

SECOND REGULAR SESSION

# HOUSE BILL NO. 1502

## 99TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE KELLY (141).

4081H.011

D. ADAM CRUMBLISS, Chief Clerk

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### AN ACT

To repeal sections 190.098, 193.015, 208.152, 334.108, 335.016, 335.019, 335.056, 335.076, 335.086, 335.175, 338.198, and 630.175, RSMo, and to enact in lieu thereof fourteen new sections relating to advanced practice registered nurses.

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

Section A. Sections 190.098, 193.015, 208.152, 334.108, 335.016, 335.019, 335.056, 2 335.076, 335.086, 335.175, 338.198, and 630.175, RSMo, are repealed and fourteen new 3 sections enacted in lieu thereof, to be known as sections 190.098, 193.015, 208.152, 334.108, 4 335.016, 335.018, 335.019, 335.047, 335.056, 335.076, 335.086, 335.175, 338.198, and 630.175, 5 to read as follows:

190.098. 1. In order for a person to be eligible for certification by the department as a 2 community paramedic, an individual shall:

3 (1) Be currently certified as a paramedic;

4 (2) Successfully complete or have successfully completed a community paramedic 5 certification program from a college, university, or educational institution that has been approved 6 by the department or accredited by a national accreditation organization approved by the 7 department; and

8 (3) Complete an application form approved by the department.

9 2. A community paramedic shall practice in accordance with protocols and supervisory 10 standards established by the medical director. A community paramedic shall provide services 11 of a health care plan if the plan has been developed by the patient's physician or by an advanced 12 practice registered nurse ~~[through a collaborative practice arrangement with a physician]~~ or a

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

13 physician assistant through a collaborative practice arrangement with a physician and there is no  
14 duplication of services to the patient from another provider.

15 3. Any ambulance service shall enter into a written contract to provide community  
16 paramedic services in another ambulance service area, as that term is defined in section 190.100.  
17 The contract that is agreed upon may be for an indefinite period of time, as long as it includes  
18 at least a sixty-day cancellation notice by either ambulance service.

19 4. A community paramedic is subject to the provisions of sections 190.001 to 190.245  
20 and rules promulgated under sections 190.001 to 190.245.

21 5. No person shall hold himself or herself out as a community paramedic or provide the  
22 services of a community paramedic unless such person is certified by the department.

23 6. The medical director shall approve the implementation of the community paramedic  
24 program.

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

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" or "APRN", a person **who is** licensed [~~to~~  
4 ~~practice as an advanced practice registered nurse under chapter 335, and who has been delegated~~  
5 ~~tasks outlined in section 193.145 by a physician with whom they have entered into a~~  
6 ~~collaborative practice arrangement under chapter 334]~~ **under the provisions of chapter 335 to**  
7 **engage in the practice of advanced practice nursing;**

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

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

13 (4) "Department", the department of health and senior services;

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

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

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

24 (8) "Physician", a person authorized or licensed to practice medicine or osteopathy  
25 pursuant to chapter 334;

26 (9) "Physician assistant", a person licensed to practice as a physician assistant pursuant  
27 to chapter 334, and who has been delegated tasks outlined in section 193.145 by a physician with  
28 whom they have entered into a supervision agreement under chapter 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 (11) "State registrar", state registrar of vital statistics of the state of Missouri;

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

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

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

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

6 (1) Inpatient hospital services, except to persons in an institution for mental diseases who  
7 are under the age of sixty-five years and over the age of twenty-one years; provided that the MO  
8 HealthNet division shall provide through rule and regulation an exception process for coverage  
9 of inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile

10 professional activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay  
11 schedule; and provided further that the MO HealthNet division shall take into account through  
12 its payment system for hospital services the situation of hospitals which serve a disproportionate  
13 number of low-income patients;

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

21 (3) Laboratory and X-ray services;

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

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

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

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

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

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

57 (10) Home health care services;

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

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

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

71 (14) Personal care services which are medically oriented tasks having to do with a  
72 person's physical requirements, as opposed to housekeeping requirements, which enable a person  
73 to be treated by his or her physician on an outpatient rather than on an inpatient or residential  
74 basis in a hospital, intermediate care facility, or skilled nursing facility. Personal care services  
75 shall be rendered by an individual not a member of the participant's family who is qualified to  
76 provide such services where the services are prescribed by a physician in accordance with a plan  
77 of treatment and are supervised by a licensed nurse. Persons eligible to receive personal care  
78 services shall be those persons who would otherwise require placement in a hospital,  
79 intermediate care facility, or skilled nursing facility. Benefits payable for personal care services  
80 shall not exceed for any one participant one hundred percent of the average statewide charge for

81 care and treatment in an intermediate care facility for a comparable period of time. Such  
82 services, when delivered in a residential care facility or assisted living facility licensed under  
83 chapter 198 shall be authorized on a tier level based on the services the resident requires and the  
84 frequency of the services. A resident of such facility who qualifies for assistance under section  
85 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the  
86 fewest services. The rate paid to providers for each tier of service shall be set subject to  
87 appropriations. Subject to appropriations, each resident of such facility who qualifies for  
88 assistance under section 208.030 and meets the level of care required in this section shall, at a  
89 minimum, if prescribed by a physician, be authorized up to one hour of personal care services  
90 per day. Authorized units of personal care services shall not be reduced or tier level lowered  
91 unless an order approving such reduction or lowering is obtained from the resident's personal  
92 physician. Such authorized units of personal care services or tier level shall be transferred with  
93 such resident if he or she transfers to another such facility. Such provision shall terminate upon  
94 receipt of relevant waivers from the federal Department of Health and Human Services. If the  
95 Centers for Medicare and Medicaid Services determines that such provision does not comply  
96 with the state plan, this provision shall be null and void. The MO HealthNet division shall notify  
97 the revisor of statutes as to whether the relevant waivers are approved or a determination of  
98 noncompliance is made;

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

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

113 (b) Clinic mental health services including preventive, diagnostic, therapeutic,  
114 rehabilitative, and palliative interventions rendered to individuals in an individual or group  
115 setting by a mental health professional in accordance with a plan of treatment appropriately

116 established, implemented, monitored, and revised under the auspices of a therapeutic team as a  
117 part of client services management;

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

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

137 (17) The services of an advanced practice registered nurse [~~with a collaborative practice~~  
138 ~~agreement~~] to the extent that such services are provided in accordance with [~~chapters 334 and~~  
139 **chapter** 335, and regulations promulgated thereunder;

140 (18) Nursing home costs for participants receiving benefit payments under subdivision  
141 (4) of this subsection to reserve a bed for the participant in the nursing home during the time that  
142 the participant is absent due to admission to a hospital for services which cannot be performed  
143 on an outpatient basis, subject to the provisions of this subdivision:

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

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

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

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

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

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

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

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

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

184 (22) Prescribed medically necessary optometric services. Such services shall be subject  
185 to appropriations. An electronic web-based prior authorization system using best medical



186 evidence and care and treatment guidelines consistent with national standards shall be used to  
187 verify medical need;

188 (23) Blood clotting products-related services. For persons diagnosed with a bleeding  
189 disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section  
190 338.400, such services include:

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

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

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

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

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

212 (1) Dental services;

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

214 (3) Optometric services as described in section 336.010;

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

217 (5) Hospice care. As used in this subdivision, the term "hospice care" means a  
218 coordinated program of active professional medical attention within a home, outpatient and  
219 inpatient care which treats the terminally ill patient and family as a unit, employing a medically  
220 directed interdisciplinary team. The program provides relief of severe pain or other physical  
221 symptoms and supportive care to meet the special needs arising out of physical, psychological,

222 spiritual, social, and economic stresses which are experienced during the final stages of illness,  
223 and during dying and bereavement and meets the Medicare requirements for participation as a  
224 hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO  
225 HealthNet division to the hospice provider for room and board furnished by a nursing home to  
226 an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement  
227 which would have been paid for facility services in that nursing home facility for that patient,  
228 in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget  
229 Reconciliation Act of 1989);

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

244 3. The MO HealthNet division may require any participant receiving MO HealthNet  
245 benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July  
246 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered  
247 services except for those services covered under subdivisions (14) and (15) of subsection 1 of  
248 this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title  
249 XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations  
250 thereunder. When substitution of a generic drug is permitted by the prescriber according to  
251 section 338.056, and a generic drug is substituted for a name-brand drug, the MO HealthNet  
252 division may not lower or delete the requirement to make a co-payment pursuant to regulations  
253 of Title XIX of the federal Social Security Act. A provider of goods or services described under  
254 this section must collect from all participants the additional payment that may be required by the  
255 MO HealthNet division under authority granted herein, if the division exercises that authority,  
256 to remain eligible as a provider. Any payments made by participants under this section shall be  
257 in addition to and not in lieu of payments made by the state for goods or services described

258 herein except the participant portion of the pharmacy professional dispensing fee shall be in  
259 addition to and not in lieu of payments to pharmacists. A provider may collect the co-payment  
260 at the time a service is provided or at a later date. A provider shall not refuse to provide a service  
261 if a participant is unable to pay a required payment. If it is the routine business practice of a  
262 provider to terminate future services to an individual with an unclaimed debt, the provider may  
263 include uncollected co-payments under this practice. Providers who elect not to undertake the  
264 provision of services based on a history of bad debt shall give participants advance notice and  
265 a reasonable opportunity for payment. A provider, representative, employee, independent  
266 contractor, or agent of a pharmaceutical manufacturer shall not make co-payment for a  
267 participant. This subsection shall not apply to other qualified children, pregnant women, or blind  
268 persons. If the Centers for Medicare and Medicaid Services does not approve the MO HealthNet  
269 state plan amendment submitted by the department of social services that would allow a provider  
270 to deny future services to an individual with uncollected co-payments, the denial of services shall  
271 not be allowed. The department of social services shall inform providers regarding the  
272 acceptability of denying services as the result of unpaid co-payments.

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

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

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

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

291 8. Providers of long-term care services shall be reimbursed for their costs in accordance  
292 with the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42 U.S.C. Section  
293 1396a, as amended, and regulations promulgated thereunder.

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

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

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

304 12. If the Missouri Medicaid audit and compliance unit changes any interpretation or  
305 application of the requirements for reimbursement for MO HealthNet services from the  
306 interpretation or application that has been applied previously by the state in any audit of a MO  
307 HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected  
308 MO HealthNet providers five business days before such change shall take effect. Failure of the  
309 Missouri Medicaid audit and compliance unit to notify a provider of such change shall entitle the  
310 provider to continue to receive and retain reimbursement until such notification is provided and  
311 shall waive any liability of such provider for recoupment or other loss of any payments  
312 previously made prior to the five business days after such notice has been sent. Each provider  
313 shall provide the Missouri Medicaid audit and compliance unit a valid email address and shall  
314 agree to receive communications electronically. The notification required under this section  
315 shall be delivered in writing by the United States Postal Service or electronic mail to each  
316 provider.

317 13. Nothing in this section shall be construed to abrogate or limit the department's  
318 statutory requirement to promulgate rules under chapter 536.

319 14. Beginning July 1, 2016, and subject to appropriations, providers of behavioral,  
320 social, and psychophysiological services for the prevention, treatment, or management of  
321 physical health problems shall be reimbursed utilizing the behavior assessment and intervention  
322 reimbursement codes 96150 to 96154 or their successor codes under the Current Procedural  
323 Terminology (CPT) coding system. Providers eligible for such reimbursement shall include  
324 psychologists.

334.108. 1. Prior to prescribing any drug, controlled substance, or other treatment  
2 through telemedicine, as defined in section 191.1145, or the internet, a physician shall establish  
3 a valid physician-patient relationship as described in section 191.1146. This relationship shall  
4 include:

- 5 (1) Obtaining a reliable medical history and performing a physical examination of the  
6 patient, adequate to establish the diagnosis for which the drug is being prescribed and to identify  
7 underlying conditions or contraindications to the treatment recommended or provided;
- 8 (2) Having sufficient dialogue with the patient regarding treatment options and the risks  
9 and benefits of treatment or treatments;
- 10 (3) If appropriate, following up with the patient to assess the therapeutic outcome;
- 11 (4) Maintaining a contemporaneous medical record that is readily available to the patient  
12 and, subject to the patient's consent, to the patient's other health care professionals; and
- 13 (5) Maintaining the electronic prescription information as part of the patient's medical  
14 record.
- 15 2. The requirements of subsection 1 of this section may be satisfied by the prescribing  
16 physician's designee when treatment is provided in:
- 17 (1) A hospital as defined in section 197.020;
- 18 (2) A hospice program as defined in section 197.250;
- 19 (3) Home health services provided by a home health agency as defined in section  
20 197.400;
- 21 (4) Accordance with a collaborative practice ~~[agreement]~~ **arrangement** as ~~[defined]~~  
22 **described** in section 334.104;
- 23 (5) Conjunction with a physician assistant licensed pursuant to section 334.738;
- 24 (6) Conjunction with an assistant physician licensed under section 334.036;
- 25 (7) Consultation with another physician who has an ongoing physician-patient  
26 relationship with the patient, and who has agreed to supervise the patient's treatment, including  
27 use of any prescribed medications; or
- 28 (8) On-call or cross-coverage situations.
- 29 3. No health care provider, as defined in section 376.1350, shall prescribe any drug,  
30 controlled substance, or other treatment to a patient based solely on an evaluation over the  
31 telephone; except that, a physician, such physician's on-call designee, an advanced practice  
32 registered nurse ~~[in a collaborative practice arrangement with such physician]~~, a physician  
33 assistant in a supervision agreement with such physician, or an assistant physician in a  
34 supervision agreement with such physician may prescribe any drug, controlled substance, or  
35 other treatment that is within his or her scope of practice to a patient based solely on a telephone  
36 evaluation if a previously established and ongoing physician-patient relationship exists between  
37 such physician and the patient being treated.
- 38 4. No health care provider shall prescribe any drug, controlled substance, or other  
39 treatment to a patient based solely on an internet request or an internet questionnaire.

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

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

(2) "Advanced practice registered nurse" **or "APRN"**, a ~~[nurse who has education beyond the basic nursing education and is certified by a nationally recognized professional organization as a certified nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or a certified clinical nurse specialist. The board shall promulgate rules specifying which nationally recognized professional organization certifications are to be recognized for the purposes of this section. Advanced practice nurses and only such individuals may use the title "Advanced Practice Registered Nurse" and the abbreviation "APRN"]~~ **person who is licensed under the provisions of this chapter to engage in the practice of advanced practice nursing as a certified clinical nurse specialist, certified nurse midwife, certified nurse practitioner, or certified registered nurse anesthetist;**

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

(4) "Board" or "state board", the state board of nursing;

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

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

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

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

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

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

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

36 (12) "Licensed practical nurse" or "practical nurse", a person licensed pursuant to the  
37 provisions of this chapter to engage in the practice of practical nursing;

38 (13) "Licensure", the issuing of a license **to a person who has met specified**  
39 **requirements authorizing the person** to practice **advanced practice**, professional, or practical  
40 nursing [~~to candidates who have met the specified requirements~~] and the recording of the names  
41 of those persons as holders of a license to practice **advanced practice**, professional, or practical  
42 nursing;

43 (14) "**Practice of advanced practice nursing**":

44 (a) **The practice of advanced practice nursing that includes, but is not limited to:**

45 a. **The practice of professional nursing as defined in this section performed with**  
46 **or without compensation or personal profit;**

47 b. **Conducting an advanced assessment beyond a registered nurse's assessment;**

48 c. **Ordering and interpreting diagnostic procedures;**

49 d. **Establishing primary and differential diagnoses;**

50 e. **Prescribing, ordering, administering, dispensing, and furnishing therapeutic**  
51 **measures, including the authority to:**

52 (i) **Diagnose, prescribe, and institute therapy or referrals of patients to health care**  
53 **agencies, health care providers, and community resources;**

54 (ii) **Prescribe, order, procure, administer, dispense, and furnish pharmacological**  
55 **agents, including over-the-counter and legend drugs;**

56 (iii) **Prescribe, order, procure, administer, dispense, and furnish controlled**  
57 **substances listed in Schedules III, IV, and V of section 195.017, and Schedule II -**  
58 **hydrocodone with a certificate of controlled substance prescriptive authority as part of a**  
59 **collaborative practice arrangement; and**

60 (iv) **Plan and initiate a therapeutic regimen that includes ordering and prescribing**  
61 **nonpharmacological interventions including, but not limited to, durable medical**  
62 **equipment, medical devices, nutrition, blood and blood products, and diagnostic and**  
63 **supportive services including, but not limited to, home health care, hospice, and physical**  
64 **and occupational therapy;**

65 f. **Delegating and assigning the performance of therapeutic measures to assistive**  
66 **personnel;**

67 g. **Consulting with other disciplines and providing referrals to health care agencies,**  
68 **health care providers, and community resources; and**

69 h. **Other acts that require education and training consistent with professional**  
70 **standards and commensurate with the APRN's education, certification, demonstrated**  
71 **competencies, and experience;**

72           **(b) Advanced practice nursing shall be practiced in accordance with the APRN's**  
73 **graduate-level education and certification as a:**

74           **a. Certified clinical nurse specialist;**

75           **b. Certified nurse midwife;**

76           **c. Certified nurse practitioner; or**

77           **d. Certified registered nurse anesthetist;**

78           **(c) When providing direct patient care, an APRN shall wear identification that**  
79 **clearly identifies the nurse as an APRN, unless wearing identification creates a safety or**  
80 **health risk for either the nurse or the patient;**

81           **(d) Nothing in this subdivision shall alter the definition of the practice of**  
82 **professional nursing;**

83           **(15) "Practice of practical nursing"**, the performance for compensation of selected acts  
84 for the promotion of health and in the care of persons who are ill, injured, or experiencing  
85 alterations in normal health processes. Such performance requires substantial specialized skill,  
86 judgment, and knowledge. All such nursing care shall be given under the direction of a person  
87 licensed by a state regulatory board to prescribe medications and treatments or under the  
88 direction of a registered professional nurse. For the purposes of this chapter, the term "direction"  
89 shall mean guidance or ~~[supervision]~~ **oversight** provided by a person licensed by a state  
90 regulatory board to prescribe medications and treatments or a registered professional nurse,  
91 including, but not limited to, oral, written, or otherwise communicated orders or directives for  
92 patient care. When practical nursing care is delivered pursuant to the direction of a person  
93 licensed by a state regulatory board to prescribe medications and treatments or under the  
94 direction of a registered professional nurse, such care may be delivered by a licensed practical  
95 nurse without direct physical oversight;

96           ~~[(15)]~~ **(16) "Practice of professional nursing"**, the performance for compensation of any  
97 **act or function** which requires substantial specialized education, judgment, and skill based on  
98 knowledge and application of principles derived from the biological, physical, social,  
99 **behavioral**, and nursing sciences, including, but not limited to:

100           **(a) Responsibility for the promotion and teaching of health care and the prevention of**  
101 **illness to the patient and his or her family;**

102           **(b) Assessment, data collection, nursing diagnosis, nursing care, evaluation, and**  
103 **counsel of persons who are ill, injured, or experiencing alterations in normal health processes;**

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

106           **(d) The coordination, initiation, performance, and assistance in the determination and**  
107 **delivery of a plan of health care with all members of a health team;**



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

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

112 ~~[(17)]~~ (18) "Retired license status", any person licensed in this state under this chapter  
113 who retires from such practice. Such person shall file with the board an affidavit, on a form to  
114 be furnished by the board, which states the date on which the licensee retired from such practice,  
115 an intent to retire from the practice for at least two years, and such other facts as tend to verify  
116 the retirement as the board may deem necessary; but if the licensee thereafter reengages in the  
117 practice, the licensee shall renew his or her license with the board as provided by this chapter and  
118 by rule and regulation.

**335.018. 1. A licensed advanced practice registered nurse shall practice as part of  
2 a collaborative practice arrangement with a physician, unless the licensed advanced  
3 practice registered nurse has satisfied the provisions of subsection 2 of this section. The  
4 collaborative practice arrangement shall be in writing and may delegate to an advanced  
5 practice registered nurse the authority to administer, dispense, or prescribe drugs and  
6 provide treatment. Collaborative practice arrangements may delegate to an advanced  
7 practice registered nurse who has a certificate of controlled substance prescriptive  
8 authority under section 335.019 the authority to administer, dispense, or prescribe  
9 controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule  
10 II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the  
11 authority to administer any controlled substances listed in Schedules III, IV, and V of  
12 section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or  
13 general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III  
14 narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited  
15 to a one hundred twenty-hour supply without refill. Such collaborative practice  
16 arrangements shall be in the form of written agreements, jointly agreed-upon protocols,  
17 or standing orders for the delivery of health care services. The written collaborative  
18 practice arrangement shall contain at least all of the provisions contained in subsection 3  
19 of section 334.104.**

20 **2. An advanced practice registered nurse that has:**

21 **(1) Been issued a license under section 335.047;**

22 **(2) Maintained such license or document of recognition from the board for a period  
23 of two years;**

24 **(3) Passed any examination, written or oral, or both, that the board may require;**

25 **and**

26           **(4) Engaged in the practice of advanced practice nursing in collaboration with a**  
 27 **physician under section 334.104 for a period of not less than two years**

28

29 **may thereafter, upon notice to the board and with evidence of completion of the**  
 30 **requirements in subdivisions (1) to (4) of this subsection, practice advanced practice**  
 31 **nursing without a collaborative practice arrangement; except that, if such advanced**  
 32 **practice registered nurse has a certificate of controlled substance prescriptive authority as**  
 33 **described in subsection 3 of section 335.019 he or she shall still be required to practice as**  
 34 **part of a collaborative practice arrangement solely for the purposes of administering,**  
 35 **dispensing, or prescribing the controlled substances for which the certificate of controlled**  
 36 **substance prescriptive authority described in subsection 3 of section 335.019 was granted.**

37           **3. Any advanced practice registered nurse who holds a license issued by another**  
 38 **state, territory of the United States, or the District of Columbia that enables him or her to**  
 39 **practice advanced practice nursing in the same manner as an advanced practice registered**  
 40 **nurse licensed in this state who has completed the requirements in subdivisions (1) to (4)**  
 41 **of subsection 2 of this section shall not be required to complete the requirements in**  
 42 **subdivisions (1) to (4) of subsection 2 of this section in order to practice advanced practice**  
 43 **nursing without a collaborative practice arrangement. The advanced practice registered**  
 44 **nurse who holds such a license from another jurisdiction shall be entitled to practice**  
 45 **advanced practice nursing without a collaborative practice arrangement immediately after**  
 46 **receiving a license to practice as an advanced practice registered nurse in this state.**

          335.019. 1. An advanced practice registered nurse's prescriptive authority shall  
 2 include authority to:

3           **(1) Prescribe, dispense, and administer nonscheduled legend drugs and medications**  
 4 **as defined under section 338.330 within such APRN's practice and specialty; and**

5           **(2) Notwithstanding any other provision of this chapter, receive, prescribe,**  
 6 **administer, and provide nonscheduled legend drug samples from pharmaceutical**  
 7 **manufacturers to patients at no charge to the patient or any other party.**

8           **2. The board of nursing may grant a certificate of controlled substance prescriptive**  
 9 **authority to an advanced practice registered nurse, as defined in section 335.016, who[-**

10 ~~——(1) submits proof of successful completion of an advanced pharmacology course that~~  
 11 ~~shall include [preceptorial experience] instruction in the prescription of drugs, medicines, and~~  
 12 ~~therapeutic devices[-and~~

13 ~~——(2) Provides documentation of a minimum of three hundred clock hours preceptorial~~  
 14 ~~experience in the prescription of drugs, medicines, and therapeutic devices with a qualified~~  
 15 ~~preceptor; and~~

16 ~~———— (3) Provides evidence of a minimum of one thousand hours of practice in an advanced~~  
17 ~~practice nursing category prior to application for a certificate of prescriptive authority. The one~~  
18 ~~thousand hours shall not include clinical hours obtained in the advanced practice nursing~~  
19 ~~education program. The one thousand hours of practice in an advanced practice nursing category~~  
20 ~~may include transmitting a prescription order orally or telephonically or to an inpatient medical~~  
21 ~~record from protocols developed in collaboration with and signed by a licensed physician; and~~

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

26 **3. The board of nursing may grant a certificate of controlled substance prescriptive**  
27 **authority to an advanced practice registered nurse, as defined under section 335.016, to**  
28 **administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V**  
29 **of section 195.017, and Schedule II - hydrocodone within the parameters of a collaborative**  
30 **practice arrangement; except that, such certificate shall not delegate the authority to**  
31 **administer any controlled substances listed in Schedules III, IV, and V of section 195.017,**  
32 **or Schedule II - hydrocodone for the purpose of inducing sedation or general anesthesia**  
33 **for therapeutic, diagnostic, or surgical procedures.**

34 **4. Advanced practice registered nurses, except for certified registered nurse**  
35 **anesthetists, shall not administer any controlled substances listed in Schedules III, IV, and**  
36 **V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing general**  
37 **anesthesia for procedures that are outside the advanced practice registered nurse's scope**  
38 **of practice.**

**335.047. 1. An applicant for a license to practice as an advanced practice registered**  
2 **nurse shall submit a completed application as established by the board; except that, any**  
3 **registered professional nurse with a current and active registered professional nurse license**  
4 **who was recognized by the board to use the title of and practice as an advanced practice**  
5 **registered nurse within a particular clinical nursing specialty area and role on or before**  
6 **August 28, 2018, and whose recognition is current and active shall be issued an advanced**  
7 **practice registered nurse license and shall be exempt from the application requirements**  
8 **of this section.**

9 **2. The application for a license to practice as an advanced practice registered nurse**  
10 **shall contain, at a minimum:**

11 **(1) The applicant's advanced nursing education and other pertinent information**  
12 **as the board may require;**

13           **(2) A statement under oath or affirmation that the applicant is of good moral**  
14 **character and that the representations contained in the application are true and correct**  
15 **to the best knowledge and belief of the applicant, subject to the penalties of making a false**  
16 **affidavit or declaration;**

17           **(3) Documentation that demonstrates the following educational requirements:**

18           **(a) Prior to July 1, 1998, completion of a formal post-basic educational program**  
19 **from or formally affiliated with an accredited college, university, or hospital of at least one**  
20 **academic year, which includes advanced nursing theory and clinical nursing practice,**  
21 **leading to a graduate degree or certificate with a concentration in an advanced nursing**  
22 **clinical specialty area;**

23           **(b) From July 1, 1998, to June 30, 2009, completion of a graduate degree from an**  
24 **accredited college or university with a concentration in an advanced practice nursing**  
25 **clinical specialty area, which includes advanced nursing theory and clinical nursing**  
26 **practice;**

27           **(c) On or after July 1, 2009, completion of an accredited graduate-level advanced**  
28 **practice registered nursing program that prepared the applicant to engage in the practice**  
29 **of advanced practice nursing as a certified clinical nurse specialist, certified nurse midwife,**  
30 **certified nurse practitioner, or certified registered nurse anesthetist;**

31           **(4) Documentation of current certification as a certified clinical nurse specialist,**  
32 **certified nurse midwife, certified nurse practitioner, or certified registered nurse**  
33 **anesthetist from a nationally recognized certifying body approved by the board, or current**  
34 **documentation of recognition as an advanced practice registered nurse issued by the board**  
35 **prior to January 1, 2019; and**

36           **(5) Other evidence as required by board rule including, as may be applicable,**  
37 **evidence of proficiency in the English language.**

38           **3. The applicant for a license to practice as an advanced practice registered nurse**  
39 **shall pay a license fee in such amount as set by the board that shall be uniform for all such**  
40 **applicants.**

41           **4. Upon issuance of a license, the license holder's advanced practice registered**  
42 **nursing license and his or her professional nursing license shall be treated as one license**  
43 **for the purpose of renewal and assessment of renewal fees.**

          335.056. The license of every person licensed under the provisions of [~~sections 335.011~~  
2 ~~to 335.096~~] **this chapter** shall be renewed as provided. An application for renewal of license  
3 shall be mailed to every person to whom a license was issued or renewed during the current  
4 licensing period. The applicant shall complete the application and return it to the board by the  
5 renewal date with a renewal fee in an amount to be set by the board. The fee shall be uniform

6 for all applicants. The certificates of renewal shall render the holder thereof a legal practitioner  
7 of nursing for the period stated in the certificate of renewal. Any person who practices nursing  
8 as **an advanced practice registered nurse**, as a registered professional nurse, or as a licensed  
9 practical nurse during the time his **or her** license has lapsed shall be considered an illegal  
10 practitioner and shall be subject to the penalties provided for violation of the provisions of  
11 ~~[sections 335.011 to 335.096]~~ **this chapter.**

335.076. 1. Any person who holds a license to practice professional nursing in this state  
2 may use the title "Registered Professional Nurse" and the abbreviation "R.N.". No other person  
3 shall use the title "Registered Professional Nurse" or the abbreviation "R.N.". No other person  
4 shall assume any title or use any abbreviation or any other words, letters, signs, or devices to  
5 indicate that the person using the same is a registered professional nurse.

6 2. Any person who holds a license to practice practical nursing in this state may use the  
7 title "Licensed Practical Nurse" and the abbreviation "L.P.N.". No other person shall use the title  
8 "Licensed Practical Nurse" or the abbreviation "L.P.N.". No other person shall assume any title  
9 or use any abbreviation or any other words, letters, signs, or devices to indicate that the person  
10 using the same is a licensed practical nurse.

11 3. Any person who holds a license or recognition to practice advanced practice nursing  
12 in this state may use the title "Advanced Practice Registered Nurse", and the abbreviation  
13 "APRN", and any other title designations appearing on his or her license. No other person shall  
14 use the title "Advanced Practice Registered Nurse" or the abbreviation "APRN". No other  
15 person shall assume any title or use any abbreviation or any other words, letters, signs, or devices  
16 to indicate that the person using the same is an advanced practice registered nurse.

17 4. No person shall practice or offer to practice professional nursing, practical nursing,  
18 or advanced practice nursing in this state or use any title, sign, abbreviation, card, or device to  
19 indicate that such person is a practicing professional nurse, practical nurse, or advanced practice  
20 nurse unless he or she has been duly licensed ~~[under the provisions of this chapter]~~ as a  
21 **registered professional nurse under section 335.046, a licensed practical nurse under**  
22 **section 335.046, or an advanced practice registered nurse under section 335.047.**

23 5. In the interest of public safety and consumer awareness, it is unlawful for any person  
24 to use the title "nurse" in reference to himself or herself in any capacity, except individuals who  
25 are or have been licensed as a registered nurse, licensed practical nurse, or advanced practice  
26 registered nurse under this chapter.

27 6. Notwithstanding any law to the contrary, nothing in this chapter shall prohibit a  
28 Christian Science nurse from using the title "Christian Science nurse", so long as such person  
29 provides only religious nonmedical services when offering or providing such services to those  
30 who choose to rely upon healing by spiritual means alone and does not hold his or her own

31 religious organization and does not hold himself or herself out as a registered nurse, advanced  
 32 practice registered nurse, nurse practitioner, licensed practical nurse, nurse midwife, clinical  
 33 nurse specialist, or nurse anesthetist, unless otherwise authorized by law to do so.

335.086. No person, firm, corporation, or association shall:

2 (1) Sell or attempt to sell or fraudulently obtain or furnish or attempt to furnish any  
 3 nursing diploma, license, renewal, or record or aid or abet therein;

4 (2) Practice [~~professional or practical~~] nursing as defined [~~by sections 335.011 to~~  
 5 ~~335.096~~] **in this chapter** under cover of any diploma, license, or record illegally or fraudulently  
 6 obtained or signed or issued unlawfully or under fraudulent representation;

7 (3) Practice [~~professional nursing or practical~~] nursing as defined [~~by sections 335.011~~  
 8 ~~to 335.096~~] **in this chapter** unless duly licensed to do so under the provisions of [~~sections~~  
 9 ~~335.011 to 335.096~~] **this chapter**;

10 (4) Use in connection with his **or her** name any designation tending to imply that he **or**  
 11 **she** is a licensed **advanced practice registered nurse, a licensed** registered professional nurse,  
 12 or a licensed practical nurse unless duly licensed so to practice under the provisions of [~~sections~~  
 13 ~~335.011 to 335.096~~] **this chapter**;

14 (5) Practice **advanced practice nursing**, professional nursing, or practical nursing  
 15 during the time his **or her** license issued under the provisions of [~~sections 335.011 to 335.096~~]  
 16 **this chapter** shall be suspended or revoked; or

17 (6) Conduct a nursing education program for the preparation of professional or practical  
 18 nurses unless the program has been accredited by the board.

335.175. 1. No later than January 1, 2014, there is hereby established within the state  
 2 board of registration for the healing arts and the state board of nursing the "Utilization of  
 3 Telehealth by Nurses". [~~An advanced practice registered nurse (APRN) providing nursing~~  
 4 ~~services under a collaborative practice arrangement under section 334.104 may provide such~~  
 5 ~~services outside the geographic proximity requirements of section 334.104 if the collaborating~~  
 6 ~~physician and advanced practice registered nurse utilize telehealth in the care of the patient and~~  
 7 ~~if the services are provided in a rural area of need.] Telehealth providers shall be required to  
 8 obtain patient consent before telehealth services are initiated and ensure confidentiality of  
 9 medical information.~~

10 2. As used in this section, "telehealth" shall have the same meaning as such term is  
 11 defined in section 191.1145.

12 3. (1) The boards shall jointly promulgate rules governing the practice of telehealth  
 13 under this section. Such rules shall address, but not be limited to, appropriate standards for the  
 14 use of telehealth.

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

22 4. For purposes of this section, "rural area of need" means any rural area of this state  
23 which is located in a health professional shortage area as defined in section 354.650.

24 5. Under section 23.253 of the Missouri sunset act:

25 (1) The provisions of the new program authorized under this section shall automatically  
26 sunset six years after August 28, 2013, unless reauthorized by an act of the general assembly; and

27 (2) If such program is reauthorized, the program authorized under this section shall  
28 automatically sunset twelve years after the effective date of the reauthorization of this section;  
29 and

30 (3) This section shall terminate on September first of the calendar year immediately  
31 following the calendar year in which the program authorized under this section is sunset.

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

630.175. 1. No person admitted on a voluntary or involuntary basis to any mental health  
2 facility or mental health program in which people are civilly detained pursuant to chapter 632  
3 and no patient, resident or client of a residential facility or day program operated, funded or  
4 licensed by the department shall be subject to physical or chemical restraint, isolation or  
5 seclusion unless it is determined by the head of the facility, the attending licensed physician, or  
6 in the circumstances specifically set forth in this section, by an advanced practice registered  
7 nurse [~~in a collaborative practice arrangement~~], or a physician assistant or an assistant physician  
8 with a supervision agreement, with the attending licensed physician that the chosen intervention  
9 is imminently necessary to protect the health and safety of the patient, resident, client or others  
10 and that it provides the least restrictive environment. An advanced practice registered nurse [~~in~~

11 ~~a collaborative practice arrangement~~], or a physician assistant or an assistant physician with a  
12 supervision agreement, with the attending licensed physician may make a determination that the  
13 chosen intervention is necessary for patients, residents, or clients of facilities or programs  
14 operated by the department, in hospitals as defined in section 197.020 that only provide  
15 psychiatric care and in dedicated psychiatric units of general acute care hospitals as hospitals are  
16 defined in section 197.020. Any determination made by the advanced practice registered nurse,  
17 physician assistant, or assistant physician shall be documented as required in subsection 2 of this  
18 section and reviewed in person by the attending licensed physician if the episode of restraint is  
19 to extend beyond:

- 20 (1) Four hours duration in the case of a person under eighteen years of age;
- 21 (2) Eight hours duration in the case of a person eighteen years of age or older; or
- 22 (3) For any total length of restraint lasting more than four hours duration in a  
23 twenty-four-hour period in the case of a person under eighteen years of age or beyond eight hours  
24 duration in the case of a person eighteen years of age or older in a twenty-four-hour period.

25

26 The review shall occur prior to the time limit specified under subsection 6 of this section and  
27 shall be documented by the licensed physician under subsection 2 of this section.

28 2. Every use of physical or chemical restraint, isolation or seclusion and the reasons  
29 therefor shall be made a part of the clinical record of the patient, resident or client under the  
30 signature of the head of the facility, or the attending licensed physician, or the advanced practice  
31 registered nurse [~~in a collaborative practice arrangement~~], or a physician assistant or an assistant  
32 physician with a supervision agreement, with the attending licensed physician.

33 3. Physical or chemical restraint, isolation or seclusion shall not be considered standard  
34 treatment or habilitation and shall cease as soon as the circumstances causing the need for such  
35 action have ended.

36 4. The use of security escort devices, including devices designed to restrict physical  
37 movement, which are used to maintain safety and security and to prevent escape during transport  
38 outside of a facility shall not be considered physical restraint within the meaning of this section.  
39 Individuals who have been civilly detained under sections 632.300 to 632.475 may be placed in  
40 security escort devices when transported outside of the facility if it is determined by the head of  
41 the facility, or the attending licensed physician, or the advanced practice registered nurse [~~in a~~  
42 ~~collaborative practice arrangement~~], or a physician assistant or an assistant physician with a  
43 supervision agreement, with the attending licensed physician that the use of security escort  
44 devices is necessary to protect the health and safety of the patient, resident, client, or other  
45 persons or is necessary to prevent escape. Individuals who have been civilly detained under  
46 sections 632.480 to 632.513 or committed under chapter 552 shall be placed in security escort



47 devices when transported outside of the facility unless it is determined by the head of the facility,  
48 or the attending licensed physician, or the advanced practice registered nurse [~~in a collaborative~~  
49 ~~practice arrangement~~], or a physician assistant or an assistant physician with a supervision  
50 agreement, with the attending licensed physician that security escort devices are not necessary  
51 to protect the health and safety of the patient, resident, client, or other persons or is not necessary  
52 to prevent escape.

53         5. Extraordinary measures employed by the head of the facility to ensure the safety and  
54 security of patients, residents, clients, and other persons during times of natural or man-made  
55 disasters shall not be considered restraint, isolation, or seclusion within the meaning of this  
56 section.

57         6. Orders issued under this section by the advanced practice registered nurse [~~in a~~  
58 ~~collaborative practice arrangement~~], or a physician assistant or an assistant physician with a  
59 supervision agreement, with the attending licensed physician shall be reviewed in person by the  
60 attending licensed physician of the facility within twenty-four hours or the next regular working  
61 day of the order being issued, and such review shall be documented in the clinical record of the  
62 patient, resident, or client.

63         7. For purposes of this subsection, “division” shall mean the division of developmental  
64 disabilities. Restraint or seclusion shall not be used in habilitation centers or community  
65 programs that serve persons with developmental disabilities that are operated or funded by the  
66 division unless such procedure is part of an emergency intervention system approved by the  
67 division and is identified in such person’s individual support plan. Direct-care staff that serve  
68 persons with developmental disabilities in habilitation centers or community programs operated  
69 or funded by the division shall be trained in an emergency intervention system approved by the  
70 division when such emergency intervention system is identified in a consumer’s individual  
71 support plan.

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