

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 107
98TH GENERAL ASSEMBLY

0642H.06C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 173.616, 191.237, 193.015, 193.145, 194.119, 195.070, 214.208, 301.142, 324.001, 334.037, 334.040, 334.104, 334.747, 345.015, 345.020, 345.022, 345.025, 345.040, 345.050, 345.051, 345.065, 345.080, 595.010, 595.015, and 595.030, RSMo, and to enact in lieu thereof thirty-five new sections relating to professions regulated under the division of professional registration.

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

Section A. Sections 173.616, 191.237, 193.015, 193.145, 194.119, 195.070, 214.208, 2 301.142, 324.001, 334.037, 334.040, 334.104, 334.747, 345.015, 345.020, 345.022, 345.025, 3 345.040, 345.050, 345.051, 345.065, 345.080, 595.010, 595.015, and 595.030, RSMo, are 4 repealed and thirty-five new sections enacted in lieu thereof, to be known as sections 71.1000, 5 170.047, 170.048, 173.616, 191.236, 191.237, 191.238, 192.380, 193.015, 193.145, 194.119, 6 195.070, 214.208, 286.350, 301.142, 324.001, 324.023, 334.037, 334.040, 334.104, 334.280, 7 334.747, 345.015, 345.020, 345.025, 345.040, 345.050, 345.051, 345.065, 345.077, 345.080, 8 595.010, 595.015, 595.030, and 621.280, to read as follows:

71.1000. 1. Any law enforcement officer not subject to removal under section 2 43.150 or 57.275 shall be subject to removal from office or employment by the governing 3 body of the political subdivision employing the officer if:

4 **(1) The governing body issues a written notice to the officer whose removal is being 5 sought no fewer than ten business days prior to the meeting at which his or her removal 6 will be considered;**

7 **(2) The officer has been given written notice as to the governing body's intent to 8 remove him or her. Such notice shall include:**

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.

- 9 **(a) Charges specifying just cause for which removal is sought;**
- 10 **(b) A statement of facts that are alleged to constitute just cause for the officer's**
- 11 **removal; and**
- 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.**

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.**

173.616. 1. The following schools, training programs, and courses of instruction shall
2 **be exempt from the provisions of sections 173.600 to 173.618:**

- 3 (1) A public institution;
- 4 (2) Any college or university represented directly or indirectly on the advisory committee
5 of the coordinating board for higher education as provided in subsection 3 of section 173.005;
- 6 (3) An institution that is certified by the board as an "approved private institution" under
7 subdivision (2) of section 173.1102;
- 8 (4) A not-for-profit religious school that is accredited by the American Association of
9 Bible Colleges, the Association of Theological Schools in the United States and Canada, or a
10 regional accrediting association, such as the North Central Association, which is recognized by
11 the Council on Postsecondary Accreditation and the United States Department of Education; and
- 12 (5) Beginning July 1, 2008, all out-of-state public institutions of higher education, as
13 such term is defined in subdivision (12) of subsection 2 of section 173.005.
- 14 2. The coordinating board shall exempt the following schools, training programs and
15 courses of instruction from the provisions of sections 173.600 to 173.618:
- 16 (1) A not-for-profit school owned, controlled and operated by a bona fide religious or
17 denominational organization which offers no programs or degrees and grants no degrees or
18 certificates other than those specifically designated as theological, bible, divinity or other
19 religious designation;
- 20 (2) A not-for-profit school owned, controlled and operated by a bona fide eleemosynary
21 organization which provides instruction with no financial charge to its students and at which no
22 part of the instructional cost is defrayed by or through programs of governmental student
23 financial aid, including grants and loans, provided directly to or for individual students;
- 24 (3) A school which offers instruction only in subject areas which are primarily for
25 avocational or recreational purposes as distinct from courses to teach employable, marketable
26 knowledge or skills, which does not advertise occupational objectives and which does not grant
27 degrees;
- 28 (4) A course of instruction, study or training program sponsored by an employer for the
29 training and preparation of its own employees;
- 30 (5) A course of study or instruction conducted by a trade, business or professional
31 organization with a closed membership where participation in the course is limited to bona fide
32 members of the trade, business or professional organization, or a course of instruction for
33 persons in preparation for an examination given by a state board or commission where the state
34 board or commission approves that course and school;
- 35 (6) A school or person whose clientele are primarily students aged sixteen or under[.]
- 36 ; and
- 37 **(7) A yoga teacher training course, program, or school.**

38 3. A school which is otherwise licensed and approved under and pursuant to any other
39 licensing law of this state shall be exempt from sections 173.600 to 173.618, but a state
40 certificate of incorporation shall not constitute licensing for the purpose of sections 173.600 to
41 173.618.

42 4. Any school, training program or course of instruction exempted herein may elect by
43 majority action of its governing body or by action of its director to apply for approval of the
44 school, training program or course of instruction under the provisions of sections 173.600 to
45 173.618. Upon application to and approval by the coordinating board, such school training
46 program or course of instruction may become exempt from the provisions of sections 173.600
47 to 173.618 at any subsequent time, except the board shall not approve an application for
48 exemption if the approved school is then in any status of noncompliance with certification
49 standards and a reversion to exempt status shall not relieve the school of any liability for
50 indemnification or any penalty for noncompliance with certification standards during the period
51 of the school's approved status.

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
20 to 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.**

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

3 (1) **"Advanced practice registered nurse", a person licensed to practice as an**
4 **advanced practice registered nurse under chapter 335, and who has been delegated tasks**
5 **outlined in section 193.145 by a physician with whom they have entered into a collaborative**
6 **practice arrangement under chapter 334;**

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

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

12 [(2)] (4) **"Department", the department of health and senior services;**

13 [(3)] (5) **"Final disposition", the burial, interment, cremation, removal from the state,**
14 **or other authorized disposition of a dead body or fetus;**

15 [(4)] (6) **"Institution", any establishment, public or private, which provides inpatient or**
16 **outpatient medical, surgical, or diagnostic care or treatment or nursing, custodian, or domiciliary**
17 **care, or to which persons are committed by law;**

18 [(5)] (7) **"Live birth", the complete expulsion or extraction from its mother of a child,**
19 **irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or**
20 **shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or**
21 **definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the**
22 **placenta is attached;**

23 [(6)] (8) **"Physician", a person authorized or licensed to practice medicine or osteopathy**
24 **pursuant to chapter 334;**

25 [(7)] (9) **"Physician assistant", a person licensed to practice as a physician assistant**
26 **under chapter 334, and who has been delegated tasks outlined in section 193.145 by a**
27 **physician with whom he or she has entered into a supervision agreement under chapter**
28 **334;**

29 (10) "Spontaneous fetal death", a noninduced death prior to the complete expulsion or
30 extraction from its mother of a fetus, irrespective of the duration of pregnancy; the death is
31 indicated by the fact that after such expulsion or extraction the fetus does not breathe or show
32 any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite
33 movement of voluntary muscles;

34 [(8)] (11) "State registrar", state registrar of vital statistics of the state of Missouri;

35 [(9)] (12) "System of vital statistics", the registration, collection, preservation,
36 amendment and certification of vital records; the collection of other reports required by sections
37 193.005 to 193.325 and section 194.060; and activities related thereto including the tabulation,
38 analysis and publication of vital statistics;

39 [(10)] (13) "Vital records", certificates or reports of birth, death, marriage, dissolution
40 of marriage and data related thereto;

41 [(11)] (14) "Vital statistics", the data derived from certificates and reports of birth,
42 death, spontaneous fetal death, marriage, dissolution of marriage and related reports.

193.145. 1. A certificate of death for each death which occurs in this state shall be filed
2 with the local registrar, or as otherwise directed by the state registrar, within five days after death
3 and shall be registered if such certificate has been completed and filed pursuant to this section.
4 All data providers in the death registration process, including, but not limited to, the state
5 registrar, local registrars, the state medical examiner, county medical examiners, coroners,
6 funeral directors or persons acting as such, embalmers, sheriffs, attending physicians and resident
7 physicians, **physician assistants, assistant physicians, advanced practice registered nurses,**
8 and the chief medical officers of licensed health care facilities, and other public or private
9 institutions providing medical care, treatment, or confinement to persons, shall be required to
10 use and utilize any electronic death registration system required and adopted under subsection
11 1 of section 193.265 within six months of the system being certified by the director of the
12 department of health and senior services, or the director's designee, to be operational and
13 available to all data providers in the death registration process. However, should the person or
14 entity that certifies the cause of death not be part of, or does not use, the electronic death
15 registration system, the funeral director or person acting as such may enter the required personal
16 data into the electronic death registration system and then complete the filing by presenting the
17 signed cause of death certification to the local registrar, in which case the local registrar shall
18 issue death certificates as set out in subsection 2 of section 193.265. Nothing in this section shall
19 prevent the state registrar from adopting pilot programs or voluntary electronic death registration
20 programs until such time as the system can be certified; however, no such pilot or voluntary
21 electronic death registration program shall prevent the filing of a death certificate with the local

22 registrar or the ability to obtain certified copies of death certificates under subsection 2 of section
23 193.265 until six months after such certification that the system is operational.

24 2. If the place of death is unknown but the dead body is found in this state, the certificate
25 of death shall be completed and filed pursuant to the provisions of this section. The place where
26 the body is found shall be shown as the place of death. The date of death shall be the date on
27 which the remains were found.

28 3. When death occurs in a moving conveyance in the United States and the body is first
29 removed from the conveyance in this state, the death shall be registered in this state and the place
30 where the body is first removed shall be considered the place of death. When a death occurs on
31 a moving conveyance while in international waters or air space or in a foreign country or its air
32 space and the body is first removed from the conveyance in this state, the death shall be
33 registered in this state but the certificate shall show the actual place of death if such place may
34 be determined.

35 4. The funeral director or person in charge of final disposition of the dead body shall file
36 the certificate of death. The funeral director or person in charge of the final disposition of the
37 dead body shall obtain or verify **and enter into the electronic death registration system:**

38 (1) The personal data from the next of kin or the best qualified person or source
39 available; [and]

40 (2) The medical certification from the person responsible for such certification, **if**
41 **designated to do so under subsection 5 of this section; and**

42 (3) **Any other information or data that may be required to be placed on a death**
43 **certificate or entered into the electronic death certificate system including, but not limited**
44 **to, the name and license number of the embalmer.**

45 5. The medical certification shall be completed, attested to its accuracy either by
46 signature or an electronic process approved by the department, and returned to the funeral
47 director or person in charge of final disposition within seventy-two hours after death by the
48 physician, **physician assistant, assistant physician, advanced practice registered nurse** in
49 charge of the patient's care for the illness or condition which resulted in death. In the absence
50 of the physician, **physician assistant, assistant physician, or advanced practice registered**
51 **nurse** or with the physician's, **physician assistant's, assistant physician's, or advanced**
52 **practice registered nurse's** approval the certificate may be completed and attested to its
53 accuracy either by signature or an approved electronic process by the physician's associate
54 physician, the chief medical officer of the institution in which death occurred, or the physician
55 who performed an autopsy upon the decedent, provided such individual has access to the medical
56 history of the case, views the deceased at or after death and death is due to natural causes. **The**
57 **person authorized to complete the medical certification may, in writing, designate any**

58 **other person to enter the medical certification information into the electronic death**
59 **registration system if the person authorized to complete the medical certificate has**
60 **physically or by electronic process signed a statement stating the cause of death. Any**
61 **persons completing the medical certification or entering data into the electronic death**
62 **registration system shall be immune from civil liability for such certification completion,**
63 **data entry, or determination of the cause of death, absent gross negligence or willful**
64 **misconduct.** The state registrar may approve alternate methods of obtaining and processing the
65 medical certification and filing the death certificate. The Social Security number of any
66 individual who has died shall be placed in the records relating to the death and recorded on the
67 death certificate.

68 6. When death occurs from natural causes more than thirty-six hours after the decedent
69 was last treated by a physician, **physician assistant, assistant physician, or advanced practice**
70 **registered nurse**, the case shall be referred to the county medical examiner or coroner or
71 physician or local registrar for investigation to determine and certify the cause of death. If the
72 death is determined to be of a natural cause, the medical examiner or coroner or local registrar
73 shall refer the certificate of death to the attending physician, **physician assistant, assistant**
74 **physician, or advanced practice registered nurse** for such [physician's] certification. If the
75 attending physician, **physician assistant, assistant physician, or advanced practice registered**
76 **nurse** refuses or is otherwise unavailable, the medical examiner or coroner or local registrar shall
77 attest to the accuracy of the certificate of death either by signature or an approved electronic
78 process within thirty-six hours.

79 7. If the circumstances suggest that the death was caused by other than natural causes,
80 the medical examiner or coroner shall determine the cause of death and shall complete and attest
81 to the accuracy either by signature or an approved electronic process the medical certification
82 within seventy-two hours after taking charge of the case.

83 8. If the cause of death cannot be determined within seventy-two hours after death, the
84 attending medical examiner [or] , coroner [or] , attending physician, **physician assistant,**
85 **assistant physician, advanced practice registered nurse**, or local registrar shall give the
86 funeral director, or person in charge of final disposition of the dead body, notice of the reason
87 for the delay, and final disposition of the body shall not be made until authorized by the medical
88 examiner [or] , coroner, attending physician, **physician assistant, assistant physician,**
89 **advanced practice registered nurse**, or local registrar.

90 9. When a death is presumed to have occurred within this state but the body cannot be
91 located, a death certificate may be prepared by the state registrar upon receipt of an order of a
92 court of competent jurisdiction which shall include the finding of facts required to complete the

93 death certificate. Such a death certificate shall be marked "Presumptive", show on its face the
94 date of registration, and identify the court and the date of decree.

95 **10. (1) The department of health and senior services shall notify all physicians,**
96 **physician assistants, assistant physicians, and advanced practice registered nurses licensed**
97 **under chapters 334 and 335 of the requirements regarding the use of the electronic vital**
98 **records system provided for in this section.**

99 **(2) On or before August 30, 2015, the department of health and senior services,**
100 **division of community and public health shall create a working group comprised of**
101 **representation from the Missouri electronic vital records system users and recipients of**
102 **death certificates used for professional purposes to evaluate the Missouri electronic vital**
103 **records system, develop recommendations to improve the efficiency and usability of the**
104 **system, and to report such findings and recommendations to the general assembly no later**
105 **than January 1, 2016.**

194.119. 1. As used in this section, the term "right of sepulcher" means the right to
2 choose and control the burial, cremation, or other final disposition of a dead human body.

3 2. For purposes of this chapter and chapters 193, 333, and 436, and in all cases relating
4 to the custody, control, and disposition of deceased human remains, including the common law
5 right of sepulcher, where not otherwise defined, the term "next-of-kin" means the following
6 persons in the priority listed if such person is eighteen years of age or older, is mentally
7 competent, and is willing to assume responsibility for the costs of disposition:

8 (1) An attorney in fact designated in a durable power of attorney wherein the deceased
9 specifically granted the right of sepulcher over his or her body to such attorney in fact;

10 (2) For a decedent who was on active duty in the United States military at the time of
11 death, the person designated by such decedent in the written instrument known as the United
12 States Department of Defense Form 93, Record of Emergency Data, in accordance with P.L.
13 109-163, Section 564, 10 U.S.C. Section 1482;

14 (3) The surviving spouse;

15 (4) Any surviving child of the deceased. If a surviving child is less than eighteen years
16 of age and has a legal or natural guardian, such child shall not be disqualified on the basis of the
17 child's age and such child's legal or natural guardian, if any, shall be entitled to serve in the place
18 of the child unless such child's legal or natural guardian was subject to an action in dissolution
19 from the deceased. In such event the person or persons who may serve as next-of-kin shall serve
20 in the order provided in subdivisions (5) to (9) of this subsection;

21 (5) (a) Any surviving parent of the deceased; or

22 (b) If the deceased is a minor, a surviving parent who has custody of the minor; or

23 (c) If the deceased is a minor and the deceased's parents have joint custody, the parent
24 whose residence is the minor child's residence for purposes of mailing and education;

25 (6) Any surviving sibling of the deceased;

26 (7) The next nearest surviving relative of the deceased by consanguinity or affinity;

27 (8) Any person or friend who assumes financial responsibility for the disposition of the
28 deceased's remains if no next-of-kin assumes such responsibility;

29 (9) The county coroner or medical examiner; provided however that such assumption
30 of responsibility shall not make the coroner, medical examiner, the county, or the state
31 financially responsible for the cost of disposition.

32 3. The next-of-kin of the deceased shall be entitled to control the final disposition of the
33 remains of any dead human being consistent with all applicable laws, including all applicable
34 health codes.

35 4. A funeral director or establishment is entitled to rely on and act according to the
36 lawful instructions of any person claiming to be the next-of-kin of the deceased; provided
37 however, in any civil cause of action against a funeral director or establishment licensed pursuant
38 to this chapter for actions taken regarding the funeral arrangements for a deceased person in the
39 director's or establishment's care, the relative fault, if any, of such funeral director or
40 establishment may be reduced if such actions are taken in reliance upon a person's claim to be
41 the deceased person's next-of-kin.

42 5. Any person who desires to exercise the right of sepulcher and who has knowledge of
43 an individual or individuals with a superior right to control disposition shall notify such
44 individual or individuals prior to making final arrangements.

45 6. If an individual with a superior claim is personally served with written notice from a
46 person with an inferior claim that such person desires to exercise the right of sepulcher and the
47 individual so served does not object within forty-eight hours of receipt, such individual shall be
48 deemed to have waived such right. An individual with a superior right may also waive such right
49 at any time if such waiver is in writing and dated.

50 7. If there is more than one person in a class who are equal in priority and the funeral
51 director has no knowledge of any objection by other members of such class, the funeral director
52 or establishment shall be entitled to rely on and act according to the instructions of the first such
53 person in the class to make arrangements; provided that such person assumes responsibility for
54 the costs of disposition and no other person in such class provides written notice of his or her
55 objection. **If the funeral director has knowledge that there is more than one person in a**
56 **class who are equal in priority and who do not agree on the disposition, the decision of the**
57 **majority of the members of such class shall control the disposition.**

58 **8. For purposes of conducting a majority vote under subsection 7 of this section,**
59 **the funeral director shall allow voting by proxy using a written authorization or**
60 **instrument.**

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

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

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

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

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

214.208. 1. Every person or association which owns any cemetery in which dead human
2 remains are buried or otherwise interred is authorized, at the cemetery owner's expense, to
3 disinter individual remains and reinter or rebury the remains at another location within the
4 cemetery in order to correct an error made in the original burial or interment of the remains.

5 2. Every person or association which owns any cemetery in which dead human remains
6 are buried or otherwise interred is authorized to disinter individual remains and either to reinter

7 or rebury the remains at another location within the cemetery or to deliver the remains to a carrier
8 for transportation out of the cemetery, all pursuant to written instructions signed and
9 acknowledged by **the next-of-kin at the time of death of the deceased person as set out in**
10 **section 194.119. If the next-of-kin at the time of death as set out in section 194.119 is no**
11 **longer living**, a majority of the following adult members of the deceased person's family who
12 are then known and living: surviving spouse, children, and parents **may authorize the**
13 **disinterment**. If none of the above family members survive the deceased, then the majority of
14 the grandchildren, brothers and sisters of whole and half blood may authorize the disinterment,
15 relocation or delivery of the remains of the deceased. The costs of such disinterment, relocation
16 or delivery shall be paid by the deceased person's family.

17 3. Every person or association which owns any cemetery in which dead human remains
18 are buried or otherwise interred is authorized to disinter individual remains and either to reinter
19 or rebury the remains at another location within the cemetery or to deliver the remains to a carrier
20 for transportation out of the cemetery, all pursuant to a final order issued by the circuit court for
21 the county in which the cemetery is located. The court may issue the order, in the court's
22 discretion and upon such notice and hearing as the court shall deem appropriate, for good cause
23 shown, including without limitation, the best interests of public health or safety, the best interests
24 of the deceased person's family, or the reasonable requirements of the cemetery to facilitate the
25 operation, maintenance, improvement or enlargement of the cemetery. The costs of such
26 disinterment, relocation and delivery, and the related court proceedings, shall be paid by the
27 persons so ordered by the court.

28 4. The cemetery owner, **cemetery operator, funeral director, funeral establishment,**
29 **or any other person or entity involved in the process** shall not be liable to the deceased
30 person's family or to any third party for a disinterment, relocation or delivery of deceased human
31 remains made pursuant to this section.

286.350. 1. The department of labor and industrial relations shall create best-
2 **practice guidelines in gender pay equality for state and local government and private**
3 **businesses. Such guidelines may include, but are not limited to, explanations of the**
4 **following:**

- 5 (1) **The definition of gender pay equality;**
- 6 (2) **The causes of gender pay inequality;**
- 7 (3) **The benefits of gender pay equality; and**
- 8 (4) **Ways in which to achieve gender pay equality.**

9 2. **The guidelines created in subsection 1 shall be submitted to the general assembly**
10 **and shall take effect immediately upon passage of a concurrent resolution by both houses**
11 **of the general assembly approving such guidelines.**

12 **3. Nothing in this section shall be interpreted to create a cause of action on behalf**
13 **of any employee and no employer shall be required to adopt or implement the best-practice**
14 **guidelines.**

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 under chapter 334**, and optometrists licensed pursuant to chapter
8 336;
- 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.

2 324.001. 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 a compelling
7 interest for the state to protect the general welfare. If such an interest exists, the regulation
8 adopted by the state shall be the least restrictive type of regulation consistent with the
9 public interest to 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 a compelling 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
306 work-product privilege to the same extent as any other person. Provided, however, that any
307 board may disclose confidential information without the consent of the person involved in the
308 course of voluntary interstate exchange of information, or in the course of any litigation
309 concerning that person, or pursuant to a lawful request, or to other administrative or law
310 enforcement agencies acting within the scope of their statutory authority. Information regarding
311 identity, including names and addresses, registration, and currency of the license of the persons

312 possessing licenses to engage in a professional occupation and the names and addresses of
313 applicants for such 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.

373 **19. (1) The state board of nursing, board of pharmacy, Missouri dental board,**
374 **state committee of psychologists, or state board of registration for the healing arts may**
375 **individually or collectively enter into a contractual agreement with the department of**
376 **health and senior services, a public institution of higher education, or a nonprofit entity**
377 **for the purpose of collecting and analyzing workforce data from its licensees, registrants,**
378 **or permit holders for future workforce planning and to assess the accessibility and**
379 **availability of qualified health care services and practitioners in Missouri. The boards**
380 **shall work collaboratively with other state governmental entities to ensure coordination**
381 **and avoid duplication of efforts.**

382 **(2) The boards may expend appropriated funds necessary for operational expenses**
383 **of the program formed under this subsection. Each board is authorized to accept grants**
384 **to fund the collection or analysis authorized in this subsection. Any such funds shall be**
385 **deposited in the respective board’s fund.**

386 **(3) Data collection shall be controlled and approved by the applicable state board**
387 **conducting or requesting the collection. Notwithstanding the provisions of sections 324.010**
388 **and 334.001, the boards may release identifying data to the contractor to facilitate data**
389 **analysis of the health care workforce including, but not limited to, geographic,**
390 **demographic, and practice or professional characteristics of licensees. The state board**
391 **shall not request or be authorized to collect income or other financial earnings data.**

392 **(4) Data collected under this subsection shall be deemed the property of the state**
393 **board requesting the data. Data shall be maintained by the state board in accordance with**
394 **chapter 610, provided any information deemed closed or confidential under subsection 8**
395 **of this section or any other provision of state law shall not be disclosed without consent of**
396 **the applicable licensee or entity or as otherwise authorized by law. Data shall only be**
397 **released in an aggregate form in a manner that cannot be used to identify a specific**
398 **individual or entity.**

399 **(5) Contractors shall maintain the confidentiality of data received or collected**
400 **under this subsection and shall not use, disclose, or release any data without approval of**
401 **the applicable state board.**

402 **(6) Each board may promulgate rules subject to the provisions of this subsection**
403 **and chapter 536 to effectuate and implement the workforce data collection and analysis**
404 **authorized by this subsection. Any rule or portion of a rule, as that term is defined in**
405 **section 536.010, that is created under the authority delegated in this section shall become**
406 **effective only if it complies with and is subject to all of the provisions of chapter 536 and,**
407 **if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any**
408 **of the powers vested with the general assembly pursuant to chapter 536 to review, to delay**
409 **the effective date, or to disapprove and annul a rule are subsequently held**
410 **unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted**
411 **after August 28, 2015, shall be invalid and void.**

324.023. 1. Notwithstanding any law to the contrary, any board or commission
2 **established under chapters 214, 317, 324, 326, 327, 328, 329, 330, 331, 332, 334, 335, 336,**
3 **337, 338, 340, 345, and 346 may, at its discretion, issue oral or written opinions addressing**
4 **topics relating to the qualifications, functions, or duties of any profession licensed by the**
5 **specific board or commission issuing such guidance. Any such opinion is for educational**
6 **purposes only, is in no way binding on the licensees of the respective board or commission,**

7 **and cannot be used as the basis for any discipline against any licensee under chapters 214,**
8 **317, 324, 326, 327, 328, 329, 330, 331, 332, 334, 335, 336, 337, 338, 340, 345, and 346. No**
9 **board or commission may address topics relating to the qualifications, functions, or duties**
10 **of any profession licensed by a different board or commission.**

11 **2. The recipient of an opinion given under this section shall be informed that the**
12 **opinion is for educational purposes only, is in no way binding on the licensees of the board,**
13 **and cannot be used as the basis for any discipline against any licensee under chapters 214,**
14 **317, 324, 326, 327, 328, 329, 330, 331, 332, 334, 335, 336, 337, 338, 340, 345, and 346.**

15 334.037. 1. A physician may enter into collaborative practice arrangements with
16 assistant physicians. Collaborative practice arrangements shall be in the form of written
17 agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care
18 services. Collaborative practice arrangements, which shall be in writing, may delegate to an
19 assistant physician the authority to administer or dispense drugs and provide treatment as long
20 as the delivery of such health care services is within the scope of practice of the assistant
21 physician and is consistent with that assistant physician's skill, training, and competence and the
22 skill and training of the collaborating physician.

23 2. 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 assistant physician;

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 assistant physician to prescribe;

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

33 (4) All specialty or board certifications of the collaborating physician and all
34 certifications of the assistant physician;

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

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

39 (b) Maintain geographic proximity; except, the collaborative practice arrangement may
40 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar
41 year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice
42 arrangement includes alternative plans as required in paragraph (c) of this subdivision. Such

43 exception to geographic proximity shall apply only to independent rural health clinics, provider-
44 based rural health clinics if the provider is a critical access hospital as provided in 42 U.S.C.
45 Section 1395i-4, and provider-based rural health clinics if the main location of the hospital
46 sponsor is greater than fifty miles from the clinic. The collaborating physician shall maintain
47 documentation related to such requirement and present it to the state board of registration for the
48 healing arts when requested; and

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

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

55 (7) A list of all other written practice agreements of the collaborating physician and the
56 assistant physician;

57 (8) The duration of the written practice agreement between the collaborating physician
58 and the assistant physician;

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

65 (10) The collaborating physician, or any other physician designated in the collaborative
66 practice arrangement, shall review every fourteen days a minimum of twenty percent of the
67 charts in which the assistant physician prescribes controlled substances. The charts reviewed
68 under this subdivision may be counted in the number of charts required to be reviewed under
69 subdivision (9) of this subsection.

70 3. The state board of registration for the healing arts under section 334.125 shall
71 promulgate rules regulating the use of collaborative practice arrangements for assistant
72 physicians. Such rules shall specify:

73 (1) Geographic areas to be covered;

74 (2) The methods of treatment that may be covered by collaborative practice
75 arrangements;

76 (3) In conjunction with deans of medical schools and primary care residency program
77 directors in the state, the development and implementation of educational methods and programs
78 undertaken during the collaborative practice service which shall facilitate the advancement of

79 the assistant physician's medical knowledge and capabilities, and which may lead to credit
80 toward a future residency program for programs that deem such documented educational
81 achievements acceptable; and

82 (4) The requirements for review of services provided under collaborative practice
83 arrangements, including delegating authority to prescribe controlled substances.

84

85 Any rules relating to dispensing or distribution of medications or devices by prescription or
86 prescription drug orders under this section shall be subject to the approval of the state board of
87 pharmacy. Any rules relating to dispensing or distribution of controlled substances by
88 prescription or prescription drug orders under this section shall be subject to the approval of the
89 department of health and senior services and the state board of pharmacy. The state board of
90 registration for the healing arts shall promulgate rules applicable to assistant physicians that shall
91 be consistent with guidelines for federally funded clinics. The rulemaking authority granted in
92 this subsection shall not extend to collaborative practice arrangements of hospital employees
93 providing inpatient care within hospitals as defined in chapter 197 or population-based public
94 health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

99 5. Within thirty days of any change and on each renewal, the state board of registration
100 for the healing arts shall require every physician to identify whether the physician is engaged in
101 any collaborative practice arrangement, including collaborative practice arrangements delegating
102 the authority to prescribe controlled substances, and also report to the board the name of each
103 assistant physician with whom the physician has entered into such arrangement. The board may
104 make such information available to the public. The board shall track the reported information
105 and may routinely conduct random reviews of such arrangements to ensure that arrangements
106 are carried out for compliance under this chapter.

107 6. A collaborating physician shall not enter into a collaborative practice arrangement
108 with more than three full-time equivalent assistant physicians. Such limitation shall not apply
109 to collaborative arrangements of hospital employees providing inpatient care service in hospitals
110 as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-
111 5.100 as of April 30, 2008.

112 7. The collaborating physician shall determine and document the completion of at least
113 a one-month period of time during which the assistant physician shall practice with the
114 collaborating physician continuously present before practicing in a setting where the

115 collaborating physician is not continuously present. Such limitation shall not apply to
116 collaborative arrangements of providers of population-based public health services as defined
117 by 20 CSR 2150-5.100 as of April 30, 2008.

118 8. No agreement made under this section shall supersede current hospital licensing
119 regulations governing hospital medication orders under protocols or standing orders for the
120 purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020
121 if such protocols or standing orders have been approved by the hospital's medical staff and
122 pharmaceutical therapeutics committee.

123 9. No contract or other agreement shall require a physician to act as a collaborating
124 physician for an assistant physician against the physician's will. A physician shall have the right
125 to refuse to act as a collaborating physician, without penalty, for a particular assistant physician.
126 No contract or other agreement shall limit the collaborating physician's ultimate authority over
127 any protocols or standing orders or in the delegation of the physician's authority to any assistant
128 physician, but such requirement shall not authorize a physician in implementing such protocols,
129 standing orders, or delegation to violate applicable standards for safe medical practice
130 established by a hospital's medical staff.

131 10. No contract or other agreement shall require any assistant physician to serve as a
132 collaborating assistant physician for any collaborating physician against the assistant physician's
133 will. An assistant physician shall have the right to refuse to collaborate, without penalty, with
134 a particular physician.

135 11. All collaborating physicians and assistant physicians in collaborative practice
136 arrangements shall wear identification badges while acting within the scope of their collaborative
137 practice arrangement. The identification badges shall prominently display the licensure status
138 of such collaborating physicians and assistant physicians.

139 12. (1) An assistant physician with a certificate of controlled substance prescriptive
140 authority as provided in this section may prescribe any controlled substance listed in Schedule
141 III, IV, or V of section 195.017, **and may have restricted authority in Schedule II**, when
142 delegated the authority to prescribe controlled substances in a collaborative practice arrangement.
143 **Prescriptions for Schedule II medications prescribed by an assistant physician who has a**
144 **certificate of controlled substance prescriptive authority are restricted to only those**
145 **medications containing hydrocodone.** Such authority shall be filed with the state board of
146 registration for the healing arts. The collaborating physician shall maintain the right to limit a
147 specific scheduled drug or scheduled drug category that the assistant physician is permitted to
148 prescribe. Any limitations shall be listed in the collaborative practice arrangement. Assistant
149 physicians shall not prescribe controlled substances for themselves or members of their families.
150 Schedule III controlled substances **and Schedule II - hydrocodone prescriptions** shall be

151 limited to a five-day supply without refill. Assistant physicians who are authorized to prescribe
152 controlled substances under this section shall register with the federal Drug Enforcement
153 Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug
154 Enforcement Administration registration number on prescriptions for controlled substances.

155 (2) The collaborating physician shall be responsible to determine and document the
156 completion of at least one hundred twenty hours in a four-month period by the assistant physician
157 during which the assistant physician shall practice with the collaborating physician on-site prior
158 to prescribing controlled substances when the collaborating physician is not on-site. Such
159 limitation shall not apply to assistant physicians of population-based public health services as
160 defined in 20 CSR 2150-5.100 as of April 30, 2009.

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

334.040. 1. Except as provided in section 334.260, all persons desiring to practice as
2 physicians and surgeons in this state shall be examined as to their fitness to engage in such
3 practice by the board. All persons applying for examination shall file a completed application
4 with the board upon forms furnished by the board.

5 2. The examination shall be sufficient to test the applicant's fitness to practice as a
6 physician and surgeon. The examination shall be conducted in such a manner as to conceal the
7 identity of the applicant until all examinations have been scored. In all such examinations an
8 average score of not less than seventy-five percent is required to pass; provided, however, that
9 the board may require applicants to take the Federation Licensing Examination, also known as
10 FLEX, or the United States Medical Licensing Examination (USMLE). If the FLEX
11 examination is required, a weighted average score of no less than seventy-five is required to pass.
12 Scores from one test administration of the FLEX shall not be combined or averaged with scores
13 from other test administrations to achieve a passing score. The passing score of the United
14 States Medical Licensing Examination shall be determined by the board through rule and
15 regulation. Applicants graduating from a medical or osteopathic college, as [defined] **described**
16 in section 334.031 prior to January 1, 1994, shall provide proof of successful completion of the
17 FLEX, USMLE, an exam administered by the National Board of Osteopathic Medical Examiners
18 (NBOME), a state board examination approved by the board, compliance with subsection 2 of
19 section 334.031, or compliance with 20 CSR 2150-2.005. Applicants graduating from a medical
20 or osteopathic college, as [defined] **described** in section 334.031 on or after January 1, 1994,
21 must provide proof of completion of the USMLE or an exam administered by NBOME or
22 provide proof of compliance with subsection 2 of section 334.031. [The board shall not issue
23 a permanent license as a physician and surgeon or allow the Missouri state board examination

24 to be administered to any applicant who has failed to achieve a passing score within three
25 attempts on licensing examinations administered in one or more states or territories of the United
26 States, the District of Columbia or Canada. The steps one, two and three of the United States
27 Medical Licensing Examination shall be taken within a seven-year period with no more than
28 three attempts on any step of the examination; however, the board may grant an extension of the
29 seven-year period if the applicant has obtained a MD/PhD degree in a program accredited by the
30 Liaison Committee on Medical Education (LCME) and a regional university accrediting body
31 or a DO/PhD degree accredited by the American Osteopathic Association and a regional
32 university accrediting body.] The board may waive the provisions of this section if the applicant
33 is licensed to practice as a physician and surgeon in another state of the United States, the
34 District of Columbia or Canada and the applicant has achieved a passing score on a licensing
35 examination administered in a state or territory of the United States or the District of Columbia
36 and no license issued to the applicant has been disciplined in any state or territory of the United
37 States or the District of Columbia and the applicant is certified in the applicant's area of specialty
38 by the American Board of Medical Specialties, the American Osteopathic Association, or other
39 certifying agency approved by the board by rule.

40 3. If the board waives the provisions of this section, then the license issued to the
41 applicant may be limited or restricted to the applicant's board specialty. The board shall not be
42 permitted to favor any particular school or system of healing.

43 4. If an applicant has not actively engaged in the practice of clinical medicine or held a
44 teaching or faculty position in a medical or osteopathic school approved by the American
45 Medical Association, the Liaison Committee on Medical Education, or the American Osteopathic
46 Association for any two years in the three-year period immediately preceding the filing of his or
47 her application for licensure, the board may require successful completion of another
48 examination, continuing medical education, or further training before issuing a permanent
49 license. The board shall adopt rules to prescribe the form and manner of such reexamination,
50 continuing medical education, and training.

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
87 rules 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, **or Schedule II - hydrocodone.**

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 a advanced practice registered nurse, if the collaborative**
137 **physician is new to a patient population to 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.

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

2 (1) **“Continuous medical education”, continued postgraduate medical education**
3 **intended to provide medical professionals with knowledge of new developments in their**
4 **field;**

5 (2) **“Maintenance of certification”, any process requiring periodic recertification**
6 **examinations to maintain specialty medical board certification;**

7 (3) **“Maintenance of licensure”, the Federation of State Medical Boards’**
8 **proprietary framework for physician license renewal including additional periodic testing**
9 **other than continuous medical education;**

10 (4) **“Specialty medical board certification”, certification by a board that specializes**
11 **in one particular area of medicine and typically requires additional and more strenuous**
12 **exams than state board of medicine requirements to practice medicine.**

13 2. **The state shall not require any form of maintenance of licensure as a condition**
14 **of physician licensure including requiring any form of maintenance of licensure tied to**
15 **maintenance of certification. Current requirements including continuous medical**
16 **education shall suffice to demonstrate professional competency.**

17 3. **The state shall not require any form of specialty medical board certification or**
18 **any maintenance of certification to practice medicine within the state. There shall be no**
19 **discrimination by the state board of registration for the healing arts or any other state**
20 **agency against physicians who do not maintain specialty medical board certification**
21 **including recertification.**

334.747. 1. A physician assistant with a certificate of controlled substance prescriptive
2 authority as provided in this section may prescribe any controlled substance listed in schedule
3 III, IV, or V of section 195.017, **and may have restricted authority in Schedule II**, when
4 delegated the authority to prescribe controlled substances in a supervision agreement. Such
5 authority shall be listed on the supervision verification form on file with the state board of
6 healing arts. The supervising physician shall maintain the right to limit a specific scheduled drug
7 or scheduled drug category that the physician assistant is permitted to prescribe. Any limitations
8 shall be listed on the supervision form. **Prescriptions for Schedule II medications prescribed**
9 **by a physician assistant with authority to prescribe delegated in a supervision agreement**
10 **are restricted to only those medications containing hydrocodone.** Physician assistants shall
11 not prescribe controlled substances for themselves or members of their families. Schedule III

12 controlled substances **and Schedule II - hydrocodone prescriptions** shall be limited to a five-
13 day supply without refill. Physician assistants who are authorized to prescribe controlled
14 substances under this section shall register with the federal Drug Enforcement Administration
15 and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement
16 Administration registration number on prescriptions for controlled substances.

17 2. The supervising physician shall be responsible to determine and document the
18 completion of at least one hundred twenty hours in a four-month period by the physician assistant
19 during which the physician assistant shall practice with the supervising physician on-site prior
20 to prescribing controlled substances when the supervising physician is not on-site. Such
21 limitation shall not apply to physician assistants of population-based public health services as
22 defined in 20 CSR 2150-5.100 as of April 30, 2009.

23 3. A physician assistant shall receive a certificate of controlled substance prescriptive
24 authority from the board of healing arts upon verification of the completion of the following
25 educational requirements:

26 (1) Successful completion of an advanced pharmacology course that includes clinical
27 training in the prescription of drugs, medicines, and therapeutic devices. A course or courses
28 with advanced pharmacological content in a physician assistant program accredited by the
29 Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its
30 predecessor agency shall satisfy such requirement;

31 (2) Completion of a minimum of three hundred clock hours of clinical training by the
32 supervising physician in the prescription of drugs, medicines, and therapeutic devices;

33 (3) Completion of a minimum of one year of supervised clinical practice or supervised
34 clinical rotations. One year of clinical rotations in a program accredited by the Accreditation
35 Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor
36 agency, which includes pharmacotherapeutics as a component of its clinical training, shall satisfy
37 such requirement. Proof of such training shall serve to document experience in the prescribing
38 of drugs, medicines, and therapeutic devices;

39 (4) A physician assistant previously licensed in a jurisdiction where physician assistants
40 are authorized to prescribe controlled substances may obtain a state bureau of narcotics and
41 dangerous drugs registration if a supervising physician can attest that the physician assistant has
42 met the requirements of subdivisions (1) to (3) of this subsection and provides documentation
43 of existing federal Drug Enforcement Agency registration.

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 subdivisions (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, examination,
22 self-evaluation, peer review, performance appraisal or practical simulation.

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

29 5. If a license **or registration** is revoked on disciplinary grounds pursuant to section
30 345.065, the license **or registration** expires on the expiration date as established by the board
31 for all licenses **and registrations** issued pursuant to sections 345.010 to 345.080. Such license
32 **or registration** may not be renewed. If a license **or registration** is reinstated after its expiration,
33 the licensee, as a condition of reinstatement, shall pay a reinstatement fee that is equal to the
34 renewal fee in effect on the last regular renewal date immediately preceding the date of
35 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
66 or 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.

**345.077. All speech-language pathology assistants shall provide and maintain at all
2 times such employment information as the board deems necessary including, but not**

3 **limited to, the name, address, telephone number, and place of business of the assistant's**
4 **supervising speech-language pathologist.**

2 345.080. 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.

595.010. 1. As used in sections 595.010 to 595.075, unless the context requires
2 otherwise, the following terms shall mean:

3 (1) "Child", a dependent, unmarried person who is under eighteen years of age and
4 includes a posthumous child, stepchild, or an adopted child;

5 (2) "Claimant", a victim or a dependent, relative, survivor, or member of the family of
6 a victim eligible for compensation pursuant to sections 595.010 to 595.075, **or a funeral home**
7 **if the victim's family or next of kin designates it as such under section 595.015;**

8 (3) "Conservator", a person or corporation appointed by a court to have the care and
9 custody of the estate of a minor or a disabled person, including a limited conservator;

10 (4) "Counseling", problem-solving and support concerning emotional issues that result
11 from criminal victimization licensed pursuant to section 595.030. Counseling is a confidential
12 service provided either on an individual basis or in a group. Counseling has as a primary

13 purpose to enhance, protect and restore a person's sense of well-being and social functioning
14 after victimization. Counseling does not include victim advocacy services such as crisis
15 telephone counseling, attendance at medical procedures, law enforcement interviews or criminal
16 justice proceedings;

17 (5) "Crime", an act committed in this state which, if committed by a mentally competent,
18 criminally responsible person who had no legal exemption or defense, would constitute a crime;
19 provided that, such act involves the application of force or violence or the threat of force or
20 violence by the offender upon the victim but shall include the crime of driving while intoxicated,
21 vehicular manslaughter and hit and run; and provided, further, that no act involving the operation
22 of a motor vehicle except driving while intoxicated, vehicular manslaughter and hit and run
23 which results in injury to another shall constitute a crime for the purpose of sections 595.010 to
24 595.075, unless such injury was intentionally inflicted through the use of a motor vehicle. A
25 crime shall also include an act of terrorism, as defined in 18 U.S.C. Section 2331, which has
26 been committed outside of the United States against a resident of Missouri;

27 (6) "Crisis intervention counseling", helping to reduce psychological trauma where
28 victimization occurs;

29 (7) "Department", the department of public safety;

30 (8) "Dependent", mother, father, spouse, spouse's mother, spouse's father, child,
31 grandchild, adopted child, illegitimate child, niece or nephew, who is wholly or partially
32 dependent for support upon, and living with, but shall include children entitled to child support
33 but not living with, the victim at the time of his injury or death due to a crime alleged in a claim
34 pursuant to sections 595.010 to 595.075;

35 (9) "Direct service", providing physical services to a victim of crime including, but not
36 limited to, transportation, funeral arrangements, child care, emergency food, clothing, shelter,
37 notification and information;

38 (10) "Director", the director of public safety of this state or a person designated by him
39 for the purposes of sections 595.010 to 595.075;

40 (11) "Disabled person", one who is unable by reason of any physical or mental condition
41 to receive and evaluate information or to communicate decisions to such an extent that the person
42 lacks ability to manage his financial resources, including a partially disabled person who lacks
43 the ability, in part, to manage his financial resources;

44 (12) "Emergency service", those services provided within thirty days to alleviate the
45 immediate effects of the criminal act or offense, and may include cash grants of not more than
46 one hundred dollars;

47 (13) "Earnings", net income or net wages;

48 (14) "Family", the spouse, parent, grandparent, stepmother, stepfather, child, grandchild,
49 brother, sister, half brother, half sister, adopted children of parent, or spouse's parents;

50 (15) "Funeral expenses", the expenses of the funeral, burial, cremation or other chosen
51 method of interment, including plot or tomb and other necessary incidents to the disposition of
52 the remains;

53 (16) "Gainful employment", engaging on a regular and continuous basis, up to the date
54 of the incident upon which the claim is based, in a lawful activity from which a person derives
55 a livelihood;

56 (17) "Guardian", one appointed by a court to have the care and custody of the person of
57 a minor or of an incapacitated person, including a limited guardian;

58 (18) "Hit and run", the crime of leaving the scene of a motor vehicle accident as defined
59 in section 577.060;

60 (19) "Incapacitated person", one who is unable by reason of any physical or mental
61 condition to receive and evaluate information or to communicate decisions to such an extent that
62 he lacks capacity to meet essential requirements for food, clothing, shelter, safety or other care
63 such that serious physical injury, illness, or disease is likely to occur, including a partially
64 incapacitated person who lacks the capacity to meet, in part, such essential requirements;

65 (20) "Injured victim", a person:

66 (a) Killed or receiving a personal physical injury in this state as a result of another
67 person's commission of or attempt to commit any crime;

68 (b) Killed or receiving a personal physical injury in this state while in a good faith
69 attempt to assist a person against whom a crime is being perpetrated or attempted;

70 (c) Killed or receiving a personal physical injury in this state while assisting a law
71 enforcement officer in the apprehension of a person who the officer has reason to believe has
72 perpetrated or attempted a crime;

73 (21) "Law enforcement official", a sheriff and his regular deputies, municipal police
74 officer or member of the Missouri state highway patrol and such other persons as may be
75 designated by law as peace officers;

76 (22) "Offender", a person who commits a crime;

77 (23) "Personal physical injury", actual bodily harm only with respect to the victim.
78 Personal physical injury may include mental or nervous shock resulting from the specific
79 incident upon which the claim is based;

80 (24) "Private agency", a not-for-profit corporation, in good standing in this state, which
81 provides services to victims of crime and their dependents;

82 (25) "Public agency", a part of any local or state government organization which
83 provides services to victims of crime;

84 (26) "Relative", the spouse of the victim or a person related to the victim within the third
85 degree of consanguinity or affinity as calculated according to civil law;

86 (27) "Survivor", the spouse, parent, legal guardian, grandparent, sibling or child of the
87 deceased victim of the victim's household at the time of the crime;

88 (28) "Victim", a person who suffers personal physical injury or death as a direct result
89 of a crime, as defined in subdivision (5) of this subsection;

90 (29) "Victim advocacy", assisting the victim of a crime and his dependents to acquire
91 services from existing community resources.

92 2. As used in sections 565.024 and 565.060 and sections 595.010 to 595.075, the term
93 "alcohol-related traffic offense" means those offenses defined by sections 577.001, 577.010, and
94 577.012, and any county or municipal ordinance which prohibits operation of a motor vehicle
95 while under the influence of alcohol.

595.015. 1. The department of public safety shall, pursuant to the provisions of sections
2 595.010 to 595.075, have jurisdiction to determine and award compensation to, or on behalf of,
3 victims of crimes. In making such determinations and awards, the department shall ensure the
4 compensation sought is reasonable and consistent with the limitations described in sections
5 595.010 to 595.075. Additionally, if compensation being sought includes medical expenses, the
6 department shall further ensure that such expenses are medically necessary. The department of
7 public safety may pay directly to the provider of the services compensation for medical or funeral
8 expenses, or expenses for other services as described in section 595.030, incurred by the
9 claimant. The department is not required to provide compensation in any case, nor is it required
10 to award the full amount claimed. The department shall make its award of compensation based
11 upon independent verification obtained during its investigation.

12 2. Such claims shall be made by filing an application for compensation with the
13 department of public safety. The application form shall be furnished by the department and the
14 signature shall be notarized. The application shall include:

15 (1) The name and address of the victim;

16 (2) If the claimant is not the victim, the name and address of the claimant and
17 relationship to the victim, the names and addresses of the victim's dependents, if any, and the
18 extent to which each is so dependent;

19 (3) The date and nature of the crime or attempted crime on which the application for
20 compensation is based;

21 (4) The date and place where, and the law enforcement officials to whom, notification
22 of the crime was given;

23 (5) The nature and extent of the injuries sustained by the victim, the names and addresses
24 of those giving medical and hospital treatment to the victim and whether death resulted;

25 (6) The loss to the claimant or a dependent resulting from the injury or death;

26 (7) The amount of benefits, payments or awards, if any, payable from any source which
27 the claimant or dependent has received or for which the claimant or dependent is eligible as a
28 result of the injury or death;

29 (8) Releases authorizing the surrender to the department of reports, documents and other
30 information relating to the matters specified under this section; and

31 (9) Such other information as the department determines is necessary.

32 3. In addition to the application, the department may require that the claimant submit
33 materials substantiating the facts stated in the application.

34 4. If the department finds that an application does not contain the required information
35 or that the facts stated therein have not been substantiated, it shall notify the claimant in writing
36 of the specific additional items of information or materials required and that the claimant has
37 thirty days from the date of mailing in which to furnish those items to the department. Unless
38 a claimant requests and is granted an extension of time by the department, the department shall
39 reject with prejudice the claim of the claimant for failure to file the additional information or
40 materials within the specified time.

41 5. The claimant may file an amended application or additional substantiating materials
42 to correct inadvertent errors or omissions at any time before the department has completed its
43 consideration of the original application.

44 6. The claimant, victim or dependent shall cooperate with law enforcement officials in
45 the apprehension and prosecution of the offender in order to be eligible, or the department has
46 found that the failure to cooperate was for good cause.

47 7. Any state or local agency, including a prosecuting attorney or law enforcement
48 agency, shall make available without cost to the fund all reports, files and other appropriate
49 information which the department requests in order to make a determination that a claimant is
50 eligible for an award pursuant to sections 595.010 to 595.075.

51 **8. If the victim is deceased, the victim's family or next of kin may sign a notarized**
52 **statement designating the funeral home as a claimant eligible for compensation from the**
53 **crime victims' compensation fund provided such funeral home complies with the provisions**
54 **of this section.**

595.030. 1. No compensation shall be paid unless the claimant has incurred an out-of-
2 pocket loss of at least fifty dollars or has lost two continuous weeks of earnings or support from
3 gainful employment. "Out-of-pocket loss" shall mean unreimbursed or unreimbursable expenses
4 or indebtedness reasonably incurred:

5 (1) For medical care or other services, including psychiatric, psychological or counseling
6 expenses, necessary as a result of the crime upon which the claim is based, except that the

7 amount paid for psychiatric, psychological or counseling expenses per eligible claim shall not
8 exceed two thousand five hundred dollars; or

9 (2) As a result of personal property being seized in an investigation by law enforcement.
10 Compensation paid for an out-of-pocket loss under this subdivision shall be in an amount equal
11 to the loss sustained, but shall not exceed two hundred fifty dollars.

12 2. No compensation shall be paid unless the department of public safety finds that a
13 crime was committed, that such crime directly resulted in personal physical injury to, or the death
14 of, the victim, and that police records show that such crime was promptly reported to the proper
15 authorities. In no case may compensation be paid if the police records show that such report was
16 made more than forty-eight hours after the occurrence of such crime, unless the department of
17 public safety finds that the report to the police was delayed for good cause. If the victim is under
18 eighteen years of age such report may be made by the victim's parent, guardian or custodian; by
19 a physician, a nurse, or hospital emergency room personnel; by the children's division personnel;
20 or by any other member of the victim's family. In the case of a sexual offense, filing a report of
21 the offense to the proper authorities may include, but not be limited to, the filing of the report
22 of the forensic examination by the appropriate medical provider, as defined in section 595.220,
23 with the prosecuting attorney of the county in which the alleged incident occurred.

24 3. No compensation shall be paid for medical care if the service provider is not a medical
25 provider as that term is defined in section 595.027, and the individual providing the medical care
26 is not licensed by the state of Missouri or the state in which the medical care is provided.

27 4. No compensation shall be paid for psychiatric treatment or other counseling services,
28 including psychotherapy, unless the service provider is a:

29 (1) Physician licensed pursuant to chapter 334 or licensed to practice medicine in the
30 state in which the service is provided;

31 (2) Psychologist licensed pursuant to chapter 337 or licensed to practice psychology in
32 the state in which the service is provided;

33 (3) Clinical social worker licensed pursuant to chapter 337; [or]

34 (4) Professional counselor licensed pursuant to chapter 337; **or**

35 (5) Board certified psychiatric-mental health clinical nurse specialist or board certified
36 psychiatric-mental health nurse practitioner.

37 5. Any compensation paid pursuant to sections 595.010 to 595.075 for death or personal
38 injury shall be in an amount not exceeding out-of-pocket loss, together with loss of earnings or
39 support from gainful employment, not to exceed two hundred dollars per week, resulting from
40 such injury or death. In the event of death of the victim, an award may be made for reasonable
41 and necessary expenses actually incurred for preparation and burial not to exceed five thousand
42 dollars.

43 6. Any compensation for loss of earnings or support from gainful employment shall be
44 in an amount equal to the actual loss sustained not to exceed two hundred dollars per week;
45 provided, however, that no award pursuant to sections 595.010 to 595.075 shall exceed twenty-
46 five thousand dollars. If two or more persons are entitled to compensation as a result of the death
47 of a person which is the direct result of a crime or in the case of a sexual assault, the
48 compensation shall be apportioned by the department of public safety among the claimants in
49 proportion to their loss.

50 7. The method and timing of the payment of any compensation pursuant to sections
51 595.010 to 595.075 shall be determined by the department.

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