

SECOND REGULAR SESSION

HOUSE BILL NO. 2490

99TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE KELLY (141).

4141H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 190.098, 193.015, 195.070, 195.100, 208.152, 334.104, 334.108, 335.016, 335.019, 335.056, 335.086, 335.175, 338.198, and 630.175, RSMo, and to enact in lieu thereof fifteen 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 190.098, 193.015, 195.070, 195.100, 208.152, 334.104, 334.108, 2 335.016, 335.019, 335.056, 335.086, 335.175, 338.198, and 630.175, RSMo, are repealed and 3 fifteen new sections enacted in lieu thereof, to be known as sections 190.098, 193.015, 195.070, 4 195.100, 208.152, 334.104, 334.108, 335.016, 335.019, 335.047, 335.056, 335.086, 335.175, 5 338.198, and 630.175, to read as follows:

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

3 (1) Be currently certified as a paramedic;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 2. An advanced practice registered nurse, as defined in section 335.016, but not a
8 certified registered nurse anesthetist as defined in subdivision (8) of section 335.016, who holds
9 a certificate of controlled substance prescriptive authority from the board of nursing under

10 section 335.019 [~~and who is delegated the authority to prescribe controlled substances under a~~
11 ~~collaborative practice arrangement under section 334.104]~~ may prescribe any controlled
12 substances listed in Schedules [~~III, IV, and~~] **II to V** of section 195.017[~~; and may have restricted~~
13 ~~authority in Schedule II. Prescriptions for Schedule II medications prescribed by an advanced~~
14 ~~practice registered nurse who has a certificate of controlled substance prescriptive authority are~~
15 ~~restricted to only those medications containing hydrocodone. However, no such certified~~
16 ~~advanced practice registered nurse shall prescribe controlled substance for his or her own self~~
17 ~~or family. Schedule III narcotic controlled substance and Schedule II - hydrocodone~~
18 ~~prescriptions shall be limited to a one hundred twenty-hour supply without refill].~~

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

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

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

195.100. 1. It shall be unlawful to distribute any controlled substance in a commercial
2 container unless such container bears a label containing an identifying symbol for such substance
3 in accordance with federal laws.

4 2. It shall be unlawful for any manufacturer of any controlled substance to distribute such
5 substance unless the labeling thereof conforms to the requirements of federal law and contains
6 the identifying symbol required in subsection 1 of this section.

7 3. The label of a controlled substance in Schedule II, III or IV shall, when dispensed to
8 or for a patient, contain a clear, concise warning that it is a criminal offense to transfer such
9 narcotic or dangerous drug to any person other than the patient.

10 4. Whenever a manufacturer sells or dispenses a controlled substance and whenever a
11 wholesaler sells or dispenses a controlled substance in a package prepared by him or her, the
12 manufacturer or wholesaler shall securely affix to each package in which that drug is contained
13 a label showing in legible English the name and address of the vendor and the quantity, kind, and
14 form of controlled substance contained therein. No person except a pharmacist for the purpose
15 of filling a prescription under this chapter, shall alter, deface, or remove any label so affixed.

16 5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on
17 a prescription issued by a physician, physician assistant, dentist, podiatrist, veterinarian, or
18 advanced practice registered nurse, the pharmacist or practitioner shall affix to the container in
19 which such drug is sold or dispensed a label showing his or her own name and address of the

20 pharmacy or practitioner for whom he or she is lawfully acting; the name of the patient or, if the
21 patient is an animal, the name of the owner of the animal and the species of the animal; the name
22 of the physician, physician assistant, dentist, podiatrist, advanced practice registered nurse, or
23 veterinarian by whom the prescription was written; the name of ~~the collaborating physician if~~
24 ~~the prescription is written by an advanced practice registered nurse or~~ the supervising physician
25 if the prescription is written by a physician assistant, and such directions as may be stated on the
26 prescription. No person shall alter, deface, or remove any label so affixed.

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

6 (1) Inpatient hospital services, except to persons in an institution for mental diseases who
7 are under the age of sixty-five years and over the age of twenty-one years; provided that the MO
8 HealthNet division shall provide through rule and regulation an exception process for coverage
9 of inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile
10 professional activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay
11 schedule; and provided further that the MO HealthNet division shall take into account through
12 its payment system for hospital services the situation of hospitals which serve a disproportionate
13 number of low-income patients;

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

21 (3) Laboratory and X-ray services;

22 (4) Nursing home services for participants, except to persons with more than five
23 hundred thousand dollars equity in their home or except for persons in an institution for mental
24 diseases who are under the age of sixty-five years, when residing in a hospital licensed by the
25 department of health and senior services or a nursing home licensed by the department of health
26 and senior services or appropriate licensing authority of other states or government-owned and
27 -operated institutions which are determined to conform to standards equivalent to licensing
28 requirements in Title XIX of the federal Social Security Act (42 U.S.C. Section 301, et seq.), as
29 amended, for nursing facilities. The MO HealthNet division may recognize through its payment

30 methodology for nursing facilities those nursing facilities which serve a high volume of MO
31 HealthNet patients. The MO HealthNet division when determining the amount of the benefit
32 payments to be made on behalf of persons under the age of twenty-one in a nursing facility may
33 consider nursing facilities furnishing care to persons under the age of twenty-one as a
34 classification separate from other nursing facilities;

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

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

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

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

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

57 (10) Home health care services;

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

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

64 (13) Outpatient surgical procedures, including presurgical diagnostic services performed
65 in ambulatory surgical facilities which are licensed by the department of health and senior

66 services of the state of Missouri; except, that such outpatient surgical services shall not include
67 persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965
68 amendments to the federal Social Security Act, as amended, if exclusion of such persons is
69 permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security
70 Act, as amended;

71 (14) Personal care services which are medically oriented tasks having to do with a
72 person's physical requirements, as opposed to housekeeping requirements, which enable a person
73 to be treated by his or her physician on an outpatient rather than on an inpatient or residential
74 basis in a hospital, intermediate care facility, or skilled nursing facility. Personal care services
75 shall be rendered by an individual not a member of the participant's family who is qualified to
76 provide such services where the services are prescribed by a physician in accordance with a plan
77 of treatment and are supervised by a licensed nurse. Persons eligible to receive personal care
78 services shall be those persons who would otherwise require placement in a hospital,
79 intermediate care facility, or skilled nursing facility. Benefits payable for personal care services
80 shall not exceed for any one participant one hundred percent of the average statewide charge for
81 care and treatment in an intermediate care facility for a comparable period of time. Such
82 services, when delivered in a residential care facility or assisted living facility licensed under
83 chapter 198 shall be authorized on a tier level based on the services the resident requires and the
84 frequency of the services. A resident of such facility who qualifies for assistance under section
85 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the
86 fewest services. The rate paid to providers for each tier of service shall be set subject to
87 appropriations. Subject to appropriations, each resident of such facility who qualifies for
88 assistance under section 208.030 and meets the level of care required in this section shall, at a
89 minimum, if prescribed by a physician, be authorized up to one hour of personal care services
90 per day. Authorized units of personal care services shall not be reduced or tier level lowered
91 unless an order approving such reduction or lowering is obtained from the resident's personal
92 physician. Such authorized units of personal care services or tier level shall be transferred with
93 such resident if he or she transfers to another such facility. Such provision shall terminate upon
94 receipt of relevant waivers from the federal Department of Health and Human Services. If the
95 Centers for Medicare and Medicaid Services determines that such provision does not comply
96 with the state plan, this provision shall be null and void. The MO HealthNet division shall notify
97 the revisor of statutes as to whether the relevant waivers are approved or a determination of
98 noncompliance is made;

99 (15) Mental health services. The state plan for providing medical assistance under Title
100 XIX of the Social Security Act, 42 U.S.C. Section 301, as amended, shall include the following
101 mental health services when such services are provided by community mental health facilities

102 operated by the department of mental health or designated by the department of mental health
103 as a community mental health facility or as an alcohol and drug abuse facility or as a
104 child-serving agency within the comprehensive children's mental health service system
105 established in section 630.097. The department of mental health shall establish by administrative
106 rule the definition and criteria for designation as a community mental health facility and for
107 designation as an alcohol and drug abuse facility. Such mental health services shall include:

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

113 (b) Clinic mental health services including preventive, diagnostic, therapeutic,
114 rehabilitative, and palliative interventions rendered to individuals in an individual or group
115 setting by a mental health professional in accordance with a plan of treatment appropriately
116 established, implemented, monitored, and revised under the auspices of a therapeutic team as a
117 part of client services management;

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

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

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

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

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

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

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

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

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

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

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

167 (20) Hospice care. As used in this subdivision, the term "hospice care" means a
168 coordinated program of active professional medical attention within a home, outpatient and
169 inpatient care which treats the terminally ill patient and family as a unit, employing a medically
170 directed interdisciplinary team. The program provides relief of severe pain or other physical
171 symptoms and supportive care to meet the special needs arising out of physical, psychological,
172 spiritual, social, and economic stresses which are experienced during the final stages of illness,

173 and during dying and bereavement and meets the Medicare requirements for participation as a
174 hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO
175 HealthNet division to the hospice provider for room and board furnished by a nursing home to
176 an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement
177 which would have been paid for facility services in that nursing home facility for that patient,
178 in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget
179 Reconciliation Act of 1989);

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

184 (22) Prescribed medically necessary optometric services. Such services shall be subject
185 to appropriations. An electronic web-based prior authorization system using best medical
186 evidence and care and treatment guidelines consistent with national standards shall be used to
187 verify medical need;

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

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

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

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

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

207 2. Additional benefit payments for medical assistance shall be made on behalf of those
208 eligible needy children, pregnant women and blind persons with any payments to be made on the

209 basis of the reasonable cost of the care or reasonable charge for the services as defined and
210 determined by the MO HealthNet division, unless otherwise hereinafter provided, for the
211 following:

212 (1) Dental services;

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

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

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

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

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

244 3. The MO HealthNet division may require any participant receiving MO HealthNet
245 benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July
246 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered
247 services except for those services covered under subdivisions (14) and (15) of subsection 1 of
248 this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title
249 XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations
250 thereunder. When substitution of a generic drug is permitted by the prescriber according to
251 section 338.056, and a generic drug is substituted for a name-brand drug, the MO HealthNet
252 division may not lower or delete the requirement to make a co-payment pursuant to regulations
253 of Title XIX of the federal Social Security Act. A provider of goods or services described under
254 this section must collect from all participants the additional payment that may be required by the
255 MO HealthNet division under authority granted herein, if the division exercises that authority,
256 to remain eligible as a provider. Any payments made by participants under this section shall be
257 in addition to and not in lieu of payments made by the state for goods or services described
258 herein except the participant portion of the pharmacy professional dispensing fee shall be in
259 addition to and not in lieu of payments to pharmacists. A provider may collect the co-payment
260 at the time a service is provided or at a later date. A provider shall not refuse to provide a service
261 if a participant is unable to pay a required payment. If it is the routine business practice of a
262 provider to terminate future services to an individual with an unclaimed debt, the provider may
263 include uncollected co-payments under this practice. Providers who elect not to undertake the
264 provision of services based on a history of bad debt shall give participants advance notice and
265 a reasonable opportunity for payment. A provider, representative, employee, independent
266 contractor, or agent of a pharmaceutical manufacturer shall not make co-payment for a
267 participant. This subsection shall not apply to other qualified children, pregnant women, or blind
268 persons. If the Centers for Medicare and Medicaid Services does not approve the MO HealthNet
269 state plan amendment submitted by the department of social services that would allow a provider
270 to deny future services to an individual with uncollected co-payments, the denial of services shall
271 not be allowed. The department of social services shall inform providers regarding the
272 acceptability of denying services as the result of unpaid co-payments.

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

275 5. Reimbursement for obstetrical and pediatric services under subdivision (6) of
276 subsection 1 of this section shall be timely and sufficient to enlist enough health care providers
277 so that care and services are available under the state plan for MO HealthNet benefits at least to
278 the extent that such care and services are available to the general population in the geographic

279 area, as required under subparagraph (a)(30)(A) of 42 U.S.C. Section 1396a and federal
280 regulations promulgated thereunder.

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

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

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

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

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

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

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

315 shall be delivered in writing by the United States Postal Service or electronic mail to each
316 provider.

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

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

334.104. 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 **who is not an advanced practice registered nurse as defined**
6 **in section 335.016** the authority to administer or dispense drugs and provide treatment as long
7 as the delivery of such health care services is within the scope of practice of the registered
8 professional nurse and is consistent with that nurse's skill, training and competence.

9 2. ~~[Collaborative practice arrangements, which shall be in writing, may delegate to a~~
10 ~~registered professional nurse the authority to administer, dispense, or prescribe drugs and provide~~
11 ~~treatment if the registered professional nurse is an advanced practice registered nurse as defined~~
12 ~~in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an~~
13 ~~advanced practice registered nurse, as defined in section 335.016, the authority to administer,~~
14 ~~dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,~~
15 ~~and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not~~
16 ~~delegate the authority to administer any controlled substances listed in Schedules III, IV, and V~~
17 ~~of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general~~
18 ~~anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled~~
19 ~~substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred~~
20 ~~twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form~~
21 ~~of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health~~
22 ~~care services.-~~

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

25 ~~——(1) complete names, home and business addresses, zip codes, and telephone numbers of~~
26 ~~the collaborating physician and the advanced practice registered nurse;-~~

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

63 include provisions that the advanced practice registered nurse shall submit a minimum of ten
64 percent of the charts documenting the advanced practice registered nurse's delivery of health care
65 services to the collaborating physician for review by the collaborating physician, or any other
66 physician designated in the collaborative practice arrangement, every fourteen days; and

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

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

90 ~~———— 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
91 otherwise take disciplinary action against a physician for health care services delegated to a
92 registered professional nurse provided the provisions of this section and the rules promulgated
93 thereunder are satisfied.] Upon the written request of a physician subject to a disciplinary action
94 imposed as a result of an agreement between a physician and a registered professional nurse or
95 registered physician assistant, whether written or not, prior to August 28, 1993, all records of
96 such disciplinary licensure action and all records pertaining to the filing, investigation or review
97 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed
98 from the records of the state board of registration for the healing arts and the division of~~

99 professional registration and shall not be disclosed to any public or private entity seeking such
100 information from the board or the division. The state board of registration for the healing arts
101 shall take action to correct reports of alleged violations and disciplinary actions as described in
102 this section which have been submitted to the National Practitioner Data Bank. In subsequent
103 applications or representations relating to his **or her** medical practice, a physician completing
104 forms or documents shall not be required to report any actions of the state board of registration
105 for the healing arts for which the records are subject to removal under this section.

106 ~~[6.]~~ **3.** Within thirty days of any change and on each renewal, the state board of
107 registration for the healing arts shall require every physician to identify whether the physician
108 is engaged in any collaborative practice agreement, including collaborative practice agreements
109 delegating the authority to prescribe controlled substances, or physician assistant agreement and
110 also report to the board the name of each licensed professional with whom the physician has
111 entered into such agreement. The board ~~[may]~~ **shall** make this information available to the
112 public. The board shall track the reported information and may routinely conduct random
113 reviews of such agreements to ensure that agreements are carried out for compliance under this
114 chapter.

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

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

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

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

140 ~~11.] 4. No contract or other agreement shall require a physician to act as a collaborating~~
141 ~~physician for [an advanced practice] a registered nurse against the physician's will. A physician~~
142 ~~shall have the right to refuse to act as a collaborating physician, without penalty, for a particular~~
143 ~~[advanced practice] registered nurse. [No contract or other agreement shall limit the~~
144 ~~collaborating physician's ultimate authority over any protocols or standing orders or in the~~
145 ~~delegation of the physician's authority to any advanced practice registered nurse, but this~~
146 ~~requirement shall not authorize a physician in implementing such protocols, standing orders, or~~
147 ~~delegation to violate applicable standards for safe medical practice established by hospital's~~
148 ~~medical staff.]~~

149 ~~12.] 5. No contract or other agreement shall require any [advanced practice] registered~~
150 ~~nurse to serve as a collaborating [advanced practice] registered nurse for any collaborating~~
151 ~~physician against the [advanced practice] registered nurse's will. [An advanced practice] A~~
152 ~~registered nurse shall have the right to refuse to collaborate, without penalty, with a particular~~
153 ~~physician. **Any refusal to collaborate shall not violate applicable standards for the**~~
154 ~~**provision of safe practice and patient care.**~~

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

5 (1) Obtaining a reliable medical history and performing a physical examination of the
6 patient, adequate to establish the diagnosis for which the drug is being prescribed and to identify
7 underlying conditions or contraindications to the treatment recommended or provided;

8 (2) Having sufficient dialogue with the patient regarding treatment options and the risks
9 and benefits of treatment or treatments;

10 (3) If appropriate, following up with the patient to assess the therapeutic outcome;

11 (4) Maintaining a contemporaneous medical record that is readily available to the patient
12 and, subject to the patient's consent, to the patient's other health care professionals; and

13 (5) Maintaining the electronic prescription information as part of the patient's medical
14 record.

15 2. The requirements of subsection 1 of this section may be satisfied by the prescribing
16 physician's designee when treatment is provided in:

- 17 (1) A hospital as defined in section 197.020;
- 18 (2) A hospice program as defined in section 197.250;
- 19 (3) Home health services provided by a home health agency as defined in section
20 197.400;
- 21 (4) Accordance with a collaborative practice agreement as ~~[defined]~~ **described** in section
22 334.104;
- 23 (5) Conjunction with a physician assistant licensed pursuant to section 334.738;
- 24 (6) Conjunction with an assistant physician licensed under section 334.036;
- 25 (7) Consultation with another physician who has an ongoing physician-patient
26 relationship with the patient, and who has agreed to supervise the patient's treatment, including
27 use of any prescribed medications; or
- 28 (8) On-call or cross-coverage situations.

29 3. No health care provider, as defined in section 376.1350, shall prescribe any drug,
30 controlled substance, or other treatment to a patient based solely on an evaluation over the
31 telephone; except that, a physician, such physician's on-call designee, an advanced practice
32 registered nurse ~~[in a collaborative practice arrangement with such physician]~~, a physician
33 assistant in a supervision agreement with such physician, or an assistant physician in a
34 supervision agreement with such physician may prescribe any drug, controlled substance, or
35 other treatment that is within his or her scope of practice to a patient based solely on a telephone
36 evaluation if a previously established and ongoing ~~[physician-patient]~~ **provider-patient**
37 relationship exists between such ~~[physician]~~ **health care provider** and the patient being treated.

38 4. No health care provider shall prescribe any drug, controlled substance, or other
39 treatment to a patient based solely on an internet request or an internet questionnaire.

335.016. As used in this chapter, unless the context clearly requires otherwise, the
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, a certified nurse midwife, a certified nurse**
14 **practitioner, or a 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, or other]~~ a nationally recognized
23 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, or other]~~ a nationally recognized certifying body approved
29 by the board of nursing;

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

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

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

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

37 (13) "Licensure", the issuing of a license **to an individual authorizing the individual**
38 **to practice advanced practice**, professional, or practical nursing to candidates who have met the
39 specified requirements and the recording of the names of those persons as holders of a license
40 to practice **advanced practice**, professional, or practical nursing;

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

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

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

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

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

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

48 e. Prescribing, ordering, administering, dispensing, and furnishing therapeutic
49 measures, including the authority to:

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

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

54 (iii) Prescribe, order, procure, administer, dispense, and furnish controlled
55 substances listed in Schedules II to V of section 195.017 with a certificate of controlled
56 substance prescriptive authority; and

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

62 f. Delegating and assigning the performance of therapeutic measures to assistive
63 personnel;

64 g. Consulting with other disciplines and providing referrals to health care agencies,
65 health care providers, and community resources; and

66 h. Other acts that require education and training consistent with professional
67 standards and commensurate with the APRN's education, certification, demonstrated
68 competencies, and experience;

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

71 a. Certified clinical nurse specialist;

72 b. Certified nurse midwife;

73 c. Certified nurse practitioner; or

74 d. Certified registered nurse anesthetist;

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

78 (d) Nothing in this subdivision shall alter the definition of the practice of
79 professional nursing;

80 (15) "Practice of practical nursing", the performance for compensation of selected acts
81 for the promotion of health and in the care of persons who are ill, injured, or experiencing
82 alterations in normal health processes. Such performance requires substantial specialized skill,
83 judgment and knowledge. All such nursing care shall be given under the direction of a person

84 licensed by a state regulatory board to prescribe medications and treatments or under the
85 direction of a registered professional nurse. For the purposes of this chapter, the term "direction"
86 shall mean guidance or ~~[supervision]~~ **oversight** provided by a person licensed by a state
87 regulatory board to prescribe medications and treatments or a registered professional nurse,
88 including, but not limited to, oral, written, or otherwise communicated orders or directives for
89 patient care. When practical nursing care is delivered pursuant to the direction of a person
90 licensed by a state regulatory board to prescribe medications and treatments or under the
91 direction of a registered professional nurse, such care may be delivered by a licensed practical
92 nurse without direct physical oversight;

93 ~~[(15)]~~ **(16) "Practice of professional nursing"**, the performance for compensation of any
94 act **or function** which requires substantial specialized education, judgment and skill based on
95 knowledge and application of principles derived from the biological, physical, social,
96 **behavioral**, and nursing sciences, including, but not limited to:

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

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

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

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

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

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

109 ~~[(17)]~~ **(18) "Retired license status"**, any person licensed in this state under this chapter
110 who retires from such practice. Such person shall file with the board an affidavit, on a form to
111 be furnished by the board, which states the date on which the licensee retired from such practice,
112 an intent to retire from the practice for at least two years, and such other facts as tend to verify
113 the retirement as the board may deem necessary; but if the licensee thereafter reengages in the
114 practice, the licensee shall renew his or her license with the board as provided by this chapter and
115 by rule and regulation.

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

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

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

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

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

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

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

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

26 **3.** The board of nursing may grant a certificate of controlled substance prescriptive
27 **authority to an advanced practice registered nurse, except a certified registered nurse**
28 **anesthetist, to administer, dispense, or prescribe controlled substances listed in Schedules**
29 **II to V of section 195.017.**

30 **4.** Advanced practice registered nurses, except for certified registered nurse
31 **anesthetists, shall not administer any controlled substances listed in Schedules II to V of**
32 **section 195.017 for the purpose of inducing general anesthesia for procedures that are**
33 **outside the advanced practice registered nurse's scope of practice.**

34 **5.** Notwithstanding any provision of law to the contrary, a certified registered nurse
35 **anesthetist shall be permitted to provide anesthesia services without a certificate of**
36 **controlled substance prescriptive authority, provided that he or she is under the**
37 **supervision of an anesthesiologist or other physician, dentist, or podiatrist who is**
38 **immediately available if needed.**

335.047. 1. An applicant for a license to practice as an advanced practice registered
2 **nurse shall submit a completed application as established by the board; except that, any**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17 (6) **Practice advanced practice nursing unless the person:**

18 (a) **Is currently licensed by the board of nursing as a registered nurse or has a**
 19 **privilege to practice;**

- 20 **(b) Has completed an approved program for the preparation of an APRN;**
21 **(c) Has passed any examination, whether written, oral, or both, that the board may**
22 **require; and**
23 **(d) Is otherwise authorized under this chapter; or**
24 **(7) Conduct a nursing education program for the preparation of professional or practical**
25 **nurses unless the program has been accredited by the board.**

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

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

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

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

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

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

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

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

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

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

630.175. 1. No person admitted on a voluntary or involuntary basis to any mental health
2 facility or mental health program in which people are civilly detained pursuant to chapter 632
3 and no patient, resident or client of a residential facility or day program operated, funded or
4 licensed by the department shall be subject to physical or chemical restraint, isolation or
5 seclusion unless it is determined by the head of the facility, the attending licensed physician, or
6 in the circumstances specifically set forth in this section, by an advanced practice registered
7 nurse [~~in a collaborative practice arrangement~~], or a physician assistant or an assistant physician
8 with a supervision agreement, with the attending licensed physician that the chosen intervention
9 is imminently necessary to protect the health and safety of the patient, resident, client or others
10 and that it provides the least restrictive environment. An advanced practice registered nurse [~~in~~
11 ~~a collaborative practice arrangement~~], or a physician assistant or an assistant physician with a
12 supervision agreement, with the attending licensed physician may make a determination that the
13 chosen intervention is necessary for patients, residents, or clients of facilities or programs
14 operated by the department, in hospitals as defined in section 197.020 that only provide
15 psychiatric care and in dedicated psychiatric units of general acute care hospitals as hospitals are
16 defined in section 197.020. Any determination made by the advanced practice registered nurse,
17 physician assistant, or assistant physician shall be documented as required in subsection 2 of this
18 section and reviewed in person by the attending licensed physician if the episode of restraint is
19 to extend beyond:

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

25

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

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

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

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

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

57 6. Orders issued under this section by the advanced practice registered nurse [~~in a~~
58 ~~collaborative practice arrangement~~], or a physician assistant or an assistant physician with a
59 supervision agreement, with the attending licensed physician shall be reviewed in person by the
60 attending licensed physician of the facility within twenty-four hours or the next regular working

61 day of the order being issued, and such review shall be documented in the clinical record of the
62 patient, resident, or client.

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

✓