

SECOND REGULAR SESSION

# SENATE BILL NO. 679

96TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR DIXON.

Read 1st time January 18, 2012, and ordered printed.

TERRY L. SPIELER, Secretary.

5137S.011

## AN ACT

To repeal sections 195.070, 195.100, 208.152, 334.104, 334.108, 334.810, 335.016, 335.019, 335.046, and 338.198, RSMo, and to enact in lieu thereof ten new sections relating to advanced practice registered nurses.

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

Section A. Sections 195.070, 195.100, 208.152, 334.104, 334.108, 334.810, 2 335.016, 335.019, 335.046, and 338.198, RSMo, are repealed and ten new sections 3 enacted in lieu thereof, to be known as sections 195.070, 195.100, 208.152, 4 334.104, 334.108, 334.810, 335.016, 335.019, 335.046, and 338.198, to read as 5 follows:

195.070. 1. A physician, podiatrist, dentist, a registered optometrist 2 certified to administer pharmaceutical agents as provided in section 336.220, **an** 3 **advanced practice registered nurse as defined in section 335.016**, or a 4 physician assistant in accordance with section 334.747 in good faith and in the 5 course of his or her professional practice only, may prescribe, administer, and 6 dispense controlled substances or he or she may cause the same to be 7 administered or dispensed by an individual as authorized by statute.

8 2. [An advanced practice registered nurse, as defined in section 335.016, 9 but not a certified registered nurse anesthetist as defined in subdivision (8) of 10 section 335.016, who holds a certificate of controlled substance prescriptive 11 authority from the board of nursing under section 335.019 and who is delegated 12 the authority to prescribe controlled substances under a collaborative practice 13 arrangement under section 334.104 may prescribe any controlled substances 14 listed in Schedules II, III, IV, and V of section 195.017. However, no such 15 certified advanced practice registered nurse shall prescribe controlled substance

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

16 for his or her own self or family. Schedule III narcotic controlled substance  
17 prescriptions shall be limited to a one hundred twenty-hour supply without refill.

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

23       [4.] 3. A practitioner shall not accept any portion of a controlled  
24 substance unused by a patient, for any reason, if such practitioner did not  
25 originally dispense the drug.

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

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

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

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

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

20       5. Whenever a pharmacist or practitioner sells or dispenses any controlled  
21 substance on a prescription issued by a physician, physician assistant, dentist,  
22 podiatrist, veterinarian, or advanced practice registered nurse, the pharmacist or  
23 practitioner shall affix to the container in which such drug is sold or dispensed

24 a label showing his or her own name and address of the pharmacy or practitioner  
25 for whom he or she is lawfully acting; the name of the patient or, if the patient  
26 is an animal, the name of the owner of the animal and the species of the animal;  
27 the name of the physician, physician assistant, dentist, podiatrist, advanced  
28 practice registered nurse, or veterinarian by whom the prescription was written[;  
29 the name of the collaborating physician if the prescription is written by an  
30 advanced practice registered nurse] or the supervising physician if the  
31 prescription is written by a physician assistant, and such directions as may be  
32 stated on the prescription. No person shall alter, deface, or remove any label so  
33 affixed.

208.152. 1. MO HealthNet payments shall be made on behalf of those  
2 eligible needy persons as defined in section 208.151 who are unable to provide for  
3 it in whole or in part, with any payments to be made on the basis of the  
4 reasonable cost of the care or reasonable charge for the services as defined and  
5 determined by the MO HealthNet division, unless otherwise hereinafter provided,  
6 for the following:

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

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

25 (3) Laboratory and X-ray services;

26 (4) Nursing home services for participants, except to persons with more

27 than five hundred thousand dollars equity in their home or except for persons in  
28 an institution for mental diseases who are under the age of sixty-five years, when  
29 residing in a hospital licensed by the department of health and senior services or  
30 a nursing home licensed by the department of health and senior services or  
31 appropriate licensing authority of other states or government-owned and  
32 -operated institutions which are determined to conform to standards equivalent  
33 to licensing requirements in Title XIX of the federal Social Security Act (42  
34 U.S.C. 301, et seq.), as amended, for nursing facilities. The MO HealthNet  
35 division may recognize through its payment methodology for nursing facilities  
36 those nursing facilities which serve a high volume of MO HealthNet  
37 patients. The MO HealthNet division when determining the amount of the  
38 benefit payments to be made on behalf of persons under the age of twenty-one in  
39 a nursing facility may consider nursing facilities furnishing care to persons under  
40 the age of twenty-one as a classification separate from other nursing facilities;

41 (5) Nursing home costs for participants receiving benefit payments under  
42 subdivision (4) of this subsection for those days, which shall not exceed twelve per  
43 any period of six consecutive months, during which the participant is on a  
44 temporary leave of absence from the hospital or nursing home, provided that no  
45 such participant shall be allowed a temporary leave of absence unless it is  
46 specifically provided for in his plan of care. As used in this subdivision, the term  
47 "temporary leave of absence" shall include all periods of time during which a  
48 participant is away from the hospital or nursing home overnight because he is  
49 visiting a friend or relative;

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

52 (7) Drugs and medicines when prescribed by a licensed physician, dentist,  
53 [or] podiatrist, **or an advanced practice registered nurse**; except that no  
54 payment for drugs and medicines prescribed on and after January 1, 2006, by a  
55 licensed physician, dentist, [or] podiatrist, **or an advanced practice**  
56 **registered nurse** may be made on behalf of any person who qualifies for  
57 prescription drug coverage under the provisions of P.L. 108-173;

58 (8) Emergency ambulance services and, effective January 1, 1990,  
59 medically necessary transportation to scheduled, physician-prescribed nonelective  
60 treatments;

61 (9) Early and periodic screening and diagnosis of individuals who are  
62 under the age of twenty-one to ascertain their physical or mental defects, and

63 health care, treatment, and other measures to correct or ameliorate defects and  
64 chronic conditions discovered thereby. Such services shall be provided in  
65 accordance with the provisions of Section 6403 of P.L. 101-239 and federal  
66 regulations promulgated thereunder;

67 (10) Home health care services;

68 (11) Family planning as defined by federal rules and regulations;  
69 provided, however, that such family planning services shall not include abortions  
70 unless such abortions are certified in writing by a physician to the MO HealthNet  
71 agency that, in his professional judgment, the life of the mother would be  
72 endangered if the fetus were carried to term;

73 (12) Inpatient psychiatric hospital services for individuals under age  
74 twenty-one as defined in Title XIX of the federal Social Security Act (42 U.S.C.  
75 1396d, et seq.);

76 (13) Outpatient surgical procedures, including presurgical diagnostic  
77 services performed in ambulatory surgical facilities which are licensed by the  
78 department of health and senior services of the state of Missouri; except, that  
79 such outpatient surgical services shall not include persons who are eligible for  
80 coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the  
81 federal Social Security Act, as amended, if exclusion of such persons is permitted  
82 under Title XIX, Public Law 89-97, 1965 amendments to the federal Social  
83 Security Act, as amended;

84 (14) Personal care services which are medically oriented tasks having to  
85 do with a person's physical requirements, as opposed to housekeeping  
86 requirements, which enable a person to be treated by his physician on an  
87 outpatient rather than on an inpatient or residential basis in a hospital,  
88 intermediate care facility, or skilled nursing facility. Personal care services shall  
89 be rendered by an individual not a member of the participant's family who is  
90 qualified to provide such services where the services are prescribed by a physician  
91 in accordance with a plan of treatment and are supervised by a licensed  
92 nurse. Persons eligible to receive personal care services shall be those persons  
93 who would otherwise require placement in a hospital, intermediate care facility,  
94 or skilled nursing facility. Benefits payable for personal care services shall not  
95 exceed for any one participant one hundred percent of the average statewide  
96 charge for care and treatment in an intermediate care facility for a comparable  
97 period of time. Such services, when delivered in a residential care facility or  
98 assisted living facility licensed under chapter 198 shall be authorized on a tier

99 level based on the services the resident requires and the frequency of the services.  
100 A resident of such facility who qualifies for assistance under section 208.030  
101 shall, at a minimum, if prescribed by a physician, qualify for the tier level with  
102 the fewest services. The rate paid to providers for each tier of service shall be set  
103 subject to appropriations. Subject to appropriations, each resident of such facility  
104 who qualifies for assistance under section 208.030 and meets the level of care  
105 required in this section shall, at a minimum, if prescribed by a physician, be  
106 authorized up to one hour of personal care services per day. Authorized units of  
107 personal care services shall not be reduced or tier level lowered unless an order  
108 approving such reduction or lowering is obtained from the resident's personal  
109 physician. Such authorized units of personal care services or tier level shall be  
110 transferred with such resident if her or she transfers to another such  
111 facility. Such provision shall terminate upon receipt of relevant waivers from the  
112 federal Department of Health and Human Services. If the Centers for Medicare  
113 and Medicaid Services determines that such provision does not comply with the  
114 state plan, this provision shall be null and void. The MO HealthNet division  
115 shall notify the revisor of statutes as to whether the relevant waivers are  
116 approved or a determination of noncompliance is made;

117 (15) Mental health services. The state plan for providing medical  
118 assistance under Title XIX of the Social Security Act, 42 U.S.C. 301, as amended,  
119 shall include the following mental health services when such services are  
120 provided by community mental health facilities operated by the department of  
121 mental health or designated by the department of mental health as a community  
122 mental health facility or as an alcohol and drug abuse facility or as a  
123 child-serving agency within the comprehensive children's mental health service  
124 system established in section 630.097. The department of mental health shall  
125 establish by administrative rule the definition and criteria for designation as a  
126 community mental health facility and for designation as an alcohol and drug  
127 abuse facility. Such mental health services shall include:

128 (a) Outpatient mental health services including preventive, diagnostic,  
129 therapeutic, rehabilitative, and palliative interventions rendered to individuals  
130 in an individual or group setting by a mental health professional in accordance  
131 with a plan of treatment appropriately established, implemented, monitored, and  
132 revised under the auspices of a therapeutic team as a part of client services  
133 management;

134 (b) Clinic mental health services including preventive, diagnostic,

135 therapeutic, rehabilitative, and palliative interventions rendered to individuals  
136 in an individual or group setting by a mental health professional in accordance  
137 with a plan of treatment appropriately established, implemented, monitored, and  
138 revised under the auspices of a therapeutic team as a part of client services  
139 management;

140 (c) Rehabilitative mental health and alcohol and drug abuse services  
141 including home and community-based preventive, diagnostic, therapeutic,  
142 rehabilitative, and palliative interventions rendered to individuals in an  
143 individual or group setting by a mental health or alcohol and drug abuse  
144 professional in accordance with a plan of treatment appropriately established,  
145 implemented, monitored, and revised under the auspices of a therapeutic team  
146 as a part of client services management. As used in this section, mental health  
147 professional and alcohol and drug abuse professional shall be defined by the  
148 department of mental health pursuant to duly promulgated rules. With respect  
149 to services established by this subdivision, the department of social services, MO  
150 HealthNet division, shall enter into an agreement with the department of mental  
151 health. Matching funds for outpatient mental health services, clinic mental  
152 health services, and rehabilitation services for mental health and alcohol and  
153 drug abuse shall be certified by the department of mental health to the MO  
154 HealthNet division. The agreement shall establish a mechanism for the joint  
155 implementation of the provisions of this subdivision. In addition, the agreement  
156 shall establish a mechanism by which rates for services may be jointly developed;

157 (16) Such additional services as defined by the MO HealthNet division to  
158 be furnished under waivers of federal statutory requirements as provided for and  
159 authorized by the federal Social Security Act (42 U.S.C. 301, et seq.) subject to  
160 appropriation by the general assembly;

161 (17) [Beginning July 1, 1990,] The services of [a certified pediatric or  
162 family nursing practitioner with a collaborative practice agreement] **an**  
163 **advanced practice registered nurse** to the extent that such services are  
164 provided in accordance with [chapters 334 and] **chapter** 335, and regulations  
165 promulgated thereunder;

166 (18) Nursing home costs for participants receiving benefit payments under  
167 subdivision (4) of this subsection to reserve a bed for the participant in the  
168 nursing home during the time that the participant is absent due to admission to  
169 a hospital for services which cannot be performed on an outpatient basis, subject  
170 to the provisions of this subdivision:

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

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

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

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

180 (c) For each day that nursing home costs are paid on behalf of a  
181 participant under this subdivision during any period of six consecutive months  
182 such participant shall, during the same period of six consecutive months, be  
183 ineligible for payment of nursing home costs of two otherwise available temporary  
184 leave of absence days provided under subdivision (5) of this subsection; and

185 (d) The provisions of this subdivision shall not apply unless the nursing  
186 home receives notice from the participant or the participant's responsible party  
187 that the participant intends to return to the nursing home following the hospital  
188 stay. If the nursing home receives such notification and all other provisions of  
189 this subsection have been satisfied, the nursing home shall provide notice to the  
190 participant or the participant's responsible party prior to release of the reserved  
191 bed;

192 (19) Prescribed medically necessary durable medical equipment. An  
193 electronic web-based prior authorization system using best medical evidence and  
194 care and treatment guidelines consistent with national standards shall be used  
195 to verify medical need;

196 (20) Hospice care. As used in this subdivision, the term "hospice care"  
197 means a coordinated program of active professional medical attention within a  
198 home, outpatient and inpatient care which treats the terminally ill patient and  
199 family as a unit, employing a medically directed interdisciplinary team. The  
200 program provides relief of severe pain or other physical symptoms and supportive  
201 care to meet the special needs arising out of physical, psychological, spiritual,  
202 social, and economic stresses which are experienced during the final stages of  
203 illness, and during dying and bereavement and meets the Medicare requirements  
204 for participation as a hospice as are provided in 42 CFR Part 418. The rate of  
205 reimbursement paid by the MO HealthNet division to the hospice provider for  
206 room and board furnished by a nursing home to an eligible hospice patient shall



207 not be less than ninety-five percent of the rate of reimbursement which would  
208 have been paid for facility services in that nursing home facility for that patient,  
209 in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus  
210 Budget Reconciliation Act of 1989);

211 (21) Prescribed medically necessary dental services. Such services shall  
212 be subject to appropriations. An electronic web-based prior authorization system  
213 using best medical evidence and care and treatment guidelines consistent with  
214 national standards shall be used to verify medical need;

215 (22) Prescribed medically necessary optometric services. Such services  
216 shall be subject to appropriations. An electronic web-based prior authorization  
217 system using best medical evidence and care and treatment guidelines consistent  
218 with national standards shall be used to verify medical need;

219 (23) Blood clotting products-related services. For persons diagnosed with  
220 a bleeding disorder, as defined in section 338.400, reliant on blood clotting  
221 products, as defined in section 338.400, such services include:

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

225 (b) Medically necessary ancillary infusion equipment and supplies  
226 required to administer the blood clotting products; and

227 (c) Assessments conducted in the participant's home by a pharmacist,  
228 nurse, or local home health care agency trained in bleeding disorders when  
229 deemed necessary by the participant's treating physician;

230 (24) The MO HealthNet division shall, by January 1, 2008, and annually  
231 thereafter, report the status of MO HealthNet provider reimbursement rates as  
232 compared to one hundred percent of the Medicare reimbursement rates and  
233 compared to the average dental reimbursement rates paid by third-party payors  
234 licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide  
235 to the general assembly a four-year plan to achieve parity with Medicare  
236 reimbursement rates and for third-party payor average dental reimbursement  
237 rates. Such plan shall be subject to appropriation and the division shall include  
238 in its annual budget request to the governor the necessary funding needed to  
239 complete the four-year plan developed under this subdivision.

240 2. Additional benefit payments for medical assistance shall be made on  
241 behalf of those eligible needy children, pregnant women and blind persons with  
242 any payments to be made on the basis of the reasonable cost of the care or

243 reasonable charge for the services as defined and determined by the division of  
244 medical services, unless otherwise hereinafter provided, for the following:

245 (1) Dental services;

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

247 (3) Optometric services as defined in section 336.010;

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

250 (5) Hospice care. As used in this subsection, the term "hospice care"  
251 means a coordinated program of active professional medical attention within a  
252 home, outpatient and inpatient care which treats the terminally ill patient and  
253 family as a unit, employing a medically directed interdisciplinary team. The  
254 program provides relief of severe pain or other physical symptoms and supportive  
255 care to meet the special needs arising out of physical, psychological, spiritual,  
256 social, and economic stresses which are experienced during the final stages of  
257 illness, and during dying and bereavement and meets the Medicare requirements  
258 for participation as a hospice as are provided in 42 CFR Part 418. The rate of  
259 reimbursement paid by the MO HealthNet division to the hospice provider for  
260 room and board furnished by a nursing home to an eligible hospice patient shall  
261 not be less than ninety-five percent of the rate of reimbursement which would  
262 have been paid for facility services in that nursing home facility for that patient,  
263 in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus  
264 Budget Reconciliation Act of 1989);

265 (6) Comprehensive day rehabilitation services beginning early posttrauma  
266 as part of a coordinated system of care for individuals with disabling  
267 impairments. Rehabilitation services must be based on an individualized,  
268 goal-oriented, comprehensive and coordinated treatment plan developed,  
269 implemented, and monitored through an interdisciplinary assessment designed  
270 to restore an individual to optimal level of physical, cognitive, and behavioral  
271 function. The MO HealthNet division shall establish by administrative rule the  
272 definition and criteria for designation of a comprehensive day rehabilitation  
273 service facility, benefit limitations and payment mechanism. Any rule or portion  
274 of a rule, as that term is defined in section 536.010, that is created under the  
275 authority delegated in this subdivision shall become effective only if it complies  
276 with and is subject to all of the provisions of chapter 536 and, if applicable,  
277 section 536.028. This section and chapter 536 are nonseverable and if any of the  
278 powers vested with the general assembly pursuant to chapter 536 to review, to

279 delay the effective date, or to disapprove and annul a rule are subsequently held  
280 unconstitutional, then the grant of rulemaking authority and any rule proposed  
281 or adopted after August 28, 2005, shall be invalid and void.

282           3. The MO HealthNet division may require any participant receiving MO  
283 HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an  
284 additional payment after July 1, 2008, as defined by rule duly promulgated by the  
285 MO HealthNet division, for all covered services except for those services covered  
286 under subdivisions (14) and (15) of subsection 1 of this section and sections  
287 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the  
288 federal Social Security Act (42 U.S.C. 1396, et seq.) and regulations  
289 thereunder. When substitution of a generic drug is permitted by the prescriber  
290 according to section 338.056, and a generic drug is substituted for a name-brand  
291 drug, the MO HealthNet division may not lower or delete the requirement to  
292 make a co-payment pursuant to regulations of Title XIX of the federal Social  
293 Security Act. A provider of goods or services described under this section must  
294 collect from all participants the additional payment that may be required by the  
295 MO HealthNet division under authority granted herein, if the division exercises  
296 that authority, to remain eligible as a provider. Any payments made by  
297 participants under this section shall be in addition to and not in lieu of payments  
298 made by the state for goods or services described herein except the participant  
299 portion of the pharmacy professional dispensing fee shall be in addition to and  
300 not in lieu of payments to pharmacists. A provider may collect the co-payment  
301 at the time a service is provided or at a later date. A provider shall not refuse  
302 to provide a service if a participant is unable to pay a required payment. If it is  
303 the routine business practice of a provider to terminate future services to an  
304 individual with an unclaimed debt, the provider may include uncollected  
305 co-payments under this practice. Providers who elect not to undertake the  
306 provision of services based on a history of bad debt shall give participants  
307 advance notice and a reasonable opportunity for payment. A provider,  
308 representative, employee, independent contractor, or agent of a pharmaceutical  
309 manufacturer shall not make co-payment for a participant. This subsection shall  
310 not apply to other qualified children, pregnant women, or blind persons. If the  
311 Centers for Medicare and Medicaid Services does not approve the Missouri MO  
312 HealthNet state plan amendment submitted by the department of social services  
313 that would allow a provider to deny future services to an individual with  
314 uncollected co-payments, the denial of services shall not be allowed. The

315 department of social services shall inform providers regarding the acceptability  
316 of denying services as the result of unpaid co-payments.

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

319 5. Reimbursement for obstetrical and pediatric services under subdivision  
320 (6) of subsection 1 of this section shall be timely and sufficient to enlist enough  
321 health care providers so that care and services are available under the state plan  
322 for MO HealthNet benefits at least to the extent that such care and services are  
323 available to the general population in the geographic area, as required under  
324 subparagraph (a)(30)(A) of 42 U.S.C. 1396a and federal regulations promulgated  
325 thereunder.

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

330 7. Beginning July 1, 1990, the department of social services shall provide  
331 notification and referral of children below age five, and pregnant, breast-feeding,  
332 or postpartum women who are determined to be eligible for MO HealthNet  
333 benefits under section 208.151 to the special supplemental food programs for  
334 women, infants and children administered by the department of health and senior  
335 services. Such notification and referral shall conform to the requirements of  
336 Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

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

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

345 10. The MO HealthNet division, may enroll qualified residential care  
346 facilities and assisted living facilities, as defined in chapter 198, as MO  
347 HealthNet personal care providers.

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

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

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

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

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

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

34 (3) A requirement that there shall be posted at every office where the  
35 advanced practice registered nurse is authorized to prescribe, in collaboration  
36 with a physician, a prominently displayed disclosure statement informing

37 patients that they may be seen by an advanced practice registered nurse and  
38 have the right to see the collaborating physician;

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

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

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

46 (b) Maintain geographic proximity; and

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

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

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

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

58 (9) A description of the time and manner of the collaborating physician's  
59 review of the advanced practice registered nurse's delivery of health care  
60 services. The description shall include provisions that the advanced practice  
61 registered nurse shall submit a minimum of ten percent of the charts  
62 documenting the advanced practice registered nurse's delivery of health care  
63 services to the collaborating physician for review every fourteen days; and

64 (10) The collaborating physician shall review every fourteen days a  
65 minimum of twenty percent of the charts in which the advanced practice  
66 registered nurse prescribes controlled substances. The charts reviewed under  
67 this subdivision may be counted in the number of charts required to be reviewed  
68 under subdivision (9) of this subsection.

69 4. The state board of registration for the healing arts pursuant to section  
70 334.125 and the board of nursing pursuant to section 335.036 may jointly  
71 promulgate rules regulating the use of collaborative practice arrangements. Such  
72 rules shall be limited to specifying geographic areas to be covered, the methods

73 of treatment that may be covered by collaborative practice arrangements and the  
74 requirements for review of services provided pursuant to collaborative practice  
75 arrangements including delegating authority to prescribe controlled  
76 substances. Any rules relating to dispensing or distribution of medications or  
77 devices by prescription or prescription drug orders under this section shall be  
78 subject to the approval of the state board of pharmacy. Any rules relating to  
79 dispensing or distribution of controlled substances by prescription or prescription  
80 drug orders under this section shall be subject to the approval of the department  
81 of health and senior services and the state board of pharmacy. In order to take  
82 effect, such rules shall be approved by a majority vote of a quorum of each  
83 board. Neither the state board of registration for the healing arts nor the board  
84 of nursing may separately promulgate rules relating to collaborative practice  
85 arrangements. Such jointly promulgated rules shall be consistent with guidelines  
86 for federally funded clinics. The rulemaking authority granted in this subsection  
87 shall not extend to collaborative practice arrangements of hospital employees  
88 providing inpatient care within hospitals as defined pursuant to chapter 197 or  
89 population-based public health services as defined by 20 CSR 2150-5.100 as of  
90 April 30, 2008.

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

109 registration for the healing arts for which the records are subject to removal  
110 under this section.

111 [6.] 3. Within thirty days of any change and on each renewal, the state  
112 board of registration for the healing arts shall require every physician to identify  
113 whether the physician is engaged in [any] collaborative practice [agreement,  
114 including collaborative practice agreements delegating the authority to prescribe  
115 controlled substances, or] **with a registered professional nurse, or in a**  
116 **supervisory arrangement with a** physician assistant [agreement] and also  
117 report to the board the name of each licensed professional with whom the  
118 physician has entered into such [agreement] **an arrangement**. The board may  
119 make this information available to the public. The board shall track the reported  
120 information and may routinely conduct random reviews of such [agreements] to  
121 ensure [that agreements are carried out for] compliance under this chapter.

122 [7.] 4. Notwithstanding any law to the contrary, a certified registered  
123 nurse anesthetist as defined in subdivision (8) of section 335.016 shall be  
124 permitted to provide anesthesia services without a collaborative practice  
125 arrangement [provided that he or she is under the supervision of an  
126 anesthesiologist or other physician, dentist, or podiatrist who is immediately  
127 available if needed. Nothing in this subsection shall be construed to prohibit or  
128 prevent a certified registered nurse anesthetist as defined in subdivision (8) of  
129 section 335.016 from entering into a collaborative practice arrangement under  
130 this section, except that the collaborative practice arrangement may not delegate  
131 the authority to prescribe any controlled substances listed in Schedules III, IV,  
132 and V of section 195.017.

133 8. A collaborating physician shall not enter into a collaborative practice  
134 arrangement with more than three full-time equivalent advanced practice  
135 registered nurses. This limitation shall not apply to collaborative arrangements  
136 of hospital employees providing inpatient care service in hospitals as defined in  
137 chapter 197 or population-based public health services as defined by 20 CSR  
138 2150-5.100 as of April 30, 2008.

139 9. It is the responsibility of the collaborating physician to determine and  
140 document the completion of at least a one-month period of time during which the  
141 advanced practice registered nurse shall practice with the collaborating physician  
142 continuously present before practicing in a setting where the collaborating  
143 physician is not continuously present. This limitation shall not apply to  
144 collaborative arrangements of providers of population-based public health services



145 as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

152           11. No contract or other agreement shall require a physician to act as a  
153 collaborating physician for an advanced practice registered nurse against the  
154 physician's will. A physician shall have the right to refuse to act as a  
155 collaborating physician, without penalty, for a particular advanced practice  
156 registered nurse. No contract or other agreement shall limit the collaborating  
157 physician's ultimate authority over any protocols or standing orders or in the  
158 delegation of the physician's authority to any advanced practice registered nurse,  
159 but this requirement shall not authorize a physician in implementing such  
160 protocols, standing orders, or delegation to violate applicable standards for safe  
161 medical practice established by hospital's medical staff.

162           12. No contract or other agreement shall require any advanced practice  
163 registered nurse to serve as a collaborating advanced practice registered nurse  
164 for any collaborating physician against the advanced practice registered nurse's  
165 will. An advanced practice registered nurse shall have the right to refuse to  
166 collaborate, without penalty, with a particular physician].

334.108. 1. Prior to prescribing any drug, controlled substance, or other  
2 treatment through the internet, a physician shall establish a valid  
3 physician-patient relationship. This relationship shall include:

4           (1) Obtaining a reliable medical history and performing a physical  
5 examination of the patient, adequate to establish the diagnosis for which the drug  
6 is being prescribed and to identify underlying conditions or contraindications to  
7 the treatment recommended or provided;

8           (2) Having sufficient dialogue with the patient regarding treatment  
9 options and the risks and benefits of treatment or treatments;

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

12           (4) Maintaining a contemporaneous medical record that is readily  
13 available to the patient and, subject to the patient's consent, to the patient's other  
14 health care professionals; and

15 (5) Including the electronic prescription information as part of the  
16 patient's medical record.

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

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

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

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

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

25 (5) Conjunction with a physician assistant licensed pursuant to section  
26 334.738;

27 (6) Consultation with another physician who has an ongoing  
28 physician-patient relationship with the patient, and who has agreed to supervise  
29 the patient's treatment, including use of any prescribed medications; or

30 (7) On-call or cross-coverage situations.

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

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

7 (2) Observing, examining, monitoring, assessment and evaluation of signs,  
8 symptoms and general physical response to respiratory care procedures, including  
9 whether such are abnormal, and implementation of changes in procedures based  
10 on observed abnormalities, appropriate clinical protocols or pursuant to a  
11 prescription by a physician licensed under **this** chapter [334, or a person acting  
12 under a collaborative practice agreement as authorized by section 334.104] **or an**  
13 **advanced practice registered nurse recognized under chapter 335**; or

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

16 2. The practice of respiratory care is not limited to the hospital setting but  
17 shall always be performed under the prescription, order or protocol of a licensed  
18 physician **or an advanced practice registered nurse recognized under**  
19 **chapter 335** and includes the diagnostic and therapeutic use of the following:

20 (1) Administration of medical gases, except for the purpose of anesthesia;

- 21           (2) Administration of pharmacologic agents related to, or in conjunction  
22 with, respiratory care procedures;
- 23           (3) Aerosolized medications and humidification;
- 24           (4) Arterial blood gas puncture or sample collection;
- 25           (5) Bronchopulmonary hygiene;
- 26           (6) Cardiopulmonary resuscitation;
- 27           (7) Environmental control mechanisms and therapy;
- 28           (8) Initiation, monitoring, modification of ventilator controls, and  
29 discontinuance or withdrawal of continuous mechanical ventilation;
- 30           (9) Intubation/extubation of endotracheal tubes, tracheostomy tubes and  
31 transtracheal catheters;
- 32           (10) Insertion of artificial airways and the maintenance of natural and  
33 artificial airways;
- 34           (11) Mechanical or physiological ventilatory support;
- 35           (12) Point-of-care diagnostic testing;
- 36           (13) Specific diagnostic and testing techniques employed in the medical  
37 management of patients to assist in diagnosis, monitoring, treatment and  
38 research of pulmonary abnormalities, including measurement of ventilatory  
39 volumes, pressures, flows, collection of specimens of blood and mucus,  
40 measurement and reporting of blood gases, expired and inspired gas samples and  
41 pulmonary function testing;
- 42           (14) Diagnostic monitoring or therapeutic intervention for oxygen  
43 desaturation, aberrant ventilatory patterns and related sleep disorders including  
44 obstructive and central apnea; and
- 45           (15) Other related physiologic measurements of the cardiopulmonary  
46 system.
- 47           3. The practice of respiratory care may also include, with special training,  
48 the following:
- 49           (1) Insertion and maintenance of peripheral arterial or venous lines and  
50 hemodynamic monitoring;
- 51           (2) Assistance with diagnostic or performing therapeutic bronchoscopy;
- 52           (3) Extracorporeal Membrane Oxygenation (ECMO), limited to the  
53 intensive care setting, and delivered under the supervision of a Certified Clinical  
54 Perfusionist (CCP, as defined by the American Board of Cardiovascular Perfusion,  
55 an allied medical professional whose expertise is the science of extracorporeal life  
56 support) and a licensed physician;

- 57 (4) Air or ground ambulance transport;  
58 (5) Hyperbaric oxygenation therapy;  
59 (6) Electrophysiologic monitoring; or  
60 (7) Other diagnostic testing or special procedures.

61 4. The state board of registration for the healing arts pursuant to section  
62 334.125, and the board of respiratory care, created pursuant to section 334.830,  
63 may jointly promulgate rules defining additional procedures recognized as proper  
64 to be performed by respiratory care practitioners. In order to take effect, such  
65 rules shall be approved by a majority vote of a quorum of each board. Neither the  
66 state board of registration for the healing arts nor the board of respiratory care  
67 may separately promulgate rules relating to the practice of respiratory care.

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

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

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

17 (3) "Advanced practice registered nursing", the performance of an  
18 **expanded scope of nursing in a role of population focus approved by**  
19 **the board of nursing, with or without compensation or personal profit,**  
20 **and includes the registered professional nurse scope of practice. The**  
21 **scope of practice of an APRN includes, but is not limited to performing**  
22 **acts of advanced assessment, diagnosing, prescribing, ordering, and**  
23 **treatment; serving as primary care providers of record; and practicing**  
24 **as a licensed health care practitioner. Each APRN is accountable to**  
25 **patients, the nursing profession, and the board of nursing for:**

26           **(a) Complying with the requirements of the nursing practice act**  
27 **and the quality of advanced nursing care rendered;**

28           **(b) Recognizing limits of knowledge and experience;**

29           **(c) Planning for the management of situations beyond the**  
30 **APRN's expertise; and**

31           **(d) Consulting with or referring patients to other health care**  
32 **providers as appropriate;**

33           **(4)** "Approval", official recognition of nursing education programs which  
34 meet standards established by the board of nursing;

35           **[(4)] (5)** "Board" or "state board", the state board of nursing;

36           **[(5)] (6)** "Certified clinical nurse specialist", a registered nurse who is  
37 currently certified as a clinical nurse specialist by a nationally recognized  
38 certifying board approved by the board of nursing;

39           **[(6)] (7)** "Certified nurse midwife", a registered nurse who is currently  
40 certified as a nurse midwife by the American College of Nurse Midwives, or other  
41 nationally recognized certifying body approved by the board of nursing;

42           **[(7)] (8)** "Certified nurse practitioner", a registered nurse who is  
43 currently certified as a nurse practitioner by a nationally recognized certifying  
44 body approved by the board of nursing;

45           **[(8)] (9)** "Certified registered nurse anesthetist", a registered nurse who  
46 is currently certified as a nurse anesthetist by the [Council on Certification of  
47 Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists,]  
48 **National Board of Certification and Recertification for Nurse**  
49 **Anesthetists** or other nationally recognized certifying body approved by the  
50 board of nursing;

51           **[(9)] (10)** "Executive director", a qualified individual employed by the  
52 board as executive secretary or otherwise to administer the provisions of this  
53 chapter under the board's direction. Such person employed as executive director  
54 shall not be a member of the board;

55           **[(10)] (11)** "Inactive nurse", as defined by rule pursuant to section  
56 335.061;

57           **[(11)] (12)** "Lapsed license status", as defined by rule under section  
58 335.061;

59           **[(12)] (13)** "Licensed practical nurse" or "practical nurse", a person  
60 licensed pursuant to the provisions of this chapter to engage in the practice of  
61 practical nursing;

62            [(13)] (14) "Licensure", the issuing of a license to practice **advanced**  
63 **practice**, professional, or practical nursing to candidates who have met the  
64 specified requirements and the recording of the names of those persons as holders  
65 of a license to practice **advanced practice**, professional, or practical nursing;

66            [(14)] (15) "Practical nursing", the performance for compensation of  
67 selected acts for the promotion of health and in the care of persons who are ill,  
68 injured, or experiencing alterations in normal health processes. Such  
69 performance requires substantial specialized skill, judgment and knowledge. All  
70 such nursing care shall be given under the direction of a person licensed by a  
71 state regulatory board to prescribe medications and treatments or under the  
72 direction of a registered professional nurse. For the purposes of this chapter, the  
73 term "direction" shall mean guidance or supervision provided by a person licensed  
74 by a state regulatory board to prescribe medications and treatments or a  
75 registered professional nurse, including, but not limited to, oral, written, or  
76 otherwise communicated orders or directives for patient care. When practical  
77 nursing care is delivered pursuant to the direction of a person licensed by a state  
78 regulatory board to prescribe medications and treatments or under the direction  
79 of a registered professional nurse, such care may be delivered by a licensed  
80 practical nurse without direct physical oversight;

81            [(15)] (16) "Professional nursing", the performance for compensation of  
82 any act which requires substantial specialized education, judgment and skill  
83 based on knowledge and application of principles derived from the biological,  
84 physical, social and nursing sciences, including, but not limited to:

85            (a) Responsibility for the teaching of health care and the prevention of  
86 illness to the patient and his or her family;

87            (b) Assessment, nursing diagnosis, nursing care, and counsel of persons  
88 who are ill, injured or experiencing alterations in normal health processes;

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

92            (d) The coordination and assistance in the delivery of a plan of health care  
93 with all members of a health team;

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

96            [(16) A] (17) "Registered professional nurse" or "registered nurse", a  
97 person licensed pursuant to the provisions of this chapter to engage in the

98 practice of professional nursing;

99           [(17)] **(18)** "Retired license status", any person licensed in this state  
100 under this chapter who retires from such practice. Such person shall file with the  
101 board an affidavit, on a form to be furnished by the board, which states the date  
102 on which the licensee retired from such practice, an intent to retire from the  
103 practice for at least two years, and such other facts as tend to verify the  
104 retirement as the board may deem necessary; but if the licensee thereafter  
105 reengages in the practice, the licensee shall renew his or her license with the  
106 board as provided by this chapter and by rule and regulation.

335.019. The board of nursing may grant a certificate of controlled  
2 substance prescriptive authority to an advanced practice registered nurse, **with**  
3 **the exception of certified registered nurse anesthetists, to administer,**  
4 **dispense, or prescribe controlled substances and provide treatment as**  
5 **long as the delivery of such health care services is within the scope of**  
6 **practice of the advanced practice registered nurse and is consistent**  
7 **with such nurse's skill, training, and competence** who:

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

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

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

24           [(4)] Has a controlled substance prescribing authority delegated in the  
25 collaborative practice arrangement under section 334.104 with a physician who  
26 has an unrestricted federal Drug Enforcement Administration registration  
27 number and who is actively engaged in a practice comparable in scope, specialty,

28 or expertise to that of the advanced practice registered nurse.]

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

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



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

47 **3. (1) An applicant for a license to practice as an advanced**  
48 **practice registered nurse shall submit to the board a written**  
49 **application on forms furnished to the applicant. The application shall**  
50 **contain the following:**

51 **(a) The applicant's statements showing:**

52 **a. The applicant's education;**

53 **b. Current licensure as a registered professional nurse;**

54 **c. Advanced practice clinical nursing specialty area; and**

55 **d. Role in which the applicant is certified by a nationally**  
56 **recognized certifying body approved by the board; and**

57 **(b) Any other such pertinent information as the board may**  
58 **require;**

59 **(c) A statement that it is made under oath or affirmation and**  
60 **that the representations are true and correct to the best knowledge and**  
61 **belief of the person signing the statement, subject to the penalties of**  
62 **making a false affidavit or declaration; and**

63 **(d) For applicants from nonEnglish-speaking lands, submission**  
64 **of evidence of proficiency in the English language.**

65 **(2) The board of nursing may promulgate rules specifying the**  
66 **criteria by which nationally recognized certifying bodies are to be**  
67 **recognized, standards for continued licensure of an advanced practice**  
68 **registered nurse, and such other rules as are necessary to enable the**  
69 **board to carry out this provision.**

70 **(3) The applicant shall:**

71 **(a) Be of good moral character;**

72 **(b) Have successfully completed the basic professional**

73 **curriculum in an accredited or approved school of nursing;**

74 **(c) Earned a professional nursing degree or diploma; and**

75 **(d) Have successfully completed a graduate or postgraduate**  
76 **advanced practice registered nurse program accredited by the**  
77 **appropriate national accrediting body and earned a graduate degree**  
78 **or postgraduate certificate.**

79 **(4) An applicant for licensure to practice advanced practice**  
80 **registered nursing shall pay a license fee in such amount as set by the**  
81 **board. The fee shall be uniform for all applicants.**

82 **(5) Applicants from foreign countries shall be licensed as**  
83 **prescribed by rule.**

84 **(6) Upon submission of a completed application and required fee,**  
85 **the board may issue to the applicant a license to practice advanced**  
86 **practice registered nursing as an advanced practice registered nurse.**

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

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

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

✓