

SECOND REGULAR SESSION

HOUSE BILL NO. 1371

96TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES WETER (Sponsor), KIRKTON, SATER, SHIVELY, HOUGH, McDONALD, LOEHNER, MEADOWS, REDMON, SHUMAKE, FISHER, SCHIEFFER, WALLINGFORD, FITZWATER, MCGHEE, QUINN, McCREERY, WEBB, KELLEY (126), SCHAD, LARGENT, CARTER, HIGDON, BAHR AND CONWAY (14) (Co-sponsors).

4298L.011

D. ADAM CRUMBLISS, Chief Clerk

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 collaborative practice arrangements.

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A. Sections 195.070, 195.100, 208.152, 334.104, 334.108, 334.810, 335.016, 2 335.019, 335.046, and 338.198, RSMo, are repealed and ten new sections enacted in lieu thereof, 3 to be known as sections 195.070, 195.100, 208.152, 334.104, 334.108, 334.810, 335.016, 4 335.019, 335.046, and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

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

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

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.

13 advanced practice registered nurse shall prescribe controlled substance for his or her own self
14 or family. Schedule III narcotic controlled substance prescriptions shall be limited to a one
15 hundred twenty-hour supply without refill.

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

20 [4.] 3. A practitioner shall not accept any portion of a controlled substance unused by a
21 patient, for any reason, if such practitioner did not originally dispense the drug.

22 [5.] 4. An individual practitioner shall not prescribe or dispense a controlled substance
23 for such practitioner's personal use except in a medical emergency.

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

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

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

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

17 5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on
18 a prescription issued by a physician, physician assistant, dentist, podiatrist, veterinarian, or
19 advanced practice registered nurse, the pharmacist or practitioner shall affix to the container in
20 which such drug is sold or dispensed a label showing his or her own name and address of the
21 pharmacy or practitioner for whom he or she is lawfully acting; the name of the patient or, if the
22 patient is an animal, the name of the owner of the animal and the species of the animal; the name
23 of the physician, physician assistant, dentist, podiatrist, advanced practice registered nurse, or
24 veterinarian by whom the prescription was written[; the name of the collaborating physician if
25 the prescription is written by an advanced practice registered nurse] or the supervising physician

26 if the prescription is written by a physician assistant, and such directions as may be stated on the
27 prescription. No person shall alter, deface, or remove any label so affixed.

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

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

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

21 (3) Laboratory and X-ray services;

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

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

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

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

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

51 (9) Early and periodic screening and diagnosis of individuals who are under the age of
52 twenty-one to ascertain their physical or mental defects, and health care, treatment, and other
53 measures to correct or ameliorate defects and chronic conditions discovered thereby. Such
54 services shall be provided in accordance with the provisions of Section 6403 of P.L. 101-239 and
55 federal regulations promulgated thereunder;

56 (10) Home health care services;

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

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

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

70 (14) Personal care services which are medically oriented tasks having to do with a
71 person's physical requirements, as opposed to housekeeping requirements, which enable a person
72 to be treated by his physician on an outpatient rather than on an inpatient or residential basis in
73 a hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be
74 rendered by an individual not a member of the participant's family who is qualified to provide
75 such services where the services are prescribed by a physician in accordance with a plan of
76 treatment and are supervised by a licensed nurse. Persons eligible to receive personal care
77 services shall be those persons who would otherwise require placement in a hospital,
78 intermediate care facility, or skilled nursing facility. Benefits payable for personal care services
79 shall not exceed for any one participant one hundred percent of the average statewide charge for
80 care and treatment in an intermediate care facility for a comparable period of time. Such
81 services, when delivered in a residential care facility or assisted living facility licensed under
82 chapter 198 shall be authorized on a tier level based on the services the resident requires and the
83 frequency of the services. A resident of such facility who qualifies for assistance under section
84 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the
85 fewest services. The rate paid to providers for each tier of service shall be set subject to
86 appropriations. Subject to appropriations, each resident of such facility who qualifies for
87 assistance under section 208.030 and meets the level of care required in this section shall, at a
88 minimum, if prescribed by a physician, be authorized up to one hour of personal care services
89 per day. Authorized units of personal care services shall not be reduced or tier level lowered
90 unless an order approving such reduction or lowering is obtained from the resident's personal
91 physician. Such authorized units of personal care services or tier level shall be transferred with
92 such resident if her or she transfers to another such facility. Such provision shall terminate upon
93 receipt of relevant waivers from the federal Department of Health and Human Services. If the
94 Centers for Medicare and Medicaid Services determines that such provision does not comply
95 with the state plan, this provision shall be null and void. The MO HealthNet division shall notify
96 the revisor of statutes as to whether the relevant waivers are approved or a determination of
97 noncompliance is made;

98 (15) Mental health services. The state plan for providing medical assistance under Title
99 XIX of the Social Security Act, 42 U.S.C. 301, as amended, shall include the following mental
100 health services when such services are provided by community mental health facilities operated
101 by the department of mental health or designated by the department of mental health as a
102 community mental health facility or as an alcohol and drug abuse facility or as a child-serving
103 agency within the comprehensive children's mental health service system established in section
104 630.097. The department of mental health shall establish by administrative rule the definition

105 and criteria for designation as a community mental health facility and for designation as an
106 alcohol and drug abuse facility. Such mental health services shall include:

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

112 (b) Clinic mental health services including preventive, diagnostic, therapeutic,
113 rehabilitative, and palliative interventions rendered to individuals in an individual or group
114 setting by a mental health professional in accordance with a plan of treatment appropriately
115 established, implemented, monitored, and revised under the auspices of a therapeutic team as a
116 part of client services management;

117 (c) Rehabilitative mental health and alcohol and drug abuse services including home and
118 community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions
119 rendered to individuals in an individual or group setting by a mental health or alcohol and drug
120 abuse professional in accordance with a plan of treatment appropriately established,
121 implemented, monitored, and revised under the auspices of a therapeutic team as a part of client
122 services management. As used in this section, mental health professional and alcohol and drug
123 abuse professional shall be defined by the department of mental health pursuant to duly
124 promulgated rules. With respect to services established by this subdivision, the department of
125 social services, MO HealthNet division, shall enter into an agreement with the department of
126 mental health. Matching funds for outpatient mental health services, clinic mental health
127 services, and rehabilitation services for mental health and alcohol and drug abuse shall be
128 certified by the department of mental health to the MO HealthNet division. The agreement shall
129 establish a mechanism for the joint implementation of the provisions of this subdivision. In
130 addition, the agreement shall establish a mechanism by which rates for services may be jointly
131 developed;

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

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

139 (18) Nursing home costs for participants receiving benefit payments under subdivision
140 (4) of this subsection to reserve a bed for the participant in the nursing home during the time that

141 the participant is absent due to admission to a hospital for services which cannot be performed
142 on an outpatient basis, subject to the provisions of this subdivision:

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

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

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

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

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

157 (d) The provisions of this subdivision shall not apply unless the nursing home receives
158 notice from the participant or the participant's responsible party that the participant intends to
159 return to the nursing home following the hospital stay. If the nursing home receives such
160 notification and all other provisions of this subsection have been satisfied, the nursing home shall
161 provide notice to the participant or the participant's responsible party prior to release of the
162 reserved bed;

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

166 (20) Hospice care. As used in this subdivision, the term "hospice care" means a
167 coordinated program of active professional medical attention within a home, outpatient and
168 inpatient care which treats the terminally ill patient and family as a unit, employing a medically
169 directed interdisciplinary team. The program provides relief of severe pain or other physical
170 symptoms and supportive care to meet the special needs arising out of physical, psychological,
171 spiritual, social, and economic stresses which are experienced during the final stages of illness,
172 and during dying and bereavement and meets the Medicare requirements for participation as a
173 hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO
174 HealthNet division to the hospice provider for room and board furnished by a nursing home to
175 an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement
176 which would have been paid for facility services in that nursing home facility for that patient,

177 in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget
178 Reconciliation Act of 1989);

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

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

187 (23) Blood clotting products-related services. For persons diagnosed with a bleeding
188 disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section
189 338.400, such services include:

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

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

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

197 (24) The MO HealthNet division shall, by January 1, 2008, and annually thereafter,
198 report the status of MO HealthNet provider reimbursement rates as compared to one hundred
199 percent of the Medicare reimbursement rates and compared to the average dental reimbursement
200 rates paid by third-party payors licensed by the state. The MO HealthNet division shall, by
201 July 1, 2008, provide to the general assembly a four-year plan to achieve parity with Medicare
202 reimbursement rates and for third-party payor average dental reimbursement rates. Such plan
203 shall be subject to appropriation and the division shall include in its annual budget request to the
204 governor the necessary funding needed to complete the four-year plan developed under this
205 subdivision.

206 2. Additional benefit payments for medical assistance shall be made on behalf of those
207 eligible needy children, pregnant women and blind persons with any payments to be made on the
208 basis of the reasonable cost of the care or reasonable charge for the services as defined and
209 determined by the division of medical services, unless otherwise hereinafter provided, for the
210 following:

211 (1) Dental services;

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

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

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

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

229 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a
230 coordinated system of care for individuals with disabling impairments. Rehabilitation services
231 must be based on an individualized, goal-oriented, comprehensive and coordinated treatment
232 plan developed, implemented, and monitored through an interdisciplinary assessment designed
233 to restore an individual to optimal level of physical, cognitive, and behavioral function. The MO
234 HealthNet division shall establish by administrative rule the definition and criteria for
235 designation of a comprehensive day rehabilitation service facility, benefit limitations and
236 payment mechanism. Any rule or portion of a rule, as that term is defined in section 536.010,
237 that is created under the authority delegated in this subdivision shall become effective only if it
238 complies with and is subject to all of the provisions of chapter 536 and, if applicable, section
239 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the
240 general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove
241 and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority
242 and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

243 3. The MO HealthNet division may require any participant receiving MO HealthNet
244 benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after
245 July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered
246 services except for those services covered under subdivisions (14) and (15) of subsection 1 of
247 this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title
248 XIX of the federal Social Security Act (42 U.S.C. 1396, et seq.) and regulations thereunder.

249 When substitution of a generic drug is permitted by the prescriber according to section 338.056,
250 and a generic drug is substituted for a name-brand drug, the MO HealthNet division may not
251 lower or delete the requirement to make a co-payment pursuant to regulations of Title XIX of
252 the federal Social Security Act. A provider of goods or services described under this section
253 must collect from all participants the additional payment that may be required by the MO
254 HealthNet division under authority granted herein, if the division exercises that authority, to
255 remain eligible as a provider. Any payments made by participants under this section shall be in
256 addition to and not in lieu of payments made by the state for goods or services described herein
257 except the participant portion of the pharmacy professional dispensing fee shall be in addition
258 to and not in lieu of payments to pharmacists. A provider may collect the co-payment at the time
259 a service is provided or at a later date. A provider shall not refuse to provide a service if a
260 participant is unable to pay a required payment. If it is the routine business practice of a provider
261 to terminate future services to an individual with an unclaimed debt, the provider may include
262 uncollected co-payments under this practice. Providers who elect not to undertake the provision
263 of services based on a history of bad debt shall give participants advance notice and a reasonable
264 opportunity for payment. A provider, representative, employee, independent contractor, or agent
265 of a pharmaceutical manufacturer shall not make co-payment for a participant. This subsection
266 shall not apply to other qualified children, pregnant women, or blind persons. If the Centers for
267 Medicare and Medicaid Services does not approve the Missouri MO HealthNet state plan
268 amendment submitted by the department of social services that would allow a provider to deny
269 future services to an individual with uncollected co-payments, the denial of services shall not be
270 allowed. The department of social services shall inform providers regarding the acceptability
271 of denying services as the result of unpaid co-payments.

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

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

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

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

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

293 9. Reimbursement rates to long-term care providers with respect to a total change in
294 ownership, at arm's length, for any facility previously licensed and certified for participation in
295 the MO HealthNet program shall not increase payments in excess of the increase that would
296 result from the application of Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C.
297 1396a (a)(13)(C).

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

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

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

9 2. [Collaborative practice arrangements, which shall be in writing, may delegate to a
10 registered professional nurse the authority to administer, dispense or prescribe drugs and provide
11 treatment if the registered professional nurse is an advanced practice nurse as defined in
12 subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
13 advanced practice registered nurse, as defined in section 335.016, the authority to administer,
14 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017;
15 except that, the collaborative practice arrangement shall not delegate the authority to administer
16 any controlled substances listed in schedules III, IV, and V of section 195.017 for the purpose
17 of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures.

18 Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred
19 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form
20 of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health
21 care services.

22 3. The written collaborative practice arrangement shall contain at least the following
23 provisions:

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

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

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

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

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

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

40 (b) Maintain geographic proximity; and

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

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

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

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

51 (9) A description of the time and manner of the collaborating physician's review of the
52 advanced practice registered nurse's delivery of health care services. The description shall
53 include provisions that the advanced practice registered nurse shall submit a minimum of ten

54 percent of the charts documenting the advanced practice registered nurse's delivery of health care
55 services to the collaborating physician for review every fourteen days; and

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

60 4. The state board of registration for the healing arts pursuant to section 334.125 and the
61 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
62 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas
63 to be covered, the methods of treatment that may be covered by collaborative practice
64 arrangements and the requirements for review of services provided pursuant to collaborative
65 practice arrangements including delegating authority to prescribe controlled substances. Any
66 rules relating to dispensing or distribution of medications or devices by prescription or
67 prescription drug orders under this section shall be subject to the approval of the state board of
68 pharmacy. Any rules relating to dispensing or distribution of controlled substances by
69 prescription or prescription drug orders under this section shall be subject to the approval of the
70 department of health and senior services and the state board of pharmacy. In order to take effect,
71 such rules shall be approved by a majority vote of a quorum of each board. Neither the state
72 board of registration for the healing arts nor the board of nursing may separately promulgate rules
73 relating to collaborative practice arrangements. Such jointly promulgated rules shall be
74 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this
75 subsection shall not extend to collaborative practice arrangements of hospital employees
76 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based
77 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

78 5.] The state board of registration for the healing arts shall not deny, revoke, suspend or
79 otherwise take disciplinary action against a physician for health care services delegated to a
80 registered professional nurse provided the provisions of this section and the rules promulgated
81 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
82 imposed as a result of an agreement between a physician and a registered professional nurse or
83 registered physician assistant, whether written or not, prior to August 28, 1993, all records of
84 such disciplinary licensure action and all records pertaining to the filing, investigation or review
85 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed
86 from the records of the state board of registration for the healing arts and the division of
87 professional registration and shall not be disclosed to any public or private entity seeking such
88 information from the board or the division. The state board of registration for the healing arts
89 shall take action to correct reports of alleged violations and disciplinary actions as described in

90 this section which have been submitted to the National Practitioner Data Bank. In subsequent
91 applications or representations relating to his medical practice, a physician completing forms or
92 documents shall not be required to report any actions of the state board of registration for the
93 healing arts for which the records are subject to removal under this section.

94 [6.] 3. Within thirty days of any change and on each renewal, the state board of
95 registration for the healing arts shall require every physician to identify whether the physician
96 is engaged in [any] collaborative practice [agreement, including collaborative practice
97 agreements delegating the authority to prescribe controlled substances, or] **with a registered**
98 **professional nurse, or in a supervisory arrangement with a** physician assistant [agreement]
99 and also report to the board the name of each licensed professional with whom the physician has
100 entered into such [agreement] **an arrangement**. The board may make this information available
101 to the public. The board shall track the reported information and may routinely conduct random
102 reviews of such [agreements] to ensure [that agreements are carried out for] compliance under
103 this chapter.

104 [7.] 4. Notwithstanding any law to the contrary, a certified registered nurse anesthetist
105 as defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services
106 without a collaborative practice arrangement [provided that he or she is under the supervision
107 of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if
108 needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered
109 nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a
110 collaborative practice arrangement under this section, except that the collaborative practice
111 arrangement may not delegate the authority to prescribe any controlled substances listed in
112 Schedules III, IV, and V of section 195.017.

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

118 9. It is the responsibility of the collaborating physician to determine and document the
119 completion of at least a one-month period of time during which the advanced practice registered
120 nurse shall practice with the collaborating physician continuously present before practicing in
121 a setting where the collaborating physician is not continuously present. This limitation shall not
122 apply to collaborative arrangements of providers of population-based public health services as
123 defined by 20 CSR 2150-5.100 as of April 30, 2008.

124 10. No agreement made under this section shall supersede current hospital licensing
125 regulations governing hospital medication orders under protocols or standing orders for the

126 purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020
127 if such protocols or standing orders have been approved by the hospital's medical staff and
128 pharmaceutical therapeutics committee.

129 11. No contract or other agreement shall require a physician to act as a collaborating
130 physician for an advanced practice registered nurse against the physician's will. A physician
131 shall have the right to refuse to act as a collaborating physician, without penalty, for a particular
132 advanced practice registered nurse. No contract or other agreement shall limit the collaborating
133 physician's ultimate authority over any protocols or standing orders or in the delegation of the
134 physician's authority to any advanced practice registered nurse, but this requirement shall not
135 authorize a physician in implementing such protocols, standing orders, or delegation to violate
136 applicable standards for safe medical practice established by hospital's medical staff.

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

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

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

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

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

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

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

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

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

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

18 (3) Home health services provided by a home health agency as defined in section
19 197.400;

20 (4) Accordance with a collaborative practice [agreement] **arrangement** as defined in
21 section 334.104;

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

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

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

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

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

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

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

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

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

19 (2) Administration of pharmacologic agents related to, or in conjunction with, respiratory
20 care procedures;

21 (3) Aerosolized medications and humidification;

22 (4) Arterial blood gas puncture or sample collection;

23 (5) Bronchopulmonary hygiene;

24 (6) Cardiopulmonary resuscitation;

25 (7) Environmental control mechanisms and therapy;

26 (8) Initiation, monitoring, modification of ventilator controls, and discontinuance or
27 withdrawal of continuous mechanical ventilation;

28 (9) Intubation/extubation of endotracheal tubes, tracheostomy tubes and transtracheal
29 catheters;

30 (10) Insertion of artificial airways and the maintenance of natural and artificial airways;

31 (11) Mechanical or physiological ventilatory support;

32 (12) Point-of-care diagnostic testing;

33 (13) Specific diagnostic and testing techniques employed in the medical management
34 of patients to assist in diagnosis, monitoring, treatment and research of pulmonary abnormalities,
35 including measurement of ventilatory volumes, pressures, flows, collection of specimens of
36 blood and mucus, measurement and reporting of blood gases, expired and inspired gas samples
37 and pulmonary function testing;

38 (14) Diagnostic monitoring or therapeutic intervention for oxygen desaturation, aberrant
39 ventilatory patterns and related sleep disorders including obstructive and central apnea; and

40 (15) Other related physiologic measurements of the cardiopulmonary system.

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

42 (1) Insertion and maintenance of peripheral arterial or venous lines and hemodynamic
43 monitoring;

44 (2) Assistance with diagnostic or performing therapeutic bronchoscopy;

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

49 (4) Air or ground ambulance transport;

50 (5) Hyperbaric oxygenation therapy;

51 (6) Electrophysiologic monitoring; or

52 (7) Other diagnostic testing or special procedures.

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

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

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

5 (2) "Advanced practice registered nurse" or "APRN", a [nurse who has education
6 beyond the basic nursing education and is certified by a nationally recognized professional
7 organization as a certified nurse practitioner, certified nurse midwife, certified registered nurse
8 anesthetist, or a certified clinical nurse specialist. The board shall promulgate rules specifying
9 which nationally recognized professional organization certifications are to be recognized for the

10 purposes of this section. Advanced practice nurses and only such individuals may use the title
11 "Advanced Practice Registered Nurse" and the abbreviation "APRN"] **person licensed under**
12 **this chapter to engage in the practice of advanced practice registered nursing as a certified**
13 **nurse practitioner, certified clinical nurse specialist, certified nurse midwife, or certified**
14 **registered nurse anesthetist;**

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

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

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

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

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

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

31 [(4)] (5) "Board" or "state board", the state board of nursing;

32 [(5)] (6) "Certified clinical nurse specialist", a registered nurse who is currently certified
33 as a clinical nurse specialist by a nationally recognized certifying board approved by the board
34 of nursing;

35 [(6)] (7) "Certified nurse midwife", a registered nurse who is currently certified as a
36 nurse midwife by the American College of Nurse Midwives, or other nationally recognized
37 certifying body approved by the board of nursing;

38 [(7)] (8) "Certified nurse practitioner", a registered nurse who is currently certified as a
39 nurse practitioner by a nationally recognized certifying body approved by the board of nursing;

40 [(8)] (9) "Certified registered nurse anesthetist", a registered nurse who is currently
41 certified as a nurse anesthetist by the [Council on Certification of Nurse Anesthetists] **National**
42 **Board of Certification and Recertification for Nurse Anesthetists**, the Council on
43 Recertification of Nurse Anesthetists, or other nationally recognized certifying body approved
44 by the board of nursing;

45 [(9)] (10) "Executive director", a qualified individual employed by the board as executive
46 secretary or otherwise to administer the provisions of this chapter under the board's direction.
47 Such person employed as executive director shall not be a member of the board;

48 [(10)] (11) "Inactive nurse", as defined by rule pursuant to section 335.061;

49 [(11)] (12) "Lapsed license status", as defined by rule under section 335.061;

50 [(12)] (13) "Licensed practical nurse" or "practical nurse", a person licensed pursuant to
51 the provisions of this chapter to engage in the practice of practical nursing;

52 [(13)] (14) "Licensure", the issuing of a license to practice **advanced practice**,
53 professional, or practical nursing to candidates who have met the specified requirements and the
54 recording of the names of those persons as holders of a license to practice **advanced practice**,
55 professional, or practical nursing;

56 [(14)] (15) "Practical nursing", the performance for compensation of selected acts for the
57 promotion of health and in the care of persons who are ill, injured, or experiencing alterations
58 in normal health processes. Such performance requires substantial specialized skill, judgment
59 and knowledge. All such nursing care shall be given under the direction of a person licensed by
60 a state regulatory board to prescribe medications and treatments or under the direction of a
61 registered professional nurse. For the purposes of this chapter, the term "direction" shall mean
62 guidance or supervision provided by a person licensed by a state regulatory board to prescribe
63 medications and treatments or a registered professional nurse, including, but not limited to, oral,
64 written, or otherwise communicated orders or directives for patient care. When practical nursing
65 care is delivered pursuant to the direction of a person licensed by a state regulatory board to
66 prescribe medications and treatments or under the direction of a registered professional nurse,
67 such care may be delivered by a licensed practical nurse without direct physical oversight;

68 [(15)] (16) "Professional nursing", the performance for compensation of any act which
69 requires substantial specialized education, judgment and skill based on knowledge and
70 application of principles derived from the biological, physical, social and nursing sciences,
71 including, but not limited to:

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

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

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

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

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

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

84 [(17)] (18) "Retired license status", any person licensed in this state under this chapter
85 who retires from such practice. Such person shall file with the board an affidavit, on a form to
86 be furnished by the board, which states the date on which the licensee retired from such practice,
87 an intent to retire from the practice for at least two years, and such other facts as tend to verify
88 the retirement as the board may deem necessary; but if the licensee thereafter reengages in the
89 practice, the licensee shall renew his or her license with the board as provided by this chapter and
90 by rule and regulation.

335.019. The board of nursing may grant a certificate of controlled substance
2 prescriptive authority to an advanced practice registered nurse, **with the exception of certified**
3 **registered nurse anesthetist, to administer, dispense, or prescribe controlled substances and**
4 **provide treatment as long as the delivery of such health care services is within the scope**
5 **of practice of the advanced practice registered nurse as defined in section 335.016 and is**
6 **consistent with such nurse's skill, training, and competence** who:

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

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

13 (3) Provides evidence of a minimum of one thousand hours of practice in an advanced
14 practice nursing category prior to application for a certificate of prescriptive authority **for**
15 **controlled substances**. The one thousand hours shall not include clinical hours obtained in the
16 advanced practice nursing education program. The one thousand hours of practice in an
17 advanced practice nursing category may include transmitting a prescription order orally or
18 telephonically or to an inpatient medical record from protocols developed in collaboration with
19 and signed by a licensed physician[; and] **or an advanced practice registered nurse, as defined**
20 **in section 335.016, and has a certificate of controlled substance prescriptive authority.**

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

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

19 2. An applicant for license to practice as a licensed practical nurse shall submit to the
20 board a written application on forms furnished to the applicant. The original application shall
21 contain the applicant's statements showing the applicant's education and other such pertinent
22 information as the board may require. Such applicant shall be of good moral character, and have
23 completed at least two years of high school, or its equivalent as established by the state board of
24 education, and have successfully completed a basic prescribed curriculum in a state-accredited
25 or approved school of nursing, earned a nursing degree, certificate or diploma and completed a
26 course approved by the board on the role of the practical nurse. Each application shall contain
27 a statement that it is made under oath or affirmation and that its representations are true and
28 correct to the best knowledge and belief of the person signing same, subject to the penalties of
29 making a false affidavit or declaration. Applicants from non-English-speaking countries shall
30 be required to submit evidence of their proficiency in the English language. The applicant must
31 be approved by the board and shall pass an examination as required by the board. The board may
32 require by rule as a requirement for licensure that each applicant shall pass an oral or practical
33 examination. Upon successfully passing the examination, the board may issue to the applicant
34 a license to practice as a licensed practical nurse. The applicant for a license to practice licensed
35 practical nursing shall pay a fee in such amount as may be set by the board. The fee shall be

36 uniform for all applicants. Applicants from foreign countries shall be licensed as prescribed by
37 rule.

38 **3. (1) An applicant for a license to practice as an advanced practice registered**
39 **nurse shall submit to the board a written application on forms furnished to the applicant.**
40 **The application shall contain the following:**

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

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

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

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

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

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

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

51 **(d) For applicants from non-English-speaking lands, submission of evidence of**
52 **proficiency in the English language.**

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

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

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

59 **(b) Have successfully completed the basic professional curriculum in an accredited**
60 **or approved school of nursing;**

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

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

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

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

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

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

77 **[4.] 5.** The board shall not deny a license because of sex, religion, race, ethnic origin, age
78 or political affiliation.

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

✓