

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 808
97TH GENERAL ASSEMBLY

5659H.07C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 324.024, 334.735, 337.615, 337.643, 337.645, 338.010, 338.020, 338.059, 338.220, 346.010, and 346.055, RSMo, and to enact in lieu thereof thirteen new sections relating to the licensing of certain professions, with an existing penalty provision.

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

Section A. Sections 324.024, 334.735, 337.615, 337.643, 337.645, 338.010, 338.020, 2 338.059, 338.220, 346.010, and 346.055, RSMo, are repealed and thirteen new sections enacted 3 in lieu thereof, to be known as sections 316.265, 324.024, 334.735, 337.615, 337.643, 337.645, 4 338.010, 338.020, 338.059, 338.165, 338.220, 346.010, and 346.055, to read as follows:

316.265. No employee or employer primarily engaged in the practice of combing, 2 braiding, or curling hair without the use of potentially harmful chemicals shall be subject 3 to the provisions of chapter 329 while working in conjunction with any licensee for any 4 public amusement or entertainment venue as defined in this chapter.

324.024. **1.** Notwithstanding any provision of law to the contrary, every application for 2 a license, certificate, registration, or permit[, or renewal of a license, certificate, registration, or 3 permit] issued in this state shall contain the Social Security number of the applicant. This 4 provision shall not apply to an original application for a license, certificate, registration, or 5 permit submitted by a citizen of a foreign country who has never been issued a Social Security 6 number and who previously has not been licensed by any other state, United States territory, or 7 federal agency. A citizen of a foreign country applying for licensure with the division of 8 professional registration shall be required to submit his or her visa or passport identification 9 number in lieu of the Social Security number.

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

10 **2. Notwithstanding any provision of law to the contrary, every application for a**
11 **renewal of a license, certificate, registration, or permit which did not originally contain the**
12 **Social Security number of the applicant shall contain the Social Security number of the**
13 **applicant at the first renewal of the license, certificate, registration, or permit.**

14 **3. Following initial application for licensure, certificate, registration, or permit as**
15 **described in subsection 1 of this section or first renewal application for licensure,**
16 **certificate, registration, or permit as described in subsection 2 of this section, all**
17 **subsequent applications shall not contain the Social Security number of the licensee,**
18 **certificate holder, registrant, or permit holder. All Social Security numbers collected for**
19 **registered professionals may be maintained on file by the agency in compliance with**
20 **federal law.**

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

2 (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
3 (2) "Certification" or "registration", a process by a certifying entity that grants
4 recognition to applicants meeting predetermined qualifications specified by such certifying
5 entity;

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

8 (4) "Department", the department of insurance, financial institutions and professional
9 registration or a designated agency thereof;

10 (5) "License", a document issued to an applicant by the board acknowledging that the
11 applicant is entitled to practice as a physician assistant;

12 (6) "Physician assistant", a person who has graduated from a physician assistant program
13 accredited by the American Medical Association's Committee on Allied Health Education and
14 Accreditation or by its successor agency, who has passed the certifying examination administered
15 by the National Commission on Certification of Physician Assistants and has active certification
16 by the National Commission on Certification of Physician Assistants who provides health care
17 services delegated by a licensed physician. A person who has been employed as a physician
18 assistant for three years prior to August 28, 1989, who has passed the National Commission on
19 Certification of Physician Assistants examination, and has active certification of the National
20 Commission on Certification of Physician Assistants;

21 (7) "Recognition", the formal process of becoming a certifying entity as required by the
22 provisions of sections 334.735 to 334.749;

23 (8) "Supervision", control exercised over a physician assistant working with a
24 supervising physician and oversight of the activities of and accepting responsibility for the
25 physician assistant's delivery of care. The physician assistant shall only practice at a location

26 where the physician routinely provides patient care, except existing patients of the supervising
27 physician in the patient's home and correctional facilities. The supervising physician must be
28 immediately available in person or via telecommunication during the time the physician assistant
29 is providing patient care. Prior to commencing practice, the supervising physician and physician
30 assistant shall attest on a form provided by the board that the physician shall provide supervision
31 appropriate to the physician assistant's training and that the physician assistant shall not practice
32 beyond the physician assistant's training and experience. Appropriate supervision shall require
33 the supervising physician to be working within the same facility as the physician assistant for at
34 least four hours within one calendar day for every fourteen days on which the physician assistant
35 provides patient care as described in subsection 3 of this section. Only days in which the
36 physician assistant provides patient care as described in subsection 3 of this section shall be
37 counted toward the fourteen-day period. The requirement of appropriate supervision shall be
38 applied so that no more than thirteen calendar days in which a physician assistant provides
39 patient care shall pass between the physician's four hours working within the same facility. The
40 board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the
41 physician assistant activity by the supervising physician and the physician assistant.

42 2. (1) A supervision agreement shall limit the physician assistant to practice only at
43 locations described in subdivision (8) of subsection 1 of this section, where the supervising
44 physician is no further than fifty miles by road using the most direct route available and where
45 the location is not so situated as to create an impediment to effective intervention and
46 supervision of patient care or adequate review of services.

47 (2) For a physician-physician assistant team working in a rural health clinic under the
48 federal Rural Health Clinic Services Act, P.L. 95-210, as amended, no supervision requirements
49 in addition to the minimum federal law shall be required.

50 3. The scope of practice of a physician assistant shall consist only of the following
51 services and procedures:

52 (1) Taking patient histories;

53 (2) Performing physical examinations of a patient;

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

56 (4) Performing routine therapeutic procedures;

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

59 (6) Instructing and counseling patients regarding mental and physical health using
60 procedures reviewed and approved by a licensed physician;

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

64 (8) Assisting in surgery;

65 (9) Performing such other tasks not prohibited by law under the supervision of a licensed
66 physician as the physician's assistant has been trained and is proficient to perform; and

67 (10) Physician assistants shall not perform or prescribe abortions.

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

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

79 (2) The types of drugs, medications, devices or therapies prescribed or dispensed by a
80 physician assistant shall be consistent with the scopes of practice of the physician assistant and
81 the supervising physician;

82 (3) All prescriptions shall conform with state and federal laws and regulations and shall
83 include the name, address and telephone number of the physician assistant and the supervising
84 physician;

85 (4) A physician assistant, or advanced practice registered nurse as defined in section
86 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
87 professional samples to patients;

88 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies
89 the supervising physician is not qualified or authorized to prescribe; and

90 (6) A physician assistant may only dispense starter doses of medication to cover a period
91 of time for seventy-two hours or less.

92 5. A physician assistant shall clearly identify himself or herself as a physician assistant
93 and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr."
94 or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician
95 assistant shall practice or attempt to practice without physician supervision or in any location
96 where the supervising physician is not immediately available for consultation, assistance and

97 intervention, except as otherwise provided in this section, and in an emergency situation, nor
98 shall any physician assistant bill a patient independently or directly for any services or procedure
99 by the physician assistant; **however, this shall not be construed to prohibit a physician**
100 **assistant from enrolling with the department of social services as a Medicaid provider**
101 **while acting under a supervision agreement between the physician and physician assistant.**

102 6. For purposes of this section, the licensing of physician assistants shall take place
103 within processes established by the state board of registration for the healing arts through rule
104 and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536
105 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and
106 addressing such other matters as are necessary to protect the public and discipline the profession.
107 An application for licensing may be denied or the license of a physician assistant may be
108 suspended or revoked by the board in the same manner and for violation of the standards as set
109 forth by section 334.100, or such other standards of conduct set by the board by rule or
110 regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be required to
111 be licensed as physician assistants. All applicants for physician assistant licensure who complete
112 a physician assistant training program after January 1, 2008, shall have a master's degree from
113 a physician assistant program.

114 7. "Physician assistant supervision agreement" means a written agreement, jointly
115 agreed-upon protocols or standing order between a supervising physician and a physician
116 assistant, which provides for the delegation of health care services from a supervising physician
117 to a physician assistant and the review of such services. The agreement shall contain at least the
118 following provisions:

119 (1) Complete names, home and business addresses, zip codes, telephone numbers, and
120 state license numbers of the supervising physician and the physician assistant;

121 (2) A list of all offices or locations where the physician routinely provides patient care,
122 and in which of such offices or locations the supervising physician has authorized the physician
123 assistant to practice;

124 (3) All specialty or board certifications of the supervising physician;

125 (4) The manner of supervision between the supervising physician and the physician
126 assistant, including how the supervising physician and the physician assistant shall:

127 (a) Attest on a form provided by the board that the physician shall provide supervision
128 appropriate to the physician assistant's training and experience and that the physician assistant
129 shall not practice beyond the scope of the physician assistant's training and experience nor the
130 supervising physician's capabilities and training; and

131 (b) Provide coverage during absence, incapacity, infirmity, or emergency by the
132 supervising physician;

133 (5) The duration of the supervision agreement between the supervising physician and
134 physician assistant; and

135 (6) A description of the time and manner of the supervising physician's review of the
136 physician assistant's delivery of health care services. Such description shall include provisions
137 that the supervising physician, or a designated supervising physician listed in the supervision
138 agreement review a minimum of ten percent of the charts of the physician assistant's delivery of
139 health care services every fourteen days.

140 8. When a physician assistant supervision agreement is utilized to provide health care
141 services for conditions other than acute self-limited or well-defined problems, the supervising
142 physician or other physician designated in the supervision agreement shall see the patient for
143 evaluation and approve or formulate the plan of treatment for new or significantly changed
144 conditions as soon as practical, but in no case more than two weeks after the patient has been
145 seen by the physician assistant.

146 9. At all times the physician is responsible for the oversight of the activities of, and
147 accepts responsibility for, health care services rendered by the physician assistant.

148 10. It is the responsibility of the supervising physician to determine and document the
149 completion of at least a one-month period of time during which the licensed physician assistant
150 shall practice with a supervising physician continuously present before practicing in a setting
151 where a supervising physician is not continuously present.

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

160 12. Physician assistants shall file with the board a copy of their supervising physician
161 form.

162 13. No physician shall be designated to serve as supervising physician for more than
163 three full-time equivalent licensed physician assistants. This limitation shall not apply to
164 physician assistant agreements of hospital employees providing inpatient care service in hospitals
165 as defined in chapter 197.

337.615. 1. Each applicant for licensure as a clinical social worker shall furnish
2 evidence to the committee that:

3 (1) The applicant has a master's degree from a college or university program of social
4 work accredited by the council of social work education or a doctorate degree from a school of
5 social work acceptable to the committee;

6 (2) The applicant has completed **at least** three thousand hours of supervised clinical
7 experience with a qualified clinical supervisor, as defined in section 337.600, in no less than
8 twenty-four months and no more than forty-eight consecutive calendar months. **For any**
9 **applicant who has successfully completed at least four thousand hours of supervised**
10 **clinical experience with a qualified clinical supervisor, as defined in section 337.600, within**
11 **the same time frame prescribed in this subsection, the applicant shall be eligible for**
12 **application of licensure at three thousand hours and shall be furnished a certificate by the**
13 **state committee for social workers acknowledging the completion of said additional hours;**

14 (3) The applicant has achieved a passing score, as defined by the committee, on an
15 examination approved by the committee. The eligibility requirements for such examination shall
16 be promulgated by rule of the committee;

17 (4) The applicant is at least eighteen years of age, is of good moral character, is a United
18 States citizen or has status as a legal resident alien, and has not been convicted of a felony during
19 the ten years immediately prior to application for licensure.

20 2. Any person holding a current license, certificate of registration, or permit from another
21 state or territory of the United States or the District of Columbia to practice clinical social work
22 who has had no disciplinary action taken against the license, certificate of registration, or permit
23 for the preceding five years may be granted a license to practice clinical social work in this state
24 if the person meets one of the following criteria:

25 (1) Has received a masters or doctoral degree from a college or university program of
26 social work accredited by the council of social work education and has been licensed to practice
27 clinical social work for the preceding five years; or

28 (2) Is currently licensed or certified as a clinical social worker in another state, territory
29 of the United States, or the District of Columbia having substantially the same requirements as
30 this state for clinical social workers.

31 3. The committee shall issue a license to each person who files an application and fee
32 as required by the provisions of sections 337.600 to 337.689 and who furnishes evidence
33 satisfactory to the committee that the applicant has complied with the provisions of subdivisions
34 (1) to (4) of subsection 1 of this section or with the provisions of subsection 2 of this section.

337.643. 1. No person shall use the title of licensed master social worker and engage
2 in the practice of master social work in this state unless the person is licensed as required by the
3 provisions of this section and section 337.644.

4 2. A licensed master social worker shall be deemed qualified to practice the applications
5 of social work theory, knowledge, methods and ethics and the professional use of self to restore
6 or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families,
7 groups, organizations, and communities. "Master social work practice" includes the applications
8 of specialized knowledge and advanced practice skills in the management, information and
9 referral, counseling, supervision, consultation, education, research, advocacy, community
10 organization, and the development, implementation, and administration of policies, programs,
11 and activities. Under supervision as provided in sections 337.600 to 337.689, the practice of
12 master social work may include the practices reserved to clinical social workers or advanced
13 macro social workers for no more than forty-eight consecutive calendar months for the purpose
14 of obtaining licensure under section 337.615 or 337.645. **No licensed master social worker
15 shall practice independently the scope of practice reserved for clinical social workers or
16 advanced macro social workers. This shall mean that any practices reserved to licensed
17 clinical social workers or licensed advanced macro social workers performed by a licensed
18 master social worker shall be for the purpose of obtaining licensure under section 337.615
19 or 337.645 in an employment setting where either a licensed clinical social worker or a
20 licensed advanced macro social worker is a registered supervisor approved by the state
21 committee for social work.**

 337.645. 1. Each applicant for licensure as an advanced macro social worker shall
2 furnish evidence to the committee that:

3 (1) The applicant has a master's degree from a college or university program of social
4 work accredited by the council of social work education or a doctorate degree from a school of
5 social work acceptable to the committee;

6 (2) The applicant has completed **at least** three thousand hours of supervised advanced
7 macro experience with a qualified advanced macro supervisor as defined in section 337.600 in
8 no less than twenty-four months and no more than forty-eight consecutive calendar months. **For
9 any applicant who has successfully completed at least four thousand hours of supervised
10 advanced macro experience with a qualified advanced macro supervisor, as defined in
11 section 337.600, within the same time frame prescribed in this subsection, the applicant
12 shall be eligible for application of licensure at three thousand hours and shall be furnished
13 a certificate by the state committee for social workers acknowledging the completion of
14 said additional hours;**

15 (3) The applicant has achieved a passing score, as defined by the committee, on an
16 examination approved by the committee. The eligibility requirements for such examination shall
17 be promulgated by rule of the committee;

18 (4) The applicant is at least eighteen years of age, is of good moral character, is a United
19 States citizen or has status as a legal resident alien, and has not been convicted of a felony during
20 the ten years immediately prior to application for licensure.

21 2. Any person holding a current license, certificate of registration, or permit from another
22 state or territory of the United States or the District of Columbia to practice advanced macro
23 social work who has had no disciplinary action taken against the license, certificate of
24 registration, or permit for the preceding five years may be granted a license to practice advanced
25 macro social work in this state if the person meets one of the following criteria:

26 (1) Has received a master's or doctoral degree from a college or university program of
27 social work accredited by the council of social work education and has been licensed to practice
28 advanced macro social work for the preceding five years; or

29 (2) Is currently licensed or certified as an advanced macro social worker in another state,
30 territory of the United States, or the District of Columbia having substantially the same
31 requirements as this state for advanced macro social workers.

32 3. The committee shall issue a license to each person who files an application and fee
33 as required by the provisions of sections 337.600 to 337.689 and who furnishes evidence
34 satisfactory to the committee that the applicant has complied with the provisions of subdivisions
35 (1) to (4) of subsection 1 of this section or with the provisions of subsection 2 of this section.

338.010. 1. The "practice of pharmacy" means the interpretation, implementation, and
2 evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section
3 353; receipt, transmission, or handling of such orders or facilitating the dispensing of such
4 orders; the designing, initiating, implementing, and monitoring of a medication therapeutic plan
5 as defined by the prescription order so long as the prescription order is specific to each patient
6 for care by a pharmacist; the compounding, dispensing, labeling, and administration of drugs and
7 devices pursuant to medical prescription orders and administration of viral influenza, pneumonia,
8 shingles, **hepatitis A, hepatitis B, diphtheria, tetanus, pertussis**, and meningitis vaccines by
9 written protocol authorized by a physician for persons twelve years of age or older as authorized
10 by rule or the administration of pneumonia, shingles, **hepatitis A, hepatitis B, diphtheria,**
11 **tetanus, pertussis**, and meningitis vaccines by written protocol authorized by a physician for a
12 specific patient as authorized by rule; the participation in drug selection according to state law
13 and participation in drug utilization reviews; the proper and safe storage of drugs and devices and
14 the maintenance of proper records thereof; consultation with patients and other health care
15 practitioners, and veterinarians and their clients about legend drugs, about the safe and effective
16 use of drugs and devices; and the offering or performing of those acts, services, operations, or
17 transactions necessary in the conduct, operation, management and control of a pharmacy. No
18 person shall engage in the practice of pharmacy unless he is licensed under the provisions of this

19 chapter. This chapter shall not be construed to prohibit the use of auxiliary personnel under the
20 direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties. This
21 assistance in no way is intended to relieve the pharmacist from his or her responsibilities for
22 compliance with this chapter and he or she will be responsible for the actions of the auxiliary
23 personnel acting in his or her assistance. This chapter shall also not be construed to prohibit or
24 interfere with any legally registered practitioner of medicine, dentistry, or podiatry, or veterinary
25 medicine only for use in animals, or the practice of optometry in accordance with and as
26 provided in sections 195.070 and 336.220 in the compounding, administering, prescribing, or
27 dispensing of his or her own prescriptions.

28 2. Any pharmacist who accepts a prescription order for a medication therapeutic plan
29 shall have a written protocol from the physician who refers the patient for medication therapy
30 services. The written protocol and the prescription order for a medication therapeutic plan shall
31 come from the physician only, and shall not come from a nurse engaged in a collaborative
32 practice arrangement under section 334.104, or from a physician assistant engaged in a
33 supervision agreement under section 334.735.

34 3. Nothing in this section shall be construed as to prevent any person, firm or corporation
35 from owning a pharmacy regulated by sections 338.210 to 338.315, provided that a licensed
36 pharmacist is in charge of such pharmacy.

37 4. Nothing in this section shall be construed to apply to or interfere with the sale of
38 nonprescription drugs and the ordinary household remedies and such drugs or medicines as are
39 normally sold by those engaged in the sale of general merchandise.

40 5. No health carrier as defined in chapter 376 shall require any physician with which they
41 contract to enter into a written protocol with a pharmacist for medication therapeutic services.

42 6. This section shall not be construed to allow a pharmacist to diagnose or independently
43 prescribe pharmaceuticals.

44 7. The state board of registration for the healing arts, under section 334.125, and the state
45 board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of
46 protocols for prescription orders for medication therapy services and administration of viral
47 influenza vaccines. Such rules shall require protocols to include provisions allowing for timely
48 communication between the pharmacist and the referring physician, and any other patient
49 protection provisions deemed appropriate by both boards. In order to take effect, such rules shall
50 be approved by a majority vote of a quorum of each board. Neither board shall separately
51 promulgate rules regulating the use of protocols for prescription orders for medication therapy
52 services and administration of viral influenza vaccines. Any rule or portion of a rule, as that term
53 is defined in section 536.010, that is created under the authority delegated in this section shall
54 become effective only if it complies with and is subject to all of the provisions of chapter 536

55 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of
56 the powers vested with the general assembly pursuant to chapter 536 to review, to delay the
57 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the
58 grant of rulemaking authority and any rule proposed or adopted after August 28, 2007, shall be
59 invalid and void.

60 8. The state board of pharmacy may grant a certificate of medication therapeutic plan
61 authority to a licensed pharmacist who submits proof of successful completion of a
62 board-approved course of academic clinical study beyond a bachelor of science in pharmacy,
63 including but not limited to clinical assessment skills, from a nationally accredited college or
64 university, or a certification of equivalence issued by a nationally recognized professional
65 organization and approved by the board of pharmacy.

66 9. Any pharmacist who has received a certificate of medication therapeutic plan authority
67 may engage in the designing, initiating, implementing, and monitoring of a medication
68 therapeutic plan as defined by a prescription order from a physician that is specific to each
69 patient for care by a pharmacist.

70 10. Nothing in this section shall be construed to allow a pharmacist to make a therapeutic
71 substitution of a pharmaceutical prescribed by a physician unless authorized by the written
72 protocol or the physician's prescription order.

73 11. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary
74 medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or
75 an equivalent title means a person who has received a doctor's degree in veterinary medicine
76 from an accredited school of veterinary medicine or holds an Educational Commission for
77 Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary Medical
78 Association (AVMA).

79 **12. In addition to other requirements established by the joint promulgation of rules**
80 **by the board of pharmacy and the state board of registration for the healing arts:**

81 **(1) A pharmacist shall administer vaccines in accordance with treatment guidelines**
82 **established by the Centers for Disease Control and Prevention (CDC);**

83 **(2) A pharmacist who is administering a vaccine shall request a patient to remain**
84 **in the pharmacy a safe amount of time after administering the vaccine to observe any**
85 **adverse reactions. Such pharmacist shall have adopted emergency treatment protocols;**

86 **(3) In addition to other requirements by the board, a pharmacist shall receive**
87 **additional training as required by the board and evidenced by receiving a certificate from**
88 **the board upon completion, and shall display the certification in his or her pharmacy**
89 **where vaccines are delivered.**

90 **13. A pharmacist shall provide a written report within fourteen days of**
91 **administration of a vaccine to the patient's primary health care provider, if provided by**
92 **the patient, containing:**

- 93 **(1) The identity of the patient;**
94 **(2) The identity of the vaccine or vaccines administered;**
95 **(3) The route of administration;**
96 **(4) The anatomic site of the administration;**
97 **(5) The dose administered; and**
98 **(6) The date of administration.**

 338.020. 1. Every person who shall hereafter desire to be licensed as a pharmacist shall
2 file with the board of pharmacy an application setting forth his name and age, the place, or
3 places, at which and the time spent in the study of the science and art of pharmacy, and the
4 practical experience which the applicant has had under the direction of a legally licensed
5 pharmacist, and shall appear at a time and place designated by the board of pharmacy and submit
6 to an examination as to his qualifications for registration as a licensed pharmacist. Each
7 application shall contain a statement that it is made under oath or affirmation and that its
8 representations are true and correct to the best knowledge and belief of the person signing same,
9 subject to the penalties of making a false affidavit or declaration.

10 **2. So long as the person involved does not represent or hold himself or herself out**
11 **as a pharmacist licensed to practice in this state, a Missouri pharmacist license shall not**
12 **be required for a legally qualified pharmacist serving in the armed forces of the United**
13 **States or a legally qualified pharmacist employed by the government of the United States**
14 **or any bureau, division, or agency thereof who is engaged in the practice of pharmacy**
15 **while in the discharge of his or her official duties.**

 338.059. 1. It shall be the duty of a licensed pharmacist or a physician to affix or have
2 affixed by someone under the pharmacist's or physician's supervision a label to each and every
3 container provided to a consumer in which is placed any prescription drug upon which is typed
4 or written the following information:

- 5 (1) The date the prescription is filled;
6 (2) The sequential number **or other unique identifier**;
7 (3) The patient's name;
8 (4) The prescriber's directions for usage;
9 (5) The prescriber's name;
10 (6) The name and address of the pharmacy;
11 (7) The exact name and dosage of the drug dispensed;

12 (8) There may be one line under the information provided in subdivisions (1) to (7) of
13 this subsection stating "Refill" with a blank line or squares following or the words "No Refill";

14 (9) When a generic substitution is dispensed, the name of the manufacturer or an
15 abbreviation thereof shall appear on the label or in the pharmacist's records as required in section
16 338.100.

17 2. The label of any drug which is sold at wholesale in this state and which requires a
18 prescription to be dispensed at retail shall contain the name of the manufacturer, expiration date,
19 if applicable, batch or lot number and national drug code.

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

2 (1) "Board", the Missouri board of pharmacy;

3 (2) "Hospital", a hospital as defined in section 197.020;

4 (3) "Hospital clinic or facility", a clinic or facility under the common control,
5 management, or ownership of the same hospital or hospital system;

6 (4) "Medical staff committee", the committee or other body of a hospital or hospital
7 system responsible for formulating policies regarding pharmacy services and medication
8 management;

9 (5) "Medication order", an order for a legend drug or device that is:

10 (a) Authorized or issued by an authorized prescriber acting within the scope of his
11 or her professional practice or pursuant to a protocol or standing order approved by the
12 medical staff committee; and

13 (b) To be distributed or administered to the patient by a health care practitioner
14 or lawfully authorized designee at a hospital or a hospital clinic or facility;

15 (6) "Patient", an individual receiving medical diagnosis, treatment, or care at a
16 hospital or a hospital clinic or facility.

17 2. The department of health and senior services shall have sole authority and
18 responsibility for the inspection and licensure of hospitals as provided by chapter 197
19 including, but not limited to, all parts, services, functions, support functions, and activities
20 which contribute directly or indirectly to patient care of any kind whatsoever. However,
21 the board may inspect a class B pharmacy or any portion thereof that is not under the
22 inspection authority vested in the department of health and senior services by chapter 197
23 to determine compliance with this chapter or the rules of the board. This section shall not
24 be construed to bar the board from conducting an investigation pursuant to a public or
25 governmental complaint to determine compliance by an individual licensee or registrant
26 of the board with any applicable provisions of this chapter or the rules of the board.

27 3. The department of health and senior services shall have authority to promulgate
28 rules in conjunction with the board governing medication distribution and the provision

29 of medication therapy services by a pharmacist at or within a hospital. Rules may include,
30 but are not limited to, medication management, preparation, compounding,
31 administration, storage, distribution, packaging and labeling. Until such rules are jointly
32 promulgated, hospitals shall comply with all applicable state law and department of health
33 and senior services rules governing pharmacy services and medication management in
34 hospitals. The rulemaking authority granted herein to the department of health and senior
35 services shall not include the dispensing of medication by prescription.

36 4. All pharmacists providing medication therapy services shall obtain a certificate
37 of medication therapeutic plan authority as provided by rule of the board. Medication
38 therapy services may be provided by a pharmacist for patients of a hospital pursuant to
39 a protocol with a physician as required by section 338.010 or pursuant to a protocol
40 approved by the medical staff committee.

41 5. Medication may be dispensed by a class B hospital pharmacy pursuant to a
42 prescription or a medication order.

43 6. A drug distributor license shall not be required to transfer medication from a
44 class B hospital pharmacy to a hospital clinic or facility for patient care or treatment.

45 7. Medication dispensed by a hospital to a hospital patient for use or administration
46 outside of the hospital under a medical staff-approved protocol for medication therapy
47 shall be dispensed only by a prescription order for medication therapy from an individual
48 physician for a specific patient.

49 8. This section shall not be construed to preempt any law or rule governing
50 controlled substances.

51 9. Any rule, as that term is defined in section 536.010, that is created under the
52 authority delegated in this section shall only become effective if it complies with and is
53 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This
54 section and chapter 536 are nonseverable, and if any of the powers vested with the general
55 assembly under chapter 536 to review, to delay the effective date, or to disapprove and
56 annul a rule are subsequently held unconstitutional, then the grant of rulemaking
57 authority and any rule proposed or adopted after August 28, 2014, shall be invalid and
58 void.

59 10. The board shall appoint an advisory committee to review and make
60 recommendations to the board on the merit of all rules and regulations to be jointly
61 promulgated by the board and the department of health and senior services pursuant to
62 the joint rulemaking authority granted by this section. The advisory committee shall
63 consist of:

64 **(1) Two representatives designated by the Missouri Hospital Association, one of**
65 **whom shall be a pharmacist;**

66 **(2) One pharmacist designated by the Missouri Society of Health System**
67 **Pharmacists;**

68 **(3) One pharmacist designated by the Missouri Pharmacy Association;**

69 **(4) One pharmacist designated by the department of health and senior services**
70 **from a hospital with a licensed bed count that does not exceed fifty beds or from a critical**
71 **access hospital as defined by the department of social services for purposes of MO**
72 **HealthNet reimbursement;**

73 **(5) One pharmacist designated by the department of health and senior services**
74 **from a hospital with a licensed bed count that exceeds two hundred beds; and**

75 **(6) One pharmacist designated by the board with experience in the provision of**
76 **hospital pharmacy services.**

77 **11. Nothing in this section shall be construed to limit the authority of a licensed**
78 **health care provider to prescribe, administer, or dispense medications and treatments**
79 **within the scope of their professional practice.**

338.220. 1. It shall be unlawful for any person, copartnership, association, corporation
2 or any other business entity to open, establish, operate, or maintain any pharmacy as defined by
3 statute without first obtaining a permit or license to do so from the Missouri board of pharmacy.
4 A permit shall not be required for an individual licensed pharmacist to perform nondispensing
5 activities outside of a pharmacy, as provided by the rules of the board. A permit shall not be
6 required for an individual licensed pharmacist to administer drugs, vaccines, and biologicals by
7 protocol, as permitted by law, outside of a pharmacy. The following classes of pharmacy permits
8 or licenses are hereby established:

- 9 (1) Class A: Community/ambulatory;
- 10 (2) Class B: Hospital [outpatient] pharmacy;
- 11 (3) Class C: Long-term care;
- 12 (4) Class D: Nonsterile compounding;
- 13 (5) Class E: Radio pharmaceutical;
- 14 (6) Class F: Renal dialysis;
- 15 (7) Class G: Medical gas;
- 16 (8) Class H: Sterile product compounding;
- 17 (9) Class I: Consultant services;
- 18 (10) Class J: Shared service;
- 19 (11) Class K: Internet;
- 20 (12) Class L: Veterinary;

21 (13) Class M: Specialty (bleeding disorder);

22 (14) Class N: Automated dispensing system (health care facility);

23 (15) Class O: Automated dispensing system (ambulatory care);

24 (16) Class P: Practitioner office/clinic.

25 2. Application for such permit or license shall be made upon a form furnished to the
26 applicant; shall contain a statement that it is made under oath or affirmation and that its
27 representations are true and correct to the best knowledge and belief of the person signing same,
28 subject to the penalties of making a false affidavit or declaration; and shall be accompanied by
29 a permit or license fee. The permit or license issued shall be renewable upon payment of a
30 renewal fee. Separate applications shall be made and separate permits or licenses required for
31 each pharmacy opened, established, operated, or maintained by the same owner.

32 3. All permits, licenses or renewal fees collected pursuant to the provisions of sections
33 338.210 to 338.370 shall be deposited in the state treasury to the credit of the Missouri board of
34 pharmacy fund, to be used by the Missouri board of pharmacy in the enforcement of the
35 provisions of sections 338.210 to 338.370, when appropriated for that purpose by the general
36 assembly.

37 4. Class L: veterinary permit shall not be construed to prohibit or interfere with any
38 legally registered practitioner of veterinary medicine in the compounding, administering,
39 prescribing, or dispensing of their own prescriptions, or medicine, drug, or pharmaceutical
40 product to be used for animals.

41 5. Except for any legend drugs under 21 U.S.C. Section 353, the provisions of this
42 section shall not apply to the sale, dispensing, or filling of a pharmaceutical product or drug used
43 for treating animals.

44 **6. A "class B hospital pharmacy" shall be defined as a pharmacy owned, managed,**
45 **or operated by a hospital as defined by section 197.020 or a clinic or facility under common**
46 **control, management, or ownership of the same hospital or hospital system. This section**
47 **shall not be construed to require a class B hospital pharmacy permit or license for hospitals**
48 **solely providing services within the practice of pharmacy under the jurisdiction of, and the**
49 **licensure granted by, the department of health and senior services under chapter 197.**

50 **7. Upon application to the board, any hospital that holds a pharmacy permit or**
51 **license on the effective date of this section shall be entitled to obtain a class B pharmacy**
52 **permit or license without fee, provided such application shall be submitted to the board on**
53 **or before January 1, 2015.**

346.010. As used in sections 346.010 to 346.250, except as the context may require
2 otherwise, the following terms mean:

3 (1) "Audiologist", a clinical audiologist licensed pursuant to chapter 345;

- 4 (2) "Board", the Missouri board of examiners for hearing instrument specialists, which
5 is established in section 346.120;
- 6 (3) "Department", the department of insurance, financial institutions and professional
7 registration;
- 8 (4) "Division", the division of professional registration;
- 9 (5) "Hearing instrument" or "hearing aid", any wearable instrument or device designed
10 for or offered for the purpose of aiding or compensating for impaired human hearing and **that**
11 **can provide more than fifteen decibel full-on gain via a two cc coupler at any single**
12 **frequency from two hundred through six thousand cycles per second, and** any parts,
13 attachments, or accessories, including earmold, but excluding batteries, cords, receivers and
14 repairs;
- 15 (6) "Hearing instrument specialist" or "specialist", a person licensed by the state pursuant
16 to sections 346.010 to 346.250 who is authorized to engage in the practice of fitting hearing
17 instruments;
- 18 (7) "Hearing instrument specialist in-training", a person who holds a temporary permit
19 issued by the division to fit hearing instruments under the supervision of a hearing instrument
20 specialist;
- 21 (8) "License", a license issued by the state under sections 346.010 to 346.250 to hearing
22 instrument specialists;
- 23 (9) "Otolaryngologist", a person licensed to practice medicine and surgery in the state
24 of Missouri pursuant to chapter 334 and who spends the majority of the person's practice seeing
25 patients with ear, nose, and throat diseases;
- 26 (10) "Person", an individual, corporation, partnership, joint venture, association, trust
27 or any other legal entity;
- 28 (11) "Practice of fitting hearing instruments", the selection, adaptation, and sale of
29 hearing instruments, including the testing and evaluation of hearing by means of an audiometer
30 and the making of impressions for earmolds;
- 31 (12) "Registration of supervision", the process of obtaining a certificate of authority
32 issued by the division to a hearing instrument specialist that enables the specialist to supervise
33 one or more hearing instrument specialists in-training, as defined by division rules;
- 34 (13) "Sell or sale", any transfer of title or of the right to use by lease, bailment, or any
35 other contract, excluding wholesale transactions with distributors or dealers;
- 36 (14) "Supervised training", the program of education and experience, as defined by
37 division rule, required to be followed by each hearing instrument specialist in-training;
- 38 (15) "Supervisor", a hearing instrument specialist who has filed a registration of
39 supervision with the board and has received from the division a certificate of authority;

40 (16) "Temporary permit", a permit issued by the division while the applicant is in
41 training to become a licensed hearing instrument specialist.

346.055. 1. An applicant may obtain a license [by successfully passing a qualifying
2 examination of the type described in sections 346.010 to 346.250,] provided the applicant:

3 (1) Is at least eighteen years of age; and

4 (2) Is of good moral character; and

5 (3) **Successfully passes a qualifying examination as described under sections**
6 **346.010 to 346.250; and**

7 (4) (a) Holds an associate's degree or higher, from a state or regionally accredited
8 institution of higher education, in hearing instrument sciences; or

9 (b) Holds an associate's level degree or higher, from a state or regionally accredited
10 institution of higher education[,] and submits proof of completion of the International Hearing
11 Society's Distance Learning for Professionals in Hearing Health Sciences [course, and submits
12 proof of completion of the Hearing Instrument Specialists in Training program as established by
13 the Board of Examiners for Hearing Instrument Specialists] **Course**; or

14 (c) Holds a master's or doctoral degree in audiology from a state or regionally accredited
15 institution; or

16 (d) Holds a current, unsuspended, unrevoked license from another jurisdiction if the
17 standards for licensing in such other jurisdiction, as determined by the board, are substantially
18 equivalent to or exceed those required in paragraph (a) or (b) of subdivision [(3)] (4) of this
19 subsection; or

20 (e) Holds a current, unsuspended, unrevoked license from another jurisdiction, has been
21 actively practicing as a licensed hearing aid fitter or dispenser in another jurisdiction for no less
22 than forty-eight of the last seventy-two months, and submits proof of completion of advance
23 certification from either the International Hearing Society or the National Board for Certification
24 in Hearing Instrument Sciences.

25 2. The provisions of subsection 1 of this section shall not apply to any person holding
26 a valid Missouri hearing instrument specialist license under this chapter when applying for the
27 renewal of that license. These provisions shall apply to any person holding a hearing instrument
28 specialist-in-training permit at the time of their application for licensure or renewal of said
29 permit.

30 3. (1) The board shall promulgate reasonable standards and rules for the evaluation of
31 applicants for purposes of determining the course of instruction and training required of each
32 applicant for a hearing instrument specialist license under the requirement of subdivision (3) of
33 subsection 1 of this section.

34 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created
35 under the authority delegated in this section shall become effective only if it complies with and
36 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section
37 and chapter 536 are nonseverable and if any of the powers vested with the general assembly
38 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule
39 are subsequently held unconstitutional, then the grant of rulemaking authority and any rule
40 proposed or adopted after August 28, 2013, shall be invalid and void.

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