

SENATE BILL NO. 79

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHROER.

0644S.01H

KRISTINA MARTIN, Secretary

AN ACT

To repeal sections 190.098, 190.600, 190.603, 190.606, 190.609, 190.612, 190.615, 191.940, 191.1145, 191.1146, 193.015, 195.070, 195.100, 208.152, 334.037, 334.104, 334.108, 334.735, 334.810, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 338.198, 630.175, and 630.875, RSMo, and to enact in lieu thereof thirty-two new sections relating to nurses.

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

Section A. Sections 190.098, 190.600, 190.603, 190.606, 190.609, 190.612, 190.615, 191.940, 191.1145, 191.1146, 193.015, 195.070, 195.100, 208.152, 334.037, 334.104, 334.108, 334.735, 334.810, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, 335.175, 338.198, 630.175, and 630.875, RSMo, are repealed and thirty-two new sections enacted in lieu thereof, to be known as sections 190.098, 190.600, 190.603, 190.606, 190.609, 190.612, 190.615, 191.940, 191.1145, 191.1146, 193.015, 195.070, 195.100, 208.152, 334.037, 334.104, 334.108, 334.735, 334.810, 335.016, 335.019, 335.036, 335.046, 335.049, 335.051, 335.056, 335.076, 335.086, 335.175, 338.198, 630.175, and 630.875, to read as follows:

190.098. 1. In order for a person to be eligible for certification by the department as a community paramedic, an individual shall:

(1) Be currently certified as a paramedic;

(2) Successfully complete or have successfully

completed a community paramedic certification program from a

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

7 college, university, or educational institution that has
8 been approved by the department or accredited by a national
9 accreditation organization approved by the department; and

10 (3) Complete an application form approved by the
11 department.

12 2. A community paramedic shall practice in accordance
13 with protocols and supervisory standards established by the
14 medical director. A community paramedic shall provide
15 services of a health care plan if the plan has been
16 developed by the patient's physician [or], by [an] the
17 **patient's** advanced practice registered nurse [through a
18 collaborative practice arrangement with a physician], or **by**
19 a physician assistant through a collaborative practice
20 arrangement with a physician and there is no duplication of
21 services to the patient from another provider.

22 3. Any ambulance service shall enter into a written
23 contract to provide community paramedic services in another
24 ambulance service area, as that term is defined in section
25 190.100. The contract that is agreed upon may be for an
26 indefinite period of time, as long as it includes at least a
27 sixty-day cancellation notice by either ambulance service.

28 4. A community paramedic is subject to the provisions
29 of sections 190.001 to 190.245 and rules promulgated under
30 sections 190.001 to 190.245.

31 5. No person shall hold himself or herself out as a
32 community paramedic or provide the services of a community
33 paramedic unless such person is certified by the department.

34 6. The medical director shall approve the
35 implementation of the community paramedic program.

36 7. Any rule or portion of a rule, as that term is
37 defined in section 536.010, that is created under the
38 authority delegated in this section shall become effective

39 only if it complies with and is subject to all of the
40 provisions of chapter 536 and, if applicable, section
41 536.028. This section and chapter 536 are nonseverable and
42 if any of the powers vested with the general assembly
43 pursuant to chapter 536 to review, to delay the effective
44 date, or to disapprove and annul a rule are subsequently
45 held unconstitutional, then the grant of rulemaking
46 authority and any rule proposed or adopted after August 28,
47 2013, shall be invalid and void.

190.600. 1. Sections 190.600 to 190.621 shall be
2 known and may be cited as the "Outside the Hospital Do-Not-
3 Resuscitate Act".

4 2. As used in sections 190.600 to 190.621, unless the
5 context clearly requires otherwise, the following terms
6 shall mean:

7 (1) "Attending physician **or advanced practice**
8 **registered nurse**":

9 (a) A physician licensed under chapter 334 **or advanced**
10 **practice registered nurse, as defined in section 335.016,**
11 selected by or assigned to a patient who has primary
12 responsibility for treatment and care of the patient; or

13 (b) If more than one physician **or advanced practice**
14 **registered nurse** shares responsibility for the treatment and
15 care of a patient, one such physician **or advanced practice**
16 **registered nurse** who has been designated the attending
17 physician **or advanced practice registered nurse** by the
18 patient or the patient's representative shall serve as the
19 attending physician **or advanced practice registered nurse**;

20 (2) "Cardiopulmonary resuscitation" or "CPR",
21 emergency medical treatment administered to a patient in the
22 event of the patient's cardiac or respiratory arrest, and
23 shall include cardiac compression, endotracheal intubation

24 and other advanced airway management, artificial
25 ventilation, defibrillation, administration of cardiac
26 resuscitation medications, and related procedures;

27 (3) "Department", the department of health and senior
28 services;

29 (4) "Emergency medical services personnel", paid or
30 volunteer firefighters, law enforcement officers, first
31 responders, emergency medical technicians, or other
32 emergency service personnel acting within the ordinary
33 course and scope of their professions, but excluding
34 physicians **and advanced practice registered nurses**;

35 (5) "Health care facility", any institution, building,
36 or agency or portion thereof, private or public, excluding
37 federal facilities and hospitals, whether organized for
38 profit or not, used, operated, or designed to provide health
39 services, medical treatment, or nursing, rehabilitative, or
40 preventive care to any person or persons. Health care
41 facility includes but is not limited to ambulatory surgical
42 facilities, health maintenance organizations, home health
43 agencies, hospices, infirmaries, renal dialysis centers,
44 long-term care facilities licensed under sections 198.003 to
45 198.186, medical assistance facilities, mental health
46 centers, outpatient facilities, public health centers,
47 rehabilitation facilities, and residential treatment
48 facilities;

49 (6) "Hospital", a place devoted primarily to the
50 maintenance and operation of facilities for the diagnosis,
51 treatment, or care for not less than twenty-four consecutive
52 hours in any week of three or more nonrelated individuals
53 suffering from illness, disease, injury, deformity, or other
54 abnormal physical conditions; or a place devoted primarily
55 to provide for not less than twenty-four consecutive hours

56 in any week medical or nursing care for three or more
57 nonrelated individuals. Hospital does not include any long-
58 term care facility licensed under sections 198.003 to
59 198.186;

60 (7) "Outside the hospital do-not-resuscitate
61 identification" or "outside the hospital DNR
62 identification", a standardized identification card,
63 bracelet, or necklace of a single color, form, and design as
64 described by rule of the department that signifies that the
65 patient's attending physician **or advanced practice**
66 **registered nurse** has issued an outside the hospital do-not-
67 resuscitate order for the patient and has documented the
68 grounds for the order in the patient's medical file;

69 (8) "Outside the hospital do-not-resuscitate order" or
70 "outside the hospital DNR order", a written physician's **or**
71 **advanced practice registered nurse's** order signed by the
72 patient and the attending physician **or advanced practice**
73 **registered nurse**, or the patient's representative and the
74 attending physician **or advanced practice registered nurse**,
75 in a form promulgated by rule of the department which
76 authorizes emergency medical services personnel to withhold
77 or withdraw cardiopulmonary resuscitation from the patient
78 in the event of cardiac or respiratory arrest;

79 (9) "Outside the hospital do-not-resuscitate protocol"
80 or "outside the hospital DNR protocol", a standardized
81 method or procedure promulgated by rule of the department
82 for the withholding or withdrawal of cardiopulmonary
83 resuscitation by emergency medical services personnel from a
84 patient in the event of cardiac or respiratory arrest;

85 (10) "Patient", a person eighteen years of age or
86 older who is not incapacitated, as defined in section
87 475.010, and who is otherwise competent to give informed

88 consent to an outside the hospital do-not-resuscitate order
89 at the time such order is issued, and who, with his or her
90 attending physician **or advanced practice registered nurse**,
91 has executed an outside the hospital do-not-resuscitate
92 order under sections 190.600 to 190.621. A person who has a
93 patient's representative shall also be a patient for the
94 purposes of sections 190.600 to 190.621, if the person or
95 the person's patient's representative has executed an
96 outside the hospital do-not-resuscitate order under sections
97 190.600 to 190.621;

98 (11) "Patient's representative":

99 (a) An attorney in fact designated in a durable power
100 of attorney for health care for a patient determined to be
101 incapacitated under sections 404.800 to 404.872; or

102 (b) A guardian or limited guardian appointed under
103 chapter 475 to have responsibility for an incapacitated
104 patient.

190.603. 1. A patient or patient's representative and
2 the patient's attending physician **or advanced practice**
3 **registered nurse** may execute an outside the hospital do-not-
4 resuscitate order. An outside the hospital do-not-
5 resuscitate order shall not be effective unless it is
6 executed by the patient or patient's representative and the
7 patient's attending physician **or advanced practice**
8 **registered nurse**, and it is in the form promulgated by rule
9 of the department.

10 2. If an outside the hospital do-not-resuscitate order
11 has been executed, it shall be maintained as the first page
12 of a patient's medical record in a health care facility
13 unless otherwise specified in the health care facility's
14 policies and procedures.

15 3. An outside the hospital do-not-resuscitate order
16 shall be transferred with the patient when the patient is
17 transferred from one health care facility to another health
18 care facility. If the patient is transferred outside of a
19 hospital, the outside the hospital DNR form shall be
20 provided to any other facility, person, or agency
21 responsible for the medical care of the patient or to the
22 patient or patient's representative.

 190.606. The following persons and entities shall not
2 be subject to civil, criminal, or administrative liability
3 and are not guilty of unprofessional conduct for the
4 following acts or omissions that follow discovery of an
5 outside the hospital do-not-resuscitate identification upon
6 a patient, or upon being presented with an outside the
7 hospital do-not-resuscitate order from Missouri, another
8 state, the District of Columbia, or a territory of the
9 United States; provided that the acts or omissions are done
10 in good faith and in accordance with the provisions of
11 sections 190.600 to 190.621 and the provisions of an outside
12 the hospital do-not-resuscitate order executed under
13 sections 190.600 to 190.621:

14 (1) Physicians, persons under the direction or
15 authorization of a physician, **advanced practice registered**
16 **nurses**, emergency medical services personnel, or health care
17 facilities that cause or participate in the withholding or
18 withdrawal of cardiopulmonary resuscitation from such
19 patient; and

20 (2) Physicians, persons under the direction or
21 authorization of a physician, **advanced practice registered**
22 **nurses**, emergency medical services personnel, or health care
23 facilities that provide cardiopulmonary resuscitation to

24 such patient under an oral or written request communicated
25 to them by the patient or the patient's representative.

190.609. 1. An outside the hospital do-not-
2 resuscitate order shall only be effective when the patient
3 has not been admitted to or is not being treated within a
4 hospital.

5 2. An outside the hospital do-not-resuscitate order
6 and the outside the hospital do-not-resuscitate protocol
7 shall not authorize the withholding or withdrawing of other
8 medical interventions, such as intravenous fluids, oxygen,
9 or therapies other than cardiopulmonary resuscitation.
10 Outside the hospital do-not-resuscitate orders and the
11 outside the hospital do-not-resuscitate protocol shall not
12 authorize the withholding or withdrawing of therapies deemed
13 necessary to provide comfort care or alleviate pain. Any
14 authorization for withholding or withdrawing interventions
15 or therapies that is inconsistent with sections 190.600 to
16 190.621 and is found or included in any outside the hospital
17 do-not-resuscitate order or in the outside the hospital do-
18 not-resuscitate protocol shall be null, void, and of no
19 effect. Nothing in this section shall prejudice any other
20 lawful directives concerning such medical interventions and
21 therapies.

22 3. An outside the hospital do-not-resuscitate order
23 shall not be effective during such time as the patient is
24 pregnant; provided, however, that physicians, persons under
25 the direction or authorization of a physician, **advanced**
26 **practice registered nurses**, emergency medical services
27 personnel, and health care facilities shall not be subject
28 to civil, criminal, or administrative liability and are not
29 guilty of unprofessional conduct if, while acting in
30 accordance with the provisions of sections 190.600 to

31 190.621 and the provisions of an outside the hospital do-not-
32 resuscitate order executed under sections 190.600 to
33 190.621, such persons and entities:

34 (1) Comply with an outside the hospital do-not-
35 resuscitate order and withdraw or withhold cardiopulmonary
36 resuscitation from a pregnant patient while believing in
37 good faith that the patient is not pregnant; or

38 (2) Despite the presence of an outside the hospital do-
39 not-resuscitate order, provide cardiopulmonary resuscitation
40 to a nonpregnant patient while believing in good faith that
41 the patient is pregnant.

190.612. 1. Emergency medical services personnel are
2 authorized to comply with the outside the hospital do-not-
3 resuscitate protocol when presented with an outside the
4 hospital do-not-resuscitate identification or an outside the
5 hospital do-not-resuscitate order. However, emergency
6 medical services personnel shall not comply with an outside
7 the hospital do-not-resuscitate order or the outside the
8 hospital do-not-resuscitate protocol when the patient or
9 patient's representative expresses to such personnel in any
10 manner, before or after the onset of a cardiac or
11 respiratory arrest, the desire to be resuscitated.

12 2. Emergency medical services personnel are authorized
13 to comply with the outside the hospital do-not-resuscitate
14 protocol when presented with an outside the hospital do-not-
15 resuscitate order from another state, the District of
16 Columbia, or a territory of the United States if such order
17 is on a standardized written form:

18 (1) Signed by the patient or the patient's
19 representative and a physician **or advanced practice**
20 **registered nurse** who is licensed to practice in the other

21 state, the District of Columbia, or the territory of the
22 United States; and

23 (2) Such form has been previously reviewed and
24 approved by the department of health and senior services to
25 authorize emergency medical services personnel to withhold
26 or withdraw cardiopulmonary resuscitation from the patient
27 in the event of a cardiac or respiratory arrest.

28 Emergency medical services personnel shall not comply with
29 an outside the hospital do-not-resuscitate order from
30 another state, the District of Columbia, or a territory of
31 the United States or the outside the hospital do-not-
32 resuscitate protocol when the patient or patient's
33 representative expresses to such personnel in any manner,
34 before or after the onset of a cardiac or respiratory
35 arrest, the desire to be resuscitated.

36 3. If a physician, **advanced practice registered nurse**,
37 or a health care facility other than a hospital admits or
38 receives a patient with an outside the hospital do-not-
39 resuscitate identification or an outside the hospital do-not-
40 resuscitate order, and the patient or patient's
41 representative has not expressed or does not express to the
42 physician, **advanced practice registered nurse**, or health
43 care facility the desire to be resuscitated, and the
44 physician, **advanced practice registered nurse**, or health
45 care facility is unwilling or unable to comply with the
46 outside the hospital do-not-resuscitate order, the
47 physician, **advanced practice registered nurse**, or health
48 care facility shall take all reasonable steps to transfer
49 the patient to another physician, **advanced practice**
50 **registered nurse**, or health care facility where the outside
51 the hospital do-not-resuscitate order will be complied with.

190.615. 1. A patient's death resulting from the
2 withholding or withdrawal in good faith of cardiopulmonary
3 resuscitation under an outside the hospital do-not-
4 resuscitate order is not, for any purpose, a suicide or
5 homicide.

6 2. The possession of an outside the hospital do-not-
7 resuscitate identification or execution of an outside the
8 hospital do-not-resuscitate order does not affect in any
9 manner the sale, procurement, or issuance of any policy of
10 life insurance, nor does it modify the terms of an existing
11 policy of life insurance. Notwithstanding any term of a
12 policy to the contrary, a policy of life insurance is not
13 legally impaired or invalidated in any manner by the
14 withholding or withdrawal of cardiopulmonary resuscitation
15 from an insured patient possessing an outside the hospital
16 do-not-resuscitate identification or outside the hospital do-
17 not-resuscitate order.

18 3. A physician, **advanced practice registered nurse**,
19 health care facility, or other health care provider or a
20 health care service plan, insurer issuing disability
21 insurance, self-insured employee welfare benefit plan, or
22 nonprofit hospital plan shall not require a patient to
23 possess an outside the hospital do-not-resuscitate
24 identification or execute an **[out of]outside the** hospital do-
25 not-resuscitate order as a condition for being insured for
26 or receiving health care services.

27 4. Sections 190.600 to 190.621 do not prejudice any
28 right that a patient has to effect the obtaining,
29 withholding, or withdrawal of medical care in any lawful
30 manner apart from sections 190.600 to 190.621. In that
31 respect, the rights of patients authorized under sections
32 190.600 to 190.621 are cumulative.

33 5. The provisions of sections 190.600 to 190.621 shall
34 not be construed to condone, authorize, or approve mercy
35 killing or euthanasia, or to permit any affirmative or
36 deliberate act or omission to shorten or end life.

 191.940. 1. This section shall be known and may be
2 cited as the "Postpartum Depression Care Act".

3 2. As used in this section, the following terms shall
4 mean:

5 (1) "Ambulatory surgical center", the same meaning as
6 defined in section 197.200;

7 (2) "Health care provider", a physician licensed under
8 chapter 334, an assistant physician or physician assistant
9 licensed under chapter 334 and in a collaborative practice
10 arrangement with a collaborating physician, and an advanced
11 practice registered nurse licensed under chapter 335 [and in
12 a collaborative practice arrangement with a collaborating
13 physician];

14 (3) "Hospital", the same meaning as defined in section
15 197.020;

16 (4) "Postnatal care", an office visit to a licensed
17 health care provider occurring after pregnancy for the
18 infant or birth mother;

19 (5) "Questionnaire", an assessment tool designed to
20 detect the symptoms of postpartum depression or related
21 mental health disorders, such as the Edinburgh Postnatal
22 Depression Scale, the Postpartum Depression Screening Scale,
23 the Beck Depression Inventory, the Patient Health
24 Questionnaire, or other validated assessment methods.

25 3. All hospitals and ambulatory surgical centers that
26 provide labor and delivery services shall, prior to
27 discharge following pregnancy, provide pregnant women and,
28 if possible, fathers and other family members with complete

29 information about postpartum depression, including its
30 symptoms, methods of treatment, and available resources.
31 The department of health and senior services, in cooperation
32 with the department of mental health, shall provide written
33 information that hospitals and ambulatory surgical centers
34 may use and shall include such information on its website.

35 4. It is the intent of the general assembly to
36 encourage health care providers providing postnatal care to
37 women and pediatric care to infants to invite women to
38 complete a questionnaire designed to detect the symptoms of
39 postpartum depression and to review the completed
40 questionnaire in accordance with the formal opinions and
41 recommendations of the American College of Obstetricians and
42 Gynecologists to ensure the health, well-being, and safety
43 of the woman and the infant.

191.1145. 1. As used in sections 191.1145 and
2 191.1146, the following terms shall mean:

3 (1) "Asynchronous store-and-forward transfer", the
4 collection of a patient's relevant health information and
5 the subsequent transmission of that information from an
6 originating site to a health care provider at a distant site
7 without the patient being present;

8 (2) "Clinical staff", any health care provider
9 licensed in this state;

10 (3) "Distant site", a site at which a health care
11 provider is located while providing health care services by
12 means of telemedicine;

13 (4) "Health care provider", as that term is defined in
14 section 376.1350;

15 (5) "Originating site", a site at which a patient is
16 located at the time health care services are provided to him
17 or her by means of telemedicine. For the purposes of

18 asynchronous store-and-forward transfer, originating site
19 shall also mean the location at which the health care
20 provider transfers information to the distant site;

21 (6) "Telehealth" or "telemedicine", the delivery of
22 health care services by means of information and
23 communication technologies which facilitate the assessment,
24 diagnosis, consultation, treatment, education, care
25 management, and self-management of a patient's health care
26 while such patient is at the originating site and the health
27 care provider is at the distant site. Telehealth or
28 telemedicine shall also include the use of asynchronous
29 store-and-forward technology.

30 2. Any licensed health care provider shall be
31 authorized to provide telehealth services if such services
32 are within the scope of practice for which the health care
33 provider is licensed and are provided with the same standard
34 of care as services provided in person. This section shall
35 not be construed to prohibit a health carrier, as defined in
36 section 376.1350, from reimbursing nonclinical staff for
37 services otherwise allowed by law.

38 3. In order to treat patients in this state through
39 the use of telemedicine or telehealth, health care providers
40 shall be fully licensed to practice in this state and shall
41 be subject to regulation by their respective professional
42 boards.

43 4. Nothing in subsection 3 of this section shall apply
44 to:

45 (1) Informal consultation performed by a health care
46 provider licensed in another state, outside of the context
47 of a contractual relationship, and on an irregular or
48 infrequent basis without the expectation or exchange of
49 direct or indirect compensation;

50 (2) Furnishing of health care services by a health
51 care provider licensed and located in another state in case
52 of an emergency or disaster; provided that, no charge is
53 made for the medical assistance; or

54 (3) Episodic consultation by a health care provider
55 licensed and located in another state who provides such
56 consultation services on request to a physician **or advanced**
57 **practice registered nurse** in this state.

58 5. Nothing in this section shall be construed to alter
59 the scope of practice of any health care provider or to
60 authorize the delivery of health care services in a setting
61 or in a manner not otherwise authorized by the laws of this
62 state.

63 6. No originating site for services or activities
64 provided under this section shall be required to maintain
65 immediate availability of on-site clinical staff during the
66 telehealth services, except as necessary to meet the
67 standard of care for the treatment of the patient's medical
68 condition if such condition is being treated by an eligible
69 health care provider who is not at the originating site, has
70 not previously seen the patient in person in a clinical
71 setting, and is not providing coverage for a health care
72 provider who has an established relationship with the
73 patient.

74 7. Nothing in this section shall be construed to alter
75 any collaborative practice requirement as provided in
76 chapters 334 and 335.

191.1146. 1. Physicians licensed under chapter 334
2 **and advanced practice registered nurses, as defined in**
3 **section 335.016**, who use telemedicine shall ensure that a
4 properly established [physician-patient] **provider-patient**
5 relationship exists with the person who receives the

6 telemedicine services. The **[physician-patient]provider-**
7 **patient** relationship may be established by:

8 (1) An in-person encounter through a medical interview
9 and physical examination;

10 (2) Consultation with another physician **or advanced**
11 **practice registered nurse**, or that physician's **or advanced**
12 **practice registered nurse's** delegate, who has an established
13 relationship with the patient and an agreement with the
14 physician **or advanced practice registered nurse** to
15 participate in the patient's care; or

16 (3) A telemedicine encounter, if the standard of care
17 does not require an in-person encounter, and in accordance
18 with evidence-based standards of practice and telemedicine
19 practice guidelines that address the clinical and
20 technological aspects of telemedicine.

21 2. In order to establish a **[physician-patient]provider-**
22 **patient** relationship through telemedicine:

23 (1) The technology utilized shall be sufficient to
24 establish an informed diagnosis as though the medical
25 interview and physical examination has been performed in
26 person; and

27 (2) Prior to providing treatment, including issuing
28 prescriptions or physician certifications under Article XIV
29 of the Missouri Constitution, a physician **or advanced**
30 **practice registered nurse** who uses telemedicine shall
31 interview the patient, collect or review relevant medical
32 history, and perform an examination sufficient for the
33 diagnosis and treatment of the patient. A questionnaire
34 completed by the patient, whether via the internet or
35 telephone, does not constitute an acceptable medical
36 interview and examination for the provision of treatment by
37 telehealth.

193.015. As used in sections 193.005 to 193.325,
2 unless the context clearly indicates otherwise, the
3 following terms shall mean:

4 (1) "Advanced practice registered nurse", a person **who**
5 **is** licensed [to practice as an advanced practice registered
6 nurse under chapter 335, and who has been delegated tasks
7 outlined in section 193.145 by a physician with whom they
8 have entered into a collaborative practice arrangement under
9 chapter 334]**under the provisions of chapter 335 to engage in**
10 **the practice of advanced practice nursing;**

11 (2) "Assistant physician", as such term is defined in
12 section 334.036, and who has been delegated tasks outlined
13 in section 193.145 by a physician with whom they have
14 entered into a collaborative practice arrangement under
15 chapter 334;

16 (3) "Dead body", a human body or such parts of such
17 human body from the condition of which it reasonably may be
18 concluded that death recently occurred;

19 (4) "Department", the department of health and senior
20 services;

21 (5) "Final disposition", the burial, interment,
22 cremation, removal from the state, or other authorized
23 disposition of a dead body or fetus;

24 (6) "Institution", any establishment, public or
25 private, which provides inpatient or outpatient medical,
26 surgical, or diagnostic care or treatment or nursing,
27 custodian, or domiciliary care, or to which persons are
28 committed by law;

29 (7) "Live birth", the complete expulsion or extraction
30 from its mother of a child, irrespective of the duration of
31 pregnancy, which after such expulsion or extraction,
32 breathes or shows any other evidence of life such as beating

33 of the heart, pulsation of the umbilical cord, or definite
34 movement of voluntary muscles, whether or not the umbilical
35 cord has been cut or the placenta is attached;

36 (8) "Physician", a person authorized or licensed to
37 practice medicine or osteopathy pursuant to chapter 334;

38 (9) "Physician assistant", a person licensed to
39 practice as a physician assistant pursuant to chapter 334,
40 and who has been delegated tasks outlined in section 193.145
41 by a physician with whom they have entered into a
42 collaborative practice arrangement under chapter 334;

43 (10) "Spontaneous fetal death", a noninduced death
44 prior to the complete expulsion or extraction from its
45 mother of a fetus, irrespective of the duration of
46 pregnancy; the death is indicated by the fact that after
47 such expulsion or extraction the fetus does not breathe or
48 show any other evidence of life such as beating of the
49 heart, pulsation of the umbilical cord, or definite movement
50 of voluntary muscles;

51 (11) "State registrar", state registrar of vital
52 statistics of the state of Missouri;

53 (12) "System of vital statistics", the registration,
54 collection, preservation, amendment and certification of
55 vital records; the collection of other reports required by
56 sections 193.005 to 193.325 and section 194.060; and
57 activities related thereto including the tabulation,
58 analysis and publication of vital statistics;

59 (13) "Vital records", certificates or reports of
60 birth, death, marriage, dissolution of marriage and data
61 related thereto;

62 (14) "Vital statistics", the data derived from
63 certificates and reports of birth, death, spontaneous fetal
64 death, marriage, dissolution of marriage and related reports.

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

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

31 3. A veterinarian, in good faith and in the course of
32 the veterinarian's professional practice only, and not for

33 use by a human being, may prescribe, administer, and
34 dispense controlled substances and the veterinarian may
35 cause them to be administered by an assistant or orderly
36 under his or her direction and supervision.

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

41 (1) When the controlled substance is delivered to the
42 practitioner to administer to the patient for whom the
43 medication is prescribed as authorized by federal law.
44 Practitioners shall maintain records and secure the
45 medication as required by this chapter and regulations
46 promulgated pursuant to this chapter; or

47 (2) As provided in section 195.265.

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

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

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

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

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

25 5. Whenever a pharmacist or practitioner sells or
26 dispenses any controlled substance on a prescription issued
27 by a physician, physician assistant, dentist, podiatrist,
28 veterinarian, or advanced practice registered nurse, the
29 pharmacist or practitioner shall affix to the container in
30 which such drug is sold or dispensed a label showing his or
31 her own name and address of the pharmacy or practitioner for
32 whom he or she is lawfully acting; the name of the patient
33 or, if the patient is an animal, the name of the owner of
34 the animal and the species of the animal; the name of the
35 physician, physician assistant, dentist, podiatrist,
36 advanced practice registered nurse, or veterinarian by whom
37 the prescription was written; the name of the collaborating
38 physician if the prescription is written by [an advanced
39 practice registered nurse or] a physician assistant, and
40 such directions as may be stated on the prescription. No
41 person shall alter, deface, or remove any label so affixed.

208.152. 1. MO HealthNet payments shall be made on
2 behalf of those eligible needy persons as described in
3 section 208.151 who are unable to provide for it in whole or
4 in part, with any payments to be made on the basis of the
5 reasonable cost of the care or reasonable charge for the

6 services as defined and determined by the MO HealthNet
7 division, unless otherwise hereinafter provided, for the
8 following:

9 (1) Inpatient hospital services, except to persons in
10 an institution for mental diseases who are under the age of
11 sixty-five years and over the age of twenty-one years;
12 provided that the MO HealthNet division shall provide
13 through rule and regulation an exception process for
14 coverage of inpatient costs in those cases requiring
15 treatment beyond the seventy-fifth percentile professional
16 activities study (PAS) or the MO HealthNet children's
17 diagnosis length-of-stay schedule; and provided further that
18 the MO HealthNet division shall take into account through
19 its payment system for hospital services the situation of
20 hospitals which serve a disproportionate number of low-
21 income patients;

22 (2) All outpatient hospital services, payments
23 therefor to be in amounts which represent no more than
24 eighty percent of the lesser of reasonable costs or
25 customary charges for such services, determined in
26 accordance with the principles set forth in Title XVIII A
27 and B, Public Law 89-97, 1965 amendments to the federal
28 Social Security Act (42 U.S.C. Section 301, et seq.), but
29 the MO HealthNet division may evaluate outpatient hospital
30 services rendered under this section and deny payment for
31 services which are determined by the MO HealthNet division
32 not to be medically necessary, in accordance with federal
33 law and regulations;

34 (3) Laboratory and X-ray services;

35 (4) Nursing home services for participants, except to
36 persons with more than five hundred thousand dollars equity
37 in their home or except for persons in an institution for

38 mental diseases who are under the age of sixty-five years,
39 when residing in a hospital licensed by the department of
40 health and senior services or a nursing home licensed by the
41 department of health and senior services or appropriate
42 licensing authority of other states or government-owned and -
43 operated institutions which are determined to conform to
44 standards equivalent to licensing requirements in Title XIX
45 of the federal Social Security Act (42 U.S.C. Section
46 [301]1396, et seq.), as amended, for nursing facilities.
47 The MO HealthNet division may recognize through its payment
48 methodology for nursing facilities those nursing facilities
49 which serve a high volume of MO HealthNet patients. The MO
50 HealthNet division when determining the amount of the
51 benefit payments to be made on behalf of persons under the
52 age of twenty-one in a nursing facility may consider nursing
53 facilities furnishing care to persons under the age of
54 twenty-one as a classification separate from other nursing
55 facilities;

56 (5) Nursing home costs for participants receiving
57 benefit payments under subdivision (4) of this subsection
58 for those days, which shall not exceed twelve per any period
59 of six consecutive months, during which the participant is
60 on a temporary leave of absence from the hospital or nursing
61 home, provided that no such participant shall be allowed a
62 temporary leave of absence unless it is specifically
63 provided for in his **or her** plan of care. As used in this
64 subdivision, the term "temporary leave of absence" shall
65 include all periods of time during which a participant is
66 away from the hospital or nursing home overnight because he
67 **or she** is visiting a friend or relative;

68 (6) Physicians' services, whether furnished in the
69 office, home, hospital, nursing home, or elsewhere;

70 (7) Subject to appropriation, up to twenty visits per
71 year for services limited to examinations, diagnoses,
72 adjustments, and manipulations and treatments of
73 malpositioned articulations and structures of the body
74 provided by licensed chiropractic physicians practicing
75 within their scope of practice. Nothing in this subdivision
76 shall be interpreted to otherwise expand MO HealthNet
77 services;

78 (8) Drugs and medicines when prescribed by a licensed
79 physician, dentist, podiatrist, or an advanced practice
80 registered nurse; except that no payment for drugs and
81 medicines prescribed on and after January 1, 2006, by a
82 licensed physician, dentist, podiatrist, or an advanced
83 practice registered nurse may be made on behalf of any
84 person who qualifies for prescription drug coverage under
85 the provisions of P.L. 108-173;

86 (9) Emergency ambulance services and, effective
87 January 1, 1990, medically necessary transportation to
88 scheduled, physician-prescribed nonelective treatments;

89 (10) Early and periodic screening and diagnosis of
90 individuals who are under the age of twenty-one to ascertain
91 their physical or mental defects, and health care,
92 treatment, and other measures to correct or ameliorate
93 defects and chronic conditions discovered thereby. Such
94 services shall be provided in accordance with the provisions
95 of Section 6403 of P.L. 101-239 **(42 U.S.C. Sections 1396a**
96 **and 1396d), as amended,** and federal regulations promulgated
97 thereunder;

98 (11) Home health care services;

99 (12) Family planning as defined by federal rules and
100 regulations; provided, however, that such family planning
101 services shall not include abortions or any abortifacient

102 drug or device that is used for the purpose of inducing an
103 abortion unless such abortions are certified in writing by a
104 physician to the MO HealthNet agency that, in the
105 physician's professional judgment, the life of the mother
106 would be endangered if the fetus were carried to term;

107 (13) Inpatient psychiatric hospital services for
108 individuals under age twenty-one as defined in Title XIX of
109 the federal Social Security Act (42 U.S.C. Section 1396d, et
110 seq.);

111 (14) Outpatient surgical procedures, including
112 presurgical diagnostic services performed in ambulatory
113 surgical facilities which are licensed by the department of
114 health and senior services of the state of Missouri; except,
115 that such outpatient surgical services shall not include
116 persons who are eligible for coverage under Part B of Title
117 XVIII, Public Law 89-97, 1965 amendments to the federal
118 Social Security Act, as amended, if exclusion of such
119 persons is permitted under Title XIX, Public Law 89-97, 1965
120 amendments to the federal Social Security Act, as amended;

121 (15) Personal care services which are medically
122 oriented tasks having to do with a person's physical
123 requirements, as opposed to housekeeping requirements, which
124 enable a person to be treated by his or her
125 **[physician]provider** on an outpatient rather than on an
126 inpatient or residential basis in a hospital, intermediate
127 care facility, or skilled nursing facility. Personal care
128 services shall be rendered by an individual not a member of
129 the participant's family who is qualified to provide such
130 services where the services are prescribed by a
131 **[physician]provider** in accordance with a plan of treatment
132 and are supervised by a licensed nurse. Persons eligible to
133 receive personal care services shall be those persons who

134 would otherwise require placement in a hospital,
135 intermediate care facility, or skilled nursing facility.
136 Benefits payable for personal care services shall not exceed
137 for any one participant one hundred percent of the average
138 statewide charge for care and treatment in an intermediate
139 care facility for a comparable period of time. Such
140 services, when delivered in a residential care facility or
141 assisted living facility licensed under chapter 198 shall be
142 authorized on a tier level based on the services the
143 resident requires and the frequency of the services. A
144 resident of such facility who qualifies for assistance under
145 section 208.030 shall, at a minimum, if prescribed by a
146 **[physician]provider**, qualify for the tier level with the
147 fewest services. The rate paid to providers for each tier
148 of service shall be set subject to appropriations. Subject
149 to appropriations, each resident of such facility who
150 qualifies for assistance under section 208.030 and meets the
151 level of care required in this section shall, at a minimum,
152 if prescribed by a **[physician]provider**, be authorized up to
153 one hour of personal care services per day. Authorized
154 units of personal care services shall not be reduced or tier
155 level lowered unless an order approving such reduction or
156 lowering is obtained from the resident's personal
157 **[physician]provider**. Such authorized units of personal care
158 services or tier level shall be transferred with such
159 resident if he or she transfers to another such facility.
160 Such provision shall terminate upon receipt of relevant
161 waivers from the federal Department of Health and Human
162 Services. If the Centers for Medicare and Medicaid Services
163 determines that such provision does not comply with the
164 state plan, this provision shall be null and void. The MO
165 HealthNet division shall notify the revisor of statutes as

166 to whether the relevant waivers are approved or a
167 determination of noncompliance is made;

168 (16) Mental health services. The state plan for
169 providing medical assistance under Title XIX of the Social
170 Security Act, 42 U.S.C. Section [301]1396, et seq., as
171 amended, shall include the following mental health services
172 when such services are provided by community mental health
173 facilities operated by the department of mental health or
174 designated by the department of mental health as a community
175 mental health facility or as an alcohol and drug abuse
176 facility or as a child-serving agency within the
177 comprehensive children's mental health service system
178 established in section 630.097. The department of mental
179 health shall establish by administrative rule the definition
180 and criteria for designation as a community mental health
181 facility and for designation as an alcohol and drug abuse
182 facility. Such mental health services shall include:

183 (a) Outpatient mental health services including
184 preventive, diagnostic, therapeutic, rehabilitative, and
185 palliative interventions rendered to individuals in an
186 individual or group setting by a mental health professional
187 in accordance with a plan of treatment appropriately
188 established, implemented, monitored, and revised under the
189 auspices of a therapeutic team as a part of client services
190 management;

191 (b) Clinic mental health services including
192 preventive, diagnostic, therapeutic, rehabilitative, and
193 palliative interventions rendered to individuals in an
194 individual or group setting by a mental health professional
195 in accordance with a plan of treatment appropriately
196 established, implemented, monitored, and revised under the

197 auspices of a therapeutic team as a part of client services
198 management;

199 (c) Rehabilitative mental health and alcohol and drug
200 abuse services including home and community-based
201 preventive, diagnostic, therapeutic, rehabilitative, and
202 palliative interventions rendered to individuals in an
203 individual or group setting by a mental health or alcohol
204 and drug abuse professional in accordance with a plan of
205 treatment appropriately established, implemented, monitored,
206 and revised under the auspices of a therapeutic team as a
207 part of client services management. As used in this
208 section, mental health professional and alcohol and drug
209 abuse professional shall be defined by the department of
210 mental health pursuant to duly promulgated rules. With
211 respect to services established by this subdivision, the
212 department of social services, MO HealthNet division, shall
213 enter into an agreement with the department of mental
214 health. Matching funds for outpatient mental health
215 services, clinic mental health services, and rehabilitation
216 services for mental health and alcohol and drug abuse shall
217 be certified by the department of mental health to the MO
218 HealthNet division. The agreement shall establish a
219 mechanism for the joint implementation of the provisions of
220 this subdivision. In addition, the agreement shall
221 establish a mechanism by which rates for services may be
222 jointly developed;

223 (17) Such additional services as defined by the MO
224 HealthNet division to be furnished under waivers of federal
225 statutory requirements as provided for and authorized by the
226 federal Social Security Act (42 U.S.C. Section 301, et seq.)
227 subject to appropriation by the general assembly;

228 (18) The services of an advanced practice registered
229 nurse [with a collaborative practice agreement] to the
230 extent that such services are provided in accordance with
231 [chapters 334 and]chapter 335, and regulations promulgated
232 thereunder;

233 (19) Nursing home costs for participants receiving
234 benefit payments under subdivision (4) of this subsection to
235 reserve a bed for the participant in the nursing home during
236 the time that the participant is absent due to admission to
237 a hospital for services which cannot be performed on an
238 outpatient basis, subject to the provisions of this
239 subdivision:

240 (a) The provisions of this subdivision shall apply
241 only if:

242 a. The occupancy rate of the nursing home is at or
243 above ninety-seven percent of MO HealthNet certified
244 licensed beds, according to the most recent quarterly census
245 provided to the department of health and senior services
246 which was taken prior to when the participant is admitted to
247 the hospital; and

248 b. The patient is admitted to a hospital for a medical
249 condition with an anticipated stay of three days or less;

250 (b) The payment to be made under this subdivision
251 shall be provided for a maximum of three days per hospital
252 stay;

253 (c) For each day that nursing home costs are paid on
254 behalf of a participant under this subdivision during any
255 period of six consecutive months such participant shall,
256 during the same period of six consecutive months, be
257 ineligible for payment of nursing home costs of two
258 otherwise available temporary leave of absence days provided
259 under subdivision (5) of this subsection; and

260 (d) The provisions of this subdivision shall not apply
261 unless the nursing home receives notice from the participant
262 or the participant's responsible party that the participant
263 intends to return to the nursing home following the hospital
264 stay. If the nursing home receives such notification and
265 all other provisions of this subsection have been satisfied,
266 the nursing home shall provide notice to the participant or
267 the participant's responsible party prior to release of the
268 reserved bed;

269 (20) Prescribed medically necessary durable medical
270 equipment. An electronic web-based prior authorization
271 system using best medical evidence and care and treatment
272 guidelines consistent with national standards shall be used
273 to verify medical need;

274 (21) Hospice care. As used in this subdivision, the
275 term "hospice care" means a coordinated program of active
276 professional medical attention within a home, outpatient and
277 inpatient care which treats the terminally ill patient and
278 family as a unit, employing a medically directed
279 interdisciplinary team. The program provides relief of
280 severe pain or other physical symptoms and supportive care
281 to meet the special needs arising out of physical,
282 psychological, spiritual, social, and economic stresses
283 which are experienced during the final stages of illness,
284 and during dying and bereavement and meets the Medicare
285 requirements for participation as a hospice as are provided
286 in 42 CFR Part 418. The rate of reimbursement paid by the
287 MO HealthNet division to the hospice provider for room and
288 board furnished by a nursing home to an eligible hospice
289 patient shall not be less than ninety-five percent of the
290 rate of reimbursement which would have been paid for
291 facility services in that nursing home facility for that

292 patient, in accordance with subsection (c) of Section 6408
293 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

294 (22) Prescribed medically necessary dental services.
295 Such services shall be subject to appropriations. An
296 electronic web-based prior authorization system using best
297 medical evidence and care and treatment guidelines
298 consistent with national standards shall be used to verify
299 medical need;

300 (23) Prescribed medically necessary optometric
301 services. Such services shall be subject to
302 appropriations. An electronic web-based prior authorization
303 system using best medical evidence and care and treatment
304 guidelines consistent with national standards shall be used
305 to verify medical need;

306 (24) Blood clotting products-related services. For
307 persons diagnosed with a bleeding disorder, as defined in
308 section 338.400, reliant on blood clotting products, as
309 defined in section 338.400, such services include:

310 (a) Home delivery of blood clotting products and
311 ancillary infusion equipment and supplies, including the
312 emergency deliveries of the product when medically necessary;

313 (b) Medically necessary ancillary infusion equipment
314 and supplies required to administer the blood clotting
315 products; and

316 (c) Assessments conducted in the participant's home by
317 a pharmacist, nurse, or local home health care agency
318 trained in bleeding disorders when deemed necessary by the
319 participant's treating **[physician]provider**;

320 (25) The MO HealthNet division shall, by January 1,
321 2008, and annually thereafter, report the status of MO
322 HealthNet provider reimbursement rates as compared to one
323 hundred percent of the Medicare reimbursement rates and

324 compared to the average dental reimbursement rates paid by
325 third-party payors licensed by the state. The MO HealthNet
326 division shall, by July 1, 2008, provide to the general
327 assembly a four-year plan to achieve parity with Medicare
328 reimbursement rates and for third-party payor average dental
329 reimbursement rates. Such plan shall be subject to
330 appropriation and the division shall include in its annual
331 budget request to the governor the necessary funding needed
332 to complete the four-year plan developed under this
333 subdivision.

334 2. Additional benefit payments for medical assistance
335 shall be made on behalf of those eligible needy children,
336 pregnant women and blind persons with any payments to be
337 made on the basis of the reasonable cost of the care or
338 reasonable charge for the services as defined and determined
339 by the MO HealthNet division, unless otherwise hereinafter
340 provided, for the following:

341 (1) Dental services;

342 (2) Services of podiatrists as defined in section
343 330.010;

344 (3) Optometric services as described in section
345 336.010;

346 (4) Orthopedic devices or other prosthetics, including
347 eye glasses, dentures, hearing aids, and wheelchairs;

348 (5) Hospice care. As used in this subdivision, the
349 term "hospice care" means a coordinated program of active
350 professional medical attention within a home, outpatient and
351 inpatient care which treats the terminally ill patient and
352 family as a unit, employing a medically directed
353 interdisciplinary team. The program provides relief of
354 severe pain or other physical symptoms and supportive care
355 to meet the special needs arising out of physical,

356 psychological, spiritual, social, and economic stresses
357 which are experienced during the final stages of illness,
358 and during dying and bereavement and meets the Medicare
359 requirements for participation as a hospice as are provided
360 in 42 CFR Part 418. The rate of reimbursement paid by the
361 MO HealthNet division to the hospice provider for room and
362 board furnished by a nursing home to an eligible hospice
363 patient shall not be less than ninety-five percent of the
364 rate of reimbursement which would have been paid for
365 facility services in that nursing home facility for that
366 patient, in accordance with subsection (c) of Section 6408
367 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

368 (6) Comprehensive day rehabilitation services
369 beginning early posttrauma as part of a coordinated system
370 of care for individuals with disabling impairments.
371 Rehabilitation services must be based on an individualized,
372 goal-oriented, comprehensive and coordinated treatment plan
373 developed, implemented, and monitored through an
374 interdisciplinary assessment designed to restore an
375 individual to optimal level of physical, cognitive, and
376 behavioral function. The MO HealthNet division shall
377 establish by administrative rule the definition and criteria
378 for designation of a comprehensive day rehabilitation
379 service facility, benefit limitations and payment
380 mechanism. Any rule or portion of a rule, as that term is
381 defined in section 536.010, that is created under the
382 authority delegated in this subdivision shall become
383 effective only if it complies with and is subject to all of
384 the provisions of chapter 536 and, if applicable, section
385 536.028. This section and chapter 536 are nonseverable and
386 if any of the powers vested with the general assembly
387 pursuant to chapter 536 to review, to delay the effective

388 date, or to disapprove and annul a rule are subsequently
389 held unconstitutional, then the grant of rulemaking
390 authority and any rule proposed or adopted after August 28,
391 2005, shall be invalid and void.

392 3. The MO HealthNet division may require any
393 participant receiving MO HealthNet benefits to pay part of
394 the charge or cost until July 1, 2008, and an additional
395 payment after July 1, 2008, as defined by rule duly
396 promulgated by the MO HealthNet division, for all covered
397 services except for those services covered under
398 subdivisions (15) and (16) of subsection 1 of this section
399 and sections 208.631 to 208.657 to the extent and in the
400 manner authorized by Title XIX of the federal Social
401 Security Act (42 U.S.C. Section 1396, et seq.) and
402 regulations thereunder. When substitution of a generic drug
403 is permitted by the prescriber according to section 338.056,
404 and a generic drug is substituted for a name-brand drug, the
405 MO HealthNet division may not lower or delete the
406 requirement to make a co-payment pursuant to regulations of
407 Title XIX of the federal Social Security Act. A provider of
408 goods or services described under this section must collect
409 from all participants the additional payment that may be
410 required by the MO HealthNet division under authority
411 granted herein, if the division exercises that authority, to
412 remain eligible as a provider. Any payments made by
413 participants under this section shall be in addition to and
414 not in lieu of payments made by the state for goods or
415 services described herein except the participant portion of
416 the pharmacy professional dispensing fee shall be in
417 addition to and not in lieu of payments to pharmacists. A
418 provider may collect the co-payment at the time a service is
419 provided or at a later date. A provider shall not refuse to

420 provide a service if a participant is unable to pay a
421 required payment. If it is the routine business practice of
422 a provider to terminate future services to an individual
423 with an unclaimed debt, the provider may include uncollected
424 co-payments under this practice. Providers who elect not to
425 undertake the provision of services based on a history of
426 bad debt shall give participants advance notice and a
427 reasonable opportunity for payment. A provider,
428 representative, employee, independent contractor, or agent
429 of a pharmaceutical manufacturer shall not make co-payment
430 for a participant. This subsection shall not apply to other
431 qualified children, pregnant women, or blind persons. If
432 the Centers for Medicare and Medicaid Services does not
433 approve the MO HealthNet state plan amendment submitted by
434 the department of social services that would allow a
435 provider to deny future services to an individual with
436 uncollected co-payments, the denial of services shall not be
437 allowed. The department of social services shall inform
438 providers regarding the acceptability of denying services as
439 the result of unpaid co-payments.

440 4. The MO HealthNet division shall have the right to
441 collect medication samples from participants in order to
442 maintain program integrity.

443 5. Reimbursement for obstetrical and pediatric
444 services under subdivision (6) of subsection 1 of this
445 section shall be timely and sufficient to enlist enough
446 health care providers so that care and services are
447 available under the state plan for MO HealthNet benefits at
448 least to the extent that such care and services are
449 available to the general population in the geographic area,
450 as required under subparagraph (a) (30) (A) of 42 U.S.C.
451 Section 1396a and federal regulations promulgated thereunder.

452 6. Beginning July 1, 1990, reimbursement for services
453 rendered in federally funded health centers shall be in
454 accordance with the provisions of subsection 6402(c) and
455 Section 6404 of P.L. 101-239 (Omnibus Budget Reconciliation
456 Act of 1989) and federal regulations promulgated thereunder.

457 7. Beginning July 1, 1990, the department of social
458 services shall provide notification and referral of children
459 below age five, and pregnant, breast-feeding, or postpartum
460 women who are determined to be eligible for MO HealthNet
461 benefits under section 208.151 to the special supplemental
462 food programs for women, infants and children administered
463 by the department of health and senior services. Such
464 notification and referral shall conform to the requirements
465 of Section 6406 of P.L. 101-239 and regulations promulgated
466 thereunder.

467 8. Providers of long-term care services shall be
468 reimbursed for their costs in accordance with the provisions
469 of Section 1902 (a)(13)(A) of the Social Security Act, 42
470 U.S.C. Section 1396a, as amended, and regulations
471 promulgated thereunder.

472 9. Reimbursement rates to long-term care providers
473 with respect to a total change in ownership, at arm's
474 length, for any facility previously licensed and certified
475 for participation in the MO HealthNet program shall not
476 increase payments in excess of the increase that would
477 result from the application of Section 1902 (a)(13)(C) of
478 the Social Security Act, 42 U.S.C. Section 1396a (a)(13)(C).

479 10. The MO HealthNet division may enroll qualified
480 residential care facilities and assisted living facilities,
481 as defined in chapter 198, as MO HealthNet personal care
482 providers.

483 11. Any income earned by individuals eligible for
484 certified extended employment at a sheltered workshop under
485 chapter 178 shall not be considered as income for purposes
486 of determining eligibility under this section.

487 12. If the Missouri Medicaid audit and compliance unit
488 changes any interpretation or application of the
489 requirements for reimbursement for MO HealthNet services
490 from the interpretation or application that has been applied
491 previously by the state in any audit of a MO HealthNet
492 provider, the Missouri Medicaid audit and compliance unit
493 shall notify all affected MO HealthNet providers five
494 business days before such change shall take effect. Failure
495 of the Missouri Medicaid audit and compliance unit to notify
496 a provider of such change shall entitle the provider to
497 continue to receive and retain reimbursement until such
498 notification is provided and shall waive any liability of
499 such provider for recoupment or other loss of any payments
500 previously made prior to the five business days after such
501 notice has been sent. Each provider shall provide the
502 Missouri Medicaid audit and compliance unit a valid email
503 address and shall agree to receive communications
504 electronically. The notification required under this
505 section shall be delivered in writing by the United States
506 Postal Service or electronic mail to each provider.

507 13. Nothing in this section shall be construed to
508 abrogate or limit the department's statutory requirement to
509 promulgate rules under chapter 536.

510 14. Beginning July 1, 2016, and subject to
511 appropriations, providers of behavioral, social, and
512 psychophysiological services for the prevention, treatment,
513 or management of physical health problems shall be
514 reimbursed utilizing the behavior assessment and

515 intervention reimbursement codes 96150 to 96154 or their
516 successor codes under the Current Procedural Terminology
517 (CPT) coding system. Providers eligible for such
518 reimbursement shall include psychologists.

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

14 2. The written collaborative practice arrangement
15 shall contain at least the following provisions:

16 (1) Complete names, home and business addresses, zip
17 codes, and telephone numbers of the collaborating physician
18 and the assistant physician;

19 (2) A list of all other offices or locations besides
20 those listed in subdivision (1) of this subsection where the
21 collaborating physician authorized the assistant physician
22 to prescribe;

23 (3) A requirement that there shall be posted at every
24 office where the assistant physician is authorized to
25 prescribe, in collaboration with a physician, a prominently
26 displayed disclosure statement informing patients that they
27 may be seen by an assistant physician and have the right to
28 see the collaborating physician;

29 (4) All specialty or board certifications of the
30 collaborating physician and all certifications of the
31 assistant physician;

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

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

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

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

58 (6) A description of the assistant physician's
59 controlled substance prescriptive authority in collaboration
60 with the physician, including a list of the controlled

61 substances the physician authorizes the assistant physician
62 to prescribe and documentation that it is consistent with
63 each professional's education, knowledge, skill, and
64 competence;

65 (7) A list of all other written practice
66 **[agreements]arrangements** of the collaborating physician and
67 the assistant physician;

68 (8) The duration of the written practice
69 **[agreement]arrangement** between the collaborating physician
70 and the assistant physician;

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

81 (10) The collaborating physician, or any other
82 physician designated in the collaborative practice
83 arrangement, shall review every fourteen days a minimum of
84 twenty percent of the charts in which the assistant
85 physician prescribes controlled substances. The charts
86 reviewed under this subdivision may be counted in the number
87 of charts required to be reviewed under subdivision (9) of
88 this subsection.

89 3. The state board of registration for the healing
90 arts under section 334.125 shall promulgate rules regulating
91 the use of collaborative practice arrangements for assistant
92 physicians. Such rules shall specify:

- 93 (1) Geographic areas to be covered;
- 94 (2) The methods of treatment that may be covered by
95 collaborative practice arrangements;
- 96 (3) In conjunction with deans of medical schools and
97 primary care residency program directors in the state, the
98 development and implementation of educational methods and
99 programs undertaken during the collaborative practice
100 service which shall facilitate the advancement of the
101 assistant physician's medical knowledge and capabilities,
102 and which may lead to credit toward a future residency
103 program for programs that deem such documented educational
104 achievements acceptable; and
- 105 (4) The requirements for review of services provided
106 under collaborative practice arrangements, including
107 delegating authority to prescribe controlled substances.

108 Any rules relating to dispensing or distribution of
109 medications or devices by prescription or prescription drug
110 orders under this section shall be subject to the approval
111 of the state board of pharmacy. Any rules relating to
112 dispensing or distribution of controlled substances by
113 prescription or prescription drug orders under this section
114 shall be subject to the approval of the department of health
115 and senior services and the state board of pharmacy. The
116 state board of registration for the healing arts shall
117 promulgate rules applicable to assistant physicians that
118 shall be consistent with guidelines for federally funded
119 clinics. The rulemaking authority granted in this
120 subsection shall not extend to collaborative practice
121 arrangements of hospital employees providing inpatient care
122 within hospitals as defined in chapter 197 or population-

123 based public health services as defined by 20 CSR 2150-5.100
124 as of April 30, 2008.

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

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

144 6. A collaborating physician shall not enter into a
145 collaborative practice arrangement with more than six full-
146 time equivalent assistant physicians[,]**or** full-time
147 equivalent physician assistants[, or full-time equivalent
148 advance practice registered nurses], or any combination
149 thereof. Such limitation shall not apply to collaborative
150 arrangements of hospital employees providing inpatient care
151 service in hospitals as defined in chapter 197 or population-
152 based public health services as defined by 20 CSR 2150-5.100
153 as of April 30, 2008[, or to a certified registered nurse
154 anesthetist providing anesthesia services under the

155 supervision of an anesthesiologist or other physician,
156 dentist, or podiatrist who is immediately available if
157 needed as set out in subsection 7 of section 334.104].

158 7. The collaborating physician shall determine and
159 document the completion of at least a one-month period of
160 time during which the assistant physician shall practice
161 with the collaborating physician continuously present before
162 practicing in a setting where the collaborating physician is
163 not continuously present. No rule or regulation shall
164 require the collaborating physician to review more than ten
165 percent of the assistant physician's patient charts or
166 records during such one-month period. Such limitation shall
167 not apply to collaborative arrangements of providers of
168 population-based public health services as defined by 20 CSR
169 2150-5.100 as of April 30, 2008.

170 8. No **[agreement]arrangement** made under this section
171 shall supersede current hospital licensing regulations
172 governing hospital medication orders under protocols or
173 standing orders for the purpose of delivering inpatient or
174 emergency care within a hospital as defined in section
175 197.020 if such protocols or standing orders have been
176 approved by the hospital's medical staff and pharmaceutical
177 therapeutics committee.

178 9. No contract or other **[agreement]arrangement** shall
179 require a physician to act as a collaborating physician for
180 an assistant physician against the physician's will. A
181 physician shall have the right to refuse to act as a
182 collaborating physician, without penalty, for a particular
183 assistant physician. No contract or other
184 **[agreement]arrangement** shall limit the collaborating
185 physician's ultimate authority over any protocols or
186 standing orders or in the delegation of the physician's

187 authority to any assistant physician, but such requirement
188 shall not authorize a physician in implementing such
189 protocols, standing orders, or delegation to violate
190 applicable standards for safe medical practice established
191 by a hospital's medical staff.

192 10. No contract or other [agreement] **arrangement** shall
193 require any assistant physician to serve as a collaborating
194 assistant physician for any collaborating physician against
195 the assistant physician's will. An assistant physician
196 shall have the right to refuse to collaborate, without
197 penalty, with a particular physician.

198 11. All collaborating physicians and assistant
199 physicians in collaborative practice arrangements shall wear
200 identification badges while acting within the scope of their
201 collaborative practice arrangement. The identification
202 badges shall prominently display the licensure status of
203 such collaborating physicians and assistant physicians.

204 12. (1) An assistant physician with a certificate of
205 controlled substance prescriptive authority as provided in
206 this section may prescribe any controlled substance listed
207 in Schedule III, IV, or V of section 195.017, and may have
208 restricted authority in Schedule II, when delegated the
209 authority to prescribe controlled substances in a
210 collaborative practice arrangement. Prescriptions for
211 Schedule II medications prescribed by an assistant physician
212 who has a certificate of controlled substance prescriptive
213 authority are restricted to only those medications
214 containing hydrocodone. Such authority shall be filed with
215 the state board of registration for the healing arts. The
216 collaborating physician shall maintain the right to limit a
217 specific scheduled drug or scheduled drug category that the
218 assistant physician is permitted to prescribe. Any

219 limitations shall be listed in the collaborative practice
220 arrangement. Assistant physicians shall not prescribe
221 controlled substances for themselves or members of their
222 families. Schedule III controlled substances and Schedule
223 II - hydrocodone prescriptions shall be limited to a five-
224 day supply without refill, except that buprenorphine may be
225 prescribed for up to a thirty-day supply without refill for
226 patients receiving medication-assisted treatment for
227 substance use disorders under the direction of the
228 collaborating physician. Assistant physicians who are
229 authorized to prescribe controlled substances under this
230 section shall register with the federal Drug Enforcement
231 Administration and the state bureau of narcotics and
232 dangerous drugs, and shall include the Drug Enforcement
233 Administration registration number on prescriptions for
234 controlled substances.

235 (2) The collaborating physician shall be responsible
236 to determine and document the completion of at least one
237 hundred twenty hours in a four-month period by the assistant
238 physician during which the assistant physician shall
239 practice with the collaborating physician on-site prior to
240 prescribing controlled substances when the collaborating
241 physician is not on-site. Such limitation shall not apply
242 to assistant physicians of population-based public health
243 services as defined in 20 CSR 2150-5.100 as of April 30,
244 2009, or assistant physicians providing opioid addiction
245 treatment.

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

250 13. Nothing in this section or section 334.036 shall
251 be construed to limit the authority of hospitals or hospital
252 medical staff to make employment or medical staff
253 credentialing or privileging decisions.

 334.104. 1. A physician may enter into collaborative
2 practice arrangements with registered professional nurses.
3 Collaborative practice arrangements shall be in the form of
4 written agreements, jointly agreed-upon protocols, or
5 standing orders for the delivery of health care services.
6 Collaborative practice arrangements[, which shall be in
7 writing,] may delegate to a registered professional nurse
8 **who is not an advanced practice registered nurse, as defined**
9 **in section 335.016**, the authority to administer or dispense
10 drugs and provide treatment as long as the delivery of such
11 health care services is within the scope of practice of the
12 registered professional nurse and is consistent with that
13 nurse's skill, training and competence.

14 2. [Collaborative practice arrangements, which shall
15 be in writing, may delegate to a registered professional
16 nurse the authority to administer, dispense or prescribe
17 drugs and provide treatment if the registered professional
18 nurse is an advanced practice registered nurse as defined in
19 subdivision (2) of section 335.016. Collaborative practice
20 arrangements may delegate to an advanced practice registered
21 nurse, as defined in section 335.016, the authority to
22 administer, dispense, or prescribe controlled substances
23 listed in Schedules III, IV, and V of section 195.017, and
24 Schedule II - hydrocodone; except that, the collaborative
25 practice arrangement shall not delegate the authority to
26 administer any controlled substances listed in Schedules
27 III, IV, and V of section 195.017, or Schedule II -
28 hydrocodone for the purpose of inducing sedation or general

29 anesthesia for therapeutic, diagnostic, or surgical
30 procedures. Schedule III narcotic controlled substance and
31 Schedule II - hydrocodone prescriptions shall be limited to
32 a one hundred twenty-hour supply without refill. Such
33 collaborative practice arrangements shall be in the form of
34 written agreements, jointly agreed-upon protocols or
35 standing orders for the delivery of health care services.
36 An advanced practice registered nurse may prescribe
37 buprenorphine for up to a thirty-day supply without refill
38 for patients receiving medication-assisted treatment for
39 substance use disorders under the direction of the
40 collaborating physician.

41 3. The written collaborative practice arrangement
42 shall contain at least the following provisions:

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

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

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

57 (4) All specialty or board certifications of the
58 collaborating physician and all certifications of the
59 advanced practice registered nurse;

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

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

67 (b) Maintain geographic proximity, except the
68 collaborative practice arrangement may allow for geographic
69 proximity to be waived for a maximum of twenty-eight days
70 per calendar year for rural health clinics as defined by
71 P.L. 95-210, as long as the collaborative practice
72 arrangement includes alternative plans as required in
73 paragraph (c) of this subdivision. This exception to
74 geographic proximity shall apply only to independent rural
75 health clinics, provider-based rural health clinics where
76 the provider is a critical access hospital as provided in 42
77 U.S.C. Section 1395i-4, and provider-based rural health
78 clinics where the main location of the hospital sponsor is
79 greater than fifty miles from the clinic. The collaborating
80 physician is required to maintain documentation related to
81 this requirement and to present it to the state board of
82 registration for the healing arts when requested; and

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

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

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

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

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

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

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

123 practice arrangements including delegating authority to
124 prescribe controlled substances. Any rules relating to
125 dispensing or distribution of medications or devices by
126 prescription or prescription drug orders under this section
127 shall be subject to the approval of the state board of
128 pharmacy. Any rules relating to dispensing or distribution
129 of controlled substances by prescription or prescription
130 drug orders under this section shall be subject to the
131 approval of the department of health and senior services and
132 the state board of pharmacy. In order to take effect, such
133 rules shall be approved by a majority vote of a quorum of
134 each board. Neither the state board of registration for the
135 healing arts nor the board of nursing may separately
136 promulgate rules relating to collaborative practice
137 arrangements. Such jointly promulgated rules shall be
138 consistent with guidelines for federally funded clinics.
139 The rulemaking authority granted in this subsection shall
140 not extend to collaborative practice arrangements of
141 hospital employees providing inpatient care within hospitals
142 as defined pursuant to chapter 197 or population-based
143 public health services as defined by 20 CSR 2150-5.100 as of
144 April 30, 2008.

145 5. The state board of registration for the healing
146 arts shall not deny, revoke, suspend or otherwise take
147 disciplinary action against a physician for health care
148 services delegated to a registered professional nurse
149 provided the provisions of this section and the rules
150 promulgated thereunder are satisfied.] Upon the written
151 request of a physician subject to a disciplinary action
152 imposed as a result of an agreement between a physician and
153 a registered professional nurse or registered physician
154 assistant, whether written or not, prior to August 28, 1993,

155 all records of such disciplinary licensure action and all
156 records pertaining to the filing, investigation or review of
157 an alleged violation of this chapter incurred as a result of
158 such an agreement shall be removed from the records of the
159 state board of registration for the healing arts and the
160 division of professional registration and shall not be
161 disclosed to any public or private entity seeking such
162 information from the board or the division. The state board
163 of registration for the healing arts shall take action to
164 correct reports of alleged violations and disciplinary
165 actions as described in this section which have been
166 submitted to the National Practitioner Data Bank. In
167 subsequent applications or representations relating to his
168 **or her** medical practice, a physician completing forms or
169 documents shall not be required to report any actions of the
170 state board of registration for the healing arts for which
171 the records are subject to removal under this section.

172 [6.]3. Within thirty days of any change and on each
173 renewal, the state board of registration for the healing
174 arts shall require every physician to identify whether the
175 physician is engaged in any collaborative practice
176 [agreement]arrangement, including collaborative practice
177 [agreements]arrangements delegating the authority to
178 prescribe controlled substances, or physician assistant
179 [agreement]collaborative practice arrangement and also
180 report to the board the name of each licensed professional
181 with whom the physician has entered into such
182 [agreement]arrangement. The board [may]shall make this
183 information available to the public. The board shall track
184 the reported information and may routinely conduct random
185 reviews of such [agreements]arrangements to ensure that

186 [agreements] **arrangements** are carried out for compliance
187 under this chapter.

188 [7. Notwithstanding any law to the contrary, a
189 certified registered nurse anesthetist as defined in
190 subdivision (8) of section 335.016 shall be permitted to
191 provide anesthesia services without a collaborative practice
192 arrangement provided that he or she is under the supervision
193 of an anesthesiologist or other physician, dentist, or
194 podiatrist who is immediately available if needed. Nothing
195 in this subsection shall be construed to prohibit or prevent
196 a certified registered nurse anesthetist as defined in
197 subdivision (8) of section 335.016 from entering into a
198 collaborative practice arrangement under this section,
199 except that the collaborative practice arrangement may not
200 delegate the authority to prescribe any controlled
201 substances listed in Schedules III, IV, and V of section
202 195.017, or Schedule II - hydrocodone.

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

217 9. It is the responsibility of the collaborating
218 physician to determine and document the completion of at
219 least a one-month period of time during which the advanced
220 practice registered nurse shall practice with the
221 collaborating physician continuously present before
222 practicing in a setting where the collaborating physician is
223 not continuously present. This limitation shall not apply
224 to collaborative arrangements of providers of population-
225 based public health services as defined by 20 CSR 2150-5.100
226 as of April 30, 2008.

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

235 11.]4. No contract or other [agreement] **arrangement**
236 shall require a physician to act as a collaborating
237 physician for [an advanced practice] **a** registered nurse
238 against the physician's will. A physician shall have the
239 right to refuse to act as a collaborating physician, without
240 penalty, for a particular [advanced practice] registered
241 nurse. [No contract or other agreement shall limit the
242 collaborating physician's ultimate authority over any
243 protocols or standing orders or in the delegation of the
244 physician's authority to any advanced practice registered
245 nurse, but this requirement shall not authorize a physician
246 in implementing such protocols, standing orders, or
247 delegation to violate applicable standards for safe medical
248 practice established by hospital's medical staff.

249 12.]5. No contract or other [agreement]arrangement
250 shall require any [advanced practice] registered nurse to
251 serve as a collaborating [advanced practice] registered
252 nurse for any collaborating physician against the [advanced
253 practice] registered nurse's will. [An advanced practice]A
254 registered nurse shall have the right to refuse to
255 collaborate, without penalty, with a particular physician.
256 **Any refusal to collaborate shall not violate applicable**
257 **standards for the provision of safe practice and patient**
258 **care.**

334.108. 1. Prior to prescribing any drug, controlled
2 substance, or other treatment through telemedicine, as
3 defined in section 191.1145, or the internet, a physician **or**
4 **advanced practice registered nurse** shall establish a valid
5 [physician-patient]provider-patient relationship as
6 described in section 191.1146. This relationship shall
7 include:

8 (1) Obtaining a reliable medical history and
9 performing a physical examination of the patient, adequate
10 to establish the diagnosis for which the drug is being
11 prescribed and to identify underlying conditions or
12 contraindications to the treatment recommended or provided;

13 (2) Having sufficient dialogue with the patient
14 regarding treatment options and the risks and benefits of
15 treatment or treatments;

16 (3) If appropriate, following up with the patient to
17 assess the therapeutic outcome;

18 (4) Maintaining a contemporaneous medical record that
19 is readily available to the patient and, subject to the
20 patient's consent, to the patient's other health care
21 professionals; and

22 (5) Maintaining the electronic prescription
23 information as part of the patient's medical record.

24 2. The requirements of subsection 1 of this section
25 may be satisfied by the prescribing physician's designee
26 when treatment is provided in:

27 (1) A hospital as defined in section 197.020;

28 (2) A hospice program as defined in section 197.250;

29 (3) Home health services provided by a home health
30 agency as defined in section 197.400;

31 (4) Accordance with a collaborative practice
32 **[agreement]arrangement** as **[defined]described** in section
33 334.104;

34 (5) Conjunction with a physician assistant licensed
35 pursuant to section 334.738;

36 (6) Conjunction with an assistant physician licensed
37 under section 334.036;

38 (7) Consultation with another physician who has an
39 ongoing physician-patient relationship with the patient, and
40 who has agreed to supervise the patient's treatment,
41 including use of any prescribed medications; or

42 (8) On-call or cross-coverage situations.

43 3. No health care provider, as defined in section
44 376.1350, shall prescribe any drug, controlled substance, or
45 other treatment to a patient based solely on an evaluation
46 over the telephone; except that, a physician or such
47 physician's on-call designee, **[or]** an advanced practice
48 registered nurse, **or** a physician assistant**[,]** or an
49 assistant physician in a collaborative practice arrangement
50 with **[such]a** physician, may prescribe any drug, controlled
51 substance, or other treatment that is within his or her
52 scope of practice to a patient based solely on a telephone
53 evaluation if a previously established and ongoing

54 [physician-patient]patient relationship exists between such
55 [physician]health care provider and the patient being
56 treated.

57 4. No health care provider shall prescribe any drug,
58 controlled substance, or other treatment to a patient based
59 solely on an internet request or an internet questionnaire.

334.735. 1. As used in sections 334.735 to 334.749,
2 the following terms mean:

3 (1) "Applicant", any individual who seeks to become
4 licensed as a physician assistant;

5 (2) "Certification" or "registration", a process by a
6 certifying entity that grants recognition to applicants
7 meeting predetermined qualifications specified by such
8 certifying entity;

9 (3) "Certifying entity", the nongovernmental agency or
10 association which certifies or registers individuals who
11 have completed academic and training requirements;

12 (4) "Collaborative practice arrangement", written
13 agreements, jointly agreed upon protocols, or standing
14 orders, all of which shall be in writing, for the delivery
15 of health care services;

16 (5) "Department", the department of commerce and
17 insurance or a designated agency thereof;

18 (6) "License", a document issued to an applicant by
19 the board acknowledging that the applicant is entitled to
20 practice as a physician assistant;

21 (7) "Physician assistant", a person who has graduated
22 from a physician assistant program accredited by the
23 Accreditation Review Commission on Education for the
24 Physician Assistant or its successor agency, prior to 2001,
25 or the Committee on Allied Health Education and
26 Accreditation or the Commission on Accreditation of Allied

27 Health Education Programs, who has passed the certifying
28 examination administered by the National Commission on
29 Certification of Physician Assistants and has active
30 certification by the National Commission on Certification of
31 Physician Assistants who provides health care services
32 delegated by a licensed physician. A person who has been
33 employed as a physician assistant for three years prior to
34 August 28, 1989, who has passed the National Commission on
35 Certification of Physician Assistants examination, and has
36 active certification of the National Commission on
37 Certification of Physician Assistants;

38 (8) "Recognition", the formal process of becoming a
39 certifying entity as required by the provisions of sections
40 334.735 to 334.749.

41 2. The scope of practice of a physician assistant
42 shall consist only of the following services and procedures:

43 (1) Taking patient histories;

44 (2) Performing physical examinations of a patient;

45 (3) Performing or assisting in the performance of
46 routine office laboratory and patient screening procedures;

47 (4) Performing routine therapeutic procedures;

48 (5) Recording diagnostic impressions and evaluating
49 situations calling for attention of a physician to institute
50 treatment procedures;

51 (6) Instructing and counseling patients regarding
52 mental and physical health using procedures reviewed and
53 approved by a collaborating physician;

54 (7) Assisting the supervising physician in
55 institutional settings, including reviewing of treatment
56 plans, ordering of tests and diagnostic laboratory and
57 radiological services, and ordering of therapies, using
58 procedures reviewed and approved by a licensed physician;

59 (8) Assisting in surgery; and
60 (9) Performing such other tasks not prohibited by law
61 under the collaborative practice arrangement with a licensed
62 physician as the physician assistant has been trained and is
63 proficient to perform.

64 3. Physician assistants shall not perform or prescribe
65 abortions.

66 4. Physician assistants shall not prescribe any drug,
67 medicine, device or therapy unless pursuant to a
68 collaborative practice arrangement in accordance with the
69 law, nor prescribe lenses, prisms or contact lenses for the
70 aid, relief or correction of vision or the measurement of
71 visual power or visual efficiency of the human eye, nor
72 administer or monitor general or regional block anesthesia
73 during diagnostic tests, surgery or obstetric procedures.
74 Prescribing of drugs, medications, devices or therapies by a
75 physician assistant shall be pursuant to a collaborative
76 practice arrangement which is specific to the clinical
77 conditions treated by the supervising physician and the
78 physician assistant shall be subject to the following:

79 (1) A physician assistant shall only prescribe
80 controlled substances in accordance with section 334.747;

81 (2) The types of drugs, medications, devices or
82 therapies prescribed by a physician assistant shall be
83 consistent with the scopes of practice of the physician
84 assistant and the collaborating physician;

85 (3) All prescriptions shall conform with state and
86 federal laws and regulations and shall include the name,
87 address and telephone number of the physician assistant and
88 the supervising physician;

89 (4) A physician assistant, or advanced practice
90 registered nurse as defined in section 335.016 may request,

91 receive and sign for noncontrolled professional samples and
92 may distribute professional samples to patients; and

93 (5) A physician assistant shall not prescribe any
94 drugs, medicines, devices or therapies the collaborating
95 physician is not qualified or authorized to prescribe.

96 5. A physician assistant shall clearly identify
97 himself or herself as a physician assistant and shall not
98 use or permit to be used in the physician assistant's behalf
99 the terms "doctor", "Dr." or "doc" nor hold himself or
100 herself out in any way to be a physician or surgeon. No
101 physician assistant shall practice or attempt to practice
102 without physician collaboration or in any location where the
103 collaborating physician is not immediately available for
104 consultation, assistance and intervention, except as
105 otherwise provided in this section, and in an emergency
106 situation, nor shall any physician assistant bill a patient
107 independently or directly for any services or procedure by
108 the physician assistant; except that, nothing in this
109 subsection shall be construed to prohibit a physician
110 assistant from enrolling with a third-party plan or the
111 department of social services as a MO HealthNet or Medicaid
112 provider while acting under a collaborative practice
113 arrangement between the physician and physician assistant.

114 6. The licensing of physician assistants shall take
115 place within processes established by the state board of
116 registration for the healing arts through rule and
117 regulation. The board of healing arts is authorized to
118 establish rules pursuant to chapter 536 establishing
119 licensing and renewal procedures, collaboration,
120 collaborative practice arrangements, fees, and addressing
121 such other matters as are necessary to protect the public
122 and discipline the profession. An application for licensing

123 may be denied or the license of a physician assistant may be
124 suspended or revoked by the board in the same manner and for
125 violation of the standards as set forth by section 334.100,
126 or such other standards of conduct set by the board by rule
127 or regulation. Persons licensed pursuant to the provisions
128 of chapter 335 shall not be required to be licensed as
129 physician assistants. All applicants for physician
130 assistant licensure who complete a physician assistant
131 training program after January 1, 2008, shall have a
132 master's degree from a physician assistant program.

133 7. At all times the physician is responsible for the
134 oversight of the activities of, and accepts responsibility
135 for, health care services rendered by the physician
136 assistant.

137 8. A physician may enter into collaborative practice
138 arrangements with physician assistants. Collaborative
139 practice arrangements, which shall be in writing, may
140 delegate to a physician assistant the authority to
141 prescribe, administer, or dispense drugs and provide
142 treatment which is within the skill, training, and
143 competence of the physician assistant. Collaborative
144 practice arrangements may delegate to a physician assistant,
145 as defined in section 334.735, the authority to administer,
146 dispense, or prescribe controlled substances listed in
147 Schedules III, IV, and V of section 195.017, and Schedule
148 II - hydrocodone. Schedule III narcotic controlled
149 substances and Schedule II - hydrocodone prescriptions shall
150 be limited to a one hundred twenty-hour supply without
151 refill. Such collaborative practice arrangements shall be
152 in the form of a written arrangement, jointly agreed-upon
153 protocols, or standing orders for the delivery of health
154 care services.

155 9. The written collaborative practice arrangement
156 shall contain at least the following provisions:

157 (1) Complete names, home and business addresses, zip
158 codes, and telephone numbers of the collaborating physician
159 and the physician assistant;

160 (2) A list of all other offices or locations, other
161 than those listed in subdivision (1) of this subsection,
162 where the collaborating physician has authorized the
163 physician assistant to prescribe;

164 (3) A requirement that there shall be posted at every
165 office where the physician assistant is authorized to
166 prescribe, in collaboration with a physician, a prominently
167 displayed disclosure statement informing patients that they
168 may be seen by a physician assistant and have the right to
169 see the collaborating physician;

170 (4) All specialty or board certifications of the
171 collaborating physician and all certifications of the
172 physician assistant;

173 (5) The manner of collaboration between the
174 collaborating physician and the physician assistant,
175 including how the collaborating physician and the physician
176 assistant will:

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

180 (b) Maintain geographic proximity, as determined by
181 the board of registration for the healing arts; and

182 (c) Provide coverage during absence, incapacity,
183 infirmity, or emergency of the collaborating physician;

184 (6) A list of all other written collaborative practice
185 arrangements of the collaborating physician and the
186 physician assistant;

187 (7) The duration of the written practice arrangement
188 between the collaborating physician and the physician
189 assistant;

190 (8) A description of the time and manner of the
191 collaborating physician's review of the physician
192 assistant's delivery of health care services. The
193 description shall include provisions that the physician
194 assistant shall submit a minimum of ten percent of the
195 charts documenting the physician assistant's delivery of
196 health care services to the collaborating physician for
197 review by the collaborating physician, or any other
198 physician designated in the collaborative practice
199 arrangement, every fourteen days. Reviews may be conducted
200 electronically;

201 (9) The collaborating physician, or any other
202 physician designated in the collaborative practice
203 arrangement, shall review every fourteen days a minimum of
204 twenty percent of the charts in which the physician
205 assistant prescribes controlled substances. The charts
206 reviewed under this subdivision may be counted in the number
207 of charts required to be reviewed under subdivision (8) of
208 this subsection; and

209 (10) A statement that no collaboration requirements in
210 addition to the federal law shall be required for a
211 physician-physician assistant team working in a certified
212 community behavioral health clinic as defined by Pub.L. 113-
213 93, or a rural health clinic under the federal Rural Health
214 Services Act, Pub.L. 95-210, as amended, or a federally
215 qualified health center as defined in 42 U.S.C. Section
216 [1395 of the Public Health Service Act]1395x, as amended.

217 10. The state board of registration for the healing
218 arts under section 334.125 may promulgate rules regulating
219 the use of collaborative practice arrangements.

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

226 12. Within thirty days of any change and on each
227 renewal, the state board of registration for the healing
228 arts shall require every physician to identify whether the
229 physician is engaged in any collaborative practice
230 arrangement, including collaborative practice arrangements
231 delegating the authority to prescribe controlled substances,
232 and also report to the board the name of each physician
233 assistant with whom the physician has entered into such
234 arrangement. The board may make such information available
235 to the public. The board shall track the reported
236 information and may routinely conduct random reviews of such
237 arrangements to ensure that the arrangements are carried out
238 in compliance with this chapter.

239 13. The collaborating physician shall determine and
240 document the completion of a period of time during which the
241 physician assistant shall practice with the collaborating
242 physician continuously present before practicing in a
243 setting where the collaborating physician is not
244 continuously present. This limitation shall not apply to
245 collaborative arrangements of providers of population-based
246 public health services as defined by 20 CSR 2150-5.100 as of
247 April 30, 2009.

248 14. No contract or other arrangement shall require a
249 physician to act as a collaborating physician for a
250 physician assistant against the physician's will. A
251 physician shall have the right to refuse to act as a
252 supervising physician, without penalty, for a particular
253 physician assistant. No contract or other
254 **[agreement] arrangement** shall limit the collaborating
255 physician's ultimate authority over any protocols or
256 standing orders or in the delegation of the physician's
257 authority to any physician assistant. No contract or other
258 arrangement shall require any physician assistant to
259 collaborate with any physician against the physician
260 assistant's will. A physician assistant shall have the
261 right to refuse to collaborate, without penalty, with a
262 particular physician.

263 15. Physician assistants shall file with the board a
264 copy of their collaborating physician form.

265 16. No physician shall be designated to serve as a
266 collaborating physician for more than six full-time
267 equivalent licensed physician assistants[, full-time
268 equivalent advanced practice registered nurses,] or full-
269 time equivalent assistant physicians, or any combination
270 thereof. This limitation shall not apply to physician
271 assistant collaborative practice arrangements of hospital
272 employees providing inpatient care service in hospitals as
273 defined in chapter 197[, or to a certified registered nurse
274 anesthetist providing anesthesia services under the
275 supervision of an anesthesiologist or other physician,
276 dentist, or podiatrist who is immediately available if
277 needed as set out in subsection 7 of section 334.104].

278 17. No arrangement made under this section shall
279 supercede current hospital licensing regulations governing

280 hospital medication orders under protocols or standing
281 orders for the purpose of delivering inpatient or emergency
282 care within a hospital, as defined in section 197.020, if
283 such protocols or standing orders have been approved by the
284 hospital's medical staff and pharmaceutical therapeutics
285 committee.

334.810. 1. The "practice of respiratory care"
2 includes, but is not limited to:

3 (1) The administration of pharmacologic, diagnostic
4 and therapeutic agents related to respiratory care to
5 implement a disease prevention, diagnostic, treatment or
6 pulmonary rehabilitative regimen prescribed by a physician
7 **or advanced practice registered nurse** or by clinical
8 protocols pertaining to the practice of respiratory care;

9 (2) Observing, examining, monitoring, assessment and
10 evaluation of signs, symptoms and general physical response
11 to respiratory care procedures, including whether such are
12 abnormal, and implementation of changes in procedures based
13 on observed abnormalities, appropriate clinical protocols or
14 pursuant to a prescription by a physician licensed under
15 chapter 334[,] or [a person acting under a collaborative
16 practice agreement as authorized by section 334.104]by an
17 **advanced practice registered nurse, as defined in section**
18 **335.016;** or

19 (3) The initiation of emergency procedures under the
20 regulations of the board or as otherwise permitted in
21 sections 334.800 to 334.930.

22 2. The practice of respiratory care is not limited to
23 the hospital setting but shall always be performed under the
24 prescription, order or protocol of a licensed physician **or**
25 **advanced practice registered nurse** and includes the
26 diagnostic and therapeutic use of the following:

- 27 (1) Administration of medical gases, except for the
28 purpose of anesthesia;
- 29 (2) Administration of pharmacologic agents related to,
30 or in conjunction with, respiratory care procedures;
- 31 (3) Aerosolized medications and humidification;
- 32 (4) Arterial blood gas puncture or sample collection;
- 33 (5) Bronchopulmonary hygiene;
- 34 (6) Cardiopulmonary resuscitation;
- 35 (7) Environmental control mechanisms and therapy;
- 36 (8) Initiation, monitoring, modification of ventilator
37 controls, and discontinuance or withdrawal of continuous
38 mechanical ventilation;
- 39 (9) Intubation/extubation of endotracheal tubes,
40 tracheostomy tubes and transtracheal catheters;
- 41 (10) Insertion of artificial airways and the
42 maintenance of natural and artificial airways;
- 43 (11) Mechanical or physiological ventilatory support;
- 44 (12) Point-of-care diagnostic testing;
- 45 (13) Specific diagnostic and testing techniques
46 employed in the medical management of patients to assist in
47 diagnosis, monitoring, treatment and research of pulmonary
48 abnormalities, including measurement of ventilatory volumes,
49 pressures, flows, collection of specimens of blood and
50 mucus, measurement and reporting of blood gases, expired and
51 inspired gas samples and pulmonary function testing;
- 52 (14) Diagnostic monitoring or therapeutic intervention
53 for oxygen desaturation, aberrant ventilatory patterns and
54 related sleep disorders including obstructive and central
55 apnea; and
- 56 (15) Other related physiologic measurements of the
57 cardiopulmonary system.

58 3. The practice of respiratory care may also include,
59 with special training, the following:

60 (1) Insertion and maintenance of peripheral arterial
61 or venous lines and hemodynamic monitoring;

62 (2) Assistance with diagnostic or performing
63 therapeutic bronchoscopy;

64 (3) Extracorporeal Membrane Oxygenation (ECMO),
65 limited to the intensive care setting, and delivered under
66 the supervision of a Certified Clinical Perfusionist (CCP,
67 as defined by the American Board of Cardiovascular
68 Perfusion, an allied medical professional whose expertise is
69 the science of extracorporeal life support) and a licensed
70 physician;

71 (4) Air or ground ambulance transport;

72 (5) Hyperbaric oxygenation therapy;

73 (6) Electrophysiologic monitoring; or

74 (7) Other diagnostic testing or special procedures.

75 4. The state board of registration for the healing
76 arts pursuant to section 334.125, and the board of
77 respiratory care, created pursuant to section 334.830, may
78 jointly promulgate rules defining additional procedures
79 recognized as proper to be performed by respiratory care
80 practitioners. In order to take effect, such rules shall be
81 approved by a majority vote of a quorum of each board.
82 Neither the state board of registration for the healing arts
83 nor the board of respiratory care may separately promulgate
84 rules relating to the practice of respiratory care.

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

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

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

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

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

28 (5) "Certified clinical nurse specialist", a
29 registered nurse who is currently certified as a clinical
30 nurse specialist by a nationally recognized certifying board
31 approved by the board of nursing;

32 (6) "Certified nurse midwife", a registered nurse who
33 is currently certified as a nurse midwife by the American
34 [College of Nurse Midwives]**Midwifery Certification Board, or**

35 other nationally recognized certifying body approved by the
36 board of nursing;

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

41 (8) "Certified registered nurse anesthetist", a
42 registered nurse who is currently certified as a nurse
43 anesthetist by the Council on Certification of Nurse
44 Anesthetists, the [Council on Recertification of Nurse
45 Anesthetists]**National Board of Certification and**
46 **Recertification for Nurse Anesthetists**, or other nationally
47 recognized certifying body approved by the board of nursing;

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

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

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

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

60 (13) "Licensure", the issuing of a license [to
61 practice professional or practical nursing] to candidates
62 who have met the [specified] requirements **specified under**
63 **this chapter, authorizing the person to engage in the**
64 **practice of advanced practice, professional, or practical**
65 **nursing**, and the recording of the names of those persons as

66 holders of a license to practice **advanced practice,**
67 professional, or practical nursing;

68 (14) **"Practice of advanced practice nursing", the**
69 **performance for compensation of activities and services**
70 **consistent with the required education, training,**
71 **certification, demonstrated competencies, and experiences of**
72 **an advanced practice registered nurse;**

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

93 [(15)] (16) **"Practice of professional nursing",** the
94 performance for compensation of any act **or action** which
95 requires substantial specialized education, judgment and
96 skill based on knowledge and application of principles

97 derived from the biological, physical, social, **behavioral**,
98 and nursing sciences, including, but not limited to:

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

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

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

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

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

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

118 [(17)] (18) "Retired license status", any person
119 licensed in this state under this chapter who retires from
120 such practice. Such person shall file with the board an
121 affidavit, on a form to be furnished by the board, which
122 states the date on which the licensee retired from such
123 practice, an intent to retire from the practice for at least
124 two years, and such other facts as tend to verify the
125 retirement as the board may deem necessary; but if the
126 licensee thereafter reengages in the practice, the licensee
127 shall renew his or her license with the board as provided by
128 this chapter and by rule and regulation.

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

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

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

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

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

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

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

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

39 3. The board of nursing may grant a certificate of
40 controlled substance prescriptive authority to an advanced
41 practice registered nurse, except not to a certified
42 registered nurse anesthetist, to administer, dispense, or
43 prescribe controlled substances listed in Schedules II to V
44 of section 195.017.

45 4. Advanced practice registered nurses, except for
46 certified registered nurse anesthetists, shall not
47 administer any controlled substances listed in Schedules II
48 to V of section 195.017 for the purpose of inducing general
49 anesthesia for procedures that are outside the advanced
50 practice registered nurse's scope of practice.

51 5. Notwithstanding any provision of law to the
52 contrary, a certified registered nurse anesthetist shall be
53 permitted to provide anesthesia services without a
54 certificate of controlled substance prescriptive authority,
55 provided that he or she is under the supervision of an
56 anesthesiologist or other physician, dentist, or podiatrist
57 who is immediately available if needed.

335.036. 1. The board shall:

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

7 administer the provisions of sections 335.011 to
8 ~~[335.096]~~**335.099**;

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

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

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

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

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

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

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

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

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

37 3. All fees received by the board pursuant to the
38 provisions of sections 335.011 to ~~[335.096]~~**335.099** shall be

39 deposited in the state treasury and be placed to the credit
40 of the state board of nursing fund. All administrative
41 costs and expenses of the board shall be paid from
42 appropriations made for those purposes. The board is
43 authorized to provide funding for the nursing education
44 incentive program established in sections 335.200 to 335.203.

45 4. The provisions of section 33.080 to the contrary
46 notwithstanding, money in this fund shall not be transferred
47 and placed to the credit of general revenue until the amount
48 in the fund at the end of the biennium exceeds two times the
49 amount of the appropriation from the board's funds for the
50 preceding fiscal year or, if the board requires by rule,
51 permit renewal less frequently than yearly, then three times
52 the appropriation from the board's funds for the preceding
53 fiscal year. The amount, if any, in the fund which shall
54 lapse is that amount in the fund which exceeds the
55 appropriate multiple of the appropriations from the board's
56 funds for the preceding fiscal year.

57 5. Any rule or portion of a rule, as that term is
58 defined in section 536.010, that is created under the
59 authority delegated in this chapter shall become effective
60 only if it complies with and is subject to all of the
61 provisions of chapter 536 and, if applicable, section
62 536.028. All rulemaking authority delegated prior to August
63 28, 1999, is of no force and effect and repealed. Nothing
64 in this section shall be interpreted to repeal or affect the
65 validity of any rule filed or adopted prior to August 28,
66 1999, if it fully complied with all applicable provisions of
67 law. This section and chapter 536 are nonseverable and if
68 any of the powers vested with the general assembly pursuant
69 to chapter 536 to review, to delay the effective date or to
70 disapprove and annul a rule are subsequently held

71 unconstitutional, then the grant of rulemaking authority and
72 any rule proposed or adopted after August 28, 1999, shall be
73 invalid and void.

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

29 for all applicants. Applicants from foreign countries shall
30 be licensed as prescribed by rule.

31 2. An applicant for license to practice as a licensed
32 practical nurse shall submit to the board a written
33 application on forms furnished to the applicant. The
34 original application shall contain the applicant's
35 statements showing the applicant's education and other such
36 pertinent information as the board may require. Such
37 applicant shall be of good moral character, and have
38 completed at least two years of high school, or its
39 equivalent as established by the state board of education,
40 and have successfully completed a basic prescribed
41 curriculum in a state-accredited or approved school of
42 nursing, earned a nursing degree, certificate or diploma and
43 completed a course approved by the board on the role of the
44 practical nurse. Each application shall contain a statement
45 that it is made under oath or affirmation and that its
46 representations are true and correct to the best knowledge
47 and belief of the person signing same, subject to the
48 penalties of making a false affidavit or declaration.
49 Applicants from non-English-speaking countries shall be
50 required to submit evidence of their proficiency in the
51 English language. The applicant must be approved by the
52 board and shall pass an examination as required by the
53 board. The board may require by rule as a requirement for
54 licensure that each applicant shall pass an oral or
55 practical examination. Upon successfully passing the
56 examination, the board may issue to the applicant a license
57 to practice as a licensed practical nurse. The applicant
58 for a license to practice licensed practical nursing shall
59 pay a fee in such amount as may be set by the board. The

60 fee shall be uniform for all applicants. Applicants from
61 foreign countries shall be licensed as prescribed by rule.

62 3. (1) An applicant for a license to practice as an
63 advanced practice registered nurse shall submit to the board
64 a written application on forms furnished to the applicant.
65 The original application shall contain:

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

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

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

78 (3) An applicant shall:

79 (a) Hold a current registered professional nurse
80 license or privilege to practice, shall not be currently
81 subject to discipline or any restrictions, and shall not
82 hold an encumbered license or privilege to practice as a
83 registered professional nurse or advanced practice
84 registered nurse in any state or territory;

85 (b) Have completed an accredited graduate-level
86 advanced practice registered nurse program and achieved at
87 least one certification as a clinical nurse specialist,
88 nurse midwife, nurse practitioner, or registered nurse
89 anesthetist, with at least one population focus prescribed
90 by rule of the board;

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

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

97 (4) Any person holding a document of recognition to
98 practice nursing as an advanced practice registered nurse in
99 this state that is current on August 28, 2023, shall be
100 deemed to be licensed as an advanced practice registered
101 nurse under the provisions of this section and shall be
102 eligible for renewal of such license under the conditions
103 and standards prescribed in this chapter and as prescribed
104 by rule.

105 4. Upon refusal of the board to allow any applicant to
106 [sit for]take either the registered professional nurses'
107 examination or the licensed practical nurses' examination,
108 [as the case may be,]or upon refusal to issue an advanced
109 practice registered nurse license, the board shall comply
110 with the provisions of section 621.120 and advise the
111 applicant of his or her right to have a hearing before the
112 administrative hearing commission. The administrative
113 hearing commission shall hear complaints taken pursuant to
114 section 621.120.

115 [4.]5. The board shall not deny a license because of
116 sex, religion, race, ethnic origin, age or political
117 affiliation.

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

4 (1) Report to the board the mailing address or
5 addresses of his or her current practice location or
6 locations;

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

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

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

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

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

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

22 (4) Observation of pertinent physical findings;

23 (5) Assessment and clinical impression of diagnosis;

24 (6) Plan for care and treatment or additional
25 consultations or diagnostic testing, if necessary. If
26 treatment includes medication, the advanced practice
27 registered nurse shall include in the patient record the
28 medication and dosage of any medication prescribed,
29 dispensed, or administered; and

30 (7) Any informed consent for office procedures.

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

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

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

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

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

15 3. Upon application, the board shall issue a temporary
16 permit to an applicant pursuant to subsection 1 of this
17 section for a license as **[either]an advanced practice**
18 **registered nurse**, a registered professional nurse, or a
19 licensed practical nurse who has made a prima facie showing
20 that the applicant meets all of the requirements for such a
21 license. The temporary permit shall be effective only until

22 the board shall have had the opportunity to investigate his
23 **or her** qualifications for licensure pursuant to subsection 1
24 of this section and to notify the applicant that his or her
25 application for a license has been either granted or
26 rejected. In no event shall such temporary permit be in
27 effect for more than twelve months after the date of its
28 issuance nor shall a permit be reissued to the same
29 applicant. No fee shall be charged for such temporary
30 permit. The holder of a temporary permit which has not
31 expired, or been suspended or revoked, shall be deemed to be
32 the holder of a license issued pursuant to section 335.046
33 until such temporary permit expires, is terminated or is
34 suspended or revoked.

335.056. **1.** The license of every person licensed
2 under the provisions of [sections 335.011 to 335.096]**this**
3 **chapter** shall be renewed as provided. An application for
4 renewal of license shall be mailed to every person to whom a
5 license was issued or renewed during the current licensing
6 period. The applicant shall complete the application and
7 return it to the board by the renewal date with a renewal
8 fee in an amount to be set by the board. The fee shall be
9 uniform for all applicants. The certificates of renewal
10 shall render the holder thereof a legal practitioner of
11 nursing for the period stated in the certificate of
12 renewal. Any person who practices nursing as **an advanced**
13 **practice registered nurse**, a registered professional nurse,
14 or [as] a licensed practical nurse during the time his **or**
15 **her** license has lapsed shall be considered an illegal
16 practitioner and shall be subject to the penalties provided
17 for violation of the provisions of sections 335.011 to
18 [335.096]**335.099.**

19 2. **The renewal of advanced practice registered nurse**
20 **licenses and registered professional nurse licenses shall**
21 **occur at the same time, as prescribed by rule. Failure to**
22 **renew and maintain the registered professional nurse license**
23 **or privilege to practice or failure to provide the required**
24 **fee and evidence of active certification or maintenance of**
25 **certification as prescribed by rules and regulations shall**
26 **result in expiration of the advanced practice registered**
27 **nurse license.**

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

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

18 3. Any person who holds a license [or recognition] to
19 practice advanced practice nursing in this state may use the
20 title "Advanced Practice Registered Nurse", **the designations**
21 **of "certified registered nurse anesthetist", "certified**
22 **nurse midwife", "certified clinical nurse specialist", and**
23 **"certified nurse practitioner", and the**

24 [abbreviation]abbreviations "APRN", [and any other title
25 designations appearing on his or her license] "CRNA", "CNM",
26 "CNS", and "NP", respectively. No other person shall use
27 the title "Advanced Practice Registered Nurse" or the
28 abbreviation "APRN". No other person shall assume any title
29 or use any abbreviation or any other words, letters, signs,
30 or devices to indicate that the person using the same is an
31 advanced practice registered nurse.

32 4. No person shall practice or offer to practice
33 professional nursing, practical nursing, or advanced
34 practice nursing in this state or use any title, sign,
35 abbreviation, card, or device to indicate that such person
36 is a practicing professional nurse, practical nurse, or
37 advanced practice nurse unless he or she has been duly
38 licensed under the provisions of this chapter.

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

45 6. Notwithstanding any law to the contrary, nothing in
46 this chapter shall prohibit a Christian Science nurse from
47 using the title "Christian Science nurse", so long as such
48 person provides only religious nonmedical services when
49 offering or providing such services to those who choose to
50 rely upon healing by spiritual means alone and does not hold
51 his or her own religious organization and does not hold
52 himself or herself out as a registered nurse, advanced
53 practice registered nurse, nurse practitioner, licensed
54 practical nurse, nurse midwife, clinical nurse specialist,

55 or nurse anesthetist, unless otherwise authorized by law to
56 do so.

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

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

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

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

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

21 (5) Practice [professional nursing or practical]
22 nursing during the time his **or her** license issued under the
23 provisions of sections 335.011 to [335.096]335.099 shall be
24 suspended or revoked; or

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

335.175. 1. No later than January 1, 2014, there is
2 hereby established within the state board of registration
3 for the healing arts and the state board of nursing the

4 "Utilization of Telehealth by Nurses". [An advanced
5 practice registered nurse (APRN) providing nursing services
6 under a collaborative practice arrangement under section
7 334.104 may provide such services outside the geographic
8 proximity requirements of section 334.104 if the
9 collaborating physician and advanced practice registered
10 nurse utilize telehealth in the care of the patient and if
11 the services are provided in a rural area of need.]

12 Telehealth providers shall be required to obtain patient
13 consent before telehealth services are initiated and ensure
14 confidentiality of medical information.

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

17 [3. (1) The boards shall jointly promulgate rules
18 governing the practice of telehealth under this section.
19 Such rules shall address, but not be limited to, appropriate
20 standards for the use of telehealth.

21 (2) Any rule or portion of a rule, as that term is
22 defined in section 536.010, that is created under the
23 authority delegated in this section shall become effective
24 only if it complies with and is subject to all of the
25 provisions of chapter 536 and, if applicable, section
26 536.028. This section and chapter 536 are nonseverable and
27 if any of the powers vested with the general assembly
28 pursuant to chapter 536 to review, to delay the effective
29 date, or to disapprove and annul a rule are subsequently
30 held unconstitutional, then the grant of rulemaking
31 authority and any rule proposed or adopted after August 28,
32 2013, shall be invalid and void.

33 4. For purposes of this section, "rural area of need"
34 means any rural area of this state which is located in a

35 health professional shortage area as defined in section
36 354.650.]

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

630.175. 1. No person admitted on a voluntary or
2 involuntary basis to any mental health facility or mental
3 health program in which people are civilly detained pursuant
4 to chapter 632 and no patient, resident or client of a
5 residential facility or day program operated, funded or
6 licensed by the department shall be subject to physical or
7 chemical restraint, isolation or seclusion unless it is
8 determined by the head of the facility, the attending
9 licensed physician, **the attending advanced practice**
10 **registered nurse,** or in the circumstances specifically set
11 forth in this section, by [an advanced practice registered
12 nurse in a collaborative practice arrangement, or] a
13 physician assistant or an assistant physician with a
14 collaborative practice arrangement[,] with the attending
15 licensed physician that the chosen intervention is
16 imminently necessary to protect the health and safety of the
17 patient, resident, client or others and that it provides the

18 least restrictive environment. An advanced practice
19 registered nurse [in a collaborative practice arrangement],
20 or a physician assistant or an assistant physician with a
21 collaborative practice arrangement[,] with the attending
22 licensed physician, may make a determination that the chosen
23 intervention is necessary for patients, residents, or
24 clients of facilities or programs operated by the
25 department, in hospitals as defined in section 197.020 that
26 only provide psychiatric care and in dedicated psychiatric
27 units of general acute care hospitals as hospitals are
28 defined in section 197.020. Any determination made by the
29 [advanced practice registered nurse,] physician assistant[,]
30 or assistant physician **in a collaborative practice**
31 **arrangement** shall be documented as required in subsection 2
32 of this section and reviewed in person by the attending
33 licensed physician if the episode of restraint is to extend
34 beyond:

35 (1) Four hours duration in the case of a person under
36 eighteen years of age;

37 (2) Eight hours duration in the case of a person
38 eighteen years of age or older; or

39 (3) For any total length of restraint lasting more
40 than four hours duration in a twenty-four-hour period in the
41 case of a person under eighteen years of age or beyond eight
42 hours duration in the case of a person eighteen years of age
43 or older in a twenty-four-hour period.

44 The review shall occur prior to the time limit specified
45 under subsection 6 of this section and shall be documented
46 by the licensed physician under subsection 2 of this section.

47 2. Every use of physical or chemical restraint,
48 isolation or seclusion and the reasons therefor shall be

49 made a part of the clinical record of the patient, resident
50 or client under the signature of the head of the facility,
51 [or] the attending licensed physician, [or] the **attending**
52 advanced practice registered nurse [in a collaborative
53 practice arrangement], or a physician assistant or an
54 assistant physician with a collaborative practice
55 arrangement[,] with the attending licensed physician.

56 3. Physical or chemical restraint, isolation or
57 seclusion shall not be considered standard treatment or
58 habilitation and shall cease as soon as the circumstances
59 causing the need for such action have ended.

60 4. The use of security escort devices, including
61 devices designed to restrict physical movement, which are
62 used to maintain safety and security and to prevent escape
63 during transport outside of a facility shall not be
64 considered physical restraint within the meaning of this
65 section. Individuals who have been civilly detained under
66 sections 632.300 to 632.475 may be placed in security escort
67 devices when transported outside of the facility if it is
68 determined by the head of the facility, [or] the attending
69 licensed physician, [or] the **attending** advanced practice
70 registered nurse [in a collaborative practice arrangement],
71 or a physician assistant or an assistant physician with a
72 collaborative practice arrangement[,] with the attending
73 licensed physician that the use of security escort devices
74 is necessary to protect the health and safety of the
75 patient, resident, client, or other persons or is necessary
76 to prevent escape. Individuals who have been civilly
77 detained under sections 632.480 to 632.513 or committed
78 under chapter 552 shall be placed in security escort devices
79 when transported outside of the facility unless it is
80 determined by the head of the facility, [or] the attending

81 licensed physician, [or] the **attending** advanced practice
82 registered nurse [in a collaborative practice arrangement],
83 or a physician assistant or an assistant physician with a
84 collaborative practice arrangement[,] with the attending
85 licensed physician that security escort devices are not
86 necessary to protect the health and safety of the patient,
87 resident, client, or other persons or is not necessary to
88 prevent escape.

89 5. Extraordinary measures employed by the head of the
90 facility to ensure the safety and security of patients,
91 residents, clients, and other persons during times of
92 natural or man-made disasters shall not be considered
93 restraint, isolation, or seclusion within the meaning of
94 this section.

95 6. Orders issued under this section by [the advanced
96 practice registered nurse in a collaborative practice
97 arrangement, or] a physician assistant or an assistant
98 physician with a collaborative practice arrangement[,] with
99 the attending licensed physician shall be reviewed in person
100 by the attending licensed physician of the facility within
101 twenty-four hours or the next regular working day of the
102 order being issued, and such review shall be documented in
103 the clinical record of the patient, resident, or client.

104 7. For purposes of this subsection, "division" shall
105 mean the division of developmental disabilities. Restraint
106 or seclusion shall not be used in habilitation centers or
107 community programs that serve persons with developmental
108 disabilities that are operated or funded by the division
109 unless such procedure is part of an emergency intervention
110 system approved by the division and is identified in such
111 person's individual support plan. Direct-care staff that
112 serve persons with developmental disabilities in

113 habilitation centers or community programs operated or
114 funded by the division shall be trained in an emergency
115 intervention system approved by the division when such
116 emergency intervention system is identified in a consumer's
117 individual support plan.

630.875. 1. This section shall be known and may be
2 cited as the "Improved Access to Treatment for Opioid
3 Addictions Act" or "IATOA Act".

4 2. As used in this section, the following terms mean:

5 (1) "Department", the department of mental health;

6 (2) "IATOA program", the improved access to treatment
7 for opioid addictions program created under subsection 3 of
8 this section.

9 3. Subject to appropriations, the department shall
10 create and oversee an "Improved Access to Treatment for
11 Opioid Addictions Program", which is hereby created and
12 whose purpose is to disseminate information and best
13 practices regarding opioid addiction and to facilitate
14 collaborations to better treat and prevent opioid addiction
15 in this state. The IATOA program shall facilitate
16 partnerships between assistant physicians, physician
17 assistants, and advanced practice registered nurses
18 practicing in federally qualified health centers, rural
19 health clinics, and other health care facilities and
20 physicians practicing at remote facilities located in this
21 state. The IATOA program shall provide resources that grant
22 patients and their treating assistant physicians, physician
23 assistants, advanced practice registered nurses, or
24 physicians access to knowledge and expertise through means
25 such as telemedicine and Extension for Community Healthcare
26 Outcomes (ECHO) programs established under section 191.1140.

27 4. Assistant physicians, physician assistants, and
28 advanced practice registered nurses who participate in the
29 IATOA program shall complete the necessary requirements to
30 prescribe buprenorphine within at least thirty days of
31 joining the IATOA program.

32 5. For the purposes of the IATOA program, a remote
33 collaborating physician working with an on-site assistant
34 physician[,]or physician assistant[, or advanced practice
35 registered nurse] shall be considered to be on-site. An
36 assistant physician[,]or physician assistant[, or advanced
37 practice registered nurse] collaborating with a remote
38 physician shall comply with all laws and requirements
39 applicable to assistant physicians[,]or physician
40 assistants[, or advanced practice registered nurses] with on-
41 site supervision before providing treatment to a patient.

42 6. An assistant physician[,]or physician assistant[,
43 or advanced practice registered nurse] collaborating with a
44 physician who is waiver-certified for the use of
45 buprenorphine may participate in the IATOA program in any
46 area of the state and provide all services and functions of
47 an assistant physician[,]or physician assistant[, or
48 advanced practice registered nurse].

49 7. The department may develop curriculum and benchmark
50 examinations on the subject of opioid addiction and
51 treatment. The department may collaborate with specialists,
52 institutions of higher education, and medical schools for
53 such development. Completion of such a curriculum and
54 passing of such an examination by an assistant physician,
55 physician assistant, advanced practice registered nurse, or
56 physician shall result in a certificate awarded by the
57 department or sponsoring institution, if any.

58 8. An assistant physician, physician assistant, or
59 advanced practice registered nurse participating in the
60 IATOA program may also:

61 (1) Engage in community education;

62 (2) Engage in professional education outreach programs
63 with local treatment providers;

64 (3) Serve as a liaison to courts;

65 (4) Serve as a liaison to addiction support
66 organizations;

67 (5) Provide educational outreach to schools;

68 (6) Treat physical ailments of patients in an
69 addiction treatment program or considering entering such a
70 program;

71 (7) Refer patients to treatment centers;

72 (8) Assist patients with court and social service
73 obligations;

74 (9) Perform other functions as authorized by the
75 department; and

76 (10) Provide mental health services in collaboration
77 with a qualified licensed physician, **except that advanced**
78 **practice registered nurses may provide mental health**
79 **services independently, without the collaboration of a**
80 **qualified licensed physician.**

81 The list of authorizations in this subsection is a
82 nonexclusive list, and assistant physicians, physician
83 assistants, or advanced practice registered nurses
84 participating in the IATOA program may perform other actions.

85 9. When an overdose survivor arrives in the emergency
86 department, the assistant physician, physician assistant, or
87 advanced practice registered nurse serving as a recovery
88 coach or, if the assistant physician, physician assistant,

89 or advanced practice registered nurse is unavailable,
90 another properly trained recovery coach shall, when
91 reasonably practicable, meet with the overdose survivor and
92 provide treatment options and support available to the
93 overdose survivor. The department shall assist recovery
94 coaches in providing treatment options and support to
95 overdose survivors.

96 10. The provisions of this section shall supersede any
97 contradictory statutes, rules, or regulations. The
98 department shall implement the improved access to treatment
99 for opioid addictions program as soon as reasonably possible
100 using guidance within this section. Further refinement to
101 the improved access to treatment for opioid addictions
102 program may be done through the rules process.

103 11. The department shall promulgate rules to implement
104 the provisions of the improved access to treatment for
105 opioid addictions act as soon as reasonably possible. Any
106 rule or portion of a rule, as that term is defined in
107 section 536.010, that is created under the authority
108 delegated in this section shall become effective only if it
109 complies with and is subject to all of the provisions of
110 chapter 536 and, if applicable, section 536.028. This
111 section and chapter 536 are nonseverable and if any of the
112 powers vested with the general assembly pursuant to chapter
113 536 to review, to delay the effective date, or to disapprove
114 and annul a rule are subsequently held unconstitutional,
115 then the grant of rulemaking authority and any rule proposed
116 or adopted after August 28, 2018, shall be invalid and void.

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