

6 2. Any decision of a newly created board or commission to refuse licensure to a 7 preexisting practitioner shall be in writing, shall inform the preexisting practitioner of the 8 specific reasons for the denial, and shall inform the preexisting practitioner of their right 9 to appeal before a neutral decision-maker at the administrative hearing commission. Any 10 preexisting practitioner denied licensure shall have the right to file an appeal to the 11 administrative hearing commission on their license denial within thirty days after the 12 decision of the newly created board or commission. If the preexisting practitioner does not

timely appeal, their right to continue practicing the occupation or profession shall extinguish immediately. In the event of a timely appeal, the preexisting practitioner's right to practice their occupation or profession shall continue until a final decision of the administrative hearing commission. The burden of proof in any hearing under this section shall be on the new board or commission to show that the preexisting practitioner does not meet the requirements of the new regulatory regime.

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[335.300. 1. The party states find that:

(1) The health and safety of the public are affected by the degree of 2 compliance with and the effectiveness of enforcement activities related to state 3 4 nurse licensure laws; 5 (2) Violations of nurse licensure and other laws regulating the practice 6 of nursing may result in injury or harm to the public; 7 The expanded mobility of nurses and the use of advanced (3)8 communication technologies as part of our nation's health care delivery system 9 require greater coordination and cooperation among states in the areas of nurse licensure and regulation; 10 (4) New practice modalities and technology make compliance with 11 individual state nurse licensure laws difficult and complex; 12 13 (5) The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant to both nurses and states. 14 2. The general purposes of this compact are to: 15 (1) Facilitate the states' responsibility to protect the public's health and 16 17 safety; 18 (2) Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation; 19 (3) Facilitate the exchange of information between party states in the 20 21 areas of nurse regulation, investigation, and adverse actions; 22 (4) Promote compliance with the laws governing the practice of nursing in each jurisdiction; 23 24 (5) Invest all party states with the authority to hold a nurse accountable 25 for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses.] 26 27 [335.305. As used in this compact, the following terms shall mean: 2 (1) "Adverse action", a home or remote state action; 3 (2) "Alternative program", a voluntary, nondisciplinary monitoring 4 program approved by a nurse licensing board; 5 (3) "Coordinated licensure information system", an integrated process for 6 collecting, storing, and sharing information on nurse licensure and enforcement 7 activities related to nurse licensure laws, which is administered by a nonprofit 8 organization composed of and controlled by state nurse licensing boards;

9 (4) "Current significant investigative information": 10 (a) Investigative information that a licensing board, after a preliminary 11 inquiry that includes notification and an opportunity for the nurse to respond if 12 required by state law, has reason to believe is not groundless and, if proved true, 13 would indicate more than a minor infraction; or 14 (b) Investigative information that indicates that the nurse represents an 15 immediate threat to public health and safety regardless of whether the nurse has 16 been notified and had an opportunity to respond; (5) "Home state", the party state that is the nurse's primary state of 17 18 residence: 19 (6) "Home state action", any administrative, civil, equitable, or criminal 20 action permitted by the home state's laws that are imposed on a nurse by the 21 home state's licensing board or other authority including actions against an 22 individual's license such as: revocation, suspension, probation, or any other 23 action affecting a nurse's authorization to practice; (7) "Licensing board", a party state's regulatory body responsible for 24 25 issuing nurse licenses: 26 (8) "Multistate licensing privilege", current, official authority from a 27 remote state permitting the practice of nursing as either a registered nurse or a 28 licensed practical/vocational nurse in such party state. All party states have the 29 authority, in accordance with existing state due process law, to take actions 30 against the nurse's privilege such as: revocation, suspension, probation, or any 31 other action that affects a nurse's authorization to practice; 32 (9) "Nurse", a registered nurse or licensed/vocational nurse, as those 33 terms are defined by each state's practice laws; 34 (10) "Party state", any state that has adopted this compact; 35 (11) "Remote state", a party state, other than the home state: 36 (a) Where a patient is located at the time nursing care is provided; or 37 (b) In the case of the practice of nursing not involving a patient, in such 38 party state where the recipient of nursing practice is located; 39 (12) "Remote state action": 40 (a) Any administrative, civil, equitable, or criminal action permitted by 41 a remote state's laws which are imposed on a nurse by the remote state's licensing board or other authority including actions against an individual's multistate 42 licensure privilege to practice in the remote state; and 43 44 (b) Cease and desist and other injunctive or equitable orders issued by 45 remote states or the licensing boards thereof; (13) "State", a state, territory, or possession of the United States, the 46 District of Columbia, or the Commonwealth of Puerto Rico; 47 48 (14) "State practice laws", those individual party's state laws and 49 regulations that govern the practice of nursing, define the scope of nursing 50 practice, and create the methods and grounds for imposing discipline. State 51 practice laws does not include the initial qualifications for licensure or

requirements necessary to obtain and retain a license, except for qualifications or
 requirements of the home state.]

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[335.310. 1. A license to practice registered nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in such party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in such party state. In order to obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal as well as all other applicable state laws.

2. Party states may, in accordance with state due process laws, limit or
 revoke the multistate licensure privilege of any nurse to practice in their state and
 may take any other actions under their applicable state laws necessary to protect
 the health and safety of their citizens. If a party state takes such action, it shall
 promptly notify the administrator of the coordinated licensure information
 system. The administrator of the coordinated licensure information system shall
 promptly notify the home state of any such actions by remote states.

3. Every nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of a party state. The practice of nursing will subject a nurse to the jurisdiction of the nurse licensing board and the courts, as well as the laws, in that party state.

4. This compact does not affect additional requirements imposed by
 states for advanced practice registered nursing. However, a multistate licensure
 privilege to practice registered nursing granted by a party state shall be
 recognized by other party states as a license to practice registered nursing if one
 is required by state law as a precondition for qualifying for advanced practice
 registered nurse authorization.

5. Individuals not residing in a party state shall continue to be able to
apply for nurse licensure as provided for under the laws of each party state.
However, the license granted to these individuals will not be recognized as
granting the privilege to practice nursing in any other party state unless explicitly
agreed to by that party state.]

[335.315. 1. Upon application for a license, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any restrictions on the multistate licensure privilege, and whether any other adverse action by any state has been taken against the license.

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2. A nurse in a party state shall hold licensure in only one party state at a time, issued by the home state.

3. A nurse who intends to change primary state of residence may apply
for licensure in the new home state in advance of such change. However, new
licenses will not be issued by a party state until after a nurse provides evidence
of change in primary state of residence satisfactory to the new home state's
licensing board.

4. When a nurse changes primary state of residence by:

(1) Moving between two party states, and obtains a license from the new
home state, the license from the former home state is no longer valid;

17 (2) Moving from a nonparty state to a party state, and obtains a license 18 from the new home state, the individual state license issued by the nonparty state 19 is not affected and will remain in full force if so provided by the laws of the 20 nonparty state;

(3) Moving from a party state to a nonparty state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.]

[335.320. In addition to the general provisions described in article III of this compact, the following provisions apply:

3 (1) The licensing board of a remote state shall promptly report to the 4 administrator of the coordinated licensure information system any remote state 5 actions including the factual and legal basis for such action, if known. The 6 licensing board of a remote state shall also promptly report any significant current 7 investigative information yet to result in a remote state action. The administrator 8 of the coordinated licensure information system shall promptly notify the home 9 state of any such reports;

10 (2) The licensing board of a party state shall have the authority to 11 complete any pending investigations for a nurse who changes primary state of 12 residence during the course of such investigations. It shall also have the authority 13 to take appropriate actions, and shall promptly report the conclusions of such 14 investigations to the administrator of the coordinated licensure information 15 system. The administrator of the coordinated licensure information 16 promptly notify the new home state of any such actions;

17 (3) A remote state may take adverse action affecting the multistate
18 licensure privilege to practice within that party state. However, only the home
19 state shall have the power to impose adverse action against the license issued by
20 the home state;

(4) For purposes of imposing adverse action, the licensing board of the
 home state shall give the same priority and effect to reported conduct received
 from a remote state as it would if such conduct had occurred within the home

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state, in so doing, it shall apply its own state laws to determine appropriateaction;

(5) The home state may take adverse action based on the factual findings
of the remote state, so long as each state follows its own procedures for imposing
such adverse action;

(6) Nothing in this compact shall override a party state's decision that
participation in an alternative program may be used in lieu of licensure action and
that such participation shall remain nonpublic if required by the party state's laws.
Party states must require nurses who enter any alternative programs to agree not
to practice in any other party state during the term of the alternative program
without prior authorization from such other party state.]

[335.325. Notwithstanding any other powers, party state nurse licensing boards shall have the authority to:

(1) If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse;

6 (2) Issue subpoenas for both hearings and investigations which require 7 the attendance and testimony of witnesses, and the production of evidence. 8 Subpoenas issued by a nurse licensing board in a party state for the attendance 9 and testimony of witnesses, and/or the production of evidence from another party 10 state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas 11 12 issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service 13 statutes of the state where the witnesses and evidence are located; 14

(3) Issue cease and desist orders to limit or revoke a nurse's authority to
practice in their state;

17 (4) Promulgate uniform rules and regulations as provided for in18 subsection 3 of section 335.335.]

[335.330. 1. All party states shall participate in a cooperative effort to create a coordinated database of all licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.

6 2. Notwithstanding any other provision of law, all party states' licensing 7 boards shall promptly report adverse actions, actions against multistate licensure 8 privileges, any current significant investigative information yet to result in 9 adverse action, denials of applications, and the reasons for such denials to the 10 coordinated licensure information system.

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Current significant investigative information shall be transmitted
 through the coordinated licensure information system only to party state licensing
 boards.

4. Notwithstanding any other provision of law, all party states' licensing
boards contributing information to the coordinated licensure information system
may designate information that may not be shared with nonparty states or
disclosed to other entities or individuals without the express permission of the
contributing state.

5. Any personally identifiable information obtained by a party state's licensing board from the coordinated licensure information system may not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

6. Any information contributed to the coordinated licensure information
 system that is subsequently required to be expunged by the laws of the party state
 contributing that information shall also be expunged from the coordinated
 licensure information system.

7. The compact administrators, acting jointly with each other and in
consultation with the administrator of the coordinated licensure information
system, shall formulate necessary and proper procedures for the identification,
collection, and exchange of information under this compact.]

[335.335. 1. The head of the nurse licensing board, or his/her designee, of each party state shall be the administrator of this compact for his/her state.

2. The compact administrator of each party shall furnish to the compact administrator of each other party state any information and documents including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information to facilitate the administration of this compact.

8 3. Compact administrators shall have the authority to develop uniform 9 rules to facilitate and coordinate implementation of this compact. These uniform 10 rules shall be adopted by party states, under the authority invested under 11 subsection 4 of section 335.325.]

[335.340. No party state or the officers or employees or agents of a party state's nurse licensing board who acts in accordance with the provisions of this compact shall be liable on account of any act or omission in good faith while engaged in the performance of their duties under this compact. Good faith in this article shall not include willful misconduct, gross negligence, or recklessness.]

[335.345. 1. This compact shall enter into force and become effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this compact by enacting a statute repealing the same, but no

- such withdrawal shall take effect until six months after the withdrawing state has given notice of the withdrawal to the executive heads of all other party states.
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2. No withdrawal shall affect the validity or applicability by the licensing boards of states remaining party to the compact of any report of adverse action occurring prior to the withdrawal.

9 3. Nothing contained in this compact shall be construed to invalidate or 10 prevent any nurse licensure agreement or other cooperative arrangement between 11 a party state and a non-party state that is made in accordance with the other 12 provisions of this compact.

4. This compact may be amended by the party states. No amendment to
this compact shall become effective and binding upon the party states unless and
until it is enacted into the laws of all party states.]

[335.350. 1. This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if 2 any phrase, clause, sentence, or provision of this compact is declared to be 3 4 contrary to the constitution of any party state or of the United States or the 5 applicability thereof to any government, agency, person, or circumstance is held 6 invalid, the validity of the remainder of this compact and the applicability thereof 7 to any government, agency, person, or circumstance shall not be affected thereby. 8 If this compact shall be held contrary to the constitution of any state party thereto, 9 the compact shall remain in full force and effect as to the remaining party states 10 and in full force and effect as to the party state affected as to all severable 11 matters.

12 2. In the event party states find a need for settling disputes arising underthis compact:

(1) The party states may submit the issues in dispute to an arbitration
panel which will be comprised of an individual appointed by the compact
administrator in the home state, an individual appointed by the compact
administrator in the remote states involved, and an individual mutually agreed
upon by the compact administrators of all the party states involved in the dispute;

19 (2) The decision of a majority of the arbitrators shall be final and20 binding.]

[335.355. 1. The term "head of the nurse licensing board" as referred to
in article VIII of this compact shall mean the executive director of the Missouri
state board of nursing.

2. A person who is extended the privilege to practice in this state pursuant to the nurse licensure compact is subject to discipline by the board, as set forth in this chapter, for violation of this chapter or the rules and regulations promulgated herein. A person extended the privilege to practice in this state pursuant to the nurse licensure compact shall be subject to adhere to all

9 requirements of this chapter, as if such person were originally licensed in this10 state.

3. Sections 335.300 to 335.355 are applicable only to nurses whose home
 states are determined by the Missouri state board of nursing to have licensure
 requirements that are substantially equivalent or more stringent than those of
 Missouri.

4. This compact is designed to facilitate the regulation of nurses, and
 does not relieve employers from complying with statutorily imposed obligations.

17 18 5. This compact does not supercede existing state labor laws.]

Section B. The repeal of sections 335.300 to 335.355 and the enactment of sections 335.360 to 335.415 of this act shall become effective on December 31, 2018, or upon the enactment of sections 335.360 to 335.415 of this act by no less than twenty-six states and notification of such enactment to the revisor of statutes by the Interstate Commission of Nurse Licensure Compact Administrators, whichever occurs first.

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