	House Amendment NO
	Offered By
	AMEND House Bill No. 2331, Page 1, Section A, Line 2, by inserting after all of said section and line the following:
	"197.400. As used in sections 197.400 to 197.475, unless the context otherwise requires, the
	following terms mean:
	(1) "Advanced practice registered nurse", the same meaning given to the term in section
	335.016;
	(2) "Council", the home health services advisory council created by sections 197.400 to
1	197.475;
	[(2)] (3) "Department", the department of health and senior services;
	[(3)] (4) "Home health agency", a public agency or private organization or a subdivision or
5	subunit of an agency or organization that provides two or more home health services at the residence
(of a patient according to a [physician's] written [and signed] plan of treatment signed by a physician
2	advanced practice registered nurse, or physician assistant;
	[(4)] (5) "Home health services", any of the following items and services provided at the
r	residence of the patient on a part-time or intermittent basis: nursing, physical therapy, speech
t	herapy, occupational therapy, home health aid, or medical social service;
	[(5)] (6) "Part-time or intermittent basis", the providing of home health services in an
i	interrupted interval sequence on the average of not to exceed three hours in any twenty-four-hour
1	period;
	[(6)] (7) "Patient's residence", the actual place of residence of the person receiving home
1	nealth services, including institutional residences as well as individual dwelling units;
	[(7)] (8) "Physician", a person licensed by the state board of registration for the healing arts
1	oursuant to the provisions of chapter 334 to practice in this state as a physician and surgeon;
	[(8)] (9) "Physician assistant", a person licensed by the state board of registration for the
<u>1</u>	nealing arts under the provisions of chapter 334 to practice in this state as a physician assistant;
	(10) "Plan of treatment", a plan reviewed and signed as often as medically necessary by a
r	physician [of], podiatrist, advanced practice registered nurse, or physician assistant, not to exceed
:	sixty days in duration, prescribing items and services for an individual patient's condition;
	[(9)] (11) "Podiatrist", a person licensed by the state board of podiatry pursuant to the
	Action Taken

provisions of chapter 330 to practice in this state as a podiatrist;

[(10)] (12) "Subunit" or "subdivision", any organizational unit of a larger organization which can be clearly defined as a separate entity within the larger structure, which can meet all of the requirements of sections 197.400 to 197.475 independent of the larger organization, which can be held accountable for the care of patients it is serving, and which provides to all patients care and services meeting the standards and requirements of sections 197.400 to 197.475.

197.405. No home health agency, including Medicare and Medicaid providers, shall provide two or more of the home health services covered by subdivision [(4)] (5) of section 197.400 or shall hold itself out as providing such home health services or as a home health agency unless it is licensed and registered in accordance with the provisions of sections 197.400 to 197.475.

- 197.445. 1. The department may adopt reasonable rules and standards necessary to carry out the provisions of sections 197.400 to 197.477. The rules and standards adopted shall not be less than the standards established by the federal government for home health agencies under Title XVIII of the Federal Social Security Act. The reasonable rules and standards shall be initially promulgated within one year of September 28, 1983.
- 2. The rules and standards adopted by the department pursuant to the provisions of sections 197.400 to 197.477 shall apply to all health services covered by sections 197.400 to 197.477 rendered to any patient being served by a home health agency regardless of source of payment for the service, patient's condition, or place of residence, at which the home health services are ordered by the physician [ex], podiatrist, advanced practice registered nurse, or physician assistant. No rule or portion of a rule promulgated pursuant to the authority of sections 197.400 to 197.477 shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.
- 334.104. 1. A physician may enter into collaborative practice arrangements with registered professional nurses. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer or dispense drugs and provide treatment as long as the delivery of such health care services is within the scope of practice of the registered professional nurse and is consistent with that nurse's skill, training and competence.
- 2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II hydrocodone for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled

- substance and Schedule II hydrocodone prescriptions shall be limited to a one hundred twentyhour supply without refill. Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services. An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician.
 - 3. The written collaborative practice arrangement shall contain at least the following provisions:

- (1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the advanced practice registered nurse;
- (2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the advanced practice registered nurse to prescribe;
- (3) A requirement that there shall be posted at every office where the advanced practice registered nurse is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an advanced practice registered nurse and have the right to see the collaborating physician;
- (4) All specialty or board certifications of the collaborating physician and all certifications of the advanced practice registered nurse;
- (5) The manner of collaboration between the collaborating physician and the advanced practice registered nurse, including how the collaborating physician and the advanced practice registered nurse will:
- (a) Engage in collaborative practice consistent with each professional's skill, training, education, and competence; and
- (b) [Maintain geographic proximity, except the collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested; and
- (e)] Provide coverage during absence, incapacity, infirmity, or emergency by the collaborating physician;
- (6) A description of the advanced practice registered nurse's controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician authorizes the nurse to prescribe and documentation that it is consistent

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with each professional's education, knowledge, skill, and competence;

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- (7) A list of all other written practice agreements of the collaborating physician and the advanced practice registered nurse;
- (8) The duration of the written practice agreement between the collaborating physician and the advanced practice registered nurse;
- (9) A description of the time and manner of the collaborating physician's review of the advanced practice registered nurse's delivery of health care services. The description shall include provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the charts documenting the advanced practice registered nurse's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days; and
- (10) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the advanced practice registered nurse prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of this subsection.
- 4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to [specifying geographic areas to be covered, the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements including delegating authority to prescribe controlled substances. Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.
- 5. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise take disciplinary action against a physician for health care services delegated to a registered professional nurse provided the provisions of this section and the rules promulgated thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action imposed as a result of an agreement between a physician and a registered professional nurse or

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- registered physician assistant, whether written or not, prior to August 28, 1993, all records of such disciplinary licensure action and all records pertaining to the filing, investigation or review of an alleged violation of this chapter incurred as a result of such an agreement shall be removed from the records of the state board of registration for the healing arts and the division of professional registration and shall not be disclosed to any public or private entity seeking such information from the board or the division. The state board of registration for the healing arts shall take action to correct reports of alleged violations and disciplinary actions as described in this section which have been submitted to the National Practitioner Data Bank. In subsequent applications or representations relating to his or her medical practice, a physician completing forms or documents shall not be required to report any actions of the state board of registration for the healing arts for which the records are subject to removal under this section.
 - 6. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances, or physician assistant agreement and also report to the board the name of each licensed professional with whom the physician has entered into such agreement. The board may make this information available to the public. The board shall track the reported information and may routinely conduct random reviews of such agreements to ensure that agreements are carried out for compliance under this chapter.

- 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a collaborative practice arrangement provided that he or she is under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative practice arrangement under this section, except that the collaborative practice arrangement may not delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II hydrocodone.
- 8. A collaborating physician shall not enter into a collaborative practice arrangement with more than six full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of this section.
- 9. It is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the advanced practice registered nurse shall practice with the collaborating physician continuously present before practicing in a

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

- 10. No agreement made under this section shall supersede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.
- 11. No contract or other agreement shall require a physician to act as a collaborating physician for an advanced practice registered nurse against the physician's will. A physician shall have the right to refuse to act as a collaborating physician, without penalty, for a particular advanced practice registered nurse. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any advanced practice registered nurse, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by hospital's medical staff.
- 12. No contract or other agreement shall require any advanced practice registered nurse to serve as
 a collaborating advanced practice registered nurse for any collaborating physician against the
 advanced practice registered nurse's will. An advanced practice registered nurse shall have the right
 to refuse to collaborate, without penalty, with a particular physician.
- 21 335.011. Sections 335.011 to [335.096] 335.099 may be known as "The Nursing Practice Act".
 - 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] Midwifery Certification Board, 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] officer", 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] officer shall not be a member of the board;
 - (10) "Inactive [nurse] license status", as defined by rule pursuant to section 335.061;
 - (11) "Lapsed license status", as defined by rule under section 335.061;
- (12) "Licensed practical nurse" or "practical nurse", a person licensed pursuant to the provisions of this chapter to engage in the practice of practical nursing;
- (13) "Licensure", the issuing of a license [to practice professional or practical nursing] to candidates who have met the [specified] requirements specified under this chapter authorizing the person to engage in the practice of advanced practice, professional, or practical nursing and the recording of the names of those persons as holders of a license to practice advanced practice, professional, or practical nursing;
- (14) "Practice of advanced practice nursing", the performance for compensation of activities and services consistent with the required education, training, certification, demonstrated competencies, and experiences of an advanced practice registered nurse;
- (15) "Practice of practical nursing", the performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be given under the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse. For the purposes of this chapter, the term "direction" shall mean guidance or supervision provided by a person licensed by a state regulatory board to prescribe medications and treatments or a registered professional nurse, including, but not limited to, oral, written, or otherwise communicated orders or directives for patient care. When practical nursing care is delivered pursuant to the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse, such care may be delivered by a licensed practical nurse without direct physical oversight;
 - [(15)] (16) "Practice of professional nursing", the performance for compensation of any act

<u>or action</u> which requires substantial specialized education, judgment and skill based on knowledge and application of principles derived from the biological, physical, social, <u>behavioral</u>, and nursing sciences, including, but not limited to:

- (a) Responsibility for the <u>promotion and</u> teaching of health care and the prevention of illness to the patient and his or her family;
- (b) Assessment, <u>data collection</u>, nursing diagnosis, nursing care, <u>evaluation</u>, and counsel of persons who are ill, injured, or experiencing alterations in normal health processes;
- (c) The administration of medications and treatments as prescribed by a person licensed by a state regulatory board to prescribe medications and treatments;
- (d) The coordination and assistance in the <u>determination and</u> delivery of a plan of health care with all members of a health team;
- (e) The teaching and supervision of other persons in the performance of any of the foregoing;
- [(16) A] (17) "Registered professional nurse" or "registered nurse", a person licensed pursuant to the provisions of this chapter to engage in the practice of professional nursing;
- [(17)] (18) "Retired license status", any person licensed in this state under this chapter who retires from such practice. Such person shall file with the board an affidavit, on a form to be furnished by the board, which states the date on which the licensee retired from such practice, an intent to retire from the practice for at least two years, and such other facts as tend to verify the retirement as the board may deem necessary; but if the licensee thereafter reengages in the practice, the licensee shall renew his or her license with the board as provided by this chapter and by rule and regulation.

335.036. 1. The board shall:

- (1) Elect for a one-year term a president and a secretary, who shall also be treasurer, and the board may appoint, employ and fix the compensation of a legal counsel and such board personnel as defined in subdivision (4) of subsection 11 of section 324.001 as are necessary to administer the provisions of sections 335.011 to [335.096] 335.099;
- (2) Adopt and revise such rules and regulations as may be necessary to enable it to carry into effect the provisions of sections 335.011 to [335.096] 335.099;
- (3) Prescribe minimum standards for educational programs preparing persons for licensure pursuant to the provisions of sections 335.011 to [335.096] 335.099;
- (4) Provide for surveys of such programs every five years and in addition at such times as it may deem necessary;
- (5) Designate as "approved" such programs as meet the requirements of sections 335.011 to [335.096] 335.099 and the rules and regulations enacted pursuant to such sections; and the board shall annually publish a list of such programs;
- (6) Deny or withdraw approval from educational programs for failure to meet prescribed minimum standards;
 - (7) Examine, license, and cause to be renewed the licenses of duly qualified applicants;

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(8) Cause the prosecution of all persons violating provisions of sections 335.011 to [335.096] 335.099, and may incur such necessary expenses therefor;

- (9) Keep a record of all the proceedings; and make an annual report to the governor and to the director of the department of commerce and insurance.
- 2. The board shall set the amount of the fees which this chapter authorizes and requires by rules and regulations. The fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering this chapter.
- 3. All fees received by the board pursuant to the provisions of sections 335.011 to [335.096] 335.099 shall be deposited in the state treasury and be placed to the credit of the state board of nursing fund. All administrative costs and expenses of the board shall be paid from appropriations made for those purposes. The board is authorized to provide funding for the nursing education incentive program established in sections 335.200 to 335.203.
- 4. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds two times the amount of the appropriation from the board's funds for the preceding fiscal year or, if the board requires by rule, permit renewal less frequently than yearly, then three times the appropriation from the board's funds for the preceding fiscal year. The amount, if any, in the fund which shall lapse is that amount in the fund which exceeds the appropriate multiple of the appropriations from the board's funds for the preceding fiscal year.
- 5. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this chapter shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. All rulemaking authority delegated prior to August 28, 1999, is of no force and effect and repealed. Nothing in this section shall be interpreted to repeal or affect the validity of any rule filed or adopted prior to August 28, 1999, if it fully complied with all applicable provisions of law. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 1999, shall be invalid and void.
- 335.046. 1. An applicant for a license to practice as a registered professional nurse shall submit to the board a written application on forms furnished to the applicant. The original application shall contain the applicant's statements showing the applicant's education and other such pertinent information as the board may require. The applicant shall be of good moral character and have completed at least the high school course of study, or the equivalent thereof as determined by the state board of education, and have successfully completed the basic professional curriculum in an accredited or approved school of nursing and earned a professional nursing degree or diploma. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing same, subject to the penalties of making a false affidavit or declaration. Applicants from non-English-

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

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(a) Hold a current registered professional nurse license or privilege to practice, shall not be currently subject to discipline or any restrictions, and shall not hold an encumbered license or

privilege to practice as a registered professional nurse or advanced practice registered nurse in any state or territory;

- (b) Have completed an accredited graduate-level advanced practice registered nurse program and achieved at least one certification as a clinical nurse specialist, nurse midwife, nurse practitioner, or registered nurse anesthetist, with at least one population focus prescribed by rule of the board;
- (c) Be currently certified by a national certifying body recognized by the Missouri state board of nursing in the advanced practice registered nurse role; and
- (d) Have a population focus on his or her certification, corresponding with his or her educational advanced practice registered nurse program.
- (4) Any person holding a document of recognition to practice nursing as an advanced practice registered nurse in this state that is current on August 28, 2022, shall be deemed to be licensed as an advanced practice registered nurse under the provisions of this section and shall be eligible for renewal of such license under the conditions and standards prescribed in this chapter and as prescribed by rule.
- 4. Upon refusal of the board to allow any applicant to [sit for] take either the registered professional nurses' examination or the licensed practical nurses' examination, [as the case may be,] or upon refusal to issue an advanced practice registered nurse license, the board shall comply with the provisions of section 621.120 and advise the applicant of his or her right to have a hearing before the administrative hearing commission. The administrative hearing commission shall hear complaints taken pursuant to section 621.120.
- [4-] <u>5.</u> The board shall not deny a license because of sex, religion, race, ethnic origin, age or political affiliation.
- 335.051. 1. The board shall issue a license to practice nursing as [either] an advanced practice registered nurse, a registered professional nurse, or a licensed practical nurse without examination to an applicant who has duly become licensed as [a] an advanced practice registered nurse, registered nurse, or licensed practical nurse pursuant to the laws of another state, territory, or foreign country if the applicant meets the qualifications required of advanced practice registered nurses, registered nurses, or licensed practical nurses in this state at the time the applicant was originally licensed in the other state, territory, or foreign country.
 - 2. Applicants from foreign countries shall be licensed as prescribed by rule.
- 3. Upon application, the board shall issue a temporary permit to an applicant pursuant to subsection 1 of this section for a license as [either] an advanced practice registered nurse, a registered professional nurse, or a licensed practical nurse who has made a prima facie showing that the applicant meets all of the requirements for such a license. The temporary permit shall be effective only until the board shall have had the opportunity to investigate his or her qualifications for licensure pursuant to subsection 1 of this section and to notify the applicant that his or her application for a license has been either granted or rejected. In no event shall such temporary permit be in effect for more than twelve months after the date of its issuance nor shall a permit be reissued

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to the same applicant. No fee shall be charged for such temporary permit. The holder of a temporary permit which has not expired, or been suspended or revoked, shall be deemed to be the holder of a license issued pursuant to section 335.046 until such temporary permit expires, is terminated or is suspended or revoked.

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

- 2. The renewal of advanced practice registered nurse licenses and registered professional nurse licenses shall occur at the same time as prescribed by rule. Failure to renew and maintain the registered professional nurse license or privilege to practice or failure to provide the required fee and evidence of active certification or maintenance of certification as prescribed by rules and regulations shall result in expiration of the advanced practice registered nurse license.
- 335.061. 1. Any licensee who allows his or her license to be placed on inactive status as provided in sections 335.011 to [335.096] 335.099 shall be reinstated as provided by sections 335.011 to [335.096] 335.099 and by rule and regulation. The board may by rule and regulation provide for an inactive license status. In the event the board shall refuse to renew the license pursuant to one of the provisions of this section and related requirements for relicensure, the individual may appeal to the administrative hearing commission pursuant to the provisions of section 621.120.
- 2. Any licensee who allows his or her license to lapse by failing to renew the license as provided in sections 335.011 to [335.096] 335.099 shall be reinstated as provided by this chapter and by rule and regulation. The board may by rule and regulation provide for a lapsed license status. In the event the board shall refuse to renew the license pursuant to one of the provisions of this section and related requirements for relicensure, the individual may appeal to the administrative hearing commission pursuant to the provisions of sections 621.120.
- 335.066. 1. The board may refuse to issue or reinstate any certificate of registration or authority, permit or license required pursuant to this chapter for one or any combination of causes stated in subsection 2 of this section or the board may, as a condition to issuing or reinstating any such permit or license, require a person to submit himself or herself for identification, intervention, treatment, or monitoring by the intervention program and alternative program as provided in section 335.067. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing

commission as provided by chapter 621.

- 2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by sections 335.011 to [335.096] 335.099 or any person who has failed to renew or has surrendered his or her certificate of registration or authority, permit or license for any one or any combination of the following causes:
- (1) Use or unlawful possession of any controlled substance, as defined in chapter 195, by the federal government, or by the department of health and senior services by regulation, regardless of impairment, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by sections 335.011 to [335.096] 335.099. A blood alcohol content of .08 shall create a presumption of impairment;
- (2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to sections 335.011 to [335.096] 335.099, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;
- (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to sections 335.011 to [335.096] 335.099 or in obtaining permission to take any examination given or required pursuant to sections 335.011 to [335.096] 335.099;
- (4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;
- (5) Incompetency, gross negligence, or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by this chapter. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;
- (6) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to, the following:
- (a) Willfully and continually overcharging or overtreating patients; or charging for visits which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;
- (b) Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;
- (c) Willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests, or nursing services;
 - (d) Delegating professional responsibilities to a person who is not qualified by training,

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skill, competency, age, experience, or licensure to perform such responsibilities;

- (e) Performing nursing services beyond the authorized scope of practice for which the individual is licensed in this state;
- (f) Exercising influence within a nurse-patient relationship for purposes of engaging a patient in sexual activity;
 - (g) Being listed on any state or federal sexual offender registry;
 - (h) Failure of any applicant or licensee to cooperate with the board during any investigation;
- (i) Failure to comply with any subpoena or subpoena duces tecum from the board or an order of the board;
 - (j) Failure to timely pay license renewal fees specified in this chapter;
- (k) Violating a probation agreement, order, or other settlement agreement with this board or any other licensing agency;
- (l) Failing to inform the board of the nurse's current residence within thirty days of changing residence;
 - (m) Any other conduct that is unethical or unprofessional involving a minor;
 - (n) A departure from or failure to conform to nursing standards;
- (o) Failure to establish, maintain, or communicate professional boundaries with the patient. A nurse may provide health care services to a person with whom the nurse has a personal relationship as long as the nurse otherwise meets the standards of the profession;
 - (p) Violating the confidentiality or privacy rights of the patient, resident, or client;
- (q) Failing to assess, accurately document, or report the status of a patient, resident, or client, or falsely assessing, documenting, or reporting the status of a patient, resident, or client;
- (r) Intentionally or negligently causing physical or emotional harm to a patient, resident, or client;
- (s) Failing to furnish appropriate details of a patient's, client's, or resident's nursing needs to succeeding nurses legally qualified to provide continuing nursing services to a patient, client, or resident;
- (7) Violation of, or assisting or enabling any person to violate, any provision of sections 335.011 to [335.096] 335.099, or of any lawful rule or regulation adopted pursuant to sections 335.011 to [335.096] 335.099;
- (8) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;
- (9) Disciplinary action against the holder of a license or other right to practice any profession regulated by sections 335.011 to [335.096] 335.099 granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;
- (10) A person is finally adjudged insane or incompetent by a court of competent jurisdiction;

- (11) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections 335.011 to [335.096] 335.099 who is not registered and currently eligible to practice pursuant to sections 335.011 to [335.096] 335.099;
- (12) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;
 - (13) Violation of any professional trust or confidence;

- (14) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;
- (15) Violation of the drug laws or rules and regulations of this state, any other state or the federal government;
- (16) Placement on an employee disqualification list or other related restriction or finding pertaining to employment within a health-related profession issued by any state or federal government or agency following final disposition by such state or federal government or agency;
- (17) Failure to successfully complete the intervention or alternative program for substance use disorder;
- (18) Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to defraud, for payment pursuant to the provisions of chapter 208 or chapter 630, or for payment from Title XVIII or Title XIX of the federal Medicare program;
- (19) Failure or refusal to properly guard against contagious, infectious, or communicable diseases or the spread thereof; maintaining an unsanitary office or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in the office of a physician or in any health care facility to the board, in writing, within thirty days after the discovery thereof;
- (20) A pattern of personal use or consumption of any controlled substance or any substance which requires a prescription unless it is prescribed, dispensed, or administered by a provider who is authorized by law to do so or a pattern of abuse of any prescription medication;
- (21) Habitual intoxication or dependence on alcohol, evidence of which may include more than one alcohol-related enforcement contact as defined by section 302.525;
- (22) Failure to comply with a treatment program or an aftercare program entered into as part of a board order, settlement agreement, or licensee's professional health program;
- (23) Failure to submit to a drug or alcohol screening when requested by an employer or by the board. Failure to submit to a drug or alcohol screening shall create the presumption that the test would have been positive for a drug for which the individual did not have a prescription in a drug screening or positive for alcohol in an alcohol screening;
- (24) Adjudged by a court in need of a guardian or conservator, or both, obtaining a guardian or conservator, or both, and who has not been restored to capacity;
- (25) Diversion <u>of</u> or attempting to divert any medication, controlled substance, or medical supplies;
 - (26) Failure to answer, failure to disclose, or failure to fully provide all information

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requested on any application or renewal for a license. This includes disclosing all pleas of guilt or findings of guilt in a case where the imposition of sentence was suspended, whether or not the case is now confidential;

- (27) Physical or mental illness, including but not limited to deterioration through the aging process or loss of motor skill, or disability that impairs the licensee's ability to practice the profession with reasonable judgment, skill, or safety. This does not include temporary illness which is expected to resolve within a short period of time;
- (28) Any conduct that constitutes a serious danger to the health, safety, or welfare of a patient or the public.
- 3. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit.
- 4. For any hearing before the full board, the board shall cause the notice of the hearing to be served upon such licensee in person or by certified mail to the licensee at the licensee's last known address. If service cannot be accomplished in person or by certified mail, notice by publication as described in subsection 3 of section 506.160 shall be allowed; any representative of the board is authorized to act as a court or judge would in that section; any employee of the board is authorized to act as a clerk would in that section.
- 5. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the board after compliance with all the requirements of sections 335.011 to [335.096] 335.099 relative to the licensing of an applicant for the first time.
- 6. The board may notify the proper licensing authority of any other state concerning the final disciplinary action determined by the board on a license in which the person whose license was suspended or revoked was also licensed of the suspension or revocation.
- 7. Any person, organization, association or corporation who reports or provides information to the board of nursing pursuant to the provisions of sections 335.011 to [335.259] 335.257 and who does so in good faith shall not be subject to an action for civil damages as a result thereof.
- 8. The board may apply to the administrative hearing commission for an emergency suspension or restriction of a license for the following causes:
- (1) Engaging in sexual conduct as defined in section 566.010, with a patient who is not the licensee's spouse, regardless of whether the patient consented;
- (2) Engaging in sexual misconduct with a minor or person the licensee believes to be a minor. "Sexual misconduct" means any conduct of a sexual nature which would be illegal under state or federal law;
 - (3) Possession of a controlled substance in violation of chapter 195 or any state or federal

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law, rule, or regulation, excluding record-keeping violations;

- (4) Use of a controlled substance without a valid prescription;
- (5) The licensee is adjudicated incapacitated or disabled by a court of competent jurisdiction;
- (6) Habitual intoxication or dependence upon alcohol or controlled substances or failure to comply with a treatment or aftercare program entered into pursuant to a board order, settlement agreement, or as part of the licensee's professional health program;
- (7) A report from a board-approved facility or a professional health program stating the licensee is not fit to practice. For purposes of this section, a licensee is deemed to have waived all objections to the admissibility of testimony from the provider of the examination and admissibility of the examination reports. The licensee shall sign all necessary releases for the board to obtain and use the examination during a hearing; or
- (8) Any conduct for which the board may discipline that constitutes a serious danger to the health, safety, or welfare of a patient or the public.
- 9. The board shall submit existing affidavits and existing certified court records together with a complaint alleging the facts in support of the board's request for an emergency suspension or restriction to the administrative hearing commission and shall supply the administrative hearing commission with the last home or business addresses on file with the board for the licensee. Within one business day of the filing of the complaint, the administrative hearing commission shall return a service packet to the board. The service packet shall include the board's complaint and any affidavits or records the board intends to rely on that have been filed with the administrative hearing commission. The service packet may contain other information in the discretion of the administrative hearing commission. Within twenty-four hours of receiving the packet, the board shall either personally serve the licensee or leave a copy of the service packet at all of the licensee's current addresses on file with the board. Prior to the hearing, the licensee may file affidavits and certified court records for consideration by the administrative hearing commission.
- 10. Within five days of the board's filing of the complaint, the administrative hearing commission shall review the information submitted by the board and the licensee and shall determine based on that information if probable cause exists pursuant to subsection 8 of this section and shall issue its findings of fact and conclusions of law. If the administrative hearing commission finds that there is probable cause, the administrative hearing commission shall enter the order requested by the board. The order shall be effective upon personal service or by leaving a copy at all of the licensee's current addresses on file with the board.
- 11. (1) The administrative hearing commission shall hold a hearing within forty-five days of the board's filing of the complaint to determine if cause for discipline exists. The administrative hearing commission may grant a request for a continuance, but shall in any event hold the hearing within one hundred twenty days of the board's initial filing. The board shall be granted leave to amend its complaint if it is more than thirty days prior to the hearing. If less than thirty days, the board may be granted leave to amend if public safety requires.

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(2) If no cause for discipline exists, the administrative hearing commission shall issue findings of fact, conclusions of law, and an order terminating the emergency suspension or restriction.

- (3) If cause for discipline exists, the administrative hearing commission shall issue findings of fact and conclusions of law and order the emergency suspension or restriction to remain in full force and effect pending a disciplinary hearing before the board. The board shall hold a hearing following the certification of the record by the administrative hearing commission and may impose any discipline otherwise authorized by state law.
- 12. Any action under this section shall be in addition to and not in lieu of any discipline otherwise in the board's power to impose and may be brought concurrently with other actions.
- 13. If the administrative hearing commission does not find probable cause and does not grant the emergency suspension or restriction, the board shall remove all reference to such emergency suspension or restriction from its public records. Records relating to the suspension or restriction shall be maintained in the board's files. The board or licensee may use such records in the course of any litigation to which they are both parties. Additionally, such records may be released upon a specific, written request of the licensee.
- 14. If the administrative hearing commission grants temporary authority to the board to restrict or suspend the nurse's license, such temporary authority of the board shall become final authority if there is no request by the nurse for a full hearing within thirty days of the preliminary hearing. The administrative hearing commission shall, if requested by the nurse named in the complaint, set a date to hold a full hearing under the provisions of chapter 621 regarding the activities alleged in the initial complaint filed by the board.
- 15. If the administrative hearing commission refuses to grant temporary authority to the board or restrict or suspend the nurse's license under subsection 8 of this section, such dismissal shall not bar the board from initiating a subsequent disciplinary action on the same grounds.
- 16. (1) The board may initiate a hearing before the board for discipline of any licensee's license or certificate upon receipt of one of the following:
- (a) Certified court records of a finding of guilt or plea of guilty or nolo contendere in a criminal prosecution under the laws of any state or of the United States for any offense involving the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense involving fraud, dishonesty, or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;
- (b) Evidence of final disciplinary action against the licensee's license, certification, or registration issued by any other state, by any other agency or entity of this state or any other state, or the United States or its territories, or any other country;
- (c) Evidence of certified court records finding the licensee has been judged incapacitated or disabled under Missouri law or under the laws of any other state or of the United States or its territories.
 - (2) The board shall provide the licensee not less than ten days' notice of any hearing held

pursuant to chapter 536.

- (3) Upon a finding that cause exists to discipline a licensee's license, the board may impose any discipline otherwise available.
- 335.071. 1. Any institution desiring to conduct an approved educational program of professional nursing or of practical nursing shall apply to the board and submit evidence that it is prepared to meet standards established by this law and the board.
- 2. The board, through its executive officer or other authorized representatives, shall initially survey a nursing education program. A written report of the survey shall be submitted to the board. If the board determines that the requirements for an accredited nursing education program are met, such program shall be approved as a nursing education program for professional or for practical nurses upon payment of a fee in an amount to be set by the board and in accord with board rules.
- 3. The board, through its executive officer or other authorized representatives, shall periodically survey all nursing education programs in the state. Written reports of such surveys shall be submitted to the board. If the board determines that any approved nursing education program is not maintaining the standards required by sections 335.011 to [335.096] 335.099 and by the board, notice thereof in writing specifying the defect or defects shall be immediately given to the institution conducting the program. A program which fails to correct these conditions to the satisfaction of the board within a reasonable time shall, after notice and hearing, be removed from the board's listing of approved programs. All hearings shall be conducted in accordance with chapter 621.
- 4. All such approved programs shall pay an annual registration fee in an amount to be determined by the board.
- 335.076. 1. Any person who holds a license to practice professional nursing in this state may use the title "Registered Professional Nurse" and the abbreviation ["R.N."] "RN". No other person shall use the title "Registered Professional Nurse" or the abbreviation ["R.N."] "RN". No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is a registered professional nurse.
- 2. Any person who holds a license to practice practical nursing in this state may use the title "Licensed Practical Nurse" and the abbreviation ["L.P.N."] "LPN". No other person shall use the title "Licensed Practical Nurse" or the abbreviation ["L.P.N."] "LPN". No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is a licensed practical nurse.
- 3. Any person who holds a license [or recognition] to practice advanced practice nursing in this state may use the title "Advanced Practice Registered Nurse", the designations of "certified registered nurse anesthetist", "certified nurse midwife", "certified clinical nurse specialist", and "certified nurse practitioner", and the [abbreviation] abbreviations "APRN", [and any other title designations appearing on his or her license] "CRNA", "CNM", "CNS", and "NP", respectively. No other person shall use the title "Advanced Practice Registered Nurse" or the abbreviation "APRN".

39 No other person shall assume any title or use any abbreviation or any other words, letters, signs, or

devices to indicate that the person using the same is an advanced practice registered nurse.

- 4. No person shall practice or offer to practice professional nursing, practical nursing, or advanced practice nursing in this state or use any title, sign, abbreviation, card, or device to indicate that such person is a practicing professional nurse, practical nurse, or advanced practice nurse unless he or she has been duly licensed under the provisions of this chapter.
- 5. In the interest of public safety and consumer awareness, it is unlawful for any person to use the title "nurse" in reference to himself or herself in any capacity, except individuals who are or have been licensed as a registered nurse, licensed practical nurse, or advanced practice registered nurse under this chapter.
- 6. Notwithstanding any law to the contrary, nothing in this chapter shall prohibit a Christian Science nurse from using the title "Christian Science nurse", so long as such person provides only religious nonmedical services when offering or providing such services to those who choose to rely upon healing by spiritual means alone and does not hold his or her own religious organization and does not hold himself or herself out as a registered nurse, advanced practice registered nurse, nurse practitioner, licensed practical nurse, nurse midwife, clinical nurse specialist, or nurse anesthetist, unless otherwise authorized by law to do so.
- 335.081. So long as the person involved does not represent or hold himself or herself out as a nurse licensed to practice in this state, no provision of sections 335.011 to [335.096] 335.099 shall be construed as prohibiting:
- (1) The practice of any profession for which a license is required and issued pursuant to the laws of this state by a person duly licensed to practice that profession;
- (2) The services rendered by technicians, nurses' aides or their equivalent trained and employed in public or private hospitals and licensed long-term care facilities except the services rendered in licensed long-term care facilities shall be limited to administering medication, excluding injectable other than insulin;
- (3) The providing of nursing care by friends or members of the family of the person receiving such care;
- (4) The incidental care of the sick, aged, or infirm by domestic servants or persons primarily employed as housekeepers;
 - (5) The furnishing of nursing assistance in the case of an emergency situation;
 - (6) The practice of nursing under proper supervision:
- (a) As a part of the course of study by students enrolled in approved schools of professional nursing or in schools of practical nursing;
- (b) By graduates of accredited nursing programs pending the results of the first licensing examination or ninety days after graduation, whichever first occurs;
- (c) A graduate nurse who is prevented from attending the first licensing examination following graduation by reason of active duty in the military may practice as a graduate nurse pending the results of the first licensing examination scheduled by the board following the release of such graduate nurse from active military duty or pending the results of the first licensing

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examination taken by the graduate nurse while involved in active military service whichever comes first;

- (7) The practice of nursing in this state by any legally qualified nurse duly licensed to practice in another state whose engagement requires such nurse to accompany and care for a patient temporarily residing in this state for a period not to exceed six months;
- (8) The practice of any legally qualified nurse who is employed by the government of the United States or any bureau, division or agency thereof, while in the discharge of his or her official duties or to the practice of any legally qualified nurse serving in the Armed Forces of the United States while stationed within this state;
- (9) Nonmedical nursing care of the sick with or without compensation when done in connection with the practice of the religious tenets of any church by adherents thereof, as long as they do not engage in the practice of nursing as defined in sections 335.011 to [335.096] 335.099;
- (10) The practice of any legally qualified and licensed nurse of another state, territory, or foreign country whose responsibilities include transporting patients into, out of, or through this state while actively engaged in patient transport that does not exceed forty-eight hours in this state.

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

- (1) Sell or attempt to sell or fraudulently obtain or furnish or attempt to furnish any nursing diploma, license, renewal or record or aid or abet therein;
- (2) Practice [professional or practical] nursing as defined by sections 335.011 to [335.096] 335.099 under cover of any diploma, license, or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;
- (3) Practice [professional nursing or practical] nursing as defined by sections 335.011 to [335.096] 335.099 unless duly licensed to do so under the provisions of sections 335.011 to [335.096] 335.099;
- (4) Use in connection with his <u>or her</u> name any designation tending to imply that he <u>or she</u> is a licensed <u>advanced practice registered nurse</u>, a licensed registered professional nurse, or a licensed practical nurse unless duly licensed so to practice under the provisions of sections 335.011 to [335.096] 335.099;
- (5) Practice [professional nursing or practical] nursing during the time his <u>or her</u> license issued under the provisions of sections 335.011 to [335.096] <u>335.099</u> shall be suspended or revoked; or
- (6) Conduct a nursing education program for the preparation of professional or practical 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 board of registration for the healing arts and the state board of nursing the "Utilization of Telehealth by Nurses". [An advanced practice registered nurse (APRN) providing nursing services under a collaborative practice arrangement under section 334.104 may provide such services outside the geographic proximity requirements of section 334.104 if the collaborating physician and advanced practice registered nurse utilize telehealth in the care of the patient and if the services are provided

in a rural area of need.] Telehealth providers shall be required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical information.

- 2. As used in this section, "telehealth" shall have the same meaning as such term is defined in section 191.1145.
- 3. (1) The boards shall jointly promulgate rules governing the practice of telehealth under this section. Such rules shall address, but not be limited to, appropriate standards for the use of telehealth.
- (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

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

335.221. The board, in addition to any other duties it may have regarding licensure of nurses, shall collect, at the time of licensure or licensure renewal, an education surcharge from each person licensed or relicensed pursuant to sections 335.011 to [335.096] 335.099, in the amount of one dollar per year for practical nurses and five dollars per year for professional nurses. These funds shall be deposited in the professional and practical nursing student loan and nurse loan repayment fund. All expenditures authorized by sections 335.212 to [335.259] 335.257 shall be paid from funds appropriated by the general assembly from the professional and practical nursing student loan and nurse loan repayment fund. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue."; and

Further amend said bill, Page 3, Section 196.868, Line 7, by inserting after all of said section and line the following:

"Section B. Because immediate action is necessary to increase the independence of certain health care professionals in order to ensure the residents of this state have access to health care during the ongoing COVID-19 pandemic, the repeal and reenactment of sections 197.400, 197.405, 197.445, 334.104, and 335.175 of section A of this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the repeal and reenactment of sections 197.400, 197.405, 197.445, 334.104, and 335.175 of section A of this act shall be in full force and effect upon its passage and approval."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.