

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for House Bill No. 1465, Page 1, In the Title, Line 3, by
2 deleting the phrase "collaborative practice arrangements" and inserting in lieu thereof the "health
3 care providers"; and

4
5 Further amend said bill and page, Section A, Line 2, by inserting immediately after all of said
6 section and line the following:

7
8 "195.070. 1. A physician, podiatrist, dentist, a registered optometrist certified to administer
9 pharmaceutical agents as provided in section 336.220, or an assistant physician in accordance with
10 section 334.037 or an advanced practice registered nurse as defined in section 335.016 or a
11 physician assistant in accordance with section 334.747 in good faith and in the course of his or her
12 professional practice only, may prescribe, administer, and dispense controlled substances or he or
13 she may cause the same to be administered or dispensed by an individual as authorized by statute.

14 2. [An advanced practice registered nurse, as defined in section 335.016, but not a certified
15 registered nurse anesthetist as defined in subdivision (8) of section 335.016, who holds a certificate
16 of controlled substance prescriptive authority from the board of nursing under section 335.019 and
17 who is delegated the authority to prescribe controlled substances under a collaborative practice
18 arrangement under section 334.104 may prescribe any controlled substances listed in Schedules III,
19 IV, and V of section 195.017, and may have restricted authority in Schedule II. Prescriptions for
20 Schedule II medications prescribed by an advanced practice registered nurse who has a certificate of
21 controlled substance prescriptive authority are restricted to only those medications containing
22 hydrocodone. However, no such certified advanced practice registered nurse shall prescribe
23 controlled substance for his or her own self or family. Schedule III narcotic controlled substance
24 and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply
25 without refill.

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

30 [4.] 3. A practitioner shall not accept any portion of a controlled substance unused by a
31 patient, for any reason, if such practitioner did not originally dispense the drug.

32 [5.] 4. An individual practitioner shall not prescribe or dispense a controlled substance for
33 such practitioner's personal use except in a medical emergency.

34 195.100. 1. It shall be unlawful to distribute any controlled substance in a commercial
35 container unless such container bears a label containing an identifying symbol for such substance in
36 accordance with federal laws.

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

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

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

13 5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on a
14 prescription issued by a physician, physician assistant, dentist, podiatrist, veterinarian, or advanced
15 practice registered nurse, the pharmacist or practitioner shall affix to the container in which such
16 drug is sold or dispensed a label showing his or her own name and address of the pharmacy or
17 practitioner for whom he or she is lawfully acting; the name of the patient or, if the patient is an
18 animal, the name of the owner of the animal and the species of the animal; the name of the
19 physician, physician assistant, dentist, podiatrist, advanced practice registered nurse, or veterinarian
20 by whom the prescription was written; the name of [the collaborating physician if the prescription is
21 written by an advanced practice registered nurse or] the supervising physician if the prescription is
22 written by a physician assistant, and such directions as may be stated on the prescription. No person
23 shall alter, deface, or remove any label so affixed.

24 195.100. 1. It shall be unlawful to distribute any controlled substance in a commercial
25 container unless such container bears a label containing an identifying symbol for such substance in
26 accordance with federal laws.

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

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

33 4. Whenever a manufacturer sells or dispenses a controlled substance and whenever a
34 wholesaler sells or dispenses a controlled substance in a package prepared by him or her, the
35 manufacturer or wholesaler shall securely affix to each package in which that drug is contained a
36 label showing in legible English the name and address of the vendor and the quantity, kind, and
37 form of controlled substance contained therein. No person except a pharmacist for the purpose of
38 filling a prescription under sections 195.005 to 195.425, shall alter, deface, or remove any label so
39 affixed.

40 5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on a
41 prescription issued by a physician, physician assistant, dentist, podiatrist, veterinarian, or advanced
42 practice registered nurse, the pharmacist or practitioner shall affix to the container in which such
43 drug is sold or dispensed a label showing his or her own name and address of the pharmacy or
44 practitioner for whom he or she is lawfully acting; the name of the patient or, if the patient is an
45 animal, the name of the owner of the animal and the species of the animal; the name of the
46 physician, physician assistant, dentist, podiatrist, advanced practice registered nurse, or veterinarian
47 by whom the prescription was written; the name of [the collaborating physician if the prescription is
48 written by an advanced practice registered nurse or] the supervising physician if the prescription is

1 written by a physician assistant, and such directions as may be stated on the prescription. No person
2 shall alter, deface, or remove any label so affixed."; and

3
4 Further amend said bill, Pages 5-10, Section 334.104, Lines 156, by deleting all of said section and
5 lines and inserting in lieu thereof the following:

6
7 334.104. 1. A physician may enter into collaborative practice arrangements with registered
8 professional nurses. Collaborative practice arrangements shall be in the form of written agreements,
9 jointly agreed-upon protocols, or standing orders for the delivery of health care services.
10 Collaborative practice arrangements[, which shall be in writing,] may delegate to a registered
11 professional nurse, who is not an advanced practice registered nurse as defined in section 335.016,
12 the authority to administer or dispense drugs and provide treatment as long as the delivery of such
13 health care services is within the scope of practice of the registered professional nurse and is
14 consistent with that nurse's skill, training and competence.

15 2. [Collaborative practice arrangements, which shall be in writing, may delegate to a
16 registered professional nurse the authority to administer, dispense or prescribe drugs and provide
17 treatment if the registered professional nurse is an advanced practice registered nurse as defined in
18 subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
19 advanced practice registered nurse, as defined in section 335.016, the authority to administer,
20 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,
21 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not
22 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of
23 section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general
24 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled
25 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-
26 hour supply without refill. Such collaborative practice arrangements shall be in the form of written
27 agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services]
28 An advanced practice registered nurse licensed under chapter 335 may enter into a collaborative
29 practice arrangement with a licensed physician to administer or dispense drugs or provide treatment,
30 which shall be in writing, for collaboration and consulting.

31 3. The written collaborative practice arrangement shall contain [at least the following
32 provisions:

33 (1)] complete names, home and business addresses, zip codes, [and] telephone numbers, and
34 license numbers of the collaborating physician and the advanced practice registered nurse];

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

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

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

44 (5) The manner of collaboration between the collaborating physician and the advanced
45 practice registered nurse, including how the collaborating physician and the advanced practice
46 registered nurse will:

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

1 (b) Maintain geographic proximity, except the collaborative practice arrangement may allow
2 for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for
3 rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement
4 includes alternative plans as required in paragraph (c) of this subdivision. This exception to
5 geographic proximity shall apply only to independent rural health clinics, provider-based rural
6 health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-
7 4, and provider-based rural health clinics where the main location of the hospital sponsor is greater
8 than fifty miles from the clinic. The collaborating physician is required to maintain documentation
9 related to this requirement and to present it to the state board of registration for the healing arts
10 when requested; and

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

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

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

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

21 (9) A description of the time and manner of the collaborating physician's review of the
22 advanced practice registered nurse's delivery of health care services. The description shall include
23 provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the
24 charts documenting the advanced practice registered nurse's delivery of health care services to the
25 collaborating physician for review by the collaborating physician, or any other physician designated
26 in the collaborative practice arrangement, every fourteen days; and

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

32 4. The state board of registration for the healing arts pursuant to section 334.125 and the
33 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
34 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to
35 be covered, the methods of treatment that may be covered by collaborative practice arrangements
36 and the requirements for review of services provided pursuant to collaborative practice
37 arrangements including delegating authority to prescribe controlled substances. Any rules relating
38 to dispensing or distribution of medications or devices by prescription or prescription drug orders
39 under this section shall be subject to the approval of the state board of pharmacy. Any rules relating
40 to dispensing or distribution of controlled substances by prescription or prescription drug orders
41 under this section shall be subject to the approval of the department of health and senior services
42 and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority
43 vote of a quorum of each board].

44 4. Neither the state board of registration for the healing arts nor the board of nursing may
45 separately promulgate rules relating to collaborative practice arrangements. Such jointly
46 promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking
47 authority granted in this subsection shall not extend to collaborative practice arrangements of
48 hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or

1 population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

2 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
3 otherwise take disciplinary action against a physician for health care services delegated to a
4 registered professional nurse provided the provisions of this section and the rules promulgated
5 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
6 imposed as a result of an agreement between a physician and a registered professional nurse or
7 registered physician assistant, whether written or not, prior to August 28, 1993, all records of such
8 disciplinary licensure action and all records pertaining to the filing, investigation or review of an
9 alleged violation of this chapter incurred as a result of such an agreement shall be removed from the
10 records of the state board of registration for the healing arts and the division of professional
11 registration and shall not be disclosed to any public or private entity seeking such information from
12 the board or the division. The state board of registration for the healing arts shall take action to
13 correct reports of alleged violations and disciplinary actions as described in this section which have
14 been submitted to the National Practitioner Data Bank. In subsequent applications or
15 representations relating to his or her medical practice, a physician completing forms or documents
16 shall not be required to report any actions of the state board of registration for the healing arts for
17 which the records are subject to removal under this section.

18 6. Within thirty days of any change and on each renewal, the state board of registration for
19 the healing arts shall require every physician to identify whether the physician is engaged in [any]
20 collaborative practice [agreement, including collaborative practice agreements delegating the
21 authority to prescribe controlled substances, or] with a registered professional nurse or in a
22 supervisory arrangement with a physician assistant [agreement] and also report to the board the
23 name of each licensed professional with whom the physician has entered into such [agreement] an
24 arrangement. The board [may] shall make this information available to the public. The board shall
25 track the reported information and may routinely conduct random reviews of such [agreements] to
26 ensure [that agreements are carried out for] compliance under this chapter.

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

36 [8. A collaborating physician shall not enter into a collaborative practice arrangement with
37 more than three full-time equivalent advanced practice registered nurses. This limitation shall not
38 apply to collaborative arrangements of hospital employees providing inpatient care service in
39 hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR
40 2150-5.100 as of April 30, 2008.

41 9. It is the responsibility of the collaborating physician to determine and document the
42 completion of at least a one-month period of time during which the advanced practice registered
43 nurse shall practice with the collaborating physician continuously present before practicing in a
44 setting where the collaborating physician is not continuously present. This limitation shall not apply
45 to collaborative arrangements of providers of population-based public health services as defined by
46 20 CSR 2150-5.100 as of April 30, 2008.

47 10. No agreement made under this section shall supersede current hospital licensing
48 regulations governing hospital medication orders under protocols or standing orders for the purpose

1 of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such
2 protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical
3 therapeutics committee.

4 11.] 8. No contract or other agreement shall require a physician to act as a collaborating
5 physician for [an advanced practice] a registered nurse against the physician's will. A physician
6 shall have the right to refuse to act as a collaborating physician, without penalty, for a particular
7 [advanced practice] registered nurse. [No contract or other agreement shall limit the collaborating
8 physician's ultimate authority over any protocols or standing orders or in the delegation of the
9 physician's authority to any advanced practice registered nurse, but this requirement shall not
10 authorize a physician in implementing such protocols, standing orders, or delegation to violate
11 applicable standards for safe medical practice established by hospital's medical staff.]

12 [12.] 9. No contract or other agreement shall require any [advanced practice] registered
13 nurse to serve as a collaborating [advanced practice] registered nurse for any collaborating physician
14 against the [advanced practice] registered nurse's will. [An advanced practice] A registered nurse
15 shall have the right to refuse to collaborate, without penalty, with a particular physician. Any
16 refusal to collaborate shall not violate applicable standards for the provision of safe practice and
17 patient care.

18 335.016. As used in this chapter, unless the context clearly requires otherwise, the following
19 words and terms mean:

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

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

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

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

33 (5) "Certified clinical nurse specialist", a registered nurse who is currently certified as a
34 clinical nurse specialist by a nationally recognized certifying board approved by the board of
35 nursing. A certified clinical nurse specialist is one of the four APRN roles;

36 (6) "Certified nurse midwife", a registered nurse who is currently certified as a nurse
37 midwife by the American College of Nurse Midwives, or other nationally recognized certifying
38 body approved by the board of nursing. A certified nurse midwife is one of the four APRN roles;

39 (7) "Certified nurse practitioner", a registered nurse who is currently certified as a nurse
40 practitioner by a nationally recognized certifying body approved by the board of nursing. A
41 certified nurse practitioner is one of the four APRN roles;

42 (8) "Certified registered nurse anesthetist", a registered nurse who is currently certified as a
43 nurse anesthetist by the [Council on Certification of Nurse Anesthetists, the Council on
44 Recertification of Nurse Anesthetists,] National Board of Certification and Recertification for Nurse
45 Anesthetists or other nationally recognized certifying body approved by the board of nursing. A
46 certified registered nurse anesthetist is one of the four APRN roles;

47 (9) "Executive director", a qualified individual employed by the board as executive
48 secretary or otherwise to administer the provisions of this chapter under the board's direction. Such

1 person employed as executive director shall not be a member of the board;

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

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

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

6 (13) "Licensure", the issuing of a license to practice advanced practice, professional, or
7 practical nursing to candidates who have met the specified requirements and the recording of the
8 names of those persons as holders of a license to practice advanced practice, professional, or
9 practical nursing;

10 (14) "Population focus", one of the following six areas of practice for which an advanced
11 practice registered nurse has the education and training to provide care and services:

12 (a) A family or individual across the lifespan;

13 (b) Adult-gerontology;

14 (c) Pediatrics;

15 (d) Neonatal;

16 (e) Women's health or gender-related; and

17 (f) Psychiatric or mental health;

18 (15) "Practice of advanced practice nursing":

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

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

22 b. Assessing and diagnosing actual or potential human health problems;

23 c. Planning, initiating, ordering, and evaluating therapeutic regimens;

24 d. Coordinating and consulting with a health care provider, or when appropriate, referral to
25 a physician or other health care provider;

26 e. Prescriptive authority for legend drugs and controlled substances;

27 f. Completing certifications or similar documents that reflect a patient's current health status
28 or continuing health needs consistent with such advanced practice registered nurse's scope of
29 practice and the nurse-patient relationship;

30 (b) Advanced practice nursing shall be practiced in accordance with the APRN's graduate-
31 level education and certification in one of four recognized roles, with at least one population focus,
32 including a:

33 a. Certified clinical nurse specialist;

34 b. Certified nurse midwife;

35 c. Certified nurse practitioner; and

36 d. Certified registered nurse anesthetist;

37 (c) Nothing in the subdivision shall alter the definition of the practice of professional
38 nursing;

39 (16) "Practice of practical nursing", the performance for compensation of selected acts for
40 the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in
41 normal health processes. Such performance requires substantial specialized skill, judgment and
42 knowledge. All such nursing care shall be given under the direction of a person licensed by a state
43 regulatory board to prescribe medications and treatments or under the direction of a registered
44 professional nurse. For the purposes of this chapter, the term "direction" shall mean guidance or
45 [supervision] oversight provided by a person licensed by a state regulatory board to prescribe
46 medications and treatments or a registered professional nurse, including, but not limited to, oral,
47 written, or otherwise communicated orders or directives for patient care. When practical nursing
48 care is delivered pursuant to the direction of a person licensed by a state regulatory board to

1 prescribe medications and treatments or under the direction of a registered professional nurse, such
 2 care may be delivered by a licensed practical nurse without direct physical oversight;

3 ~~[(15)]~~ (17) "Practice of professional nursing", the performance for compensation of any act
 4 or function which requires substantial specialized education, judgment and skill based on knowledge
 5 and application of principles derived from the biological, physical, social, behavioral, and nursing
 6 sciences, including, but not limited to:

7 (a) Responsibility for the promotion as well as the teaching of health care and the
 8 prevention of illness to the patient and his or her family;

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

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

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

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

17 ~~[(16) A]~~ (18) "Registered professional nurse" or "registered nurse", a person licensed
 18 pursuant to the provisions of this chapter to engage in the practice of professional nursing;

19 ~~[(17)]~~ (19) "Retired license status", any person licensed in this state under this chapter who
 20 retires from such practice. Such person shall file with the board an affidavit, on a form to be
 21 furnished by the board, which states the date on which the licensee retired from such practice, an
 22 intent to retire from the practice for at least two years, and such other facts as tend to verify the
 23 retirement as the board may deem necessary; but if the licensee thereafter reengages in the practice,
 24 the licensee shall renew his or her license with the board as provided by this chapter and by rule and
 25 regulation.

26 335.019. 1. An advanced practice registered nurse's prescriptive authority shall include
 27 authority to:

28 (1) Prescribe, dispense, and administer nonscheduled legend drugs and medications as
 29 defined in section 338.330, within such APRN's practice and specialty;

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

33 2. The board of nursing may grant a certificate of controlled substance prescriptive
 34 authority to an advanced practice registered nurse who[

35 (1) submits proof of successful completion of an advanced pharmacology course that shall
 36 include [preceptorial experience in] the prescription of drugs, medicines, and therapeutic devices[;
 37 and

38 (2) Provides documentation of a minimum of three hundred clock hours preceptorial
 39 experience in the prescription of drugs, medicines, and therapeutic devices with a qualified
 40 preceptor; and

41 (3) Provides evidence of a minimum of one thousand hours of practice in an advanced
 42 practice nursing category prior to application for a certificate of prescriptive authority. The one
 43 thousand hours shall not include clinical hours obtained in the advanced practice nursing education
 44 program. The one thousand hours of practice in an advanced practice nursing category may include
 45 transmitting a prescription order orally or telephonically or to an inpatient medical record from
 46 protocols developed in collaboration with and signed by a licensed physician; and

47 (4) Has a controlled substance prescribing authority delegated in the collaborative practice
 48 arrangement under section 334.104 with a physician who has an unrestricted federal Drug

1 Enforcement Administration registration number and who is actively engaged in a practice
2 comparable in scope, specialty, or expertise to that of the advanced practice registered nurse].

3 3. Advanced practice registered nurses, except for certified registered nurse anesthetists,
4 shall not administer any controlled substances listed in Schedules II, III, IV, or V of section 195.017
5 for the purpose of inducing general anesthesia for procedures that are outside the advanced practice
6 registered nurse's scope of practice.

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

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

43 3. (1) An applicant for a license to practice as an advanced practice registered nurse shall
44 submit a completed application as established by the board. The application shall, at a minimum,
45 contain:

46 (a) The applicant's advanced nursing education and other pertinent information as the board
47 may require;

48 (b) A statement under oath or affirmation that the applicant is of good moral character and

1 that the representations contained in the application are true and correct to the best knowledge and
 2 belief of the applicant, subject to the penalties of making a false affidavit or declaration; and

3 (c) Documentation that demonstrates the following educational requirements:

4 a. Prior to July 1, 1998, completion of a formal post-basic educational program from or
 5 formally affiliated with an accredited college, university, or hospital of at least one academic year,
 6 which includes advanced nurse theory and clinical nursing practice, leading to a graduate degree or
 7 certificate with a concentration in an advanced nursing clinical specialty area;

8 b. From July 1, 1998, to June 30, 2009, completion of a graduate degree from an accredited
 9 college or university with a concentration in an advanced practice nursing clinical specialty area,
 10 which includes advanced nursing theory and clinical nursing practice;

11 c. On or after July 1, 2009, completion of an accredited graduate-level advanced practice
 12 registered nursing program that prepared the applicant for one of the four APRN roles in at least one
 13 population focus;

14 (d) Documentation of current certification in one of the four APRN roles from a nationally
 15 recognized certifying body approved by the board, or current documentation of recognition as an
 16 advanced practice registered nurse issued by the board prior to January 1, 2017; and

17 (e) Other evidence as required by board rule, including as may be applicable, evidence of
 18 proficiency in the English language.

19 (2) The applicant for a license to practice as an advanced practice registered nurse shall pay
 20 a license fee in such amount as set by the board that shall be uniform for all such applicants.

21 (3) Upon issuance of a license, the license holder's advanced practice registered nursing
 22 license and his or her professional nursing license shall be treated as one license for the purpose of
 23 renewal and assessment of renewal fees.

24 4. Upon refusal of the board to allow any applicant to sit for either the registered
 25 professional nurses' examination or the licensed practical nurses' examination, as the case may be,
 26 the board shall comply with the provisions of section 621.120 and advise the applicant of his or her
 27 right to have a hearing before the administrative hearing commission. The administrative hearing
 28 commission shall hear complaints taken pursuant to section 621.120.

29 [4.] 5. The board shall not deny a license because of sex, religion, race, ethnic origin, age or
 30 political affiliation.

31 335.056. The license of every person licensed under the provisions of [sections 335.011 to
 32 335.096] this chapter shall be renewed as provided. An application for renewal of license shall be
 33 mailed to every person to whom a license was issued or renewed during the current licensing period.
 34 The applicant shall complete the application and return it to the board by the renewal date with a
 35 renewal fee in an amount to be set by the board. The fee shall be uniform for all applicants. The
 36 certificates of renewal shall render the holder thereof a legal practitioner of nursing for the period
 37 stated in the certificate of renewal. Any person who practices nursing as an advanced practice
 38 registered nurse, as a registered professional nurse, or as a licensed practical nurse during the time
 39 his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the
 40 penalties provided for violation of the provisions of [sections 335.011 to 335.096] this chapter.

41 335.086. No person, firm, corporation or association shall:

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

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

47 (3) Practice [professional nursing or practical] nursing as defined [by sections 335.011 to
 48 335.096] in this chapter unless duly licensed to do so under the provisions of [sections 335.011 to

1 335.096] this chapter;

2 (4) Use in connection with his or her name any designation tending to imply that he or she
3 is a licensed advanced practice registered nurse, a license registered professional nurse, or a licensed
4 practical nurse unless duly licensed so to practice under the provisions of [sections 335.011 to
5 335.096] this chapter;

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

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

11 338.198. Other provisions of law to the contrary notwithstanding, a pharmacist may fill a
12 physician's or advanced practice registered nurse's prescription [or the prescription of an advanced
13 practice nurse working under a collaborative practice arrangement with a physician], when it is
14 forwarded to the pharmacist by a registered professional nurse or registered physician's assistant or
15 other authorized agent. The written collaborative practice arrangement shall specifically state that
16 the registered professional nurse or registered physician assistant is permitted to authorize a
17 pharmacist to fill a prescription on behalf of the physician."; and

18
19
20 Further amend said bill by amending the title, enacting clause, and intersectional references
21 accordingly.