

SECOND REGULAR SESSION

HOUSE BILL NO. 2226

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE STEPHENS (128).

4918H.021

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 334.037, 334.104, 334.735, 335.016, 335.046, 335.051, 335.056, 335.076, and 335.086, RSMo, and to enact in lieu thereof ten new sections relating to advanced practice registered nurses.

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

Section A. Sections 334.037, 334.104, 334.735, 335.016, 335.046, 335.051, 335.056, 2 335.076, and 335.086, RSMo, are repealed and ten new sections enacted in lieu thereof, to be 3 known as sections 334.037, 334.104, 334.735, 335.016, 335.046, 335.047, 335.051, 335.056, 4 335.076, and 335.086, to read as follows:

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

9 2. The written collaborative practice arrangement shall contain at least the following 10 provisions:

11 (1) Complete names, home and business addresses, zip codes, and telephone numbers 12 of the collaborating physician and the assistant physician;

13 (2) A list of all other offices or locations besides those listed in subdivision (1) of this 14 subsection where the collaborating physician authorized the assistant physician to prescribe;

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.

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

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

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

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

25 (b) Maintain geographic proximity; except, the collaborative practice arrangement may
26 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar
27 year for rural health clinics as defined by Pub. L. 95-210 (42 U.S.C. Section 1395x), as amended,
28 as long as the collaborative practice arrangement includes alternative plans as required in
29 paragraph (c) of this subdivision. Such exception to geographic proximity shall apply only to
30 independent rural health clinics, provider-based rural health clinics if the provider is a critical
31 access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics
32 if the main location of the hospital sponsor is greater than fifty miles from the clinic. The
33 collaborating physician shall maintain documentation related to such requirement and present
34 it to the state board of registration for the healing arts when requested; and

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

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

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

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

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

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

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

59 (1) Geographic areas to be covered;

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

62 (3) In conjunction with deans of medical schools and primary care residency program
63 directors in the state, the development and implementation of educational methods and programs
64 undertaken during the collaborative practice service which shall facilitate the advancement of
65 the assistant physician's medical knowledge and capabilities, and which may lead to credit
66 toward a future residency program for programs that deem such documented educational
67 achievements acceptable; and

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

70

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

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

85 5. Within thirty days of any change and on each renewal, the state board of registration
86 for the healing arts shall require every physician to identify whether the physician is engaged in

87 any collaborative practice arrangement, including collaborative practice arrangements delegating
88 the authority to prescribe controlled substances, and also report to the board the name of each
89 assistant physician with whom the physician has entered into such arrangement. The board may
90 make such information available to the public. The board shall track the reported information
91 and may routinely conduct random reviews of such arrangements to ensure that arrangements
92 are carried out for compliance under this chapter.

93 6. A collaborating physician shall not enter into a collaborative practice arrangement
94 with more than six full-time equivalent assistant physicians[;] ~~or full-time equivalent physician~~
95 ~~assistants, [or full-time equivalent advance practice registered nurses;]~~ or any combination
96 thereof. Such limitation shall not apply to collaborative arrangements of hospital employees
97 providing inpatient care service in hospitals as defined in chapter 197 or population-based public
98 health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered
99 nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or
100 other physician, dentist, or podiatrist who is immediately available if needed as set out in
101 subsection 7 of section 334.104.

102 7. The collaborating physician shall determine and document the completion of at least
103 a one-month period of time during which the assistant physician shall practice with the
104 collaborating physician continuously present before practicing in a setting where the
105 collaborating physician is not continuously present. No rule or regulation shall require the
106 collaborating physician to review more than ten percent of the assistant physician's patient charts
107 or records during such one-month period. Such limitation shall not apply to collaborative
108 arrangements of providers of population-based public health services as defined by 20 CSR
109 2150-5.100 as of April 30, 2008.

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

115 9. No contract or other agreement shall require a physician to act as a collaborating
116 physician for an assistant physician against the physician's will. A physician shall have the right
117 to refuse to act as a collaborating physician, without penalty, for a particular assistant physician.
118 No contract or other agreement shall limit the collaborating physician's ultimate authority over
119 any protocols or standing orders or in the delegation of the physician's authority to any assistant
120 physician, but such requirement shall not authorize a physician in implementing such protocols,
121 standing orders, or delegation to violate applicable standards for safe medical practice
122 established by a hospital's medical staff.

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

127 11. All collaborating physicians and assistant physicians in collaborative practice
128 arrangements shall wear identification badges while acting within the scope of their collaborative
129 practice arrangement. The identification badges shall prominently display the licensure status
130 of such collaborating physicians and assistant physicians.

131 12. (1) An assistant physician with a certificate of controlled substance prescriptive
132 authority as provided in this section may prescribe any controlled substance listed in Schedule
133 III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated
134 the authority to prescribe controlled substances in a collaborative practice arrangement.
135 Prescriptions for Schedule II medications prescribed by an assistant physician who has a
136 certificate of controlled substance prescriptive authority are restricted to only those medications
137 containing hydrocodone. Such authority shall be filed with the state board of registration for the
138 healing arts. The collaborating physician shall maintain the right to limit a specific scheduled
139 drug or scheduled drug category that the assistant physician is permitted to prescribe. Any
140 limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall
141 not prescribe controlled substances for themselves or members of their families. Schedule III
142 controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day
143 supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply
144 without refill for patients receiving medication-assisted treatment for substance use disorders
145 under the direction of the collaborating physician. Assistant physicians who are authorized to
146 prescribe controlled substances under this section shall register with the federal Drug
147 Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall
148 include the Drug Enforcement Administration registration number on prescriptions for controlled
149 substances.

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

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

160 13. Nothing in this section or section 334.036 shall be construed to limit the authority
161 of hospitals or hospital medical staff to make employment or medical staff credentialing or
162 privileging decisions.

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, **who has been granted a**
14 **certificate of controlled substance prescriptive authority**, the authority to administer,
15 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,
16 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not
17 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V
18 of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general
19 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled
20 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred
21 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form
22 of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health
23 care services. An advanced practice registered nurse may prescribe buprenorphine for up to a
24 thirty-day supply without refill for patients receiving medication-assisted treatment for substance
25 use disorders under the direction of the collaborating physician.

26 3. The written collaborative practice arrangement shall contain at least the **[following**
27 **provisions:**

28 ~~——(1)]~~ complete names, home and business addresses, zip codes, ~~[and]~~ telephone numbers,
29 **and license numbers** of the collaborating physician and the advanced practice registered nurse[;

- 30 ~~———(2) A list of all other offices or locations besides those listed in subdivision (1) of this~~
31 ~~subsection where the collaborating physician authorized the advanced practice registered nurse~~
32 ~~to prescribe;~~
- 33 ~~———(3) A requirement that there shall be posted at every office where the advanced practice~~
34 ~~registered nurse is authorized to prescribe, in collaboration with a physician, a prominently~~
35 ~~displayed disclosure statement informing patients that they may be seen by an advanced practice~~
36 ~~registered nurse and have the right to see the collaborating physician;~~
- 37 ~~———(4) All specialty or board certifications of the collaborating physician and all~~
38 ~~certifications of the advanced practice registered nurse;~~
- 39 ~~———(5) The manner of collaboration between the collaborating physician and the advanced~~
40 ~~practice registered nurse, including how the collaborating physician and the advanced practice~~
41 ~~registered nurse will:~~
- 42 ~~———(a) Engage in collaborative practice consistent with each professional's skill, training,~~
43 ~~education, and competence;~~
- 44 ~~———(b) Maintain geographic proximity, except the collaborative practice arrangement may~~
45 ~~allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar~~
46 ~~year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice~~
47 ~~arrangement includes alternative plans as required in paragraph (c) of this subdivision. This~~
48 ~~exception to geographic proximity shall apply only to independent rural health clinics,~~
49 ~~provider-based rural health clinics where the provider is a critical access hospital as provided in~~
50 ~~42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of~~
51 ~~the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is~~
52 ~~required to maintain documentation related to this requirement and to present it to the state board~~
53 ~~of registration for the healing arts when requested; and~~
- 54 ~~———(c) Provide coverage during absence, incapacity, infirmity, or emergency by the~~
55 ~~collaborating physician;~~
- 56 ~~———(6)] , and a description of the advanced practice registered nurse's controlled substance~~
57 ~~prescriptive authority in collaboration with the physician, including a list of the controlled~~
58 ~~substances the physician authorizes the nurse to prescribe and documentation that it is consistent~~
59 ~~with each professional's education, knowledge, skill, and competence[;~~
- 60 ~~———(7) A list of all other written practice agreements of the collaborating physician and the~~
61 ~~advanced practice registered nurse;~~
- 62 ~~———(8) The duration of the written practice agreement between the collaborating physician~~
63 ~~and the advanced practice registered nurse;~~
- 64 ~~———(9) A description of the time and manner of the collaborating physician's review of the~~
65 ~~advanced practice registered nurse's delivery of health care services. The description shall~~

66 include provisions that the advanced practice registered nurse shall submit a minimum of ten
67 percent of the charts documenting the advanced practice registered nurse's delivery of health care
68 services to the collaborating physician for review by the collaborating physician, or any other
69 physician designated in the collaborative practice arrangement, every fourteen days; and
70 ~~———— (10) The collaborating physician, or any other physician designated in the collaborative~~
71 ~~practice arrangement, shall review every fourteen days a minimum of twenty percent of the~~
72 ~~charts in which the advanced practice registered nurse prescribes controlled substances. The~~
73 ~~charts reviewed under this subdivision may be counted in the number of charts required to be~~
74 ~~reviewed under subdivision (9) of this subsection].~~

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

96 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
97 otherwise take disciplinary action against a physician for health care services delegated to a
98 registered professional nurse provided the provisions of this section and the rules promulgated
99 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
100 imposed as a result of an agreement between a physician and a registered professional nurse or
101 registered physician assistant, whether written or not, prior to August 28, 1993, all records of

102 such disciplinary licensure action and all records pertaining to the filing, investigation or review
103 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed
104 from the records of the state board of registration for the healing arts and the division of
105 professional registration and shall not be disclosed to any public or private entity seeking such
106 information from the board or the division. The state board of registration for the healing arts
107 shall take action to correct reports of alleged violations and disciplinary actions as described in
108 this section which have been submitted to the National Practitioner Data Bank. In subsequent
109 applications or representations relating to his **or her** medical practice, a physician completing
110 forms or documents shall not be required to report any actions of the state board of registration
111 for the healing arts for which the records are subject to removal under this section.

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

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

129 8. ~~[A collaborating physician shall not enter into a collaborative practice arrangement
130 with more than six full-time equivalent advanced practice registered nurses, full-time equivalent
131 licensed physician assistants, or full-time equivalent assistant physicians, or any combination
132 thereof. This limitation shall not apply to collaborative arrangements of hospital employees
133 providing inpatient care service in hospitals as defined in chapter 197 or population-based public
134 health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered
135 nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or
136 other physician, dentist, or podiatrist who is immediately available if needed as set out in
137 subsection 7 of this section.]~~

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

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

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

157 ~~12.] 9. No contract or other agreement shall require any advanced practice registered~~
158 ~~nurse to serve as a collaborating advanced practice registered nurse for any collaborating~~
159 ~~physician against the advanced practice registered nurse's will. An advanced practice registered~~
160 ~~nurse shall have the right to refuse to collaborate, without penalty, with a particular physician.~~

334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

- 2 (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
- 3 (2) "Certification" or "registration", a process by a certifying entity that grants
4 recognition to applicants meeting predetermined qualifications specified by such certifying
5 entity;
- 6 (3) "Certifying entity", the nongovernmental agency or association which certifies or
7 registers individuals who have completed academic and training requirements;
- 8 (4) "Collaborative practice arrangement", written agreements, jointly agreed upon
9 protocols, or standing orders, all of which shall be in writing, for the delivery of health care
10 services;
- 11 (5) "Department", the department of commerce and insurance or a designated agency
12 thereof;

13 (6) "License", a document issued to an applicant by the board acknowledging that the
14 applicant is entitled to practice as a physician assistant;

15 (7) "Physician assistant", a person who has graduated from a physician assistant program
16 accredited by the Accreditation Review Commission on Education for the Physician Assistant
17 or its successor agency, prior to 2001, or the Committee on Allied Health Education and
18 Accreditation or the Commission on Accreditation of Allied Health Education Programs, who
19 has passed the certifying examination administered by the National Commission on Certification
20 of Physician Assistants and has active certification by the National Commission on Certification
21 of Physician Assistants who provides health care services delegated by a licensed physician. A
22 person who has been employed as a physician assistant for three years prior to August 28, 1989,
23 who has passed the National Commission on Certification of Physician Assistants examination,
24 and has active certification of the National Commission on Certification of Physician Assistants;

25 (8) "Recognition", the formal process of becoming a certifying entity as required by the
26 provisions of sections 334.735 to 334.749.

27 2. The scope of practice of a physician assistant shall consist only of the following
28 services and procedures:

29 (1) Taking patient histories;

30 (2) Performing physical examinations of a patient;

31 (3) Performing or assisting in the performance of routine office laboratory and patient
32 screening procedures;

33 (4) Performing routine therapeutic procedures;

34 (5) Recording diagnostic impressions and evaluating situations calling for attention of
35 a physician to institute treatment procedures;

36 (6) Instructing and counseling patients regarding mental and physical health using
37 procedures reviewed and approved by a collaborating physician;

38 (7) Assisting the supervising physician in institutional settings, including reviewing of
39 treatment plans, ordering of tests and diagnostic laboratory and radiological services, and
40 ordering of therapies, using procedures reviewed and approved by a licensed physician;

41 (8) Assisting in surgery; and

42 (9) Performing such other tasks not prohibited by law under the collaborative practice
43 arrangement with a licensed physician as the physician assistant has been trained and is
44 proficient to perform.

45 3. Physician assistants shall not perform or prescribe abortions.

46 4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless
47 pursuant to a collaborative practice arrangement in accordance with the law, nor prescribe lenses,
48 prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual

49 power or visual efficiency of the human eye, nor administer or monitor general or regional block
50 anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing of drugs,
51 medications, devices or therapies by a physician assistant shall be pursuant to a collaborative
52 practice arrangement which is specific to the clinical conditions treated by the supervising
53 physician and the physician assistant shall be subject to the following:

54 (1) A physician assistant shall only prescribe controlled substances in accordance with
55 section 334.747;

56 (2) The types of drugs, medications, devices or therapies prescribed by a physician
57 assistant shall be consistent with the scopes of practice of the physician assistant and the
58 collaborating physician;

59 (3) All prescriptions shall conform with state and federal laws and regulations and shall
60 include the name, address and telephone number of the physician assistant and the supervising
61 physician;

62 (4) A physician assistant, or advanced practice registered nurse as defined in section
63 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
64 professional samples to patients; and

65 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies
66 the collaborating physician is not qualified or authorized to prescribe.

67 5. A physician assistant shall clearly identify himself or herself as a physician assistant
68 and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr."
69 or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician
70 assistant shall practice or attempt to practice without physician collaboration or in any location
71 where the collaborating physician is not immediately available for consultation, assistance and
72 intervention, except as otherwise provided in this section, and in an emergency situation, nor
73 shall any physician assistant bill a patient independently or directly for any services or procedure
74 by the physician assistant; except that, nothing in this subsection shall be construed to prohibit
75 a physician assistant from enrolling with a third-party plan or the department of social services
76 as a MO HealthNet or Medicaid provider while acting under a collaborative practice arrangement
77 between the physician and physician assistant.

78 6. The licensing of physician assistants shall take place within processes established by
79 the state board of registration for the healing arts through rule and regulation. The board of
80 healing arts is authorized to establish rules pursuant to chapter 536 establishing licensing and
81 renewal procedures, collaboration, collaborative practice arrangements, fees, and addressing such
82 other matters as are necessary to protect the public and discipline the profession. An application
83 for licensing may be denied or the license of a physician assistant may be suspended or revoked
84 by the board in the same manner and for violation of the standards as set forth by section

85 334.100, or such other standards of conduct set by the board by rule or regulation. Persons
86 licensed pursuant to the provisions of chapter 335 shall not be required to be licensed as
87 physician assistants. All applicants for physician assistant licensure who complete a physician
88 assistant training program after January 1, 2008, shall have a master's degree from a physician
89 assistant program.

90 7. At all times the physician is responsible for the oversight of the activities of, and
91 accepts responsibility for, health care services rendered by the physician assistant.

92 8. A physician may enter into collaborative practice arrangements with physician
93 assistants. Collaborative practice arrangements, which shall be in writing, may delegate to a
94 physician assistant the authority to prescribe, administer, or dispense drugs and provide treatment
95 which is within the skill, training, and competence of the physician assistant. Collaborative
96 practice arrangements may delegate to a physician assistant, as defined in section 334.735, the
97 authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV,
98 and V of section 195.017, and Schedule II - hydrocodone. Schedule III narcotic controlled
99 substances and Schedule II - hydrocodone prescriptions shall be limited to a one hundred
100 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form
101 of a written arrangement, jointly agreed-upon protocols, or standing orders for the delivery of
102 health care services.

103 9. The written collaborative practice arrangement shall contain at least the following
104 provisions:

105 (1) Complete names, home and business addresses, zip codes, and telephone numbers
106 of the collaborating physician and the physician assistant;

107 (2) A list of all other offices or locations, other than those listed in subdivision (1) of this
108 subsection, where the collaborating physician has authorized the physician assistant to prescribe;

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

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

115 (5) The manner of collaboration between the collaborating physician and the physician
116 assistant, including how the collaborating physician and the physician assistant will:

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

119 (b) Maintain geographic proximity, as determined by the board of registration for the
120 healing arts; and

121 (c) Provide coverage during absence, incapacity, infirmity, or emergency of the
122 collaborating physician;

123 (6) A list of all other written collaborative practice arrangements of the collaborating
124 physician and the physician assistant;

125 (7) The duration of the written practice arrangement between the collaborating physician
126 and the physician assistant;

127 (8) A description of the time and manner of the collaborating physician's review of the
128 physician assistant's delivery of health care services. The description shall include provisions
129 that the physician assistant shall submit a minimum of ten percent of the charts documenting the
130 physician assistant's delivery of health care services to the collaborating physician for review by
131 the collaborating physician, or any other physician designated in the collaborative practice
132 arrangement, every fourteen days. Reviews may be conducted electronically;

133 (9) The collaborating physician, or any other physician designated in the collaborative
134 practice arrangement, shall review every fourteen days a minimum of twenty percent of the
135 charts in which the physician assistant prescribes controlled substances. The charts reviewed
136 under this subdivision may be counted in the number of charts required to be reviewed under
137 subdivision (8) of this subsection; and

138 (10) A statement that no collaboration requirements in addition to the federal law shall
139 be required for a physician-physician assistant team working in a certified community behavioral
140 health clinic as defined by Pub.L. 113-93, or a rural health clinic under the federal Rural Health
141 Services Act, Pub.L. 95-210, as amended, or a federally qualified health center as defined in 42
142 U.S.C. Section 1395 of the Public Health Service Act, as amended.

143 10. The state board of registration for the healing arts under section 334.125 may
144 promulgate rules regulating the use of collaborative practice arrangements.

145 11. The state board of registration for the healing arts shall not deny, revoke, suspend,
146 or otherwise take disciplinary action against a collaborating physician for health care services
147 delegated to a physician assistant, provided that the provisions of this section and the rules
148 promulgated thereunder are satisfied.

149 12. Within thirty days of any change and on each renewal, the state board of registration
150 for the healing arts shall require every physician to identify whether the physician is engaged in
151 any collaborative practice arrangement, including collaborative practice arrangements delegating
152 the authority to prescribe controlled substances, and also report to the board the name of each
153 physician assistant with whom the physician has entered into such arrangement. The board may
154 make such information available to the public. The board shall track the reported information
155 and may routinely conduct random reviews of such arrangements to ensure that the arrangements
156 are carried out in compliance with this chapter.

157 13. The collaborating physician shall determine and document the completion of a period
158 of time during which the physician assistant shall practice with the collaborating physician
159 continuously present before practicing in a setting where the collaborating physician is not
160 continuously present. This limitation shall not apply to collaborative arrangements of providers
161 of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30,
162 2009.

163 14. No contract or other arrangement shall require a physician to act as a collaborating
164 physician for a physician assistant against the physician's will. A physician shall have the right
165 to refuse to act as a supervising physician, without penalty, for a particular physician assistant.
166 No contract or other agreement shall limit the collaborating physician's ultimate authority over
167 any protocols or standing orders or in the delegation of the physician's authority to any physician
168 assistant. No contract or other arrangement shall require any physician assistant to collaborate
169 with any physician against the physician assistant's will. A physician assistant shall have the
170 right to refuse to collaborate, without penalty, with a particular physician.

171 15. Physician assistants shall file with the board a copy of their collaborating physician
172 form.

173 16. No physician shall be designated to serve as a collaborating physician for more than
174 six full-time equivalent licensed physician assistants~~[, full-time equivalent advanced practice~~
175 ~~registered nurses,]~~ or full-time equivalent assistant physicians, or any combination thereof. This
176 limitation shall not apply to physician assistant collaborative practice arrangements of hospital
177 employees providing inpatient care service in hospitals as defined in chapter 197, or to a certified
178 registered nurse anesthetist providing anesthesia services under the supervision of an
179 anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed
180 as set out in subsection 7 of section 334.104.

181 17. No arrangement made under this section shall supercede current hospital licensing
182 regulations governing hospital medication orders under protocols or standing orders for the
183 purpose of delivering inpatient or emergency care within a hospital, as defined in section
184 197.020, if such protocols or standing orders have been approved by the hospital's medical staff
185 and pharmaceutical therapeutics committee.

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

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

5 (2) "Advanced practice registered nurse" or "APRN", a ~~[nurse who has education~~
6 ~~beyond the basic nursing education and is certified by a nationally recognized professional~~
7 ~~organization as a certified nurse practitioner, certified nurse midwife, certified registered nurse~~

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

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

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

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

21 (6) "Certified nurse midwife", a registered nurse who is currently certified as a nurse
22 midwife by the American ~~[College of Nurse-Midwives]~~ **Midwifery Certification Board**, or
23 other nationally recognized certifying body approved by the board of nursing;

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

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

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

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

35 (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 practice professional or practical nursing]~~
39 to candidates who have met the ~~[specified]~~ requirements **specified under this chapter**
40 **authorizing the person to engage in the practice of advanced practice, professional, or**
41 **practical nursing** and the recording of the names of those persons as holders of a license to
42 practice **advanced practice, professional, or practical nursing;**

43 (14) "**Practice of practical nursing**", the performance for compensation of selected acts
44 for the promotion of health and in the care of persons who are ill, injured, or experiencing
45 alterations in normal health processes. Such performance requires substantial specialized skill,
46 judgment and knowledge. All such nursing care shall be given under the direction of a person
47 licensed by a state regulatory board to prescribe medications and treatments or under the
48 direction of a registered professional nurse. For the purposes of this chapter, the term "direction"
49 shall mean guidance or supervision provided by a person licensed by a state regulatory board to
50 prescribe medications and treatments or a registered professional nurse, including, but not
51 limited to, oral, written, or otherwise communicated orders or directives for patient care. When
52 practical nursing care is delivered pursuant to the direction of a person licensed by a state
53 regulatory board to prescribe medications and treatments or under the direction of a registered
54 professional nurse, such care may be delivered by a licensed practical nurse without direct
55 physical oversight;

56 (15) "**Practice of professional nursing**", the performance for compensation of any act **or**
57 **action** which requires substantial specialized education, judgment and skill based on knowledge
58 and application of principles derived from the biological, physical, social, **behavioral**, and
59 nursing sciences, including, but not limited to:

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

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

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

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

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

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

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

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

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

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

38 **3. An applicant for license to practice as an advanced practice registered nurse**
39 **shall submit to the board a written application on forms furnished to the applicant. The**
40 **original application shall contain the applicant's statements showing the applicant's**
41 **education and other such pertinent information as the board may require. The applicant**
42 **shall hold a current registered professional nurse license or privilege to practice and shall**
43 **not be currently subject to discipline or any restrictions and shall not hold an encumbered**
44 **license or privilege to practice as a registered professional nurse or advanced practice**
45 **registered nurse in any state or territory. The applicant shall have completed an**
46 **accredited graduate-level advanced practice registered nurse program and achieved at**
47 **least one certification as a clinical nurse specialist, nurse midwife, nurse practitioner, or**
48 **registered nurse anesthetist, with at least one population focus prescribed by rule of the**
49 **board. The applicant shall be currently certified as an advanced practice registered nurse**
50 **by a national certifying body recognized by the board, and his or her advanced practice**
51 **registered nurse certification shall have a population focus corresponding with the**
52 **applicant's educational advanced practice registered nurse program. Each application**
53 **shall contain a statement that it is made under oath or affirmation and that its**
54 **representations are true and correct to the best knowledge and belief of the person signing**
55 **the same, subject to the penalties of making a false affidavit or declaration. The applicant**
56 **for a license to practice as an advanced practice registered nurse shall pay a license fee in**
57 **such amount as set by the board. The fee shall be uniform for all applicants.**

58 **4. Any person holding a document of recognition to practice nursing as an**
59 **advanced practice registered nurse in this state that is current on August 28, 2020, shall**
60 **be deemed to be licensed as an advanced practice registered nurse under the provisions of**
61 **this section and shall be eligible for renewal of such license under the conditions and**
62 **standards prescribed in this chapter and as prescribed by rule.**

63 **5. Upon refusal of the board to allow any applicant to ~~sit for~~ take either the registered**
64 **professional nurses' examination or the licensed practical nurses' examination~~, as the case may~~**
65 **~~be~~, or upon refusal to issue an advanced practice registered nurse license, the board shall**
66 **comply with the provisions of section 621.120 and advise the applicant of his or her right to have**
67 **a hearing before the administrative hearing commission. The administrative hearing commission**
68 **shall hear complaints taken pursuant to section 621.120.**

69 **[4-] 6. The board shall not deny a license because of sex, religion, race, ethnic origin, age**
70 **or political affiliation.**

335.047. 1. The board may promulgate rules under chapter 536 establishing the
2 licensure, renewal procedures, fees, and discipline of advanced practice registered nurses.
3 An application for licensure may be denied or the license of an advanced practice
4 registered nurse may be disciplined, suspended, or revoked by the board in the same
5 manner and for violation of the standards as set forth under section 335.066, or such other
6 standards of conduct set by the board by rule.

7 2. Any rule or portion of a rule, as that term is defined in section 536.010, that is
8 created under the authority delegated in this section shall become effective only if it
9 complies with and is subject to all of the provisions of chapter 536 and, if applicable,
10 section 536.028. This section and chapter 536 are nonseverable, and if any of the powers
11 vested with the general assembly pursuant to chapter 536 to review, to delay the effective
12 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the
13 grant of rulemaking authority and any rule proposed or adopted after August 28, 2020,
14 shall be invalid and void.

335.051. 1. The board shall issue a license to practice nursing as ~~either~~ **an advanced**
2 **practice registered nurse**, a registered professional nurse, or a licensed practical nurse without
3 examination to an applicant who has duly become licensed as **an advanced practice registered**
4 **nurse**, a registered nurse, or licensed practical nurse pursuant to the laws of another state,
5 territory, or foreign country if the applicant meets the qualifications required of **advanced**
6 **practice registered nurses**, registered nurses, or licensed practical nurses in this state at the time
7 the applicant was originally licensed in the other state, territory, or foreign country.

8 2. Applicants from foreign countries shall be licensed as prescribed by rule.

9 3. Upon application, the board shall issue a temporary permit to an applicant pursuant
10 to subsection 1 of this section for a license as either a registered professional nurse or a licensed
11 practical nurse who has made a prima facie showing that the applicant meets all of the
12 requirements for such a license. The temporary permit shall be effective only until the board
13 shall have had the opportunity to investigate his **or her** qualifications for licensure pursuant to
14 subsection 1 of this section and to notify the applicant that his or her application for a license has
15 been either granted or rejected. In no event shall such temporary permit be in effect for more
16 than twelve months after the date of its issuance nor shall a permit be reissued to the same
17 applicant. No fee shall be charged for such temporary permit. The holder of a temporary permit
18 which has not expired, or been suspended or revoked, shall be deemed to be the holder of a
19 license issued pursuant to section 335.046 until such temporary permit expires, is terminated or
20 is suspended or revoked.

335.056. 1. The license of every person licensed under the provisions of ~~sections~~
2 ~~335.011 to 335.096~~ **this chapter** shall be renewed as provided. An application for renewal of

3 license shall be mailed to every person to whom a license was issued or renewed during the
 4 current licensing period. The applicant shall complete the application and return it to the board
 5 by the renewal date with a renewal fee in an amount to be set by the board. The fee shall be
 6 uniform for all applicants. The certificates of renewal shall render the holder thereof a legal
 7 practitioner of nursing for the period stated in the certificate of renewal. Any person who
 8 practices nursing as **an advanced practice registered nurse**, a registered professional nurse, or
 9 ~~as~~ a licensed practical nurse during the time his **or her** license has lapsed shall be considered
 10 an illegal practitioner and shall be subject to the penalties provided for violation of the provisions
 11 of sections 335.011 to ~~335.096~~ **335.099**.

12 **2. The renewal of advanced practice registered nurse licenses and registered**
 13 **professional nurse licenses shall occur at the same time as prescribed by rule. Failure to**
 14 **renew and maintain the registered professional nurse license or privilege to practice or to**
 15 **provide the required fee and evidence of active certification or maintenance of certification**
 16 **as prescribed by rules and regulations shall result in expiration of the advanced practice**
 17 **registered nurse license.**

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.~~ RN". No other
 3 person shall use the title "Registered Professional Nurse" or the abbreviation "~~R.N.~~ RN". No
 4 other person shall assume any title or use any abbreviation or any other words, letters, signs, or
 5 devices to 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.~~ LPN". No other person shall use
 8 the title "Licensed Practical Nurse" or the abbreviation "~~L.P.N.~~ LPN". No other person shall
 9 assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate
 10 that the person 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", **the designations of**
 13 **"certified registered nurse anesthetist", "certified nurse midwife", "certified clinical nurse**
 14 **specialist", and "certified nurse practitioner", and the ~~abbreviation~~ abbreviations "APRN",**
 15 ~~[and any other title designations appearing on his or her license]~~ **"CRNA", "CNM", "CNS",**
 16 **and "NP", respectively.** No other person shall use the title "Advanced Practice Registered
 17 Nurse" or the abbreviation "APRN". No other person shall assume any title or use any
 18 abbreviation or any other words, letters, signs, or devices to indicate that the person using the
 19 same is an advanced practice registered nurse.

20 4. No person shall practice or offer to practice professional nursing, practical nursing,
 21 or advanced practice nursing in this state or use any title, sign, abbreviation, card, or device to

22 indicate that such person is a practicing professional nurse, practical nurse, or advanced practice
23 nurse unless he or she has been duly licensed under the provisions of this chapter.

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

28 6. Notwithstanding any law to the contrary, nothing in this chapter shall prohibit a
29 Christian Science nurse from using the title "Christian Science nurse", so long as such person
30 provides only religious nonmedical services when offering or providing such services to those
31 who choose to rely upon healing by spiritual means alone and does not hold his or her own
32 religious organization and does not hold himself or herself out as a registered nurse, advanced
33 practice registered nurse, nurse practitioner, licensed practical nurse, nurse midwife, clinical
34 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~~] **335.099** 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~~] **335.099** unless duly licensed to do so under the provisions of sections 335.011 to
9 [~~335.096~~] **335.099**;

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~~] **335.099**;

14 (5) Practice [~~professional nursing or practical~~] nursing during the time his **or her** license
15 issued under the provisions of sections 335.011 to [~~335.096~~] **335.099** shall be suspended or
16 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.

✓