

FIRST REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
SENATE COMMITTEE SUBSTITUTE FOR  
**SENATE BILL NO. 146**  
**98TH GENERAL ASSEMBLY**

0460H.04C

D. ADAM CRUMBLISS, Chief Clerk

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**AN ACT**

To repeal sections 84.720, 191.237, 301.142, 324.001, 334.104, 345.015, 345.020, 345.022, 345.025, 345.040, 345.050, 345.051, 345.065, and 345.080, RSMo, and to enact in lieu thereof twenty-one new sections relating to professions regulated under the division of professional registration.

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

Section A. Sections 84.720, 191.237, 301.142, 324.001, 334.104, 345.015, 345.020, 345.022, 345.025, 345.040, 345.050, 345.051, 345.065, and 345.080, RSMo, are repealed and twenty-one new sections enacted in lieu thereof, to be known as sections 71.1000, 84.720, 170.047, 170.048, 191.236, 191.237, 191.238, 192.380, 301.142, 324.001, 324.023, 334.104, 345.015, 345.020, 345.025, 345.040, 345.050, 345.051, 345.065, 345.080, and 621.280, to read as follows:

**71.1000. 1. Any law enforcement officer not subject to removal under section 43.150 or 57.275 shall be subject to removal from office or employment by the governing body of the political subdivision employing the officer if:**

**(1) The governing body issues a written notice to the officer whose removal is being sought no fewer than ten business days prior to the meeting at which his or her removal will be considered;**

**(2) The officer has been given written notice as to the governing body's intent to remove him or her. Such notice shall include:**

**(a) Charges specifying just cause for which removal is sought;**

**(b) A statement of facts that are alleged to constitute just cause for the officer's removal; and**

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.

12           **(c) The date, time, and location of the meeting at which the officer’s removal will**  
13 **be considered;**

14           **(3) The officer is given an opportunity to be heard before the governing body,**  
15 **together with any witnesses, evidence, and counsel of his or her choosing; and**

16           **(4) The governing body, by a simple majority vote, finds just cause for removing**  
17 **the officer.**

18           **2. Upon the satisfaction of the removal procedure under subsection 1 of this section,**  
19 **the officer shall be immediately removed from office or employment, shall be relieved of**  
20 **all duties and responsibilities of such office or employment, and shall be entitled to no**  
21 **further compensation or benefits not already earned, accrued, or agreed upon.**

22           **3. Any officer removed under this section shall be issued a written notice of the**  
23 **grounds of his or her removal within fourteen calendar days of the removal.**

24           **4. For the purposes of this section, the term “just cause” shall exist if a law**  
25 **enforcement officer:**

26           **(1) Is unable to perform his or her duties with reasonable competence or reasonable**  
27 **safety as a result of a mental condition, including alcohol or substance abuse;**

28           **(2) Has committed any act, while engaged in the performance of his or her duties,**  
29 **that constitutes a reckless disregard for the safety of the public or another law enforcement**  
30 **officer;**

31           **(3) Has caused a material fact to be misrepresented for any improper or unlawful**  
32 **purpose;**

33           **(4) Acts in a manner for the sole purpose of furthering his or her self-interest or in**  
34 **a manner inconsistent with the interests of the public of the governing body;**

35           **(5) Has been found to have violated any law, statute, or ordinance which constitutes**  
36 **a felony; or**

37           **(6) Has been deemed insubordinate or found to be in violation of a written**  
38 **established policy, unless such claimed insubordination or violation of a written established**  
39 **policy was a violation of any federal or state law or local ordinance.**

84.720. **1.** The police commissioners of any city with a population of three hundred fifty  
2 thousand or more inhabitants which is located in more than one county shall have power to  
3 regulate and license all private security personnel and organizations, serving or acting as such  
4 in such cities, and no person or organization shall act in the capacity of, or provide, security  
5 services in such cities without first having obtained the written license of the president or acting  
6 president of the police commissioners of such cities. In order to determine an individual's  
7 suitability to be licensed, the police commissioners of such cities shall require each applicant to  
8 be licensed to be fingerprinted and shall forward the fingerprints to the Missouri state highway

9 patrol for a criminal history record check. Any person or organization that violates the  
10 provisions of this section is guilty of a class B misdemeanor.

11 **2. Any individual who has been issued an occupational license by the Missouri**  
12 **gaming commission as defined in section 313.800 while working on an excursion gambling**  
13 **boat as defined in section 313.800 or facility adjacent to an excursion gambling boat, shall**  
14 **be exempt from the requirements in subsection 1.**

**170.047. 1. Beginning in the 2016-2017 school year, any licensed educator may**  
2 **annually complete up to two hours of training or professional development in youth suicide**  
3 **awareness and prevention as part of the professional development hours required for state**  
4 **board of education certification.**

5 **2. The department of elementary and secondary education shall develop guidelines**  
6 **suitable for training or professional development in youth suicide awareness and**  
7 **prevention. The department shall develop materials that may be used for such training or**  
8 **professional development.**

9 **3. For purposes of this section, the term "licensed educator" shall refer to any**  
10 **teacher with a certificate of license to teach issued by the state board of education or any**  
11 **other educator or administrator required to maintain a professional license issued by the**  
12 **state board of education.**

13 **4. The department of elementary and secondary education may promulgate rules**  
14 **and regulations to implement this section.**

15 **5. Any rule or portion of a rule, as that term is defined in section 536.010 that is**  
16 **created under the authority delegated in this section shall become effective only if it**  
17 **complies with and is subject to all of the provisions of chapter 536, and, if applicable,**  
18 **section 536.028. This section and chapter 536 are nonseverable, and if any of the powers**  
19 **vested with the general assembly pursuant to chapter 536, to review, to delay the effective**  
20 **date, or to disapprove and annul a rule are subsequently held unconstitutional, then the**  
21 **grant of rulemaking authority and any rule proposed or adopted after August 28, 2015,**  
22 **shall be invalid and void.**

**170.048. 1. By July 1, 2017, each district shall adopt a policy for youth suicide**  
2 **awareness and prevention, including the training and education of district employees.**

3 **2. Each district's policy shall address, but need not be limited to the following:**  
4 **(1) Strategies that can help identify students who are at possible risk of suicide;**  
5 **(2) Strategies and protocols for helping students at possible risk of suicide; and**  
6 **(3) Protocols for responding to a suicide death.**

7 **3. By July 1, 2016, the department of elementary and secondary education shall**  
8 **develop a model policy that districts may adopt. When developing the model policy, the**

9 department shall cooperate, consult with, and seek input from organizations that have  
10 expertise in youth suicide awareness and prevention. By July 1, 2020, and at least every  
11 three years thereafter, the department shall request information and seek feedback from  
12 districts on their experience with the policy for youth suicide awareness and prevention.  
13 The department shall review this information and may use it to adapt the department's  
14 model policy. The department shall post any information on its website that it has received  
15 from districts that it deems relevant. The department shall not post any confidential  
16 information or any information that personally identifies any student or school employee.

191.236. As used in sections 191.236 to 191.238, the following terms shall mean:

- 2 (1) "Approved health information organization", a health information organization  
3 approved under section 191.238;
- 4 (2) "Fine or penalty", any civil or criminal penalty or fine, tax, salary or wage  
5 withholding, or surcharge established by law or by rule promulgated by a state agency  
6 under chapter 536;
- 7 (3) "Health care system", any public or private entity whose function or purpose  
8 is the management of, processing of, or enrollment of individuals for or payment for, in full  
9 or in part, health care services or health care data or health care information for its  
10 participants;
- 11 (4) "Health information organization", an organization that oversees and governs  
12 the exchange of health-related information among organizations according to nationally  
13 recognized standards.

191.237. 1. No law or rule promulgated by an agency of the state of Missouri may  
2 impose a fine or penalty against a health care provider, hospital, or health care system for failing  
3 to participate in any particular health information organization.

4 2. A health information organization shall not restrict the exchange of state agency data  
5 or standards-based clinical summaries for patients for federal Health Insurance Portability and  
6 Accountability Act (HIPAA) allowable uses. Charges for such service shall not exceed the cost  
7 of the actual technology connection or recurring maintenance thereof.

8 3. [As used in this section, the following terms shall mean:

9 (1) "Fine or penalty", any civil or criminal penalty or fine, tax, salary or wage  
10 withholding, or surcharge established by law or by rule promulgated by a state agency pursuant  
11 to chapter 536;

12 (2) "Health care system", any public or private entity whose function or purpose is the  
13 management of, processing of, or enrollment of individuals for or payment for, in full or in part,  
14 health care services or health care data or health care information for its participants;

15 (3) "Health information organization", an organization that oversees and governs the  
16 exchange of health-related information among organizations according to nationally recognized  
17 standards.] **All approved health information organizations shall exchange standards-based  
18 clinical summaries for patients and all clinical and claims data from any agency within the  
19 state with all other approved health information organizations within the state. Failure to  
20 exchange such information shall result in the suspension or revocation of approval status  
21 by the Missouri health information exchange commission and the immediate termination  
22 of any contracts, grants, and any other forms of state funding.**

23 4. (1) **The state, including all administrative agencies and departments, shall not  
24 convey "state designated entity" status to any health information organization. The state  
25 shall recognize all approved health information organizations as being equally eligible for  
26 any financial support from the state, or assistance or support from the state in securing any  
27 other source of funding. The state shall not exchange health information with any  
28 nonapproved health information organization unless otherwise required by law.**

29 (2) **Only approved health information organizations shall be qualified to respond  
30 to contracting procurement opportunities and shall be awarded contracts, subject to the  
31 provisions of chapter 34, provided that the state shall not award any contract to any health  
32 information organization as a single feasible source vendor under section 34.044.**

33 (3) **Beginning August 28, 2015, all existing single feasible source vendor contracts  
34 awarded to health information organizations operating within the state shall receive no  
35 further appropriations.**

36 5. **The state shall not restrict the availability of or access to any state agency-  
37 sponsored data sets including, but not limited to, MO HealthNet patient level claims data  
38 and MO HealthNet patient level clinical data to any approved health information  
39 organization.**

40 6. **A health care provider or nonapproved health information organization may  
41 disclose protected health information to any state agency for any public health purpose  
42 that is required by law without authorization from the Missouri health information  
43 exchange commission. Nothing in this act shall be construed to limit the use, transfer, or  
44 disclosure of protected health information as required or permitted by the Health  
45 Insurance Portability and Accountability Act (HIPAA) or any other provision of law.**

191.238. 1. **There is hereby created a "Missouri Health Information Exchange  
2 Commission". The commission shall consist of seven members, one of which shall be a  
3 member of the senate appointed by the president pro tempore of the senate, one of which  
4 shall be a member of the house of representatives appointed by the speaker of the house  
5 of representatives, one of which shall be the chair of the joint committee on administrative**

6 rules, one of which shall either be the chair of the house budget committee or the chair of  
7 the senate appropriations committee on an annual revolving appointment, and with one  
8 primary care provider appointed by the speaker of the house of representatives and one  
9 health systems representative and one health information technology professional serving  
10 as a chief information officer with an understanding of information sharing, Health  
11 Insurance Portability and Accountability Act (HIPAA) regulations, and data security best  
12 practices appointed by the president pro tempore of the senate. The commission members  
13 shall be residents of Missouri and shall not have any common membership with the entities  
14 and individuals appointed to the Missouri health information technology advisory board,  
15 the Missouri health information organization board of directors, the Missouri health  
16 connection board of directors, or any entities or individuals appointed to any board of any  
17 health information organization with an interest in providing health information exchange  
18 services within the state.

19       **2. Commission members shall elect annually from the members a chairperson and**  
20 **a vice-chairperson.**

21       **3. The term of office for each member of the commission shall coincide with the**  
22 **term of his or her elected office if he or she is an elected official. The term of office for**  
23 **nonelected members shall be three years, except that of the initial appointments, one**  
24 **member shall be appointed for a term of one year and two members shall be appointed for**  
25 **a term of two years. Any member may be removed from the commission if four or more**  
26 **members vote for his or her removal in any regularly held or emergency scheduled**  
27 **meeting. Three months before the expiration of the term of an elected official member**  
28 **appointed by the speaker of the house of representatives and the president pro tempore of**  
29 **the senate, the speaker and the president pro tempore shall appoint a successor whose term**  
30 **begins on January first next following. Three months before the expiration of the term of**  
31 **any nonelected member, the members of the current commission shall submit**  
32 **recommendations to the speaker of the house of representatives and the president pro**  
33 **tempore of the senate to fill the position. All nonelected members shall be eligible for**  
34 **reappointment. If there is a vacancy for an elected official member for any cause, the**  
35 **speaker of the house of representatives and the president pro tempore of the senate shall**  
36 **make an appointment to become effective immediately for the unexpired term. If there is**  
37 **a vacancy for a nonelected member for any cause, the chairperson or vice-chairperson shall**  
38 **call an emergency meeting and the commission shall make an appointment for the vacant**  
39 **seat to become effective immediately for the unexpired term.**

40           **4. Each member of the commission shall serve without compensation but shall be**  
41 **reimbursed for actual and necessary expenses incurred in the performance of his or her**  
42 **duties.**

43           **5. The commission shall have the authority to:**

44           **(1) Develop a process by which a health information organization may receive**  
45 **approval status from the commission. The approval process shall include compliance with**  
46 **commonly and equally applied standards designed to ensure the following:**

47           **(a) Adherence to nationally recognized standards for interoperability between**  
48 **approved health information organizations and the promotion of standards that allow data**  
49 **to flow as seamlessly as possible between the approved health information organizations;**

50           **(b) Conduct operations in a transparent manner to promote consumer confidence;**

51           **(c) Adoption and adherence to rules promulgated by the commission regarding**  
52 **access to and use and disclosure of protected health information maintained by or on an**  
53 **approved health information organization;**

54           **(d) Financial and operational sustainability in the absence of state and federal**  
55 **funding; and**

56           **(e) Maintenance of policies and procedures to address data security including**  
57 **breaches, mandatory cyber insurance coverage, data usage policies and guidelines, and**  
58 **oversight processes and internal auditing practices for addressing data requests;**

59           **(2) Develop a process for the investigation of reported complaints and concerns**  
60 **regarding an approved health information organization, as well as develop and impose the**  
61 **appropriate proactive and remedial measures to address any identified deficiencies; and**

62           **(3) Develop a process by which an approved health information organization shall**  
63 **be reapproved at appropriate intervals, provided that the health information organization**  
64 **demonstrates continuing compliance with the approval standards under subdivision (1) of**  
65 **this subsection. The reapproval process shall include the following:**

66           **(a) An application for reapproval that shall be mailed to each previously approved**  
67 **health information organization in the state at its last known address. Failure to receive**  
68 **the application form shall not relieve a health information organization of the duty to apply**  
69 **for reapproval or the duty to pay any applicable application fees. The application shall**  
70 **include, but not be limited to, disclosure of the following:**

71           **a. The applicant organization's name and office address;**

72           **b. A listing of all connections with approved health information organizations in**  
73 **this state for the purpose of exchanging standards-based clinical summaries for patients**  
74 **and all clinical and claims data from any agency within the state;**

75           **c. The presence of any past or current data security issues and breaches;**

- 76           **d. Proof of mandatory cyber insurance coverage;**  
77           **e. Copies of all data usage policies and guidelines;**  
78           **f. A description of oversight processes and internal auditing processes;**  
79           **g. Cash flow projections for the next two years depicting all forms of revenues and**  
80 **expenses; and**  
81           **h. Financial documents including the most recent audited financial statement, the**  
82 **most recent monthly income and balance sheet, and the most recent profit-loss statement;**  
83           **(b) Failure to apply for reapproval status by the deadline set by the commission**  
84 **shall be cause for immediate suspension of approved status; and**  
85           **(c) The commission shall establish application fees as deemed necessary to sustain**  
86 **essential administrative functions.**

**192.380. 1. For purposes of this section, the following terms shall mean:**

- 2           **(1) "Birthing center", any hospital as defined under section 197.020 with more than**  
3 **one licensed obstetric bed or a neonatal intensive care unit or a hospital operated by a state**  
4 **university or a birthing center staffed by certified professional midwives or certified nurse**  
5 **midwives;**  
6           **(2) "Department", the department of health and senior services;**  
7           **(3) "High-risk pregnancy", a pregnancy in which the mother or baby is at**  
8 **increased risk for poor health or complications during pregnancy or childbirth;**  
9           **(4) "Perinatal regional center", a comprehensive maternal and newborn service for**  
10 **women who have been assessed as high-risk patients or are bearing high-risk babies, as**  
11 **determined by a standardized risk assessment tool, who will require the highest level of**  
12 **specialized care. Centers may be comprised of more than one licensed facility.**  
13           **2. There is hereby created the "Perinatal Advisory Council" which shall be**  
14 **composed of representatives from the following organizations who shall focus on and have**  
15 **experience in perinatal care or infant mortality, one of which shall be elected chair by a**  
16 **majority of the members, to be appointed by the governor with the advice and consent of**  
17 **the senate:**  
18           **(1) One practicing physician who is a fellow from the Missouri section of the**  
19 **American Congress of Obstetricians and Gynecologists;**  
20           **(2) One practicing physician from the Missouri chapter of the American Academy**  
21 **of Pediatrics section of Perinatal Pediatrics;**  
22           **(3) One representative from the March of Dimes;**  
23           **(4) One representative from the National Association for Nurse Practitioners in**  
24 **Women's Health;**

25           **(5) One representative from the Missouri affiliate of the American College of**  
26 **Nurse-Midwives;**

27           **(6) One representative from the Missouri section of the Association of Women's**  
28 **Health, Obstetric and Neonatal Nurses or the National Association of Neonatal Nurses;**

29           **(7) One practicing physician from the Missouri Academy of Family Physicians;**

30           **(8) One representative from a community coalition engaged in infant mortality**  
31 **prevention;**

32           **(9) Four representatives from regional Missouri hospitals with one representative**  
33 **from a hospital with perinatal care equivalent to each level;**

34           **(10) One practicing physician from the Society for Maternal-Fetal Medicine;**

35           **(11) Three active private practice physicians specializing in obstetrics and**  
36 **gynecology, family medicine practicing obstetrics, or pediatrics, at least one of which shall**  
37 **be in active practice in a rural area; and**

38           **(12) One representative from the show-me extension for community health care**  
39 **outcomes (ECHO) program.**

40

41 **The director of the department of health and senior services and the director of the**  
42 **department of social services or their designees shall serve as ex officio members of the**  
43 **council and shall not have a vote. The department shall provide necessary staffing support**  
44 **to the council.**

45           **3. After seeking broad public and stakeholder input, the perinatal advisory council**  
46 **shall make recommendations for the division of the state into neonatal and maternal care**  
47 **regions. When making such recommendations the council shall consider:**

48           **(1) Geographic proximity of facilities;**

49           **(2) Hospital systems;**

50           **(3) Insurance networks;**

51           **(4) Consistent geographic boundaries for neonatal and maternal care regions,**  
52 **where appropriate; and**

53           **(5) Existing referral networks and referral patterns to appropriate birthing**  
54 **facilities.**

55           **4. The perinatal advisory council shall establish criteria for levels of birthing center**  
56 **care including regional perinatal centers. The levels developed under this section shall be**  
57 **based upon:**

58           **(1) Evidence and best practices as outlined by the most current version of the**  
59 **"Levels of Neonatal Care" prepared by the American Academy of Pediatrics;**

60           **(2) The most current published version of the “Levels of Maternal Care” developed**  
61 **by the American Congress of Obstetricians and Gynecologists and the Society for**  
62 **Maternal-Fetal Medicine; and**

63           **(3) Necessary variance when considering the geographic and varied needs of**  
64 **citizens of this state.**

65           **5. Nothing in this section shall be construed in any way to modify or expand the**  
66 **licensure of any health care professional.**

67           **6. Nothing in this section shall be construed in any way to require a patient be**  
68 **transferred to a different facility.**

69           **7. The department shall promulgate rules to implement the provisions of this**  
70 **section no later than January 1, 2017. Such rules shall be limited to those necessary for the**  
71 **establishment of levels of neonatal and maternal birthing center care under subsection 4**  
72 **of this section and the division of the state into neonatal and maternal care regions under**  
73 **subsection 3 of this section. Any rule or portion of a rule, as that term is defined in section**  
74 **536.010, that is created under the authority delegated in this section shall become effective**  
75 **only if it complies with and is subject to all of the provisions of chapter 536 and, if**  
76 **applicable, section 536.028. This section and chapter 536 are nonseverable and if any of**  
77 **the powers vested with the general assembly pursuant to chapter 536 to review, to delay**  
78 **the effective date, or to disapprove and annul a rule are subsequently held**  
79 **unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted**  
80 **after August 28, 2015, shall be invalid and void.**

81           **8. Beginning January 1, 2017, hospital applications for license shall include the**  
82 **appropriate level of maternal care designation and neonatal care designation as**  
83 **determined by the perinatal advisory council under subsection 4 of this section.**

84           **9. Beginning January 1, 2017, any hospital operated by a state university shall**  
85 **report, as requested by the department, the appropriate level of maternal care designation**  
86 **and neonatal care designation as determined by the perinatal advisory council under**  
87 **subsection 4 of this section.**

88           **10. Nothing in this section shall be construed to impose liability for referral or**  
89 **failure to refer in accordance with the recommendations of the perinatal advisory council.**

90           **11. The department may partner with appropriate nationally recognized nonprofit**  
91 **organizations with demonstrated expertise in maternal and neonatal standards of care to**  
92 **administer the provisions of this section.**

93           **12. The criteria for levels of birthing care developed under subsection 4 of this**  
94 **section shall not include pregnancy termination, or counseling or referral for pregnancy**  
95 **termination.**

96           **13. All certified professional midwives may consult with and participate in**  
97 **educational opportunities through the regional perinatal center.**

301.142. 1. As used in sections 301.141 to 301.143, the following terms mean:

- 2           (1) "Department", the department of revenue;
- 3           (2) "Director", the director of the department of revenue;
- 4           (3) "Other authorized health care practitioner" includes advanced practice registered  
5 nurses licensed pursuant to chapter 335, physician assistants licensed pursuant to chapter 334,  
6 chiropractors licensed pursuant to chapter 331, podiatrists licensed pursuant to chapter 330,  
7 **physical therapists licensed pursuant to chapter 334**, and optometrists licensed pursuant to  
8 chapter 336;
- 9           (4) "Physically disabled", a natural person who is blind, as defined in section 8.700, or  
10 a natural person with medical disabilities which prohibits, limits, or severely impairs one's ability  
11 to ambulate or walk, as determined by a licensed physician or other authorized health care  
12 practitioner as follows:
- 13           (a) The person cannot ambulate or walk fifty or less feet without stopping to rest due to  
14 a severe and disabling arthritic, neurological, orthopedic condition, or other severe and disabling  
15 condition; or
- 16           (b) The person cannot ambulate or walk without the use of, or assistance from, a brace,  
17 cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; or
- 18           (c) Is restricted by a respiratory or other disease to such an extent that the person's forced  
19 respiratory expiratory volume for one second, when measured by spirometry, is less than one  
20 liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest; or
- 21           (d) Uses portable oxygen; or
- 22           (e) Has a cardiac condition to the extent that the person's functional limitations are  
23 classified in severity as class III or class IV according to standards set by the American Heart  
24 Association; or
- 25           (f) A person's age, in and of itself, shall not be a factor in determining whether such  
26 person is physically disabled or is otherwise entitled to disabled license plates and/or disabled  
27 windshield hanging placards within the meaning of sections 301.141 to 301.143;
- 28           (5) "Physician", a person licensed to practice medicine pursuant to chapter 334;
- 29           (6) "Physician's statement", a statement personally signed by a duly authorized person  
30 which certifies that a person is disabled as defined in this section;
- 31           (7) "Temporarily disabled person", a disabled person as defined in this section whose  
32 disability or incapacity is expected to last no more than one hundred eighty days;

33 (8) "Temporary windshield placard", a placard to be issued to persons who are  
34 temporarily disabled persons as defined in this section, certification of which shall be indicated  
35 on the physician's statement;

36 (9) "Windshield placard", a placard to be issued to persons who are physically disabled  
37 as defined in this section, certification of which shall be indicated on the physician's statement.

38 2. Other authorized health care practitioners may furnish to a disabled or temporarily  
39 disabled person a physician's statement for only those physical health care conditions for which  
40 such health care practitioner is legally authorized to diagnose and treat.

41 3. A physician's statement shall:

42 (1) Be on a form prescribed by the director of revenue;

43 (2) Set forth the specific diagnosis and medical condition which renders the person  
44 physically disabled or temporarily disabled as defined in this section;

45 (3) Include the physician's or other authorized health care practitioner's license number;  
46 and

47 (4) Be personally signed by the issuing physician or other authorized health care  
48 practitioner.

49 4. If it is the professional opinion of the physician or other authorized health care  
50 practitioner issuing the statement that the physical disability of the applicant, user, or member  
51 of the applicant's household is permanent, it shall be noted on the statement. Otherwise, the  
52 physician or other authorized health care practitioner shall note on the statement the anticipated  
53 length of the disability which period may not exceed one hundred eighty days. If the physician  
54 or health care practitioner fails to record an expiration date on the physician's statement, the  
55 director shall issue a temporary windshield placard for a period of thirty days.

56 5. A physician or other authorized health care practitioner who issues or signs a  
57 physician's statement so that disabled plates or a disabled windshield placard may be obtained  
58 shall maintain in such disabled person's medical chart documentation that such a certificate has  
59 been issued, the date the statement was signed, the diagnosis or condition which existed that  
60 qualified the person as disabled pursuant to this section and shall contain sufficient  
61 documentation so as to objectively confirm that such condition exists.

62 6. The medical or other records of the physician or other authorized health care  
63 practitioner who issued a physician's statement shall be open to inspection and review by such  
64 practitioner's licensing board, in order to verify compliance with this section. Information  
65 contained within such records shall be confidential unless required for prosecution, disciplinary  
66 purposes, or otherwise required to be disclosed by law.

67 7. Owners of motor vehicles who are residents of the state of Missouri, and who are  
68 physically disabled, owners of motor vehicles operated at least fifty percent of the time by a

69 physically disabled person, or owners of motor vehicles used to primarily transport physically  
70 disabled members of the owner's household may obtain disabled person license plates. Such  
71 owners, upon application, accompanied by the documents and fees provided for in this section,  
72 a current physician's statement which has been issued within ninety days proceeding the date the  
73 application is made and proof of compliance with the state motor vehicle laws relating to  
74 registration and licensing of motor vehicles, shall be issued motor vehicle license plates for  
75 vehicles, other than commercial vehicles with a gross weight in excess of twenty-four thousand  
76 pounds, upon which shall be inscribed the international wheelchair accessibility symbol and the  
77 word "DISABLED" in addition to a combination of letters and numbers. Such license plates  
78 shall be made with fully reflective material with a common color scheme and design, shall be  
79 clearly visible at night, and shall be aesthetically attractive, as prescribed by section 301.130.

80 8. The director shall further issue, upon request, to such applicant one, and for good  
81 cause shown, as the director may define by rule and regulations, not more than two, removable  
82 disabled windshield hanging placards for use when the disabled person is occupying a vehicle  
83 or when a vehicle not bearing the permanent handicap plate is being used to pick up, deliver, or  
84 collect the physically disabled person issued the disabled motor vehicle license plate or disabled  
85 windshield hanging placard.

86 9. No additional fee shall be paid to the director for the issuance of the special license  
87 plates provided in this section, except for special personalized license plates and other license  
88 plates described in this subsection. Priority for any specific set of special license plates shall be  
89 given to the applicant who received the number in the immediately preceding license period  
90 subject to the applicant's compliance with the provisions of this section and any applicable rules  
91 or regulations issued by the director. If determined feasible by the advisory committee  
92 established in section 301.129, any special license plate issued pursuant to this section may be  
93 adapted to also include the international wheelchair accessibility symbol and the word  
94 "DISABLED" as prescribed in this section and such plate may be issued to any applicant who  
95 meets the requirements of this section and the other appropriate provision of this chapter, subject  
96 to the requirements and fees of the appropriate provision of this chapter.

97 10. Any physically disabled person, or the parent or guardian of any such person, or any  
98 not-for-profit group, organization, or other entity which transports more than one physically  
99 disabled person, may apply to the director of revenue for a removable windshield placard. The  
100 placard may be used in motor vehicles which do not bear the permanent handicap symbol on the  
101 license plate. Such placards must be hung from the front, middle rearview mirror of a parked  
102 motor vehicle and may not be hung from the mirror during operation. These placards may only  
103 be used during the period of time when the vehicle is being used by a disabled person, or when

104 the vehicle is being used to pick up, deliver, or collect a disabled person. When there is no  
105 rearview mirror, the placard shall be displayed on the dashboard on the driver's side.

106           11. The removable windshield placard shall conform to the specifications, in respect to  
107 size, color, and content, as set forth in federal regulations published by the Department of  
108 Transportation. The removable windshield placard shall be renewed every four years. The  
109 director may stagger the expiration dates to equalize workload. Only one removable placard may  
110 be issued to an applicant who has been issued disabled person license plates. Upon request, one  
111 additional windshield placard may be issued to an applicant who has not been issued disabled  
112 person license plates.

113           12. A temporary windshield placard shall be issued to any physically disabled person,  
114 or the parent or guardian of any such person who otherwise qualifies except that the physical  
115 disability, in the opinion of the physician, is not expected to exceed a period of one hundred  
116 eighty days. The temporary windshield placard shall conform to the specifications, in respect  
117 to size, color, and content, as set forth in federal regulations published by the Department of  
118 Transportation. The fee for the temporary windshield placard shall be two dollars. Upon  
119 request, and for good cause shown, one additional temporary windshield placard may be issued  
120 to an applicant. Temporary windshield placards shall be issued upon presentation of the  
121 physician's statement provided by this section and shall be displayed in the same manner as  
122 removable windshield placards. A person or entity shall be qualified to possess and display a  
123 temporary removable windshield placard for six months and the placard may be renewed once  
124 for an additional six months if a physician's statement pursuant to this section is supplied to the  
125 director of revenue at the time of renewal.

126           13. Application for license plates or windshield placards issued pursuant to this section  
127 shall be made to the director of revenue and shall be accompanied by a statement signed by a  
128 licensed physician or other authorized health care practitioner which certifies that the applicant,  
129 user, or member of the applicant's household is a physically disabled person as defined by this  
130 section.

131           14. The placard shall be renewable only by the person or entity to which the placard was  
132 originally issued. Any placard issued pursuant to this section shall only be used when the  
133 physically disabled occupant for whom the disabled plate or placard was issued is in the motor  
134 vehicle at the time of parking or when a physically disabled person is being delivered or  
135 collected. A disabled license plate and/or a removable windshield hanging placard are not  
136 transferable and may not be used by any other person whether disabled or not.

137           15. At the time the disabled plates or windshield hanging placards are issued, the director  
138 shall issue a registration certificate which shall include the applicant's name, address, and other  
139 identifying information as prescribed by the director, or if issued to an agency, such agency's

140 name and address. This certificate shall further contain the disabled license plate number or, for  
141 windshield hanging placards, the registration or identifying number stamped on the placard. The  
142 validated registration receipt given to the applicant shall serve as the registration certificate.

143         16. The director shall, upon issuing any disabled registration certificate for license plates  
144 and/or windshield hanging placards, provide information which explains that such plates or  
145 windshield hanging placards are nontransferable, and the restrictions explaining who and when  
146 a person or vehicle which bears or has the disabled plates or windshield hanging placards may  
147 be used or be parked in a disabled reserved parking space, and the penalties prescribed for  
148 violations of the provisions of this act.

149         17. Every new applicant for a disabled license plate or placard shall be required to  
150 present a new physician's statement dated no more than ninety days prior to such application.  
151 Renewal applicants will be required to submit a physician's statement dated no more than ninety  
152 days prior to such application upon their first renewal occurring on or after August 1, 2005.  
153 Upon completing subsequent renewal applications, a physician's statement dated no more than  
154 ninety days prior to such application shall be required every fourth year. Such physician's  
155 statement shall state the expiration date for the temporary windshield placard. If the physician  
156 fails to record an expiration date on the physician's statement, the director shall issue the  
157 temporary windshield placard for a period of thirty days. The director may stagger the  
158 requirement of a physician's statement on all renewals for the initial implementation of a four-  
159 year period.

160         18. The director of revenue upon receiving a physician's statement pursuant to this  
161 subsection shall check with the state board of registration for the healing arts created in section  
162 334.120, or the Missouri state board of nursing established in section 335.021, with respect to  
163 physician's statements signed by advanced practice registered nurses, **or the advisory**  
164 **commission for physical therapists established in section 334.625, with respect to**  
165 **physician's statements signed by licensed physical therapists**, or the Missouri state board of  
166 chiropractic examiners established in section 331.090, with respect to physician's statements  
167 signed by licensed chiropractors, or with the board of optometry established in section 336.130,  
168 with respect to physician's statements signed by licensed optometrists, or the state board of  
169 podiatric medicine created in section 330.100, with respect to physician's statements signed by  
170 physicians of the foot or podiatrists to determine whether the physician is duly licensed and  
171 registered pursuant to law. If such applicant obtaining a disabled license plate or placard  
172 presents proof of disability in the form of a statement from the United States Veterans'  
173 Administration verifying that the person is permanently disabled, the applicant shall be exempt  
174 from the four-year certification requirement of this subsection for renewal of the plate or placard.  
175 Initial applications shall be accompanied by the physician's statement required by this section.

176 Notwithstanding the provisions of paragraph (f) of subdivision (4) of subsection 1 of this section,  
177 any person seventy-five years of age or older who provided the physician's statement with the  
178 original application shall not be required to provide a physician's statement for the purpose of  
179 renewal of disabled persons license plates or windshield placards.

180         19. The boards shall cooperate with the director and shall supply information requested  
181 pursuant to this subsection. The director shall, in cooperation with the boards which shall assist  
182 the director, establish a list of all Missouri physicians and other authorized health care  
183 practitioners and of any other information necessary to administer this section.

184         20. Where the owner's application is based on the fact that the vehicle is used at least  
185 fifty percent of the time by a physically disabled person, the applicant shall submit a statement  
186 stating this fact, in addition to the physician's statement. The statement shall be signed by both  
187 the owner of the vehicle and the physically disabled person. The applicant shall be required to  
188 submit this statement with each application for license plates. No person shall willingly or  
189 knowingly submit a false statement and any such false statement shall be considered perjury and  
190 may be punishable pursuant to section 301.420.

191         21. The director of revenue shall retain all physicians' statements and all other documents  
192 received in connection with a person's application for disabled license plates and/or disabled  
193 windshield placards.

194         22. The director of revenue shall enter into reciprocity agreements with other states or  
195 the federal government for the purpose of recognizing disabled person license plates or  
196 windshield placards issued to physically disabled persons.

197         23. When a person to whom disabled person license plates or a removable or temporary  
198 windshield placard or both have been issued dies, the personal representative of the decedent or  
199 such other person who may come into or otherwise take possession of the disabled license plates  
200 or disabled windshield placard shall return the same to the director of revenue under penalty of  
201 law. Failure to return such plates or placards shall constitute a class B misdemeanor.

202         24. The director of revenue may order any person issued disabled person license plates  
203 or windshield placards to submit to an examination by a chiropractor, osteopath, or physician,  
204 or to such other investigation as will determine whether such person qualifies for the special  
205 plates or placards.

206         25. If such person refuses to submit or is found to no longer qualify for special plates or  
207 placards provided for in this section, the director of revenue shall collect the special plates or  
208 placards, and shall furnish license plates to replace the ones collected as provided by this chapter.

209         26. In the event a removable or temporary windshield placard is lost, stolen, or mutilated,  
210 the lawful holder thereof shall, within five days, file with the director of revenue an application

211 and an affidavit stating such fact, in order to purchase a new placard. The fee for the  
212 replacement windshield placard shall be four dollars.

213 27. Fraudulent application, renewal, issuance, procurement or use of disabled person  
214 license plates or windshield placards shall be a class A misdemeanor. It is a class B  
215 misdemeanor for a physician, chiropractor, podiatrist or optometrist to certify that an individual  
216 or family member is qualified for a license plate or windshield placard based on a disability, the  
217 diagnosis of which is outside their scope of practice or if there is no basis for the diagnosis.

324.001. 1. **(1) The purpose of sections 324.001 to 324.1109 is to promote the  
2 general welfare by establishing guidelines for the regulation of occupations and professions  
3 not regulated prior to January 1, 2016.**

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

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

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

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

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

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

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

27 **(b) A service is being performed for individuals involves a hazard to the general  
28 welfare, the regulation shall impose inspection requirements and enable an appropriate**

29 state agency to enforce violations by injunctive relief in court including, but not limited to,  
30 regulation of the business activity providing the service rather than practitioners;

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

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

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

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

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

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

50 (3) "Department", the department of insurance, financial institutions and professional  
51 registration;

52 [(2)] (4) "Director", the director of the division of professional registration; and

53 [(3)] (5) "Division", the division of professional registration;

54 (6) "General welfare", the concern of the government for the health, peace,  
55 morality, and safety of its citizens;

56 (7) "Grandfather clause", a provision in a regulatory statute applicable to  
57 practitioners actively engaged in the regulated occupation or profession prior to the  
58 effective date of the regulatory statute which exempts the practitioners from meeting the  
59 personal qualifications set forth in the regulatory statute to perform prescribed  
60 occupational tasks;

61 (8) "Inspection" the periodic examination of practitioners by a state agency in  
62 order to ascertain whether the practitioners' activities are being carried out in a fashion  
63 consistent with the requisite level of cleanliness necessary to protect the general welfare;

- 64           **(9) "Lawful occupation", a course of conduct, pursuit, or profession that includes**  
65 **the sale of goods or services that are not themselves illegal to sell irrespective of whether**  
66 **the individual selling them is subject to an occupational regulation;**
- 67           **(10) "Least restrictive type of occupational regulations", in order from least to most**  
68 **restrictive:**
- 69           **(a) Market competition;**  
70           **(b) A provision for private civil action to remedy consumer harm;**  
71           **(c) Criminal sanction;**  
72           **(d) Regulation of the business activity providing the service rather than the**  
73 **practitioner;**
- 74           **(e) Inspection;**  
75           **(f) Bonding or insurance;**  
76           **(g) Registration;**  
77           **(h) Certification;**  
78           **(i) Occupational license;**
- 79           **(11) "Legislative committees of reference", the standing legislative committees**  
80 **designated by the respective rules committees of the senate and house of representatives**  
81 **to consider proposed legislation to regulate occupations, or professions not previously**  
82 **regulated;**
- 83           **(12) "Occupational license", a nontransferable authorization in law for an**  
84 **individual to perform a lawful occupation for compensation based on meeting personal**  
85 **qualifications established by a legislative body. It shall be prohibited for an individual who**  
86 **does not possess an occupational license to perform the occupation for compensation;**
- 87           **(13) "Occupational regulation", a statute, ordinance, rule, practice, policy, or other**  
88 **law requiring an individual to possess certain personal qualifications to work in a lawful**  
89 **occupation;**
- 90           **(14) "Personal qualifications", criteria related to an individual's personal**  
91 **background including completion of an approved educational program, satisfactory**  
92 **performance on an examination, work experience, criminal history, moral standing, and**  
93 **completion of continuing education;**
- 94           **(15) "Practitioner", an individual who has achieved knowledge and skill by**  
95 **practice and is actively engaged in a specified occupation or profession;**
- 96           **(16) "Public member" an individual who is not currently, and has never been in**  
97 **the past, a member or spouse of a member of the occupation or profession being regulated**  
98 **or an individual who does not currently have and has never in the past had a material**

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

101 **(17) "Registration", a requirement established by the legislature in which a person:**

102 **(a) Submits notification to a state agency; and**

103 **(b) May use "registered" as a designated title.**

104

105 **Notification may include the person's name and address, the person's agent for service of**  
106 **process, the location of the activity to be performed, and a description of the service the**  
107 **person provides. Registration may include a requirement to post a bond but does not**  
108 **include education or experience requirements. Nonregistered persons may not perform**  
109 **the occupation for compensation or use "registered" as a designated title. The term**  
110 **registration shall not be synonymous with an occupational license and does not refer to or**  
111 **prohibit the use of private registration;**

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

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

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

121 **[2.] 3. After January 1, 2016, applicant groups shall explain each of the following**  
122 **factors to the extent requested by the legislative committees of reference:**

123 **(1) A definition of the problem and why regulation is necessary including, but not**  
124 **limited to:**

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

127 **(b) The extent to which the actual harm could be avoided;**

128 **(c) A description of how consumers will benefit in the future from the proposed**  
129 **type of regulation; and**

130 **(d) The extent of autonomy a practitioner has, as indicated by:**

131 **a. The extent to which the occupation or profession calls for independent judgment**  
132 **and the extent of skill or experience required in making the independent judgment; and**

133 **b. The extent to which practitioners are supervised;**

134 **(2) The efforts made to address the actual harm caused:**

- 135           **(a) Voluntary efforts, if any, by members of the occupation or profession to:**  
136           **a. Establish a code of ethics; or**  
137           **b. Help resolve disputes between practitioners and consumers; and**  
138           **(b) Recourse to and the extent of use of applicable law and whether it could be**  
139 **strengthened to control the problem;**  
140           **(3) The alternatives considered including, but not limited to:**  
141           **(a) Increased civil or criminal sanctions;**  
142           **(b) Regulation of businesses rather than practitioners;**  
143           **(c) Regulation of the service or training program rather than the individual**  
144 **practitioners;**  
145           **(d) Inspections;**  
146           **(e) Bonding or insurance;**  
147           **(f) Registration of all practitioners;**  
148           **(g) Certification of all practitioners;**  
149           **(h) Other alternatives;**  
150           **(i) Why the use of the alternatives specified in this subsection would not be**  
151 **adequate to protect the general welfare; and**  
152           **(j) Why licensing would serve to protect the general welfare;**  
153           **(4) The benefit to the public if regulation is granted;**  
154           **(5) The extent to which the incidences of specific problems present in the**  
155 **unregulated occupation or profession can reasonably be expected to be reduced by**  
156 **proposed regulation;**  
157           **(6) Whether the public can identify qualified practitioners;**  
158           **(7) The extent to which the public can be confident that qualified practitioners are**  
159 **competent:**  
160           **(a) Whether the proposed regulatory entity would be a board composed of**  
161 **members of the profession and public members, a state agency, or both, and, if**  
162 **appropriate, their respective responsibilities in administering the system of inspections,**  
163 **bonding, insurance, registration, certification, or licensure, including the composition of**  
164 **the board and the number of public members, if any; the powers and duties of the board**  
165 **or state agency regarding examinations and for cause revocation, suspension, and**  
166 **nonrenewal of registrations, certificates, or licenses; the promulgation of rules and canons**  
167 **of ethics; the conduct of inspections; the receipt of complaints and disciplinary action taken**  
168 **against practitioners; and how fees would be levied and collected to cover the expenses of**  
169 **administering and operating the regulatory system;**

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

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

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

178           **(e) The nature and duration of any training including, but not limited to, whether**  
179 **the training includes a substantial amount of supervised field experience; whether training**  
180 **programs exist in this state; if there will be an experience requirement; whether the**  
181 **experience shall be acquired under a registered, certified, or licensed practitioner; whether**  
182 **there are alternative routes of entry or methods of meeting the prerequisite qualifications;**  
183 **whether all applicants will be required to pass an examination; and, if an examination is**  
184 **required, by whom it will be developed and how the costs of development will be met; and**

185           **(f) What additional training programs are anticipated to be necessary to assure**  
186 **training is accessible statewide; the anticipated time required to establish the additional**  
187 **training programs; the types of institutions capable of providing the training; a description**  
188 **of how training programs will meet the needs of the expected workforce, including reentry**  
189 **workers, minorities, placebound students, and others;**

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

191           **(a) Whether the registration, certification, or licensure will carry an expiration**  
192 **date; and**

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

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

196           **(10) The extent to which regulation will restrict entry into the occupation or**  
197 **profession:**

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

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

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

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

208           **(12) The maintenance of personal qualifications;**

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

212           **(14) How the proposed legislation will assure:**

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

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

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

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

220           **(a) The impact registration, certification, or licensure will have on the costs of the**  
221 **services to the public;**

222           **(b) The cost to the state and to the general public of implementing the proposed**  
223 **legislation; and**

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

227           **4. Applicant groups shall submit a written report explaining the factors**  
228 **enumerated in subsection 3 of this section to the legislative committees of reference.**

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

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

236           **7. There is hereby established a "Division of Professional Registration" assigned to the**  
237 **department of insurance, financial institutions and professional registration as a type III transfer,**  
238 **headed by a director appointed by the governor with the advice and consent of the senate. All**  
239 **of the general provisions, definitions and powers enumerated in section 1 of the Omnibus State**

240 Reorganization Act of 1974 and Executive Order 06-04 shall apply to this department and its  
241 divisions, agencies, and personnel.

242 [3.] 8. The director of the division of professional registration shall promulgate rules and  
243 regulations which designate for each board or commission assigned to the division the renewal  
244 date for licenses or certificates. After the initial establishment of renewal dates, no director of  
245 the division shall promulgate a rule or regulation which would change the renewal date for  
246 licenses or certificates if such change in renewal date would occur prior to the date on which the  
247 renewal date in effect at the time such new renewal date is specified next occurs. Each board or  
248 commission shall by rule or regulation establish licensing periods of one, two, or three years.  
249 Registration fees set by a board or commission shall be effective for the entire licensing period  
250 involved, and shall not be increased during any current licensing period. Persons who are  
251 required to pay their first registration fees shall be allowed to pay the pro rata share of such fees  
252 for the remainder of the period remaining at the time the fees are paid. Each board or  
253 commission shall provide the necessary forms for initial registration, and thereafter the director  
254 may prescribe standard forms for renewal of licenses and certificates. Each board or commission  
255 shall by rule and regulation require each applicant to provide the information which is required  
256 to keep the board's records current. Each board or commission shall have the authority to collect  
257 and analyze information required to support workforce planning and policy development. Such  
258 information shall not be publicly disclosed so as to identify a specific health care provider, as  
259 defined in section 376.1350. Each board or commission shall issue the original license or  
260 certificate.

261 [4.] 9. The division shall provide clerical and other staff services relating to the issuance  
262 and renewal of licenses for all the professional licensing and regulating boards and commissions  
263 assigned to the division. The division shall perform the financial management and clerical  
264 functions as they each relate to issuance and renewal of licenses and certificates. "Issuance and  
265 renewal of licenses and certificates" means the ministerial function of preparing and delivering  
266 licenses or certificates, and obtaining material and information for the board or commission in  
267 connection with the renewal thereof. It does not include any discretionary authority with regard  
268 to the original review of an applicant's qualifications for licensure or certification, or the  
269 subsequent review of licensee's or certificate holder's qualifications, or any disciplinary action  
270 contemplated against the licensee or certificate holder. The division may develop and implement  
271 microfilming systems and automated or manual management information systems.

272 [5.] 10. The director of the division shall maintain a system of accounting and budgeting,  
273 in cooperation with the director of the department, the office of administration, and the state  
274 auditor's office, to ensure proper charges are made to the various boards for services rendered  
275 to them. The general assembly shall appropriate to the division and other state agencies from

276 each board's funds moneys sufficient to reimburse the division and other state agencies for all  
277 services rendered and all facilities and supplies furnished to that board.

278 [6.] 11. For accounting purposes, the appropriation to the division and to the office of  
279 administration for the payment of rent for quarters provided for the division shall be made from  
280 the "Professional Registration Fees Fund", which is hereby created, and is to be used solely for  
281 the purpose defined in subsection [5] 10 of this section. The fund shall consist of moneys  
282 deposited into it from each board's fund. Each board shall contribute a prorated amount  
283 necessary to fund the division for services rendered and rent based upon the system of accounting  
284 and budgeting established by the director of the division as provided in subsection [5] 10 of this  
285 section. Transfers of funds to the professional registration fees fund shall be made by each board  
286 on July first of each year; provided, however, that the director of the division may establish an  
287 alternative date or dates of transfers at the request of any board. Such transfers shall be made  
288 until they equal the prorated amount for services rendered and rent by the division. The  
289 provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be  
290 transferred and placed to the credit of general revenue.

291 [7.] 12. The director of the division shall be responsible for collecting and accounting  
292 for all moneys received by the division or its component agencies. Any money received by a  
293 board or commission shall be promptly given, identified by type and source, to the director. The  
294 director shall keep a record by board and state accounting system classification of the amount  
295 of revenue the director receives. The director shall promptly transmit all receipts to the  
296 department of revenue for deposit in the state treasury to the credit of the appropriate fund. The  
297 director shall provide each board with all relevant financial information in a timely fashion.  
298 Each board shall cooperate with the director by providing necessary information.

299 [8.] 13. All educational transcripts, test scores, complaints, investigatory reports, and  
300 information pertaining to any person who is an applicant or licensee of any agency assigned to  
301 the division of professional registration by statute or by the department are confidential and may  
302 not be disclosed to the public or any member of the public, except with the written consent of  
303 the person whose records are involved. The agency which possesses the records or information  
304 shall disclose the records or information if the person whose records or information is involved  
305 has consented to the disclosure. Each agency is entitled to the attorney-client privilege and work-  
306 product privilege to the same extent as any other person. Provided, however, that any board may  
307 disclose confidential information without the consent of the person involved in the course of  
308 voluntary interstate exchange of information, or in the course of any litigation concerning that  
309 person, or pursuant to a lawful request, or to other administrative or law enforcement agencies  
310 acting within the scope of their statutory authority. Information regarding identity, including  
311 names and addresses, registration, and currency of the license of the persons possessing licenses

312 to engage in a professional occupation and the names and addresses of applicants for such  
313 licenses is not confidential information.

314 [9.] **14.** Any deliberations conducted and votes taken in rendering a final decision after  
315 a hearing before an agency assigned to the division shall be closed to the parties and the public.  
316 Once a final decision is rendered, that decision shall be made available to the parties and the  
317 public.

318 [10.] **15.** A compelling governmental interest shall be deemed to exist for the purposes  
319 of section 536.025 for licensure fees to be reduced by emergency rule, if the projected fund  
320 balance of any agency assigned to the division of professional registration is reasonably expected  
321 to exceed an amount that would require transfer from that fund to general revenue.

322 [11.] **16.** (1) The following boards and commissions are assigned by specific type  
323 transfers to the division of professional registration: Missouri state board of accountancy,  
324 chapter 326; board of cosmetology and barber examiners, chapters 328 and 329; Missouri board  
325 for architects, professional engineers, professional land surveyors and landscape architects,  
326 chapter 327; Missouri state board of chiropractic examiners, chapter 331; state board of  
327 registration for the healing arts, chapter 334; Missouri dental board, chapter 332; state board of  
328 embalmers and funeral directors, chapter 333; state board of optometry, chapter 336; Missouri  
329 state board of nursing, chapter 335; board of pharmacy, chapter 338; state board of podiatric  
330 medicine, chapter 330; Missouri real estate appraisers commission, chapter 339; and Missouri  
331 veterinary medical board, chapter 340. The governor shall appoint members of these boards by  
332 and with the advice and consent of the senate.

333 (2) The boards and commissions assigned to the division shall exercise all their  
334 respective statutory duties and powers, except those clerical and other staff services involving  
335 collecting and accounting for moneys and financial management relating to the issuance and  
336 renewal of licenses, which services shall be provided by the division, within the appropriation  
337 therefor. Nothing herein shall prohibit employment of professional examining or testing services  
338 from professional associations or others as required by the boards or commissions on contract.  
339 Nothing herein shall be construed to affect the power of a board or commission to expend its  
340 funds as appropriated. However, the division shall review the expense vouchers of each board.  
341 The results of such review shall be submitted to the board reviewed and to the house and senate  
342 appropriations committees annually.

343 (3) Notwithstanding any other provisions of law, the director of the division shall  
344 exercise only those management functions of the boards and commissions specifically provided  
345 in the Reorganization Act of 1974, and those relating to the allocation and assignment of space,  
346 personnel other than board personnel, and equipment.

347 (4) "Board personnel", as used in this section or chapters 317, 326, 327, 328, 329, 330,  
348 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, and 345, shall mean personnel whose functions  
349 and responsibilities are in areas not related to the clerical duties involving the issuance and  
350 renewal of licenses, to the collecting and accounting for moneys, or to financial management  
351 relating to issuance and renewal of licenses; specifically included are executive secretaries (or  
352 comparable positions), consultants, inspectors, investigators, counsel, and secretarial support  
353 staff for these positions; and such other positions as are established and authorized by statute for  
354 a particular board or commission. Boards and commissions may employ legal counsel, if  
355 authorized by law, and temporary personnel if the board is unable to meet its responsibilities with  
356 the employees authorized above. Any board or commission which hires temporary employees  
357 shall annually provide the division director and the appropriation committees of the general  
358 assembly with a complete list of all persons employed in the previous year, the length of their  
359 employment, the amount of their remuneration, and a description of their responsibilities.

360 (5) Board personnel for each board or commission shall be employed by and serve at the  
361 pleasure of the board or commission, shall be supervised as the board or commission designates,  
362 and shall have their duties and compensation prescribed by the board or commission, within  
363 appropriations for that purpose, except that compensation for board personnel shall not exceed  
364 that established for comparable positions as determined by the board or commission pursuant  
365 to the job and pay plan of the department of insurance, financial institutions and professional  
366 registration. Nothing herein shall be construed to permit salaries for any board personnel to be  
367 lowered except by board action.

368 [12.] 17. All the powers, duties, and functions of the division of athletics, chapter 317,  
369 and others, are assigned by type I transfer to the division of professional registration.

370 [13.] 18. Wherever the laws, rules, or regulations of this state make reference to the  
371 "division of professional registration of the department of economic development", such  
372 references shall be deemed to refer to the division of professional registration.

**324.023. 1. Notwithstanding any law to the contrary, any board or commission  
2 established under chapters 330, 331, 332, 334, 335, 336, 337, 338, 340, and 345 may, at its  
3 discretion, issue oral or written opinions addressing topics relating to the qualifications,  
4 functions, or duties of any profession licensed by the specific board or commission issuing  
5 such guidance. Any such opinion is for educational purposes only, is in no way binding on  
6 the licensees of the respective board or commission, and cannot be used as the basis for any  
7 discipline against any licensee under chapters 330, 331, 332, 334, 335, 336, 337, 338, 340,  
8 and 345. No board or commission may address topics relating to the qualifications,  
9 functions, or duties of any profession licensed by a different board or commission.**

10           **2. The recipient of an opinion given under this section shall be informed that the**  
11 **opinion is for educational purposes only, is in no way binding on the licensees of the board,**  
12 **and cannot be used as the basis for any discipline against any licensee under chapters 330,**  
13 **331, 332, 334, 335, 336, 337, 338, 340, and 345.**

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, jointly agreed-upon protocols, or standing orders for the delivery of health  
4 care services. Collaborative practice arrangements, which shall be in writing, may delegate to  
5 a registered professional nurse the authority to administer or dispense drugs and provide  
6 treatment as long as the delivery of such health care services is within the scope of practice of  
7 the registered professional nurse and is consistent with that nurse's skill, training and  
8 competence.

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

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

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

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

30           (3) A requirement that there shall be posted at every office where the advanced practice  
31 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently

32 displayed disclosure statement informing patients that they may be seen by an advanced practice  
33 registered nurse and have the right to see the collaborating physician;

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

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

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

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

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

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

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

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

61 (9) A description of the time and manner of the collaborating physician's review of the  
62 advanced practice registered nurse's delivery of health care services. The description shall  
63 include provisions that the advanced practice registered nurse shall submit a minimum of ten  
64 percent of the charts documenting the advanced practice registered nurse's delivery of health care  
65 services to the collaborating physician for review by the collaborating physician, or any other  
66 physician designated in the collaborative practice arrangement, every fourteen days. **In**

67 **performing the review, the collaborating physician need not be present at the health care**  
68 **practitioner's site; and**

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

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

92 5. The state board of registration for the healing arts shall not deny, revoke, suspend or  
93 otherwise take disciplinary action against a physician for health care services delegated to a  
94 registered professional nurse provided the provisions of this section and the rules promulgated  
95 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action  
96 imposed as a result of an agreement between a physician and a registered professional nurse or  
97 registered physician assistant, whether written or not, prior to August 28, 1993, all records of  
98 such disciplinary licensure action and all records pertaining to the filing, investigation or review  
99 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed  
100 from the records of the state board of registration for the healing arts and the division of  
101 professional registration and shall not be disclosed to any public or private entity seeking such  
102 information from the board or the division. The state board of registration for the healing arts

103 shall take action to correct reports of alleged violations and disciplinary actions as described in  
104 this section which have been submitted to the National Practitioner Data Bank. In subsequent  
105 applications or representations relating to his medical practice, a physician completing forms or  
106 documents shall not be required to report any actions of the state board of registration for the  
107 healing arts for which the records are subject to removal under this section.

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

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

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

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

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

144           11. No contract or other agreement shall require a physician to act as a collaborating  
145 physician for an advanced practice registered nurse against the physician's will. A physician  
146 shall have the right to refuse to act as a collaborating physician, without penalty, for a particular  
147 advanced practice registered nurse. No contract or other agreement shall limit the collaborating  
148 physician's ultimate authority over any protocols or standing orders or in the delegation of the  
149 physician's authority to any advanced practice registered nurse, but this requirement shall not  
150 authorize a physician in implementing such protocols, standing orders, or delegation to violate  
151 applicable standards for safe medical practice established by hospital's medical staff.

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

345.015. As used in sections 345.010 to 345.080, the following terms mean:

2           (1) "Audiologist", a person who is licensed as an audiologist pursuant to sections  
3 345.010 to 345.080 to practice audiology;

4           (2) "Audiology aide", a person who is registered as an audiology aide by the board, who  
5 does not act independently but works under the direction and supervision of a licensed  
6 audiologist. Such person assists the audiologist with activities which require an understanding  
7 of audiology but do not require formal training in the relevant academics. To be eligible for  
8 registration by the board, each applicant shall submit a registration fee, be of good moral and  
9 ethical character; and:

10           (a) Be at least eighteen years of age;

11           (b) Furnish evidence of the person's educational qualifications which shall be at a  
12 minimum:

13           a. Certification of graduation from an accredited high school or its equivalent; and

14           b. On-the-job training;

15           (c) Be employed in a setting in which direct and indirect supervision are provided on a  
16 regular and systematic basis by a licensed audiologist.

17

18 However, the aide shall not administer or interpret hearing screening or diagnostic tests, fit or  
19 dispense hearing instruments, make ear impressions, make diagnostic statements, determine case

20 selection, present written reports to anyone other than the supervisor without the signature of the  
21 supervisor, make referrals to other professionals or agencies, use a title other than  
22 [speech-language pathology aide or clinical] audiology aide, develop or modify treatment plans,  
23 discharge clients from treatment or terminate treatment, disclose clinical information, either  
24 orally or in writing, to anyone other than the supervising [speech-language  
25 pathologist/audiologist] **audiologist**, or perform any procedure for which he or she is not  
26 qualified, has not been adequately trained or both;

27 (3) "Board", the state board of registration for the healing arts;

28 (4) ["Clinical fellowship", the supervised professional employment period following  
29 completion of the academic and practicum requirements of an accredited training program as  
30 defined in sections 345.010 to 345.080;

31 (5) "Commission", the advisory commission for speech-language pathologists and  
32 audiologists;

33 [(6)] (5) "Hearing instrument" or "hearing aid", any wearable device or instrument  
34 designed for or offered for the purpose of aiding or compensating for impaired human hearing  
35 and any parts, attachments or accessories, including ear molds, but excluding batteries, cords,  
36 receivers and repairs;

37 [(7)] (6) "Person", any individual, organization, or corporate body, except that only  
38 individuals may be licensed pursuant to sections 345.010 to 345.080;

39 [(8)] (7) "Practice of audiology":

40 (a) The application of accepted audiologic principles, methods and procedures for the  
41 measurement, testing, interpretation, appraisal and prediction related to disorders of the auditory  
42 system, balance system or related structures and systems;

43 (b) Provides consultation[, ] or counseling to the patient, client, student, their family or  
44 interested parties;

45 (c) Provides academic, social and medical referrals when appropriate;

46 (d) Provides for establishing goals, implementing strategies, methods and techniques,  
47 for habilitation, rehabilitation or aural rehabilitation, related to disorders of the auditory system,  
48 balance system or related structures and systems;

49 (e) Provides for involvement in related research, teaching or public education;

50 (f) Provides for rendering of services or participates in the planning, directing or  
51 conducting of programs which are designed to modify audition, communicative, balance or  
52 cognitive disorder, which may involve speech and language or education issues;

53 (g) Provides and interprets behavioral and neurophysiologic measurements of auditory  
54 balance, cognitive processing and related functions, including intraoperative monitoring;

- 55 (h) Provides involvement in any tasks, procedures, acts or practices that are necessary  
56 for evaluation of audition, hearing, training in the use of amplification or assistive listening  
57 devices;
- 58 (i) Provides selection, assessment, fitting, programming, and dispensing of hearing  
59 instruments, assistive listening devices, and other amplification systems;
- 60 (j) Provides for taking impressions of the ear, making custom ear molds, ear plugs, swim  
61 molds and industrial noise protectors;
- 62 (k) Provides assessment of external ear and cerumen management;
- 63 (l) Provides advising, fitting, mapping assessment of implantable devices such as  
64 cochlear or auditory brain stem devices;
- 65 (m) Provides information in noise control and hearing conservation including education,  
66 equipment selection, equipment calibration, site evaluation and employee evaluation;
- 67 (n) Provides performing basic speech-language screening test;
- 68 (o) Provides involvement in social aspects of communication, including challenging  
69 behavior and ineffective social skills, lack of communication opportunities;
- 70 (p) Provides support and training of family members and other communication partners  
71 for the individual with auditory balance, cognitive and communication disorders;
- 72 (q) Provides aural rehabilitation and related services to individuals with hearing loss and  
73 their families;
- 74 (r) Evaluates, collaborates and manages audition problems in the assessment of the  
75 central auditory processing disorders and providing intervention for individuals with central  
76 auditory processing disorders;
- 77 (s) Develops and manages academic and clinical problems in communication sciences  
78 and disorders;
- 79 (t) Conducts, disseminates and applies research in communication sciences and  
80 disorders;
- 81 **[(9)] (8) "Practice of speech-language pathology":**
- 82 (a) Provides screening, identification, assessment, diagnosis, treatment, intervention,  
83 including but not limited to prevention, restoration, amelioration and compensation, and  
84 follow-up services for disorders of:
- 85 a. Speech: articulation, fluency, voice, including respiration, phonation and resonance;
- 86 b. Language, involving the parameters of phonology, morphology, syntax, semantics and  
87 pragmatic; and including disorders of receptive and expressive communication in oral, written,  
88 graphic and manual modalities;

- 89           c. Oral, pharyngeal, cervical esophageal and related functions, such as dysphagia,  
90 including disorders of swallowing and oral functions for feeding; orofacial myofunctional  
91 disorders;
- 92           d. Cognitive aspects of communication, including communication disability and other  
93 functional disabilities associated with cognitive impairment;
- 94           e. Social aspects of communication, including challenging behavior, ineffective social  
95 skills, lack of communication opportunities;
- 96           (b) Provides consultation and counseling and makes referrals when appropriate;
- 97           (c) Trains and supports family members and other communication partners of individuals  
98 with speech, voice, language, communication and swallowing disabilities;
- 99           (d) Develops and establishes effective augmentative and alternative communication  
100 techniques and strategies, including selecting, prescribing and dispensing of augmentative aids  
101 and devices; and the training of individuals, their families and other communication partners in  
102 their use;
- 103           (e) Selects, fits and establishes effective use of appropriate prosthetic/adaptive devices  
104 for speaking and swallowing, such as tracheoesophageal valves, electrolarynges, or speaking  
105 valves;
- 106           (f) Uses instrumental technology to diagnose and treat disorders of communication and  
107 swallowing, such as videofluoroscopy, nasendoscopy, ultrasonography and stroboscopy;
- 108           (g) Provides aural rehabilitative and related counseling services to individuals with  
109 hearing loss and to their families;
- 110           (h) Collaborates in the assessment of central auditory processing disorders in cases in  
111 which there is evidence of speech, language or other cognitive communication disorders;  
112 provides intervention for individuals with central auditory processing disorders;
- 113           (i) Conducts pure-tone air conduction hearing screening and screening tympanometry  
114 for the purpose of the initial identification or referral;
- 115           (j) Enhances speech and language proficiency and communication effectiveness,  
116 including but not limited to accent reduction, collaboration with teachers of English as a second  
117 language and improvement of voice, performance and singing;
- 118           (k) Trains and supervises support personnel;
- 119           (l) Develops and manages academic and clinical programs in communication sciences  
120 and disorders;
- 121           (m) Conducts, disseminates and applies research in communication sciences and  
122 disorders;
- 123           (n) Measures outcomes of treatment and conducts continuous evaluation of the  
124 effectiveness of practices and programs to improve and maintain quality of services;

125 [(10)] (9) "Speech-language pathologist", a person who is licensed as a speech-language  
126 pathologist pursuant to sections 345.010 to 345.080; who engages in the practice of  
127 speech-language pathology as defined in sections 345.010 to 345.080;

128 [(11)] (10) "Speech-language pathology aide", a person who is registered as a  
129 speech-language aide by the board, who does not act independently but works under the direction  
130 and supervision of a licensed speech-language pathologist. Such person assists the  
131 speech-language pathologist with activities which require an understanding of speech-language  
132 pathology but do not require formal training in the relevant academics. To be eligible for  
133 registration by the board, each applicant shall submit a registration fee, be of good moral and  
134 ethical character; and:

135 (a) Be at least eighteen years of age;

136 (b) Furnish evidence of the person's educational qualifications which shall be at a  
137 minimum:

138 a. Certification of graduation from an accredited high school or its equivalent; and

139 b. On-the-job training;

140 (c) Be employed in a setting in which direct and indirect supervision is provided on a  
141 regular and systematic basis by a licensed speech-language pathologist. However, the aide shall  
142 not administer or interpret hearing screening or diagnostic tests, fit or dispense hearing  
143 instruments, make ear impressions, make diagnostic statements, determine case selection, present  
144 written reports to anyone other than the supervisor without the signature of the supervisor, make  
145 referrals to other professionals or agencies, use a title other than speech-language pathology aide  
146 [or clinical audiology aide], develop or modify treatment plans, discharge clients from treatment  
147 or terminate treatment, disclose clinical information, either orally or in writing, to anyone other  
148 than the supervising speech-language [pathologist/audiologist] **pathologist**, or perform any  
149 procedure for which he or she is not qualified, has not been adequately trained or both;

150 [(12)] (11) "Speech-language pathology assistant", a person who is registered as a  
151 speech-language pathology assistant by the board, who does not act independently but works  
152 under the direction and supervision of a licensed speech-language pathologist **practicing for at**  
153 **least one year or speech-language pathologist practicing under subdivision (1) or (6) of**  
154 **subsection 1 of section 345.025 for at least one year** and whose activities require both  
155 academic and practical training in the field of speech-language pathology although less training  
156 than those established by sections 345.010 to 345.080 as necessary for licensing as a  
157 speech-language pathologist. To be eligible for registration by the board, each applicant shall  
158 submit the registration fee, **supervising speech-language pathologist information if**  
159 **employment is confirmed, if not such information shall be provided after registration, be**

160 of good moral character and furnish evidence of the person's educational qualifications which  
161 meet the following:

162 (a) Hold a bachelor's level degree [in the field of speech-language pathology] from an  
163 institution accredited or approved by a regional accrediting body recognized by the United States  
164 Department of Education or its equivalent; and

165 (b) Submit official transcripts from one or more accredited colleges or universities  
166 presenting evidence of the completion of bachelor's level course work and [clinical practicum]  
167 requirements [equivalent to that required or approved by a regional accrediting body recognized  
168 by the United States Department of Education or its equivalent] **in the field of speech-language  
169 pathology as established by the board through rules and regulations;**

170 (c) **Submit proof of completion of the number and type of clinical hours as  
171 established by the board through rules and regulations.**

345.020. 1. Licensure or registration shall be granted in either speech-language  
2 pathology or audiology independently. A person may be licensed or registered in both areas if  
3 the person is qualified. Each licensed or registered person shall display the license or certificate  
4 prominently in the person's place of practice.

5 2. No person shall practice or hold himself or herself out as being able to practice  
6 speech-language pathology or audiology in this state unless the person is licensed in accordance  
7 with the provisions of sections 345.010 to 345.080. Nothing in sections 345.010 to 345.080,  
8 however, shall be construed to prevent a qualified person licensed in this state under any other  
9 law from engaging in the profession for which the person is licensed, and a licensed physician  
10 or surgeon may practice speech-language pathology or audiology without being licensed in  
11 accordance with the provisions of sections 345.010 to 345.080.

12 3. No person shall hold himself or herself out as being a speech-language pathologist in  
13 this state unless the person is licensed as provided in sections 345.010 to 345.080. Any person  
14 who, in any manner, represents himself or herself as a speech-language pathologist or who uses  
15 in connection with such person's name the words or letters: "speech-language pathologist",  
16 "speech pathologist", "speech therapy", "speech therapist", "speech clinic", "speech clinician",  
17 "S.L.P.", "language specialist", "logopedist" or any other letters, words, abbreviations or insignia,  
18 indicating or implying that the person is a speech-language pathologist without a valid existing  
19 license is guilty of a class B misdemeanor.

20 4. No person shall hold himself or herself out as being an audiologist in this state unless  
21 the person is licensed as provided in sections 345.010 to 345.080. Any person who, in any  
22 manner, represents himself or herself as an audiologist or who uses in connection with such  
23 person's name the words: "audiology", "audiologist", "audiological", "hearing clinic", "hearing  
24 clinician", "hearing therapist" or any other letters, words, abbreviations or insignia, indicating

25 or implying that the person is an audiologist without a valid existing license is guilty of a class  
26 B misdemeanor.

27 5. No person shall hold himself or herself out as being a speech-language pathology  
28 assistant or aide or audiology aide in this state unless the person is registered as provided in  
29 sections 345.010 to 345.080.

30 6. Nothing in sections 345.010 to 345.080 shall prohibit a corporation, partnership, trust,  
31 association, or other like organization from engaging in the business of speech-language  
32 pathology or audiology without licensure if it employs licensed natural persons in the direct  
33 practice of speech-language pathology or audiology. [Any such corporation, partnership, trust,  
34 association, or other like organization shall also file with the board a statement, on a form  
35 approved by the board, that it submits itself to the rules and regulations of the board and the  
36 provisions of sections 345.010 to 345.080 which the board shall deem applicable to it.]

345.025. 1. The provisions of sections 345.010 to 345.080 do not apply to:

2 (1) The activities, services, and the use of an official title on the part of a person in the  
3 employ of a federal agency insofar as such services are part of the duties of the person's office  
4 or position with such agency;

5 (2) The activities and services of certified teachers of the deaf;

6 (3) The activities and services of a student in speech-language pathology or audiology  
7 pursuing a course of study at a university or college that has been approved by its regional  
8 accrediting association, or working in a recognized training center, if these activities and services  
9 constitute a part of the person's course of study supervised by a licensed speech-language  
10 pathologist or audiologist as provided in section 345.050;

11 (4) The activities and services of physicians and surgeons licensed pursuant to chapter  
12 334;

13 (5) Audiometric technicians who are certified by the council for accreditation of  
14 occupational hearing conservationists when conducting pure tone air conduction audiometric  
15 tests for purposes of industrial hearing conservation and comply with requirements of the federal  
16 Occupational Safety and Health Administration;

17 (6) A person who holds a current valid certificate as a speech-language pathologist  
18 issued **before January 1, 2016**, by the Missouri department of elementary and secondary  
19 education and who is an employee of a public school while providing speech-language pathology  
20 services in such school system;

21 (7) **Any person completing the required number and type of clinical hours required**  
22 **by paragraph (c) of subdivision (11) of section 345.015 as long as such person is under the**  
23 **direct supervision of a licensed speech-language pathologist and has not completed more**  
24 **than the number of clinical hours required by rule.**

25           2. No one shall be exempt pursuant to subdivision (1) or (6) of subsection 1 of this  
26 section if the person does any work as a speech-language pathologist or audiologist outside of  
27 the exempted areas outlined in this section for which a fee or compensation may be paid by the  
28 recipient of the service. When college or university clinics charge a fee, supervisors of student  
29 clinicians shall be licensed.

          345.040. The board shall adopt a seal by which it shall authenticate its proceedings.  
2 Copies of its proceedings, records, and acts, when signed by the [secretary] **executive director**  
3 and authenticated by the seal, shall be prima facie evidence in all courts of this state.

          345.050. 1. To be eligible for licensure by the board by examination, each applicant  
2 shall submit the application fee and shall furnish evidence of such person's good moral and  
3 ethical character, current competence and shall:

4           (1) Hold a master's or a doctoral degree from a program accredited by the Council on  
5 Academic Accreditation of the American Speech-Language-Hearing Association or other  
6 accrediting agency approved by the board in the area in which licensure is sought;

7           (2) Submit official transcripts from one or more accredited colleges or universities  
8 presenting evidence of the completion of course work and clinical practicum requirements  
9 equivalent to that required by the Council on Academic Accreditation of the American  
10 Speech-Language-Hearing Association or other accrediting agency approved by the board; **and**

11           (3) [Present written evidence of completion of clinical fellowship as defined in  
12 subdivision (4) of section 345.015 from supervisors. The experience required by this subdivision  
13 shall follow the completion of the requirements of subdivisions (1) and (2) of this subsection.  
14 This period of employment shall be under the direct supervision of a person who is licensed by  
15 the state of Missouri in the profession in which the applicant seeks to be licensed. Persons  
16 applying with an audiology clinical doctoral degree are exempt from this provision;

17           (4)] Pass an examination promulgated or approved by the board. The board shall  
18 determine the subject and scope of the examinations.

19           2. To be eligible for licensure by the board without examination, each applicant shall  
20 make application on forms prescribed by the board, submit the application fee and shall be of  
21 good moral and ethical character, submit an activity statement and meet one of the following  
22 requirements:

23           (1) The board shall issue a license to any speech-language pathologist or audiologist who  
24 is licensed in another jurisdiction and who has had no violations, suspension or revocations of  
25 a license to practice speech-language pathology or audiology in any jurisdiction; provided that,  
26 such person is licensed in a jurisdiction whose requirements are substantially equal to, or greater  
27 than, Missouri at the time the applicant applies for licensure; or

28 (2) Hold the certificate of clinical competence issued by the American  
29 Speech-Language-Hearing Association in the area in which licensure is sought.

345.051. 1. Every person licensed or registered pursuant to the provisions of sections  
2 345.010 to 345.080 shall renew the license **or registration** on or before the renewal date. Such  
3 renewal date shall be determined by the board. The application shall be made on a form  
4 furnished by the board. The application shall include, but not be limited to, disclosure of the  
5 applicant's full name and the applicant's office and residence addresses and the date and number  
6 of the applicant's license **or registration**, all final disciplinary actions taken against the applicant  
7 by any speech-language-hearing association or society, state, territory[,] **or** federal agency or  
8 country and information concerning the applicant's current physical and mental fitness to practice  
9 [as a speech-language pathologist or audiologist].

10 2. A blank form for application for license **or registration** renewal shall be mailed to  
11 each person licensed **or registered** in this state at the person's last known office or residence  
12 address. The failure to mail the form of application or the failure to receive it does not, however,  
13 relieve any person of the duty to renew the license **or registration** and pay the fee required by  
14 sections 345.010 to 345.080 for failure to renew the license **or registration**.

15 3. An applicant for renewal of a license [pursuant to] **or registration under** this section  
16 shall:

17 (1) Submit an amount established by the board; and

18 (2) Meet any other requirements the board establishes as conditions for license **or**  
19 **registration** renewal, including the demonstration of continued competence to practice the  
20 profession for which the license **or registration** is issued. A requirement of continued  
21 competence may include, but is not limited to, continuing education **accredited by the**  
22 **American Speech-Language-Hearing Association**, examination, self-evaluation, peer review,  
23 performance appraisal or practical simulation.

24 4. If a license **or registration** is suspended pursuant to section 345.065, the license **or**  
25 **registration** expires on the expiration date as established by the board for all licenses **and**  
26 **registrations** issued pursuant to sections 345.010 to 345.080. Such license **or registration** may  
27 be renewed but does not entitle the licensee to engage in the licensed **or registered** activity or  
28 in any other conduct or activity which violates the order of judgment by which the license **or**  
29 **registration** was suspended until such license **or registration** has been reinstated.

30 5. If a license **or registration** is revoked on disciplinary grounds pursuant to section  
31 345.065, the license **or registration** expires on the expiration date as established by the board  
32 for all licenses **and registrations** issued pursuant to sections 345.010 to 345.080. Such license  
33 **or registration** may not be renewed. If a license **or registration** is reinstated after its expiration,  
34 the licensee, as a condition of reinstatement, shall pay a reinstatement fee that is equal to the

35 renewal fee in effect on the last regular renewal date immediately preceding the date of  
36 reinstatement plus any late fee established by the board.

345.065. 1. The board may refuse to issue any certificate of registration or authority,  
2 permit or license required pursuant to sections 345.010 to 345.080 for one or any combination  
3 of causes stated in subsection 2 of this section. The board shall notify the applicant in writing  
4 of the reasons for the refusal and shall advise the applicant of the applicant's right to file a  
5 complaint with the administrative hearing commission as provided by chapter 621. As an  
6 alternative to a refusal to issue or renew any certificate, registration or authority, the board may,  
7 at its discretion, issue a license **or registration** which is subject to probation, restriction or  
8 limitation to an applicant for licensure **or registration** for any one or any combination of causes  
9 stated in subsection 2 of this section. The board's order of probation, limitation or restriction  
10 shall contain a statement of the discipline imposed, the basis therefor, the date such action shall  
11 become effective and a statement that the applicant has thirty days to request in writing a hearing  
12 before the administrative hearing commission. If the board issues a probationary, limited or  
13 restricted license **or registration** to an applicant for licensure **or registration**, either party may  
14 file a written petition with the administrative hearing commission within thirty days of the  
15 effective date of the probationary, limited or restricted license **or registration** seeking review  
16 of the board's determination. If no written request for a hearing is received by the administrative  
17 hearing commission within the thirty-day period, the right to seek review of the board's decision  
18 shall be considered as waived.

19 2. The board may cause a complaint to be filed with the administrative hearing  
20 commission as provided by chapter 621 against any holder of any certificate of registration or  
21 authority, permit or license required by sections 345.010 to 345.080 or any person who has failed  
22 to renew or has surrendered the person's certificate of registration or authority, permit or license  
23 for any one or any combination of the following causes:

24 (1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage to  
25 an extent that such use impairs a person's ability to perform the work of any profession licensed  
26 or regulated by sections 345.010 to 345.080;

27 (2) The person has been finally adjudicated and found guilty, or entered a plea of guilty  
28 or nolo contendere, in a criminal prosecution under the laws of any state or of the United States,  
29 for any offense reasonably related to the qualifications, functions or duties of any profession  
30 licensed or regulated pursuant to sections 345.010 to 345.080, for any offense an essential  
31 element of which is fraud, dishonesty or an act of violence, or for any offense involving moral  
32 turpitude, whether or not sentence is imposed;

33 (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of  
34 registration or authority, permit or license issued pursuant to sections 345.010 to 345.080 or in

35 obtaining permission to take any examination given or required pursuant to sections 345.010 to  
36 345.080;

37 (4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by  
38 fraud, deception or misrepresentation;

39 (5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty  
40 in the performance of the functions or duties of any profession licensed or regulated by sections  
41 345.010 to 345.080;

42 (6) Violation of, or assisting or enabling any person to violate, any provision of sections  
43 345.010 to 345.080, or of any lawful rule or regulation adopted pursuant to sections 345.010 to  
44 345.080;

45 (7) Impersonation of any person holding a certificate of registration or authority, permit  
46 or license or allowing any person to use his or her certificate of registration or authority, permit,  
47 license or diploma from any school;

48 (8) Disciplinary action against the holder of a license or other right to practice any  
49 profession regulated by sections 345.010 to 345.080 granted by another state, territory, federal  
50 agency or country upon grounds for which revocation or suspension is authorized in this state;

51 (9) A person is finally adjudged insane or incompetent by a court of competent  
52 jurisdiction;

53 (10) Assisting or enabling any person to practice or offer to practice any profession  
54 licensed or regulated by sections 345.010 to 345.080 who is not registered and currently eligible  
55 to practice pursuant to sections 345.010 to 345.080;

56 (11) Issuance of a certificate of registration or authority, permit or license based upon  
57 a material mistake of fact;

58 (12) Failure to display a valid certificate or license if so required by sections 345.010 to  
59 345.080 or any rule promulgated pursuant to sections 345.010 to 345.080;

60 (13) Violation of any professional trust or confidence;

61 (14) Fraudulently or deceptively using a license, provisional license or registration;

62 (15) Altering a license, provisional license or registration;

63 (16) Willfully making or filing a false report or record in the practice of speech-language  
64 pathology or audiology;

65 (17) Using or promoting or causing the use of any misleading, deceiving, improbable or  
66 untruthful advertising matter, promotional literature, testimonial, guarantee, warranty, label,  
67 brand, insignia or any other representation;

68 (18) Falsely representing the use or availability of services or advice of a physician;

69 (19) Misrepresenting the applicant, licensee or holder by using the word doctor or any  
70 similar word, abbreviation or symbol if the use is not accurate or if the degree was not obtained  
71 from a regionally accredited institution;

72 (20) Committing any act of dishonorable, immoral or unprofessional conduct while  
73 engaging in the practice of speech-language pathology or audiology;

74 (21) Providing services or promoting the sale of devices, appliances or products to a  
75 person who cannot reasonably be expected to benefit from such services, devices, appliances or  
76 products.

77 3. After the filing of such complaint, the proceedings shall be conducted in accordance  
78 with the provisions of chapter 621. Upon a finding by the administrative hearing commission  
79 that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the  
80 board may, singly or in combination, censure or place the person named in the complaint on  
81 probation on such terms and conditions as the board deems appropriate for a period not to exceed  
82 ten years, or may suspend, for a period not to exceed three years, **or restrict or limit the**  
83 **person's ability to practice for an indefinite period of time**, or revoke the license or  
84 registration.

85 4. The board may apply for relief by injunction, without bond, to restrain any person,  
86 partnership or corporation from engaging in any act or practice which constitutes an offense  
87 pursuant to sections 345.010 to 345.080. The board does not need to allege and prove that there  
88 is no adequate remedy at law to obtain an injunction. The members of the board and the advisory  
89 commission shall not be individually liable for applying for such relief.

345.080. 1. There is hereby established an "Advisory Commission for Speech-Language  
2 Pathologists and Audiologists" which shall guide, advise and make recommendations to the  
3 board. The commission shall approve the examination required by section 345.050, and shall  
4 assist the board in carrying out the provisions of sections 345.010 to 345.075.

5 2. After August 28, 1997, the commission shall consist of seven members, one of whom  
6 shall be a voting public member, appointed by the board of registration for the healing arts. Each  
7 member shall be a citizen of the United States and a resident of this state. Three members of the  
8 commission shall be licensed speech-language pathologists and three members of the  
9 commission shall be licensed audiologists. The public member shall be at the time of  
10 appointment a citizen of the United States; a resident of this state for a period of one year and  
11 a registered voter; a person who is not and never was a member of any profession licensed or  
12 regulated pursuant to sections 345.010 to 345.080 or the spouse of such person; and a person  
13 who does not have and never has had a material, financial interest in either the providing of the  
14 professional services regulated by sections 345.010 to 345.080, or an activity or organization  
15 directly related to any profession licensed or regulated pursuant to sections 345.010 to 345.080.

16 Members shall be appointed to serve three-year terms, except as provided in this subsection.  
17 Each member of the advisory commission for [speech] **speech-language** pathologists and  
18 [clinical] audiologists on August 28, 1995, shall become a member of the advisory commission  
19 for speech-language pathologists and [clinical] audiologists and shall continue to serve until the  
20 term for which the member was appointed expires. Each member of the advisory commission  
21 for speech-language pathologists and [clinical] audiologists on August 28, 1997, shall become  
22 a member of the advisory commission for speech-language pathologists and audiologists and  
23 shall continue to serve until the term for which the member was appointed expires. The first  
24 public member appointed pursuant to this subsection shall be appointed for a two-year term and  
25 the one additional member appointed pursuant to this subsection shall be appointed for a full  
26 three-year term. No person [shall be eligible for reappointment] who has served as a member of  
27 the advisory commission for [speech] **speech-language** pathologists and audiologists [or as a  
28 member of the commission as established on August 28, 1995, for a total of six years] **for two**  
29 **consecutive terms may be reappointed to the advisory commission until a lapse of at least**  
30 **two years has occurred following the completion of his or her two consecutive terms.** The  
31 membership of the commission shall reflect the differences in levels of education, work  
32 experience and geographic residence. For a licensed speech-language pathologist member, the  
33 president of the Missouri Speech-Language-Hearing Association in office at the time, and for  
34 a licensed audiologist member, the president of the Missouri Academy of Audiologists in office  
35 at the time, in consultation with the president of the Missouri Speech-Language-Hearing  
36 Association, shall, at least ninety days prior to the expiration of a term of a commission member,  
37 other than the public member, or as soon as feasible after a vacancy on the commission otherwise  
38 occurs, submit to the **executive** director of the [division of professional registration] **board** a list  
39 of five persons qualified and willing to fill the vacancy in question, with the request and  
40 recommendation that the board of registration for the healing arts appoint one of the five persons  
41 so listed, and with the list so submitted, the president of the Missouri Speech-Language-Hearing  
42 Association or the president of the Missouri Academy of Audiologists in office at the time shall  
43 include in his or her letter of transmittal a description of the method by which the names were  
44 chosen by that association.

45 3. Notwithstanding any other provision of law to the contrary, any appointed member  
46 of the commission shall receive as compensation an amount established by the director of the  
47 division of professional registration not to exceed seventy dollars per day for commission  
48 business plus actual and necessary expenses. The director of the division of professional  
49 registration shall establish by rule guidelines for payment. All staff for the commission shall be  
50 provided by the board of registration for the healing arts.

51 4. The commission shall hold an annual meeting at which it shall elect from its  
52 membership a chairman and secretary. The commission may hold such additional meetings as  
53 may be required in the performance of its duties, provided that notice of every meeting shall be  
54 given to each member at least ten days prior to the date of the meeting. A quorum of the  
55 commission shall consist of a majority of its members.

56 5. The board of registration for the healing arts may remove a commission member for  
57 misconduct, incompetency or neglect of the member's official duties after giving the member  
58 written notice of the charges against such member and an opportunity to be heard thereon.

**621.280 1. For any new board or commission created after July 1, 2015, and  
2 charged with regulating or licensing an occupation or profession, those practitioners  
3 actively engaged in the newly regulated occupation or profession for at least one year prior  
4 to the effective date of the regulatory statute shall have a property right in their continued  
5 legal ability to engage in their occupation or profession.**

6 **2. Any decision of a newly created board or commission to refuse licensure to a pre-  
7 existing practitioner shall be in writing, shall inform the pre-existing practitioner of the  
8 specific reasons for the denial, and shall inform the pre-existing practitioner of the  
9 practitioner's right to appeal before a neutral decision-maker at the administrative hearing  
10 commission. Any pre-existing practitioner denied licensure shall have the right to file an  
11 appeal to the administrative hearing commission on the practitioner's license denial within  
12 thirty days after the decision of the newly-created board or commission. If the pre-existing  
13 practitioner does not timely appeal, the practitioner's right to continue practicing the  
14 occupation or profession shall extinguish immediately. In the event of a timely appeal, the  
15 pre-existing practitioner's right to practice their occupation or profession shall continue  
16 until a final decision of the administrative hearing commission. The burden of proof in any  
17 hearing under this section shall be on the new board or commission to show that the pre-  
18 existing practitioner does not meet the requirements of the new regulatory regime.**

2 [345.022. 1. Any person in the person's clinical fellowship as defined in  
3 sections 345.010 to 345.080 shall hold a provisional license to practice  
4 speech-language pathology or audiology. The board may issue a provisional  
5 license to an applicant who:

6 (1) Has met the requirements for practicum and academic requirements  
7 from an accredited training program as defined in sections 345.010 to 345.080;

8 (2) Submits an application to the board on a form prescribed by the  
9 board. Such form shall include a plan for the content and supervision of the  
10 clinical fellowship, as well as evidence of good moral and ethical character; and

11 (3) Submits to the board an application fee, as set by the board, for the  
provisional license.

12                   2. A provisional license is effective for one year and may be extended for  
13 an additional twelve months only for purposes of completing the postgraduate  
14 clinical experience portion of the clinical fellowship; provided that, the applicant  
15 has passed the national examination and shall hold a master's degree from an  
16 approved training program in his or her area of application.

17                   3. Within twelve months of issuance of the provisional license, the  
18 applicant shall pass an examination promulgated or approved by the board.

19                   4. Within twelve months of issuance of a provisional license, the  
20 applicant shall complete the master's or doctoral degree from a program  
21 accredited by the Council on Academic Accreditation of the American  
22 Speech-Language-Hearing Association or other accrediting agency approved by  
23 the board in the area in which licensure is sought.]

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