

FIRST REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
SENATE SUBSTITUTE FOR  
**SENATE BILL NO. 416**  
**98TH GENERAL ASSEMBLY**

1903H.05C

D. ADAM CRUMBLISS, Chief Clerk

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**AN ACT**

To repeal sections 191.237, 194.119, 214.208, 324.001, and 334.104, RSMo, and to enact in lieu thereof eight new sections relating to professional registration.

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

Section A. Sections 191.237, 194.119, 214.208, 324.001, and 334.104, RSMo, are repealed and eight new sections enacted in lieu thereof, to be known as sections 191.236, 191.237, 191.238, 194.119, 214.208, 324.001, 334.104, and 621.280, to read as follows:

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

**(1) "Approved health information organization", a health information organization approved under section 191.238;**

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

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

**(4) "Health information organization", an organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.**

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

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.

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

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

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

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

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

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

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

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

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

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

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

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

21           **3. The term of office for each member of the commission shall coincide with the**  
22 **term of his or her elected office if he or she is an elected official. The term of office for**  
23 **nonelected members shall be three years, except that of the initial appointments, one**  
24 **member shall be appointed for a term of one year and two members shall be appointed for**  
25 **a term of two years. Any member may be removed from the commission if four or more**  
26 **members vote for his or her removal in any regularly held or emergency scheduled**  
27 **meeting. Three months before the expiration of the term of an elected official member**  
28 **appointed by the speaker of the house of representatives and the president pro tempore of**  
29 **the senate, the speaker and the president pro tempore shall appoint a successor whose term**  
30 **begins on January first next following. Three months before the expiration of the term of**

31 any nonelected member, the members of the current commission shall submit  
32 recommendations to the speaker of the house of representatives and the president pro  
33 tempore of the senate to fill the position. All nonelected members shall be eligible for  
34 reappointment. If there is a vacancy for an elected official member for any cause, the  
35 speaker of the house of representatives and the president pro tempore of the senate shall  
36 make an appointment to become effective immediately for the unexpired term. If there is  
37 a vacancy for a nonelected member for any cause, the chairperson or vice-chairperson shall  
38 call an emergency meeting and the commission shall make an appointment for the vacant  
39 seat to become effective immediately for the unexpired term.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

76           **d. Proof of mandatory cyber insurance coverage;**

77           **e. Copies of all data usage policies and guidelines;**

78           **f. A description of oversight processes and internal auditing processes;**

79           **g. Cash flow projections for the next two years depicting all forms of revenues and**  
80 **expenses; and**

81           **h. Financial documents including the most recent audited financial statement, the**  
82 **most recent monthly income and balance sheet, and the most recent profit-loss statement;**

83           **(b) Failure to apply for reapproval status by the deadline set by the commission**  
84 **shall be cause for immediate suspension of approved status; and**

85           **(c) The commission shall establish application fees as deemed necessary to sustain**  
86 **essential administrative functions.**

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.**

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, then** a majority of the following adult members of the deceased person's family  
12 who 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.

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

4 **(2) All individuals may engage in the occupation of their choice, free from**  
5 **unreasonable government regulation. The state may not impose a substantial burden on**  
6 **an individual's pursuit of his or her occupation or profession unless there is an important**  
7 **governmental interest for the state to protect the general welfare. If such an interest exists,**  
8 **the regulation adopted by the state shall be the least restrictive type of regulation consistent**  
9 **to the 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 an important interest in regulating an occupation or profession not previously**  
22 **regulated by law, the least restrictive type of regulation shall be implemented, consistent**  
23 **with the need to protect the general welfare and this section. If:**

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

27 **(b) A service is being performed for individuals involves a hazard to the general**  
28 **welfare, the regulation shall impose inspection requirements and enable an appropriate**  
29 **state agency to enforce violations by injunctive relief in court including, but not limited to,**  
30 **regulation of the business activity providing the service rather than practitioners;**

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

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

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

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

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

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

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

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

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

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

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

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

64           **(9) "Lawful occupation", a course of conduct, pursuit, or profession that includes**  
65 **the sale of goods or services that are not themselves illegal to sell irrespective of whether**  
66 **the individual selling them is subject to an occupational regulation;**

67           **(10) "Least restrictive type of occupational regulations", in order from least to most**  
68 **restrictive:**

69           **(a) Market competition;**

70           **(b) A provision for private civil action to remedy consumer harm;**

71           **(c) Criminal sanction;**

72           **(d) Regulation of the business activity providing the service rather than the**  
73 **practitioner;**

74           **(e) Inspection;**

75           **(f) Bonding or insurance;**

76           **(g) Registration;**

77           **(h) Certification;**

78           **(i) Occupational license;**

79           **(11) "Legislative committees of reference", the standing legislative committees**  
80 **designated by the respective rules committees of the senate and house of representatives**  
81 **to consider proposed legislation to regulate occupations, or professions not previously**  
82 **regulated;**

83           **(12) "Occupational license", a nontransferable authorization in law for an**  
84 **individual to perform a lawful occupation for compensation based on meeting personal**  
85 **qualifications established by a legislative body. It shall be prohibited for an individual who**  
86 **does not possess an occupational license to perform the occupation for compensation;**

87           **(13) "Occupational regulation", a statute, ordinance, rule, practice, policy, or other**  
88 **law requiring an individual to possess certain personal qualifications to work in a lawful**  
89 **occupation;**

90           **(14) "Personal qualifications", criteria related to an individual's personal**  
91 **background including completion of an approved educational program, satisfactory**  
92 **performance on an examination, work experience, criminal history, moral standing, and**  
93 **completion of continuing education;**

94           **(15) "Practitioner", an individual who has achieved knowledge and skill by**  
95 **practice and is actively engaged in a specified occupation or profession;**

96           **(16) "Public member" an individual who is not currently, and has never been in**  
97 **the past, a member or spouse of a member of the occupation or profession being regulated**  
98 **or an individual who does not currently have and has never in the past had a material**  
99 **financial interest in either the rendering of the occupation or professional service being**  
100 **regulated or an activity directly related to the occupation or profession being regulated;**

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

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

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

104

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

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

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

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

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

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

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

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

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

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

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

133 b. The extent to which practitioners are supervised;

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

135 (a) Voluntary efforts, if any, by members of the occupation or profession to:

136 a. Establish a code of ethics; or

137 b. Help resolve disputes between practitioners and consumers; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

208 (12) The maintenance of personal qualifications;

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

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

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

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

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

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

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

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

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

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

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

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

236           **7. There is hereby established a "Division of Professional Registration" assigned to the**  
237 **department of insurance, financial institutions and professional registration as a type III transfer,**  
238 **headed by a director appointed by the governor with the advice and consent of the senate. All**  
239 **of the general provisions, definitions and powers enumerated in section 1 of the Omnibus State**  
240 **Reorganization Act of 1974 and Executive Order 06-04 shall apply to this department and its**  
241 **divisions, agencies, and personnel.**

242           **[3.] 8. The director of the division of professional registration shall promulgate rules and**  
243 **regulations which designate for each board or commission assigned to the division the renewal**  
244 **date for licenses or certificates. After the initial establishment of renewal dates, no director of**

245 the division shall promulgate a rule or regulation which would change the renewal date for  
246 licenses or certificates if such change in renewal date would occur prior to the date on which the  
247 renewal date in effect at the time such new renewal date is specified next occurs. Each board or  
248 commission shall by rule or regulation establish licensing periods of one, two, or three years.  
249 Registration fees set by a board or commission shall be effective for the entire licensing period  
250 involved, and shall not be increased during any current licensing period. Persons who are  
251 required to pay their first registration fees shall be allowed to pay the pro rata share of such fees  
252 for the remainder of the period remaining at the time the fees are paid. Each board or  
253 commission shall provide the necessary forms for initial registration, and thereafter the director  
254 may prescribe standard forms for renewal of licenses and certificates. Each board or commission  
255 shall by rule and regulation require each applicant to provide the information which is required  
256 to keep the board's records current. Each board or commission shall have the authority to collect  
257 and analyze information required to support workforce planning and policy development. Such  
258 information shall not be publicly disclosed so as to identify a specific health care provider, as  
259 defined in section 376.1350. Each board or commission shall issue the original license or  
260 certificate.

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

272 [5.] 10. The director of the division shall maintain a system of accounting and budgeting,  
273 in cooperation with the director of the department, the office of administration, and the state  
274 auditor's office, to ensure proper charges are made to the various boards for services rendered  
275 to them. The general assembly shall appropriate to the division and other state agencies from  
276 each board's funds moneys sufficient to reimburse the division and other state agencies for all  
277 services rendered and all facilities and supplies furnished to that board.

278 [6.] 11. For accounting purposes, the appropriation to the division and to the office of  
279 administration for the payment of rent for quarters provided for the division shall be made from  
280 the "Professional Registration Fees Fund", which is hereby created, and is to be used solely for

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

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

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

314 [9.] 14. Any deliberations conducted and votes taken in rendering a final decision after  
315 a hearing before an agency assigned to the division shall be closed to the parties and the public.

316 Once a final decision is rendered, that decision shall be made available to the parties and the  
317 public.

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

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

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

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

347 (4) "Board personnel", as used in this section or chapters 317, 326, 327, 328, 329, 330,  
348 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, and 345, shall mean personnel whose functions  
349 and responsibilities are in areas not related to the clerical duties involving the issuance and  
350 renewal of licenses, to the collecting and accounting for moneys, or to financial management  
351 relating to issuance and renewal of licenses; specifically included are executive secretaries (or

352 comparable positions), consultants, inspectors, investigators, counsel, and secretarial support  
353 staff for these positions; and such other positions as are established and authorized by statute for  
354 a particular board or commission. Boards and commissions may employ legal counsel, if  
355 authorized by law, and temporary personnel if the board is unable to meet its responsibilities with  
356 the employees authorized above. Any board or commission which hires temporary employees  
357 shall annually provide the division director and the appropriation committees of the general  
358 assembly with a complete list of all persons employed in the previous year, the length of their  
359 employment, the amount of their remuneration, and a description of their responsibilities.

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

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

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

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 except that, the collaborative practice arrangement shall not delegate the authority to administer

16 any controlled substances listed in schedules III, IV, and V of section 195.017 for the purpose  
17 of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures.  
18 Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty-  
19 hour supply without refill. Such collaborative practice arrangements shall be in the form of  
20 written agreements, jointly agreed-upon protocols or standing orders for the delivery of health  
21 care services.

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

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

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

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

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

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

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

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

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

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

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

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

60 (9) A description of the time and manner of the collaborating physician's review of the  
61 advanced practice registered nurse's delivery of health care services. The description shall  
62 include provisions that the advanced practice registered nurse shall submit a minimum of ten  
63 percent of the charts documenting the advanced practice registered nurse's delivery of health care  
64 services to the collaborating physician for review by the collaborating physician, or any other  
65 physician designated in the collaborative practice arrangement, every fourteen days. **In**  
66 **performing the review, the collaborating physician need not be present at the health care**  
67 **practitioner's site;** and

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

73 4. The state board of registration for the healing arts pursuant to section 334.125 and the  
74 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of  
75 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas  
76 to be covered, the methods of treatment that may be covered by collaborative practice  
77 arrangements and the requirements for review of services provided pursuant to collaborative  
78 practice arrangements including delegating authority to prescribe controlled substances. Any  
79 rules relating to dispensing or distribution of medications or devices by prescription or  
80 prescription drug orders under this section shall be subject to the approval of the state board of  
81 pharmacy. Any rules relating to dispensing or distribution of controlled substances by  
82 prescription or prescription drug orders under this section shall be subject to the approval of the  
83 department of health and senior services and the state board of pharmacy. In order to take effect,  
84 such rules shall be approved by a majority vote of a quorum of each board. Neither the state  
85 board of registration for the healing arts nor the board of nursing may separately promulgate rules  
86 relating to collaborative practice arrangements. Such jointly promulgated rules shall be  
87 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this

88 subsection shall not extend to collaborative practice arrangements of hospital employees  
89 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based  
90 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

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

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

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

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

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

**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.**

✓