

SECOND REGULAR SESSION

[PERFECTED]

HOUSE COMMITTEE SUBSTITUTE FOR

**HOUSE BILL NO. 1465**

**98TH GENERAL ASSEMBLY**

5017H.02P

D. ADAM CRUMBLISS, Chief Clerk

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**AN ACT**

To repeal sections 324.001, 334.037, 334.104, 335.016, 335.019, 335.046, 335.056, 335.086, 335.300, 335.305, 335.310, 335.315, 335.320, 335.325, 335.330, 335.335, 335.340, 335.345, 335.350, 335.355, and 376.1235, RSMo, and to enact in lieu thereof thirty-three new sections relating to licensed professionals, with a contingent effective date for certain sections.

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

Section A. Sections 324.001, 334.037, 334.104, 335.016, 335.019, 335.046, 335.056, 2 335.086, 335.300, 335.305, 335.310, 335.315, 335.320, 335.325, 335.330, 335.335, 335.340, 3 335.345, 335.350, 335.355, and 376.1235, RSMo, are repealed and thirty-three new sections 4 enacted in lieu thereof, to be known as sections 324.001, 334.037, 334.104, 334.1200, 334.1203, 5 334.1206, 334.1209, 334.1212, 334.1215, 334.1218, 334.1221, 334.1224, 334.1227, 334.1230, 6 334.1233, 335.016, 335.019, 335.046, 335.056, 335.086, 335.360, 335.365, 335.370, 335.375, 7 335.380, 335.385, 335.390, 335.395, 335.400, 335.405, 335.410, 335.415, and 376.1235, to read 8 as follows:

324.001. 1. For the purposes of this section, the following terms mean:

2 (1) "Department", the department of insurance, financial institutions and professional 3 registration;

4 (2) "Director", the director of the division of professional registration; and

5 (3) "Division", the division of professional registration.

6 2. There is hereby established a "Division of Professional Registration" assigned to the 7 department of insurance, financial institutions and professional registration as a type III transfer, 8 headed by a director appointed by the governor with the advice and consent of the senate. All

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.

9 of the general provisions, definitions and powers enumerated in section 1 of the Omnibus State  
10 Reorganization Act of 1974 and Executive Order 06-04 shall apply to this department and its  
11 divisions, agencies, and personnel.

12 3. The director of the division of professional registration shall promulgate rules and  
13 regulations which designate for each board or commission assigned to the division the renewal  
14 date for licenses or certificates. After the initial establishment of renewal dates, no director of  
15 the division shall promulgate a rule or regulation which would change the renewal date for  
16 licenses or certificates if such change in renewal date would occur prior to the date on which the  
17 renewal date in effect at the time such new renewal date is specified next occurs. Each board or  
18 commission shall by rule or regulation establish licensing periods of one, two, or three years.  
19 Registration fees set by a board or commission shall be effective for the entire licensing period  
20 involved, and shall not be increased during any current licensing period. Persons who are  
21 required to pay their first registration fees shall be allowed to pay the pro rata share of such fees  
22 for the remainder of the period remaining at the time the fees are paid. Each board or  
23 commission shall provide the necessary forms for initial registration, and thereafter the director  
24 may prescribe standard forms for renewal of licenses and certificates. Each board or commission  
25 shall by rule and regulation require each applicant to provide the information which is required  
26 to keep the board's records current. Each board or commission shall have the authority to collect  
27 and analyze information required to support workforce planning and policy development. Such  
28 information shall not be publicly disclosed so as to identify a specific health care provider, as  
29 defined in section 376.1350. Each board or commission shall issue the original license or  
30 certificate.

31 4. The division shall provide clerical and other staff services relating to the issuance and  
32 renewal of licenses for all the professional licensing and regulating boards and commissions  
33 assigned to the division. The division shall perform the financial management and clerical  
34 functions as they each relate to issuance and renewal of licenses and certificates. "Issuance and  
35 renewal of licenses and certificates" means the ministerial function of preparing and delivering  
36 licenses or certificates, and obtaining material and information for the board or commission in  
37 connection with the renewal thereof. It does not include any discretionary authority with regard  
38 to the original review of an applicant's qualifications for licensure or certification, or the  
39 subsequent review of licensee's or certificate holder's qualifications, or any disciplinary action  
40 contemplated against the licensee or certificate holder. The division may develop and implement  
41 microfilming systems and automated or manual management information systems.

42 5. The director of the division shall maintain a system of accounting and budgeting, in  
43 cooperation with the director of the department, the office of administration, and the state  
44 auditor's office, to ensure proper charges are made to the various boards for services rendered

45 to them. The general assembly shall appropriate to the division and other state agencies from  
46 each board's funds moneys sufficient to reimburse the division and other state agencies for all  
47 services rendered and all facilities and supplies furnished to that board.

48 6. For accounting purposes, the appropriation to the division and to the office of  
49 administration for the payment of rent for quarters provided for the division shall be made from  
50 the "Professional Registration Fees Fund", which is hereby created, and is to be used solely for  
51 the purpose defined in subsection 5 of this section. The fund shall consist of moneys deposited  
52 into it from each board's fund. Each board shall contribute a prorated amount necessary to fund  
53 the division for services rendered and rent based upon the system of accounting and budgeting  
54 established by the director of the division as provided in subsection 5 of this section. Transfers  
55 of funds to the professional registration fees fund shall be made by each board on July first of  
56 each year; provided, however, that the director of the division may establish an alternative date  
57 or dates of transfers at the request of any board. Such transfers shall be made until they equal  
58 the prorated amount for services rendered and rent by the division. The provisions of section  
59 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed  
60 to the credit of general revenue.

61 7. The director of the division shall be responsible for collecting and accounting for all  
62 moneys received by the division or its component agencies. Any money received by a board or  
63 commission shall be promptly given, identified by type and source, to the director. The director  
64 shall keep a record by board and state accounting system classification of the amount of revenue  
65 the director receives. The director shall promptly transmit all receipts to the department of  
66 revenue for deposit in the state treasury to the credit of the appropriate fund. The director shall  
67 provide each board with all relevant financial information in a timely fashion. Each board shall  
68 cooperate with the director by providing necessary information.

69 8. All educational transcripts, test scores, complaints, investigatory reports, and  
70 information pertaining to any person who is an applicant or licensee of any agency assigned to  
71 the division of professional registration by statute or by the department are confidential and may  
72 not be disclosed to the public or any member of the public, except with the written consent of  
73 the person whose records are involved. The agency which possesses the records or information  
74 shall disclose the records or information if the person whose records or information is involved  
75 has consented to the disclosure. Each agency is entitled to the attorney-client privilege and work-  
76 product privilege to the same extent as any other person. Provided, however, that any board may  
77 disclose confidential information without the consent of the person involved in the course of  
78 voluntary interstate exchange of information, or in the course of any litigation concerning that  
79 person, or pursuant to a lawful request, or to other administrative or law enforcement agencies  
80 acting within the scope of their statutory authority. Information regarding identity, including

81 names and addresses, registration, and currency of the license of the persons possessing licenses  
82 to engage in a professional occupation and the names and addresses of applicants for such  
83 licenses is not confidential information.

84 9. Any deliberations conducted and votes taken in rendering a final decision after a  
85 hearing before an agency assigned to the division shall be closed to the parties and the public.  
86 Once a final decision is rendered, that decision shall be made available to the parties and the  
87 public.

88 10. A compelling governmental interest shall be deemed to exist for the purposes of  
89 section 536.025 for licensure fees to be reduced by emergency rule, if the projected fund balance  
90 of any agency assigned to the division of professional registration is reasonably expected to  
91 exceed an amount that would require transfer from that fund to general revenue.

92 11. (1) The following boards and commissions are assigned by specific type transfers  
93 to the division of professional registration: Missouri state board of accountancy, chapter 326;  
94 board of cosmetology and barber examiners, chapters 328 and 329; Missouri board for architects,  
95 professional engineers, professional land surveyors and landscape architects, chapter 327;  
96 Missouri state board of chiropractic examiners, chapter 331; state board of registration for the  
97 healing arts, chapter 334; Missouri dental board, chapter 332; state board of embalmers and  
98 funeral directors, chapter 333; state board of optometry, chapter 336; Missouri state board of  
99 nursing, chapter 335; board of pharmacy, chapter 338; state board of podiatric medicine, chapter  
100 330; Missouri real estate appraisers commission, chapter 339; and Missouri veterinary medical  
101 board, chapter 340. The governor shall appoint members of these boards by and with the advice  
102 and consent of the senate.

103 (2) The boards and commissions assigned to the division shall exercise all their  
104 respective statutory duties and powers, except those clerical and other staff services involving  
105 collecting and accounting for moneys and financial management relating to the issuance and  
106 renewal of licenses, which services shall be provided by the division, within the appropriation  
107 therefor. Nothing herein shall prohibit employment of professional examining or testing services  
108 from professional associations or others as required by the boards or commissions on contract.  
109 Nothing herein shall be construed to affect the power of a board or commission to expend its  
110 funds as appropriated. However, the division shall review the expense vouchers of each board.  
111 The results of such review shall be submitted to the board reviewed and to the house and senate  
112 appropriations committees annually.

113 (3) Notwithstanding any other provisions of law, the director of the division shall  
114 exercise only those management functions of the boards and commissions specifically provided  
115 in the Reorganization Act of 1974, and those relating to the allocation and assignment of space,  
116 personnel other than board personnel, and equipment.

117 (4) "Board personnel", as used in this section or chapters 317, 326, 327, 328, 329, 330,  
118 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, and 345, shall mean personnel whose functions  
119 and responsibilities are in areas not related to the clerical duties involving the issuance and  
120 renewal of licenses, to the collecting and accounting for moneys, or to financial management  
121 relating to issuance and renewal of licenses; specifically included are executive secretaries (or  
122 comparable positions), consultants, inspectors, investigators, counsel, and secretarial support  
123 staff for these positions; and such other positions as are established and authorized by statute for  
124 a particular board or commission. Boards and commissions may employ legal counsel, if  
125 authorized by law, and temporary personnel if the board is unable to meet its responsibilities with  
126 the employees authorized above. Any board or commission which hires temporary employees  
127 shall annually provide the division director and the appropriation committees of the general  
128 assembly with a complete list of all persons employed in the previous year, the length of their  
129 employment, the amount of their remuneration, and a description of their responsibilities.

130 (5) Board personnel for each board or commission shall be employed by and serve at the  
131 pleasure of the board or commission, shall be supervised as the board or commission designates,  
132 and shall have their duties and compensation prescribed by the board or commission, within  
133 appropriations for that purpose, except that compensation for board personnel shall not exceed  
134 that established for comparable positions as determined by the board or commission pursuant  
135 to the job and pay plan of the department of insurance, financial institutions and professional  
136 registration. Nothing herein shall be construed to permit salaries for any board personnel to be  
137 lowered except by board action.

138 12. All the powers, duties, and functions of the division of athletics, chapter 317, and  
139 others, are assigned by type I transfer to the division of professional registration.

140 13. Wherever the laws, rules, or regulations of this state make reference to the "division  
141 of professional registration of the department of economic development", such references shall  
142 be deemed to refer to the division of professional registration.

143 **14. (1) The state board of nursing, board of pharmacy, Missouri dental board,**  
144 **state committee of psychologists, state board of chiropractic examiners, state board of**  
145 **optometry, Missouri board of occupational therapy, or state board of registration for the**  
146 **healing arts may individually or collectively enter into a contractual agreement with the**  
147 **department of health and senior services, a public institution of higher education, or a**  
148 **nonprofit entity for the purpose of collecting and analyzing workforce data from its**  
149 **licensees, registrants, or permit holders for future workforce planning and to assess the**  
150 **accessibility and availability of qualified health care services and practitioners in Missouri.**  
151 **The boards shall work collaboratively with other state governmental entities to ensure**  
152 **coordination and avoid duplication of efforts.**

153           **(2) The boards may expend appropriated funds necessary for operational expenses**  
154 **of the program formed under this subsection. Each board is authorized to accept grants**  
155 **to fund the collection or analysis authorized in this subsection. Any such funds shall be**  
156 **deposited in the respective board's fund.**

157           **(3) Data collection shall be controlled and approved by the applicable state board**  
158 **conducting or requesting the collection. Notwithstanding the provisions of section 334.001,**  
159 **the boards may release identifying data to the contractor to facilitate data analysis of the**  
160 **health care workforce including, but not limited to, geographic, demographic, and practice**  
161 **or professional characteristics of licensees. The state board shall not request or be**  
162 **authorized to collect income or other financial earnings data.**

163           **(4) Data collected under this subsection shall be deemed the property of the state**  
164 **board requesting the data. Data shall be maintained by the state board in accordance with**  
165 **chapter 610, provided that any information deemed closed or confidential under subsection**  
166 **8 of this section or any other provision of state law shall not be disclosed without consent**  
167 **of the applicable licensee or entity or as otherwise authorized by law. Data shall only be**  
168 **released in an aggregate form by geography, profession or professional specialization, or**  
169 **population characteristic in a manner that cannot be used to identify a specific individual**  
170 **or entity. Data suppression standards shall be addressed and established in the contractual**  
171 **agreement.**

172           **(5) Contractors shall maintain the security and confidentiality of data received or**  
173 **collected under this subsection and shall not use, disclose, or release any data without**  
174 **approval of the applicable state board. The contractual agreement between the applicable**  
175 **state board and contractor shall establish a data release and research review policy to**  
176 **include legal and institutional review board, or agency equivalent, approval.**

177           **(6) Each board may promulgate rules subject to the provisions of this subsection**  
178 **and chapter 536 to effectuate and implement the workforce data collection and analysis**  
179 **authorized by this subsection. Any rule or portion of a rule, as that term is defined in**  
180 **section 536.010, that is created under the authority delegated in this section shall become**  
181 **effective only if it complies with and is subject to all of the provisions of chapter 536 and,**  
182 **if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any**  
183 **of the powers vested with the general assembly under chapter 536 to review, to delay the**  
184 **effective date, or to disapprove and annul a rule are subsequently held unconstitutional,**  
185 **then the grant of rulemaking authority and any rule proposed or adopted after August 28,**  
186 **2016, shall be invalid and void.**

334.037. 1. A physician may enter into collaborative practice arrangements with  
2 assistant physicians. Collaborative practice arrangements shall be in the form of written

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

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

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

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

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

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

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

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

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

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

37 (6) A description of the assistant physician's controlled substance prescriptive authority  
38 in collaboration with the physician, including a list of the controlled substances the physician

39 authorizes the assistant physician to prescribe and documentation that it is consistent with each  
40 professional's education, knowledge, skill, and competence;

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

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

45 (9) A description of the time and manner of the collaborating physician's review of the  
46 assistant physician's delivery of health care services. The description shall include provisions  
47 that the assistant physician shall submit a minimum of ten percent of the charts documenting the  
48 assistant physician's delivery of health care services to the collaborating physician for review by  
49 the collaborating physician, or any other physician designated in the collaborative practice  
50 arrangement, every fourteen days. **In performing the review, the collaborating physician**  
51 **need not be present at the health care practitioner's site;** and

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

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

60 (1) Geographic areas to be covered;

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

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

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

71

72 Any rules relating to dispensing or distribution of medications or devices by prescription or  
73 prescription drug orders under this section shall be subject to the approval of the state board of  
74 pharmacy. Any rules relating to dispensing or distribution of controlled substances by

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

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

86 5. Within thirty days of any change and on each renewal, the state board of registration  
87 for the healing arts shall require every physician to identify whether the physician is engaged in  
88 any collaborative practice arrangement, including collaborative practice arrangements delegating  
89 the authority to prescribe controlled substances, and also report to the board the name of each  
90 assistant physician with whom the physician has entered into such arrangement. The board may  
91 make such information available to the public. The board shall track the reported information  
92 and may routinely conduct random reviews of such arrangements to ensure that arrangements  
93 are carried out for compliance under this chapter.

94 6. A collaborating physician shall not enter into a collaborative practice arrangement  
95 with more than three full-time equivalent assistant physicians. Such limitation shall not apply  
96 to collaborative arrangements of hospital employees providing inpatient care service in hospitals  
97 as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-  
98 5.100 as of April 30, 2008.

99 7. The collaborating physician shall determine and document the completion of at least  
100 a one-month period of time during which the assistant physician shall practice with the  
101 collaborating physician continuously present before practicing in a setting where the  
102 collaborating physician is not continuously present. Such limitation shall not apply to  
103 collaborative arrangements of providers of population-based public health services as defined  
104 by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

122           11. All collaborating physicians and assistant physicians in collaborative practice  
123 arrangements shall wear identification badges while acting within the scope of their collaborative  
124 practice arrangement. The identification badges shall prominently display the licensure status  
125 of such collaborating physicians and assistant physicians.

126           12. (1) An assistant physician with a certificate of controlled substance prescriptive  
127 authority as provided in this section may prescribe any controlled substance listed in Schedule  
128 III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated  
129 the authority to prescribe controlled substances in a collaborative practice arrangement.  
130 Prescriptions for Schedule II medications prescribed by an assistant physician who has a  
131 certificate of controlled substance prescriptive authority are restricted to only those medications  
132 containing hydrocodone. Such authority shall be filed with the state board of registration for the  
133 healing arts. The collaborating physician shall maintain the right to limit a specific scheduled  
134 drug or scheduled drug category that the assistant physician is permitted to prescribe. Any  
135 limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall  
136 not prescribe controlled substances for themselves or members of their families. Schedule III  
137 controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day  
138 supply without refill. Assistant physicians who are authorized to prescribe controlled substances  
139 under this section shall register with the federal Drug Enforcement Administration and the state  
140 bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration  
141 registration number on prescriptions for controlled substances.

142           (2) The collaborating physician shall be responsible to determine and document the  
143 completion of at least one hundred twenty hours in a four-month period by the assistant physician  
144 during which the assistant physician shall practice with the collaborating physician on-site prior  
145 to prescribing controlled substances when the collaborating physician is not on-site. Such

146 limitation shall not apply to assistant physicians of population-based public health services as  
147 defined in 20 CSR 2150-5.100 as of April 30, 2009.

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

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

9 2. Collaborative practice arrangements, which shall be in writing, may delegate to a  
10 registered professional nurse the authority to administer, dispense or prescribe drugs and provide  
11 treatment if the registered professional nurse is an advanced practice registered nurse as defined  
12 in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an  
13 advanced practice registered nurse, as defined in section 335.016, 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  
26 of 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. **In**

67 **performing the review, the collaborating physician need not be present at the health care**  
68 **practitioner's site; and**

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

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

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

103 shall take action to correct reports of alleged violations and disciplinary actions as described in  
104 this section which have been submitted to the National Practitioner Data Bank. In subsequent  
105 applications or representations relating to his medical practice, a physician completing forms or  
106 documents shall not be required to report any actions of the state board of registration for the  
107 healing arts for which the records are subject to removal under this section.

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

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

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

130 9. It is the responsibility of the collaborating physician to determine and document the  
131 completion of at least a one-month period of time during which the advanced practice registered  
132 nurse shall practice with the collaborating physician continuously present before practicing in  
133 a setting where the collaborating physician is not continuously present. This limitation shall not  
134 apply to collaborative arrangements of providers of population-based public health services as  
135 defined by 20 CSR 2150-5.100 as of April 30, 2008, **nor to collaborative arrangements**  
136 **between a physician and an advanced practice registered nurse, if the collaborative**  
137 **physician is new to a patient population to which the collaborating advanced practice**  
138 **registered nurse, physician assistant, or assistant physician is already familiar.**

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

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

152 12. No contract or other agreement shall require any advanced practice registered nurse  
153 to serve as a collaborating advanced practice registered nurse for any collaborating physician  
154 against the advanced practice registered nurse's will. An advanced practice registered nurse shall  
155 have the right to refuse to collaborate, without penalty, with a particular physician.

#### **334.1200. PURPOSE**

2 **The purpose of this compact is to facilitate interstate practice of physical therapy with the**  
3 **goal of improving public access to physical therapy services. The practice of physical**  
4 **therapy occurs in the state where the patient/client is located at the time of the**  
5 **patient/client encounter. The compact preserves the regulatory authority of states to**  
6 **protect public health and safety through the current system of state licensure.**

7 **This compact is designed to achieve the following objectives:**

- 8 **1. Increase public access to physical therapy services by providing for the mutual**  
9 **recognition of other member state licenses;**
- 10 **2. Enhance the states' ability to protect the public's health and safety;**
- 11 **3. Encourage the cooperation of member states in regulating multistate physical**  
12 **therapy practice;**
- 13 **4. Support spouses of relocating military members;**
- 14 **5. Enhance the exchange of licensure, investigative, and disciplinary information**  
15 **between member states; and**
- 16 **6. Allow a remote state to hold a provider of services with a compact privilege in**  
17 **that state accountable to that state's practice standards.**

#### **334.1203. DEFINITIONS**

2           As used in this compact, and except as otherwise provided, the following definitions  
3 shall apply:

4           1. "Active Duty Military" means full-time duty status in the active uniformed  
5 service of the United States, including members of the National Guard and Reserve on  
6 active duty orders pursuant to 10 U.S.C. Section 1209 and 1211.

7           2. "Adverse Action" means disciplinary action taken by a physical therapy  
8 licensing board based upon misconduct, unacceptable performance, or a combination of  
9 both.

10          3. "Alternative Program" means a nondisciplinary monitoring or practice  
11 remediation process approved by a physical therapy licensing board. This includes, but  
12 is not limited to, substance abuse issues.

13          4. "Compact privilege" means the authorization granted by a remote state to allow  
14 a licensee from another member state to practice as a physical therapist or work as a  
15 physical therapist assistant in the remote state under its laws and rules. The practice of  
16 physical therapy occurs in the member state where the patient/client is located at the time  
17 of the patient/client encounter.

18          5. "Continuing competence" means a requirement, as a condition of license  
19 renewal, to provide evidence of participation in, and/or completion of, educational and  
20 professional activities relevant to practice or area of work.

21          6. "Data system" means a repository of information about licensees, including  
22 examination, licensure, investigative, compact privilege, and adverse action.

23          7. "Encumbered license" means a license that a physical therapy licensing board  
24 has limited in any way.

25          8. "Executive Board" means a group of directors elected or appointed to act on  
26 behalf of, and within the powers granted to them by, the commission.

27          9. "Home state" means the member state that is the licensee's primary state of  
28 residence.

29          10. "Investigative information" means information, records, and documents  
30 received or generated by a physical therapy licensing board pursuant to an investigation.

31          11. "Jurisprudence requirement" means the assessment of an individual's  
32 knowledge of the laws and rules governing the practice of physical therapy in a state.

33          12. "Licensee" means an individual who currently holds an authorization from the  
34 state to practice as a physical therapist or to work as a physical therapist assistant.

35          13. "Member state" means a state that has enacted the compact.

36          14. "Party state" means any member state in which a licensee holds a current  
37 license or compact privilege or is applying for a license or compact privilege.

38           **15. "Physical therapist" means an individual who is licensed by a state to practice**  
39 **physical therapy.**

40           **16. "Physical therapist assistant" means an individual who is licensed/certified by**  
41 **a state and who assists the physical therapist in selected components of physical therapy.**

42           **17. "Physical therapy", "physical therapy practice", and "the practice of physical**  
43 **therapy" mean the care and services provided by or under the direction and supervision**  
44 **of a licensed physical therapist.**

45           **18. "Physical therapy compact commission" or "commission" means the national**  
46 **administrative body whose membership consists of all states that have enacted the**  
47 **compact.**

48           **19. "Physical therapy licensing board" or "licensing board" means the agency of**  
49 **a state that is responsible for the licensing and regulation of physical therapists and**  
50 **physical therapist assistants.**

51           **20. "Remote state" means a member state other than the home state, where a**  
52 **licensee is exercising or seeking to exercise the compact privilege.**

53           **21. "Rule" means a regulation, principle, or directive promulgated by the**  
54 **commission that has the force of law.**

55           **22. "State" means any state, commonwealth, district, or territory of the United**  
56 **States of America that regulates the practice of physical therapy.**

#### **334.1206. STATE PARTICIPATION IN THE COMPACT**

2           **A. To participate in the compact, a state must:**

3           **1. Participate fully in the commission's data system, including using the**  
4 **commission's unique identifier as defined in rules;**

5           **2. Have a mechanism in place for receiving and investigating complaints about**  
6 **licensees;**

7           **3. Notify the commission, in compliance with the terms of the compact and rules,**  
8 **of any adverse action or the availability of investigative information regarding a licensee;**

9           **4. Fully implement a criminal background check requirement, within a time frame**  
10 **established by rule, by receiving the results of the Federal Bureau of Investigation record**  
11 **search on criminal background checks and use the results in making licensure decisions**  
12 **in accordance with section 334.1206.B.;**

13           **5. Comply with the rules of the commission;**

14           **6. Utilize a recognized national examination as a requirement for licensure**  
15 **pursuant to the rules of the commission; and**

16           **7. Have continuing competence requirements as a condition for license renewal.**

17           **B. Upon adoption of sections 334.1200 to 334.1233, the member state shall have the**  
18 **authority to obtain biometric-based information from each physical therapy licensure**  
19 **applicant and submit this information to the Federal Bureau of Investigation for a criminal**  
20 **background check in accordance with 28 U.S.C. Section 534 and 42 U.S.C. Section 14616.**

21           **C. A member state shall grant the compact privilege to a licensee holding a valid**  
22 **unencumbered license in another member state in accordance with the terms of the**  
23 **compact and rules.**

24           **D. Member states may charge a fee for granting a compact privilege.**

**334.1209. COMPACT PRIVILEGE**

2           **A. To exercise the compact privilege under the terms and provisions of the**  
3 **compact, the licensee shall:**

- 4           **1. Hold a license in the home state;**
- 5           **2. Have no encumbrance on any state license;**
- 6           **3. Be eligible for a compact privilege in any member state in accordance with**  
7 **section 334.1209D, G and H;**
- 8           **4. Have not had any adverse action against any license or compact privilege within**  
9 **the previous 2 years;**
- 10           **5. Notify the commission that the licensee is seeking the compact privilege within**  
11 **a remote state(s);**
- 12           **6. Pay any applicable fees, including any state fee, for the compact privilege;**
- 13           **7. Meet any jurisprudence requirements established by the remote state(s) in which**  
14 **the licensee is seeking a compact privilege; and**
- 15           **8. Report to the commission adverse action taken by any nonmember state within**  
16 **thirty days from the date the adverse action is taken.**

17           **B. The compact privilege is valid until the expiration date of the home license. The**  
18 **licensee must comply with the requirements of section 334.1209.A. to maintain the compact**  
19 **privilege in the remote state.**

20           **C. A licensee providing physical therapy in a remote state under the compact**  
21 **privilege shall function within the laws and regulations of the remote state.**

22           **D. A licensee providing physical therapy in a remote state is subject to that state's**  
23 **regulatory authority. A remote state may, in accordance with due process and that state's**  
24 **laws, remove a licensee's compact privilege in the remote state for a specific period of time,**  
25 **impose fines, and/or take any other necessary actions to protect the health and safety of its**  
26 **citizens. The licensee is not eligible for a compact privilege in any state until the specific**  
27 **time for removal has passed and all fines are paid.**

28           **E. If a home state license is encumbered, the licensee shall lose the compact**  
29 **privilege in any remote state until the following occur:**

- 30           **1. The home state license is no longer encumbered; and**  
31           **2. Two years have elapsed from the date of the adverse action.**

32           **F. Once an encumbered license in the home state is restored to good standing, the**  
33 **licensee must meet the requirements of section 334.1209A to obtain a compact privilege in**  
34 **any remote state.**

35           **G. If a licensee's compact privilege in any remote state is removed, the individual**  
36 **shall lose the compact privilege in any remote state until the following occur:**

- 37           **1. The specific period of time for which the compact privilege was removed has**  
38 **ended;**  
39           **2. All fines have been paid; and**  
40           **3. Two years have elapsed from the date of the adverse action.**

41           **H. Once the requirements of section 334.1209G have been met, the license must**  
42 **meet the requirements in section 334.1209A to obtain a compact privilege in a remote state.**

#### **334.1212. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES**

2           **A licensee who is active duty military or is the spouse of an individual who is active**  
3 **duty military may designate one of the following as the home state:**

- 4           **A. Home of record;**  
5           **B. Permanent change of station (PCS); or**  
6           **C. State of current residence if it is different than the PCS state or home of record.**

#### **334.1215. ADVERSE ACTIONS**

2           **A. A home state shall have exclusive power to impose adverse action against a**  
3 **license issued by the home state.**

4           **B. A home state may take adverse action based on the investigative information of**  
5 **a remote state, so long as the home state follows its own procedures for imposing adverse**  
6 **action.**

7           **C. Nothing in this compact shall override a member state's decision that**  
8 **participation in an alternative program may be used in lieu of adverse action and that such**  
9 **participation shall remain nonpublic if required by the member state's laws. Member**  
10 **states must require licensees who enter any alternative programs in lieu of discipline to**  
11 **agree not to practice in any other member state during the term of the alternative program**  
12 **without prior authorization from such other member state.**

13           **D. Any member state may investigate actual or alleged violations of the statutes and**  
14 **rules authorizing the practice of physical therapy in any other member state in which a**  
15 **physical therapist or physical therapist assistant holds a license or compact privilege.**

16 E. A remote state shall have the authority to:

17 1. Take adverse actions as set forth in section 334.1209.D. against a licensee’s  
18 compact privilege in the state;

19 2. Issue subpoenas for both hearings and investigations that require the attendance  
20 and testimony of witnesses, and the production of evidence. Subpoenas issued by a  
21 physical therapy licensing board in a party state for the attendance and testimony of  
22 witnesses, and/or the production of evidence from another party state, shall be enforced  
23 in the latter state by any court of competent jurisdiction, according to the practice and  
24 procedure of that court applicable to subpoenas issued in proceedings pending before it.  
25 The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees  
26 required by the service statutes of the state where the witnesses and/or evidence are  
27 located; and

28 3. If otherwise permitted by state law, recover from the licensee the costs of  
29 investigations and disposition of cases resulting from any adverse action taken against that  
30 licensee.

31 F. Joint Investigations

32 1. In addition to the authority granted to a member state by its respective physical  
33 therapy practice act or other applicable state law, a member state may participate with  
34 other member states in joint investigations of licensees.

35 2. Member states shall share any investigative, litigation, or compliance materials  
36 in furtherance of any joint or individual investigation initiated under the compact.

334.1218. ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT  
2 COMMISSION.

3 A. The compact member states hereby create and establish a joint public agency  
4 known as the physical therapy compact commission:

5 1. The commission is an instrumentality of the compact states.

6 2. Venue is proper and judicial proceedings by or against the commission shall be  
7 brought solely and exclusively in a court of competent jurisdiction where the principal  
8 office of the commission is located. The commission may waive venue and jurisdictional  
9 defenses to the extent it adopts or consents to participate in alternative dispute resolution  
10 proceedings.

11 3. Nothing in this compact shall be construed to be a waiver of sovereign immunity.

12 B. Membership, Voting, and Meetings

13 1. Each member state shall have and be limited to one delegate selected by that  
14 member state’s licensing board.

- 15           **2. The delegate shall be a current member of the licensing board, who is a physical**  
16 **therapist, physical therapist assistant, public member, or the board administrator.**
- 17           **3. Any delegate may be removed or suspended from office as provided by the law**  
18 **of the state from which the delegate is appointed.**
- 19           **4. The member state board shall fill any vacancy occurring in the commission.**
- 20           **5. Each delegate shall be entitled to one vote with regard to the promulgation of**  
21 **rules and creation of bylaws and shall otherwise have an opportunity to participate in the**  
22 **business and affairs of the commission.**
- 23           **6. A delegate shall vote in person or by such other means as provided in the bylaws.**  
24 **The bylaws may provide for delegates' participation in meetings by telephone or other**  
25 **means of communication.**
- 26           **7. The commission shall meet at least once during each calendar year. Additional**  
27 **meetings shall be held as set forth in the bylaws.**
- 28           **C. The commission shall have the following powers and duties:**
- 29           **1. Establish the fiscal year of the commission;**
- 30           **2. Establish bylaws;**
- 31           **3. Maintain its financial records in accordance with the bylaws;**
- 32           **4. Meet and take such actions as are consistent with the provisions of this compact**  
33 **and the bylaws;**
- 34           **5. Promulgate uniform rules to facilitate and coordinate implementation and**  
35 **administration of this compact. The rules shall have the force and effect of law and shall**  
36 **be binding in all member states;**
- 37           **6. Bring and prosecute legal proceedings or actions in the name of the commission,**  
38 **provided that the standing of any state physical therapy licensing board to sue or be sued**  
39 **under applicable law shall not be affected;**
- 40           **7. Purchase and maintain insurance and bonds;**
- 41           **8. Borrow, accept, or contract for services of personnel, including, but not limited**  
42 **to, employees of a member state;**
- 43           **9. Hire employees, elect or appoint officers, fix compensation, define duties, grant**  
44 **such individuals appropriate authority to carry out the purposes of the compact, and to**  
45 **establish the commission's personnel policies and programs relating to conflicts of interest,**  
46 **qualifications of personnel, and other related personnel matters;**
- 47           **10. Accept any and all appropriate donations and grants of money, equipment,**  
48 **supplies, materials and services, and to receive, utilize and dispose of the same; provided**  
49 **that at all times the commission shall avoid any appearance of impropriety and/or conflict**  
50 **of interest;**

51           **11. Lease, purchase, accept appropriate gifts or donations of, or otherwise to own,**  
52 **hold, improve or use, any property, real, personal or mixed; provided that at all times the**  
53 **commission shall avoid any appearance of impropriety;**

54           **12. Sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose**  
55 **of any property real, personal, or mixed;**

56           **13. Establish a budget and make expenditures;**

57           **14. Borrow money;**

58           **15. Appoint committees, including standing committees comprised of members,**  
59 **state regulators, state legislators or their representatives, and consumer representatives,**  
60 **and such other interested persons as may be designated in this compact and the bylaws;**

61           **16. Provide and receive information from, and cooperate with, law enforcement**  
62 **agencies;**

63           **17. Establish and elect an executive board; and**

64           **18. Perform such other functions as may be necessary or appropriate to achieve the**  
65 **purposes of this compact consistent with the state regulation of physical therapy licensure**  
66 **and practice.**

67           **D. The Executive Board**

68           **The executive board shall have the power to act on behalf of the commission**  
69 **according to the terms of this compact.**

70           **1. The executive board shall be comprised of nine members:**

71           **a. Seven voting members who are elected by the commission from the current**  
72 **membership of the commission;**

73           **b. One ex officio, nonvoting member from the recognized national physical therapy**  
74 **professional association; and**

75           **c. One ex officio, nonvoting member from the recognized membership organization**  
76 **of the physical therapy licensing boards.**

77           **2. The ex officio members will be selected by their respective organizations.**

78           **3. The commission may remove any member of the executive board as provided in**  
79 **bylaws.**

80           **4. The executive board shall meet at least annually.**

81           **5. The executive board shall have the following duties and responsibilities:**

82           **a. Recommend to the entire commission changes to the rules or bylaws, changes to**  
83 **this compact legislation, fees paid by compact member states such as annual dues, and any**  
84 **commission compact fee charged to licensees for the compact privilege;**

85           **b. Ensure compact administration services are appropriately provided, contractual**  
86 **or otherwise;**

- 87           **c. Prepare and recommend the budget;**  
88           **d. Maintain financial records on behalf of the commission;**  
89           **e. Monitor compact compliance of member states and provide compliance reports**  
90 **to the commission;**  
91           **f. Establish additional committees as necessary; and**  
92           **g. Other duties as provided in rules or bylaws.**  
93           **E. Meetings of the Commission**  
94           **1. All meetings shall be open to the public, and public notice of meetings shall be**  
95 **given in the same manner as required under the rulemaking provisions in section 334.1224.**  
96           **2. The commission or the executive board or other committees of the commission**  
97 **may convene in a closed, nonpublic meeting if the commission or executive board or other**  
98 **committees of the commission must discuss:**  
99           **a. Noncompliance of a member state with its obligations under the compact;**  
100           **b. The employment, compensation, discipline or other matters, practices or**  
101 **procedures related to specific employees or other matters related to the commission's**  
102 **internal personnel practices and procedures;**  
103           **c. Current, threatened, or reasonably anticipated litigation;**  
104           **d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real**  
105 **estate;**  
106           **e. Accusing any person of a crime or formally censuring any person;**  
107           **f. Disclosure of trade secrets or commercial or financial information that is**  
108 **privileged or confidential;**  
109           **g. Disclosure of information of a personal nature where disclosure would constitute**  
110 **a clearly unwarranted invasion of personal privacy;**  
111           **h. Disclosure of investigative records compiled for law enforcement purposes;**  
112           **i. Disclosure of information related to any investigative reports prepared by or on**  
113 **behalf of or for use of the commission or other committee charged with responsibility of**  
114 **investigation or determination of compliance issues pursuant to the compact; or**  
115           **j. Matters specifically exempted from disclosure by federal or member state statute.**  
116           **3. If a meeting, or portion of a meeting, is closed pursuant to this provision, the**  
117 **commission's legal counsel or designee shall certify that the meeting may be closed and**  
118 **shall reference each relevant exempting provision.**  
119           **4. The commission shall keep minutes that fully and clearly describe all matters**  
120 **discussed in a meeting and shall provide a full and accurate summary of actions taken, and**  
121 **the reasons therefore, including a description of the views expressed. All documents**  
122 **considered in connection with an action shall be identified in such minutes. All minutes**

123 and documents of a closed meeting shall remain under seal, subject to release by a majority  
124 vote of the commission or order of a court of competent jurisdiction.

125 **F. Financing of the Commission**

126 1. The commission shall pay, or provide for the payment of, the reasonable  
127 expenses of its establishment, organization, and ongoing activities.

128 2. The commission may accept any and all appropriate revenue sources, donations,  
129 and grants of money, equipment, supplies, materials, and services.

130 3. The commission may levy on and collect an annual assessment from each  
131 member state or impose fees on other parties to cover the cost of the operations and  
132 activities of the commission and its staff, which must be in a total amount sufficient to  
133 cover its annual budget as approved each year for which revenue is not provided by other  
134 sources. The aggregate annual assessment amount shall be allocated based upon a formula  
135 to be determined by the commission, which shall promulgate a rule binding upon all  
136 member states.

137 4. The commission shall not incur obligations of any kind prior to securing the  
138 funds adequate to meet the same; nor shall the commission pledge the credit of any of the  
139 member states, except by and with the authority of the member state.

140 5. The commission shall keep accurate accounts of all receipts and disbursements.  
141 The receipts and disbursements of the commission shall be subject to the audit and  
142 accounting procedures established under its bylaws. However, all receipts and  
143 disbursements of funds handled by the commission shall be audited yearly by a certified  
144 or licensed public accountant, and the report of the audit shall be included in and become  
145 part of the annual report of the commission.

146 **G. Qualified Immunity, Defense, and Indemnification**

147 1. The members, officers, executive director, employees and representatives of the  
148 commission shall be immune from suit and liability, either personally or in their official  
149 capacity, for any claim for damage to or loss of property or personal injury or other civil  
150 liability caused by or arising out of any actual or alleged act, error or omission that  
151 occurred, or that the person against whom the claim is made had a reasonable basis for  
152 believing occurred within the scope of commission employment, duties or responsibilities;  
153 provided that nothing in this paragraph shall be construed to protect any such person from  
154 suit and/or liability for any damage, loss, injury, or liability caused by the intentional or  
155 willful or wanton misconduct of that person.

156 2. The commission shall defend any member, officer, executive director, employee  
157 or representative of the commission in any civil action seeking to impose liability arising  
158 out of any actual or alleged act, error, or omission that occurred within the scope of

159 commission employment, duties, or responsibilities, or that the person against whom the  
160 claim is made had a reasonable basis for believing occurred within the scope of commission  
161 employment, duties, or responsibilities; provided that nothing herein shall be construed  
162 to prohibit that person from retaining his or her own counsel; and provided further, that  
163 the actual or alleged act, error, or omission did not result from that person's intentional  
164 or willful or wanton misconduct.

165 3. The commission shall indemnify and hold harmless any member, officer,  
166 executive director, employee, or representative of the commission for the amount of any  
167 settlement or judgment obtained against that person arising out of any actual or alleged  
168 act, error or omission that occurred within the scope of commission employment, duties,  
169 or responsibilities, or that such person had a reasonable basis for believing occurred within  
170 the scope of commission employment, duties, or responsibilities, provided that the actual  
171 or alleged act, error, or omission did not result from the intentional or willful or wanton  
172 misconduct of that person.

#### 334.1221. DATA SYSTEM

2 A. The commission shall provide for the development, maintenance, and utilization  
3 of a coordinated database and reporting system containing licensure, adverse action, and  
4 investigative information on all licensed individuals in member states.

5 B. Notwithstanding any other provision of state law to the contrary, a member state  
6 shall submit a uniform data set to the data system on all individuals to whom this compact  
7 is applicable as required by the rules of the commission, including:

- 8 1. Identifying information;
- 9 2. Licensure data;
- 10 3. Adverse actions against a license or compact privilege;
- 11 4. Nonconfidential information related to alternative program participation;
- 12 5. Any denial of application for licensure, and the reason(s) for such denial; and
- 13 6. Other information that may facilitate the administration of this compact, as  
14 determined by the rules of the commission.

15 C. Investigative information pertaining to a licensee in any member state will only  
16 be available to other party states.

17 D. The commission shall promptly notify all member states of any adverse action  
18 taken against a licensee or an individual applying for a license. Adverse action information  
19 pertaining to a licensee in any member state will be available to any other member state.

20 E. Member states contributing information to the data system may designate  
21 information that may not be shared with the public without the express permission of the  
22 contributing state.

23           **F. Any information submitted to the data system that is subsequently required to**  
24 **be expunged by the laws of the member state contributing the information shall be**  
25 **removed from the data system.**

**334.1224. RULEMAKING**

2           **A. The commission shall exercise its rulemaking powers pursuant to the criteria set**  
3 **forth in this section and the rules adopted thereunder. Rules and amendments shall**  
4 **become binding as of the date specified in each rule or amendment.**

5           **B. If a majority of the legislatures of the member states rejects a rule, by enactment**  
6 **of a statute or resolution in the same manner used to adopt the compact within four years**  
7 **of the date of adoption of the rule, then such rule shall have no further force and effect in**  
8 **any member state.**

9           **C. Rules or amendments to the rules shall be adopted at a regular or special**  
10 **meeting of the commission.**

11           **D. Prior to promulgation and adoption of a final rule or rules by the commission,**  
12 **and at least thirty days in advance of the meeting at which the rule will be considered and**  
13 **voted upon, the commission shall file a notice of proposed rulemaking:**

- 14           **1. On the website of the commission or other publicly accessible platform; and**  
15           **2. On the website of each member state physical therapy licensing board or other**  
16 **publicly accessible platform or the publication in which each state would otherwise publish**  
17 **proposed rules.**

18           **E. The notice of proposed rulemaking shall include:**

- 19           **1. The proposed time, date, and location of the meeting in which the rule will be**  
20 **considered and voted upon;**  
21           **2. The text of the proposed rule or amendment and the reason for the proposed**  
22 **rule;**  
23           **3. A request for comments on the proposed rule from any interested person; and**  
24           **4. The manner in which interested persons may submit notice to the commission**  
25 **of their intention to attend the public hearing and any written comments.**

26           **F. Prior to adoption of a proposed rule, the commission shall allow persons to**  
27 **submit written data, facts, opinions, and arguments, which shall be made available to the**  
28 **public.**

29           **G. The commission shall grant an opportunity for a public hearing before it adopts**  
30 **a rule or amendment if a hearing is requested by:**

- 31           **1. At least twenty-five persons;**  
32           **2. A state or federal governmental subdivision or agency; or**  
33           **3. An association having at least twenty-five members.**

34           **H. If a hearing is held on the proposed rule or amendment, the commission shall**  
35 **publish the place, time, and date of the scheduled public hearing. If the hearing is held via**  
36 **electronic means, the commission shall publish the mechanism for access to the electronic**  
37 **hearing.**

38           **1. All persons wishing to be heard at the hearing shall notify the executive director**  
39 **of the commission or other designated member in writing of their desire to appear and**  
40 **testify at the hearing not less than five business days before the scheduled date of the**  
41 **hearing.**

42           **2. Hearings shall be conducted in a manner providing each person who wishes to**  
43 **comment a fair and reasonable opportunity to comment orally or in writing.**

44           **3. All hearings will be recorded. A copy of the recording will be made available on**  
45 **request.**

46           **4. Nothing in this section shall be construed as requiring a separate hearing on each**  
47 **rule. Rules may be grouped for the convenience of the commission at hearings required**  
48 **by this section.**

49           **I. Following the scheduled hearing date, or by the close of business on the scheduled**  
50 **hearing date if the hearing was not held, the commission shall consider all written and oral**  
51 **comments received.**

52           **J. If no written notice of intent to attend the public hearing by interested parties**  
53 **is received, the commission may proceed with promulgation of the proposed rule without**  
54 **a public hearing.**

55           **K. The commission shall, by majority vote of all members, take final action on the**  
56 **proposed rule and shall determine the effective date of the rule, if any, based on the**  
57 **rulemaking record and the full text of the rule.**

58           **L. Upon determination that an emergency exists, the commission may consider and**  
59 **adopt an emergency rule without prior notice, opportunity for comment, or hearing,**  
60 **provided that the usual rulemaking procedures provided in the compact and in this section**  
61 **shall be retroactively applied to the rule as soon as reasonably possible, in no event later**  
62 **than ninety days after the effective date of the rule. For the purposes of this provision, an**  
63 **emergency rule is one that must be adopted immediately in order to:**

64           **1. Meet an imminent threat to public health, safety, or welfare;**

65           **2. Prevent a loss of commission or member state funds;**

66           **3. Meet a deadline for the promulgation of an administrative rule that is established**  
67 **by federal law or rule; or**

68           **4. Protect public health and safety.**

69 M. The commission or an authorized committee of the commission may direct  
70 revisions to a previously adopted rule or amendment for purposes of correcting  
71 typographical errors, errors in format, errors in consistency, or grammatical errors.  
72 Public notice of any revisions shall be posted on the website of the commission. The  
73 revision shall be subject to challenge by any person for a period of thirty days after  
74 posting. The revision may be challenged only on grounds that the revision results in a  
75 material change to a rule. A challenge shall be made in writing, and delivered to the chair  
76 of the commission prior to the end of the notice period. If no challenge is made, the  
77 revision will take effect without further action. If the revision is challenged, the revision  
78 may not take effect without the approval of the commission.

### 334.1227. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

#### 2 A. Oversight

3 1. The executive, legislative, and judicial branches of state government in each  
4 member state shall enforce this compact and take all actions necessary and appropriate to  
5 effectuate the compact's purposes and intent. The provisions of this compact and the rules  
6 promulgated hereunder shall have standing as statutory law.

7 2. All courts shall take judicial notice of the compact and the rules in any judicial  
8 or administrative proceeding in a member state pertaining to the subject matter of this  
9 compact which may affect the powers, responsibilities or actions of the commission.

10 3. The commission shall be entitled to receive service of process in any such  
11 proceeding, and shall have standing to intervene in such a proceeding for all purposes.  
12 Failure to provide service of process to the commission shall render a judgment or order  
13 void as to the commission, this compact, or promulgated rules.

#### 14 B. Default, Technical Assistance, and Termination

15 1. If the commission determines that a member state has defaulted in the  
16 performance of its obligations or responsibilities under this compact or the promulgated  
17 rules, the commission shall:

18 a. Provide written notice to the defaulting state and other member states of the  
19 nature of the default, the proposed means of curing the default and/or any other action to  
20 be taken by the commission; and

21 b. Provide remedial training and specific technical assistance regarding the default.

22 2. If a state in default fails to cure the default, the defaulting state may be  
23 terminated from the compact upon an affirmative vote of a majority of the member states,  
24 and all rights, privileges and benefits conferred by this compact may be terminated on the  
25 effective date of termination. A cure of the default does not relieve the offending state of  
26 obligations or liabilities incurred during the period of default.

27           **3. Termination of membership in the compact shall be imposed only after all other**  
28 **means of securing compliance have been exhausted. Notice of intent to suspend or**  
29 **terminate shall be given by the commission to the governor, the majority and minority**  
30 **leaders of the defaulting state’s legislature, and each of the member states.**

31           **4. A state that has been terminated is responsible for all assessments, obligations,**  
32 **and liabilities incurred through the effective date of termination, including obligations that**  
33 **extend beyond the effective date of termination.**

34           **5. The commission shall not bear any costs related to a state that is found to be in**  
35 **default or that has been terminated from the compact, unless agreed upon in writing**  
36 **between the commission and the defaulting state.**

37           **6. The defaulting state may appeal the action of the commission by petitioning the**  
38 **United States District Court for the District of Columbia or the federal district where the**  
39 **commission has its principal offices. The prevailing member shall be awarded all costs of**  
40 **such litigation, including reasonable attorney’s fees.**

41           **C. Dispute Resolution**

42           **1. Upon request by a member state, the commission shall attempt to resolve**  
43 **disputes related to the compact that arise among member states and between member and**  
44 **nonmember states.**

45           **2. The commission shall promulgate a rule providing for both mediation and**  
46 **binding dispute resolution for disputes as appropriate.**

47           **D. Enforcement**

48           **1. The commission, in the reasonable exercise of its discretion, shall enforce the**  
49 **provisions and rules of this compact.**

50           **2. By majority vote, the commission may initiate legal action in the United States**  
51 **District Court for the District of Columbia or the federal district where the commission has**  
52 **its principal offices against a member state in default to enforce compliance with the**  
53 **provisions of the compact and its promulgated rules and bylaws. The relief sought may**  
54 **include both injunctive relief and damages. In the event judicial enforcement is necessary,**  
55 **the prevailing member shall be awarded all costs of such litigation, including reasonable**  
56 **attorney’s fees.**

57           **3. The remedies herein shall not be the exclusive remedies of the commission. The**  
58 **commission may pursue any other remedies available under federal or state law.**

59           **334.1230. DATE OF IMPLEMENTATION OF THE INTERSTATE**  
60 **COMMISSION FOR PHYSICAL THERAPY PRACTICE AND ASSOCIATED RULES,**  
61 **WITHDRAWAL, AND AMENDMENT**

62           **A. The compact shall come into effect on the date on which the compact statute is**  
63 **enacted into law in the tenth member state. The provisions, which become effective at that**  
64 **time, shall be limited to the powers granted to the commission relating to assembly and the**  
65 **promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking**  
66 **powers necessary to the implementation and administration of the compact.**

67           **B. Any state that joins the compact subsequent to the commission's initial adoption**  
68 **of the rules shall be subject to the rules as they exist on the date on which the compact**  
69 **becomes law in that state. Any rule that has been previously adopted by the commission**  
70 **shall have the full force and effect of law on the day the compact becomes law in that state.**

71           **C. Any member state may withdraw from this compact by enacting a statute**  
72 **repealing the same.**

73           **1. A member state's withdrawal shall not take effect until six months after**  
74 **enactment of the repealing statute.**

75           **2. Withdrawal shall not affect the continuing requirement of the withdrawing**  
76 **state's physical therapy licensing board to comply with the investigative and adverse action**  
77 **reporting requirements of this act prior to the effective date of withdrawal.**

78           **D. Nothing contained in this compact shall be construed to invalidate or prevent**  
79 **any physical therapy licensure agreement or other cooperative arrangement between a**  
80 **member state and a nonmember state that does not conflict with the provisions of this**  
81 **compact.**

82           **E. This compact may be amended by the member states. No amendment to this**  
83 **compact shall become effective and binding upon any member state until it is enacted into**  
84 **the laws of all member states.**

#### **334.1233. CONSTRUCTION AND SEVERABILITY**

2           **This compact shall be liberally construed so as to effectuate the purposes thereof.**  
3 **The provisions of this compact shall be severable and if any phrase, clause, sentence or**  
4 **provision of this compact is declared to be contrary to the constitution of any party state**  
5 **or of the United States or the applicability thereof to any government, agency, person or**  
6 **circumstance is held invalid, the validity of the remainder of this compact and the**  
7 **applicability thereof to any government, agency, person or circumstance shall not be**  
8 **affected thereby. If this compact shall be held contrary to the constitution of any party**  
9 **state, the compact shall remain in full force and effect as to the remaining party states and**  
10 **in full force and effect as to the party state affected as to all severable matters.**

          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 (3) "Approval", official recognition of nursing education programs which meet standards  
14 established by the board of nursing;
- 15 (4) "Board" or "state board", the state board of nursing;
- 16 (5) "Certified clinical nurse specialist", a registered nurse who is currently certified as  
17 a clinical nurse specialist by a nationally recognized certifying board approved by the board of  
18 nursing. **A certified clinical nurse specialist is one of the four APRN roles;**
- 19 (6) "Certified nurse midwife", a registered nurse who is currently certified as a nurse  
20 midwife by the American College of Nurse Midwives, or other nationally recognized certifying  
21 body approved by the board of nursing. **A certified nurse midwife is one of the four APRN  
22 roles;**
- 23 (7) "Certified nurse practitioner", a registered nurse who is currently certified as a nurse  
24 practitioner by a nationally recognized certifying body approved by the board of nursing. **A  
25 certified nurse practitioner is one of the four APRN roles;**
- 26 (8) "Certified registered nurse anesthetist", a registered nurse who is currently certified  
27 as a nurse anesthetist by the [Council on Certification of Nurse Anesthetists, the Council on  
28 Recertification of Nurse Anesthetists,] **National Board of Certification and Recertification  
29 for Nurse Anesthetists** or other nationally recognized certifying body approved by the board of  
30 nursing. **A certified registered nurse anesthetist is one of the four APRN roles;**
- 31 (9) "Executive director", a qualified individual employed by the board as executive  
32 secretary or otherwise to administer the provisions of this chapter under the board's direction.  
33 Such person employed as executive director shall not be a member of the board;
- 34 (10) "Inactive nurse", as defined by rule pursuant to section 335.061;
- 35 (11) "Lapsed license status", as defined by rule under section 335.061;
- 36 (12) "Licensed practical nurse" or "practical nurse", a person licensed pursuant to the  
37 provisions of this chapter to engage in the practice of practical nursing;

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

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

45 (a) **A family or individual across the lifespan;**

46 (b) **Adult-gerontology;**

47 (c) **Pediatrics;**

48 (d) **Neonatal;**

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

50 (f) **Psychiatric or mental health;**

51 (15) **"Practice of advanced practice nursing":**

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

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

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

56 c. **Planning, initiating, ordering, and evaluating therapeutic regimens;**

57 d. **Coordinating and consulting with a health care provider, or when appropriate,**  
58 **referral to a physician or other health care provider;**

59 e. **Prescriptive authority for legend drugs and controlled substances;**

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

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

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

67 b. **Certified nurse midwife;**

68 c. **Certified nurse practitioner; and**

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

70 (c) **Nothing in the subdivision shall alter the definition of the practice of**  
71 **professional nursing;**

72 (16) **"Practice of practical nursing", the performance for compensation of selected acts**  
73 **for the promotion of health and in the care of persons who are ill, injured, or experiencing**

74 alterations in normal health processes. Such performance requires substantial specialized skill,  
75 judgment and knowledge. All such nursing care shall be given under the direction of a person  
76 licensed by a state regulatory board to prescribe medications and treatments or under the  
77 direction of a registered professional nurse. For the purposes of this chapter, the term "direction"  
78 shall mean guidance or [supervision] **oversight** provided by a person licensed by a state  
79 regulatory board to prescribe medications and treatments or a registered professional nurse,  
80 including, but not limited to, oral, written, or otherwise communicated orders or directives for  
81 patient care. When practical nursing care is delivered pursuant to the direction of a person  
82 licensed by a state regulatory board to prescribe medications and treatments or under the  
83 direction of a registered professional nurse, such care may be delivered by a licensed practical  
84 nurse without direct physical oversight;

85 [(15)] (17) "**Practice of professional nursing**", the performance for compensation of any  
86 act **or function** which requires substantial specialized education, judgment and skill based on  
87 knowledge and application of principles derived from the biological, physical, social,  
88 **behavioral**, and nursing sciences, including, but not limited to:

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

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

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

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

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

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

101 [(17)] (19) "Retired license status", any person licensed in this state under this chapter  
102 who retires from such practice. Such person shall file with the board an affidavit, on a form to  
103 be furnished by the board, which states the date on which the licensee retired from such practice,  
104 an intent to retire from the practice for at least two years, and such other facts as tend to verify  
105 the retirement as the board may deem necessary; but if the licensee thereafter reengages in the  
106 practice, the licensee shall renew his or her license with the board as provided by this chapter and  
107 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 in section 338.330, within such APRN's practice and specialty;**

5           **(2) Notwithstanding any other provision of this chapter, prescribe, administer, and**  
6 **provide nonscheduled legend drug samples from pharmaceutical manufacturers to patients**  
7 **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 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.

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

14 licensure that each applicant shall pass an oral or practical examination. Upon successfully  
15 passing the examination, the board may issue to the applicant a license to practice nursing as a  
16 registered professional nurse. The applicant for a license to practice registered professional  
17 nursing shall pay a license fee in such amount as set by the board. The fee shall be uniform for  
18 all applicants. Applicants from foreign countries shall be licensed as prescribed by rule.

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

38       3. **(1) An applicant for a license to practice as an advanced practice registered**  
39 **nurse shall submit a completed application as established by the board. The application**  
40 **shall, at a minimum, contain:**

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

43       **(b) A statement under oath or affirmation that the applicant is of good moral**  
44 **character and that the representations contained in the application are true and correct**  
45 **to the best knowledge and belief of the applicant, subject to the penalties of making a false**  
46 **affidavit or declaration; and**

47       **(c) Documentation that demonstrates the following educational requirements:**

48       **a. Prior to July 1, 1998, completion of a formal post-basic educational program**  
49 **from or formally affiliated with an accredited college, university, or hospital of at least one**

50 **academic year, which includes advanced nurse theory and clinical nursing practice, leading**  
51 **to a graduate degree or certificate with a concentration in an advanced nursing clinical**  
52 **specialty area;**

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

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

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

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

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

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

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

77 **[4.] 5.** The board shall not deny a license because of sex, religion, race, ethnic origin, age  
78 or political affiliation.

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 **license** registered professional nurse,  
12 or a licensed practical nurse unless duly licensed so to practice under the provisions of [sections  
13 335.011 to 335.096] **this chapter**;

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

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

**335.360. 1. The party states find that:**

2 (1) **The health and safety of the public are affected by the degree of compliance**  
3 **with and the effectiveness of enforcement activities related to state nurse licensure laws;**

4 (2) **Violations of nurse licensure and other laws regulating the practice of nursing**  
5 **may result in injury or harm to the public;**

6 (3) **The expanded mobility of nurses and the use of advanced communication**  
7 **technologies as part of our nation's health care delivery system require greater**  
8 **coordination and cooperation among states in the areas of nurse licensure and regulation;**

9 (4) **New practice modalities and technology make compliance with individual state**  
10 **nurse licensure laws difficult and complex;**

11 (5) **The current system of duplicative licensure for nurses practicing in multiple**  
12 **states is cumbersome and redundant to both nurses and states; and**

13 (6) **Uniformity of nurse licensure requirements throughout the states promotes**  
14 **public safety and public health benefits.**

- 15           **2. The general purposes of this compact are to:**  
16           **(1) Facilitate the states' responsibility to protect the public's health and safety;**  
17           **(2) Ensure and encourage the cooperation of party states in the areas of nurse**  
18 **licensure and regulation;**  
19           **(3) Facilitate the exchange of information between party states in the areas of nurse**  
20 **regulation, investigation, and adverse actions;**  
21           **(4) Promote compliance with the laws governing the practice of nursing in each**  
22 **jurisdiction;**  
23           **(5) Invest all party states with the authority to hold a nurse accountable for meeting**  
24 **all state practice laws in the state in which the patient is located at the time care is rendered**  
25 **through the mutual recognition of party state licenses;**  
26           **(6) Decrease redundancies in the consideration and issuance of nurse licenses; and**  
27           **(7) Provide opportunities for interstate practice by nurses who meet uniform**  
28 **licensure requirements.**

335.365. As used in this compact, the following terms shall mean:

- 2           **(1) "Adverse action", any administrative, civil, equitable, or criminal action**  
3 **permitted by a state's laws which is imposed by a licensing board or other authority**  
4 **against a nurse, including actions against an individual's license or multistate licensure**  
5 **privilege such as revocation, suspension, probation, monitoring of the licensee, limitation**  
6 **on the licensee's practice, or any other encumbrance on licensure affecting a nurse's**  
7 **authorization to practice, including issuance of a cease and desist action;**  
8           **(2) "Alternative program", a nondisciplinary monitoring program approved by a**  
9 **licensing board;**  
10           **(3) "Coordinated licensure information system", an integrated process for**  
11 **collecting, storing, and sharing information on nurse licensure and enforcement activities**  
12 **related to nurse licensure laws that is administered by a nonprofit organization composed**  
13 **of and controlled by licensing boards;**  
14           **(4) "Current significant investigative information":**  
15           **(a) Investigative information that a licensing board, after a preliminary inquiry**  
16 **that includes notification and an opportunity for the nurse to respond, if required by state**  
17 **law, has reason to believe is not groundless and, if proved true, would indicate more than**  
18 **a minor infraction; or**  
19           **(b) Investigative information that indicates that the nurse represents an immediate**  
20 **threat to public health and safety, regardless of whether the nurse has been notified and**  
21 **had an opportunity to respond;**

- 22           (5) "Encumbrance", a revocation or suspension of, or any limitation on, the full  
23 and unrestricted practice of nursing imposed by a licensing board;
- 24           (6) "Home state", the party state which is the nurse's primary state of residence;
- 25           (7) "Licensing board", a party state's regulatory body responsible for issuing nurse  
26 licenses;
- 27           (8) "Multistate license", a license to practice as a registered nurse, "RN", or a  
28 licensed practical or vocational nurse, "LPN" or "VN", issued by a home state licensing  
29 board that authorizes the licensed nurse to practice in all party states under a multistate  
30 licensure privilege;
- 31           (9) "Multistate licensure privilege", a legal authorization associated with a  
32 multistate license permitting the practice of nursing as either an RN, LPN, or VN in a  
33 remote state;
- 34           (10) "Nurse", an RN, LPN, or VN, as those terms are defined by each party state's  
35 practice laws;
- 36           (11) "Party state", any state that has adopted this compact;
- 37           (12) "Remote state", a party state, other than the home state;
- 38           (13) "Single-state license", a nurse license issued by a party state that authorizes  
39 practice only within the issuing state and does not include a multistate licensure privilege  
40 to practice in any other party state;
- 41           (14) "State", a state, territory, or possession of the United States and the District  
42 of Columbia;
- 43           (15) "State practice laws", a party state's laws, rules, and regulations that govern  
44 the practice of nursing, define the scope of nursing practice, and create the methods and  
45 grounds for imposing discipline. State practice laws do not include requirements necessary  
46 to obtain and retain a license, except for qualifications or requirements of the home state.
- 335.370. 1. A multistate license to practice registered or licensed practical or  
2 vocational nursing issued by a home state to a resident in that state shall be recognized by  
3 each party state as authorizing a nurse to practice as a registered nurse, "RN", or as a  
4 licensed practical or vocational nurse, "LPN" or "VN", under a multistate licensure  
5 privilege, in each party state.
- 6           2. A state must implement procedures for considering the criminal history records  
7 of applicants for initial multistate license or licensure by endorsement. Such procedures  
8 shall include the submission of fingerprints or other biometric-based information by  
9 applicants for the purpose of obtaining an applicant's criminal history record information  
10 from the Federal Bureau of Investigation and the agency responsible for retaining that  
11 state's criminal records.

12           **3. Each party state shall require the following for an applicant to obtain or retain**  
13 **a multistate license in the home state:**

14           **(1) Meets the home state's qualifications for licensure or renewal of licensure as**  
15 **well as all other applicable state laws;**

16           **(2) (a) Has graduated or is eligible to graduate from a licensing board-approved**  
17 **RN or LPN or VN prelicensure education program; or**

18           **(b) Has graduated from a foreign RN or LPN or VN prelicensure education**  
19 **program that has been approved by the authorized accrediting body in the applicable**  
20 **country and has been verified by an independent credentials review agency to be**  
21 **comparable to a licensing board-approved prelicensure education program;**

22           **(3) Has, if a graduate of a foreign prelicensure education program not taught in**  
23 **English or if English is not the individual's native language, successfully passed an English**  
24 **proficiency examination that includes the components of reading, speaking, writing, and**  
25 **listening;**

26           **(4) Has successfully passed an NCLEX-RN or NCLEX-PN examination or**  
27 **recognized predecessor, as applicable;**

28           **(5) Is eligible for or holds an active, unencumbered license;**

29           **(6) Has submitted, in connection with an application for initial licensure or**  
30 **licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining**  
31 **criminal history record information from the Federal Bureau of Investigation and the**  
32 **agency responsible for retaining that state's criminal records;**

33           **(7) Has not been convicted or found guilty, or has entered into an agreed**  
34 **disposition, of a felony offense under applicable state or federal criminal law;**

35           **(8) Has not been convicted or found guilty, or has entered into an agreed**  
36 **disposition, of a misdemeanor offense related to the practice of nursing as determined on**  
37 **a case-by-case basis;**

38           **(9) Is not currently enrolled in an alternative program;**

39           **(10) Is subject to self-disclosure requirements regarding current participation in**  
40 **an alternative program; and**

41           **(11) Has a valid United States Social Security number.**

42           **4. All party states shall be authorized, in accordance with existing state due process**  
43 **law, to take adverse action against a nurse's multistate licensure privilege such as**  
44 **revocation, suspension, probation, or any other action that affects a nurse's authorization**  
45 **to practice under a multistate licensure privilege, including cease and desist actions. If a**  
46 **party state takes such action, it shall promptly notify the administrator of the coordinated**

47 licensure information system. The administrator of the coordinated licensure information  
48 system shall promptly notify the home state of any such actions by remote states.

49       5. A nurse practicing in a party state shall comply with the state practice laws of  
50 the state in which the client is located at the time service is provided. The practice of  
51 nursing is not limited to patient care, but shall include all nursing practice as defined by  
52 the state practice laws of the party state in which the client is located. The practice of  
53 nursing in a party state under a multistate licensure privilege shall subject a nurse to the  
54 jurisdiction of the licensing board, the courts, and the laws of the party state in which the  
55 client is located at the time service is provided.

56       6. Individuals not residing in a party state shall continue to be able to apply for a  
57 party state's single-state license as provided under the laws of each party state. However,  
58 the single-state license granted to these individuals shall not be recognized as granting the  
59 privilege to practice nursing in any other party state. Nothing in this compact shall affect  
60 the requirements established by a party state for the issuance of a single-state license.

61       7. Any nurse holding a home state multistate license on the effective date of this  
62 compact may retain and renew the multistate license issued by the nurse's then current  
63 home state, provided that:

64       (1) A nurse who changes primary state of residence after this compact's effective  
65 date shall meet all applicable requirements as provided in subsection 3 of this section to  
66 obtain a multistate license from a new home state;

67       (2) A nurse who fails to satisfy the multistate licensure requirements in subsection  
68 3 of this section due to a disqualifying event occurring after this compact's effective date  
69 shall be ineligible to retain or renew a multistate license, and the nurse's multistate license  
70 shall be revoked or deactivated in accordance with applicable rules adopted by the  
71 Interstate Commission of Nurse Licensure Compact Administrators, commission.

      335.375. 1. Upon application for a multistate license, the licensing board in the  
2 issuing party state shall ascertain, through the coordinated licensure information system,  
3 whether the applicant has ever held, or is the holder of, a license issued by any other state,  
4 whether there are any encumbrances on any license or multistate licensure privilege held  
5 by the applicant, whether any adverse action has been taken against any license or  
6 multistate licensure privilege held by the applicant, and whether the applicant is currently  
7 participating in an alternative program.

8       2. A nurse shall hold a multistate license, issued by the home state, in only one party  
9 state at a time.

10       3. If a nurse changes primary state of residence by moving between two party  
11 states, the nurse shall apply for licensure in the new home state, and the multistate license

12 issued by the prior home state shall be deactivated in accordance with applicable rules  
13 adopted by the commission.

14 (1) The nurse may apply for licensure in advance of a change in primary state of  
15 residence.

16 (2) A multistate license shall not be issued by the new home state until the nurse  
17 provides satisfactory evidence of a change in primary state of residence to the new home  
18 state and satisfies all applicable requirements to obtain a multistate license from the new  
19 home state.

20 4. If a nurse changes primary state of residence by moving from a party state to a  
21 non-party state, the multistate license issued by the prior home state shall convert to a  
22 single-state license, valid only in the former home state.

335.380. 1. In addition to the other powers conferred by state law, a licensing  
2 board shall have the authority to:

3 (1) Take adverse action against a nurse's multistate licensure privilege to practice  
4 within that party state;

5 (a) Only the home state shall have the power to take adverse action against a  
6 nurse's license issued by the home state;

7 (b) For purposes of taking adverse action, the home state licensing board shall give  
8 the same priority and effect to reported conduct received from a remote state as it would  
9 if such conduct had occurred within the home state. In so doing, the home state shall apply  
10 its own state laws to determine appropriate action;

11 (2) Issue cease and desist orders or impose an encumbrance on a nurse's authority  
12 to practice within that party state;

13 (3) Complete any pending investigations of a nurse who changes primary state of  
14 residence during the course of such investigations. The licensing board shall also have the  
15 authority to take appropriate action and shall promptly report the conclusions of such  
16 investigations to the administrator of the coordinated licensure information system. The  
17 administrator of the coordinated licensure information system shall promptly notify the  
18 new home state of any such actions;

19 (4) Issue subpoenas for both hearings and investigations that require the  
20 attendance and testimony of witnesses as well as the production of evidence. Subpoenas  
21 issued by a licensing board in a party state for the attendance and testimony of witnesses  
22 or the production of evidence from another party state shall be enforced in the latter state  
23 by any court of competent jurisdiction according to the practice and procedure of that  
24 court applicable to subpoenas issued in proceedings pending before it. The issuing

25 authority shall pay any witness fees, travel expenses, mileage, and other fees required by  
26 the service statutes of the state in which the witnesses or evidence are located;

27 (5) Obtain and submit, for each nurse licensure applicant, fingerprint or other  
28 biometric based information to the Federal Bureau of Investigation for criminal  
29 background checks, receive the results of the Federal Bureau of Investigation record  
30 search on criminal background checks, and use the results in making licensure decisions;

31 (6) If otherwise permitted by state law, recover from the affected nurse the costs  
32 of investigations and disposition of cases resulting from any adverse action taken against  
33 that nurse; and

34 (7) Take adverse action based on the factual findings of the remote state; provided  
35 that, the licensing board follows its own procedures for taking such adverse action.

36 2. If adverse action is taken by the home state against a nurse's multistate license,  
37 the nurse's multistate licensure privilege to practice in all other party states shall be  
38 deactivated until all encumbrances have been removed from the multistate license. All  
39 home state disciplinary orders that impose adverse action against a nurse's multistate  
40 license shall include a statement that the nurse's multistate licensure privilege is  
41 deactivated in all party states during the pendency of the order.

42 3. Nothing in this compact shall override a party state's decision that participation  
43 in an alternative program may be used in lieu of adverse action. The home state licensing  
44 board shall deactivate the multistate licensure privilege under the multistate license of any  
45 nurse for the duration of the nurse's participation in an alternative program.

335.385. 1. All party states shall participate in a coordinated licensure information  
2 system of all licensed registered nurses, "RNs", and licensed practical or vocational nurses,  
3 "LPNs" or "VNs". This system shall include information on the licensure and disciplinary  
4 history of each nurse, as submitted by party states, to assist in the coordination of nurse  
5 licensure and enforcement efforts.

6 2. The commission, in consultation with the administrator of the coordinated  
7 licensure information system, shall formulate necessary and proper procedures for the  
8 identification, collection, and exchange of information under this compact.

9 3. All licensing boards shall promptly report to the coordinated licensure  
10 information system any adverse action, any current significant investigative information,  
11 denials of applications with the reasons for such denials, and nurse participation in  
12 alternative programs known to the licensing board regardless of whether such  
13 participation is deemed nonpublic or confidential under state law.

14           **4. Current significant investigative information and participation in nonpublic or**  
15 **confidential alternative programs shall be transmitted through the coordinated licensure**  
16 **information system only to party state licensing boards.**

17           **5. Notwithstanding any other provision of law, all party state licensing boards**  
18 **contributing information to the coordinated licensure information system may designate**  
19 **information that shall not be shared with non-party states or disclosed to other entities or**  
20 **individuals without the express permission of the contributing state.**

21           **6. Any personally identifiable information obtained from the coordinated licensure**  
22 **information system by a party state licensing board shall not be shared with non-party**  
23 **states or disclosed to other entities or individuals except to the extent permitted by the laws**  
24 **of the party state contributing the information.**

25           **7. Any information contributed to the coordinated licensure information system**  
26 **that is subsequently required to be expunged by the laws of the party state contributing**  
27 **that information shall also be expunged from the coordinated licensure information**  
28 **system.**

29           **8. The compact administrator of each party state shall furnish a uniform data set**  
30 **to the compact administrator of each other party state, which shall include, at a minimum:**

31           **(1) Identifying information;**

32           **(2) Licensure data;**

33           **(3) Information related to alternative program participation; and**

34           **(4) Other information that may facilitate the administration of this compact, as**  
35 **determined by commission rules.**

36           **9. The compact administrator of a party state shall provide all investigative**  
37 **documents and information requested by another party state.**

**335.390. 1. The party states hereby create and establish a joint public entity known**  
2 **as the "Interstate Commission of Nurse Licensure Compact Administrators".**

3           **(1) The commission is an instrumentality of the party states.**

4           **(2) Venue is proper, and judicial proceedings by or against the commission shall**  
5 **be brought solely and exclusively in a court of competent jurisdiction where the principal**  
6 **office of the commission is located. The commission may waive venue and jurisdictional**  
7 **defenses to the extent it adopts or consents to participate in alternative dispute resolution**  
8 **proceedings.**

9           **(3) Nothing in this compact shall be construed to be a waiver of sovereign**  
10 **immunity.**

11           **2. (1) Each party state shall have and be limited to one administrator. The head**  
12 **of the state licensing board or designee shall be the administrator of this compact for each**

13 party state. Any administrator may be removed or suspended from office as provided by  
14 the law of the state from which the administrator is appointed. Any vacancy occurring in  
15 the commission shall be filled in accordance with the laws of the party state in which the  
16 vacancy exists.

17 (2) Each administrator shall be entitled to one vote with regard to the promulgation  
18 of rules and creation of bylaws and shall otherwise have an opportunity to participate in  
19 the business and affairs of the commission. An administrator shall vote in person or by  
20 such other means as provided in the bylaws. The bylaws may provide for an  
21 administrator's participation in meetings by telephone or other means of communication.

22 (3) The commission shall meet at least once during each calendar year. Additional  
23 meetings shall be held as set forth in the bylaws or rules of the commission.

24 (4) All meetings shall be open to the public, and public notice of meetings shall be  
25 given in the same manner as required under the rulemaking provisions in section 335.395.

26 (5) The commission may convene in a closed, nonpublic meeting if the commission  
27 must discuss:

28 (a) Noncompliance of a party state with its obligations under this compact;

29 (b) The employment, compensation, discipline, or other personnel matters,  
30 practices, or procedures related to specific employees, or other matters related to the  
31 commission's internal personnel practices and procedures;

32 (c) Current, threatened, or reasonably anticipated litigation;

33 (d) Negotiation of contracts for the purchase or sale of goods, services, or real  
34 estate;

35 (e) Accusing any person of a crime or formally censuring any person;

36 (f) Disclosure of trade secrets or commercial or financial information that is  
37 privileged or confidential;

38 (g) Disclosure of information of a personal nature where disclosure would  
39 constitute a clearly unwarranted invasion of personal privacy;

40 (h) Disclosure of investigatory records compiled for law enforcement purposes;

41 (i) Disclosure of information related to any reports prepared by or on behalf of the  
42 commission for the purpose of investigation of compliance with this compact; or

43 (j) Matters specifically exempted from disclosure by federal or state statute.

44 (6) If a meeting, or portion of a meeting, is closed pursuant to subdivision (5) of this  
45 subsection, the commission's legal counsel or designee shall certify that the meeting shall  
46 be closed and shall reference each relevant exempting provision. The commission shall  
47 keep minutes that fully and clearly describe all matters discussed in a meeting and shall  
48 provide a full and accurate summary of actions taken, and the reasons therefor, including

49 a description of the views expressed. All documents considered in connection with an  
50 action shall be identified in such minutes. All minutes and documents of a closed meeting  
51 shall remain under seal, subject to release by a majority vote of the commission or order  
52 of a court of competent jurisdiction.

53 3. The commission shall, by a majority vote of the administrators, prescribe bylaws  
54 or rules to govern its conduct as may be necessary or appropriate to carry out the purposes  
55 and exercise the powers of this compact including, but not limited to:

56 (1) Establishing the fiscal year of the commission;

57 (2) Providing reasonable standards and procedures:

58 (a) For the establishment and meetings of other committees; and

59 (b) Governing any general or specific delegation of any authority or function of the  
60 commission;

61 (3) Providing reasonable procedures for calling and conducting meetings of the  
62 commission, ensuring reasonable advance notice of all meetings and providing an  
63 opportunity for attendance of such meetings by interested parties, with enumerated  
64 exceptions designed to protect the public's interest, the privacy of individuals, and  
65 proprietary information, including trade secrets. The commission may meet in closed  
66 session only after a majority of the administrators vote to close a meeting in whole or in  
67 part. As soon as practicable, the commission must make public a copy of the vote to close  
68 the meeting revealing the vote of each administrator, with no proxy votes allowed;

69 (4) Establishing the titles, duties, and authority and reasonable procedures for the  
70 election of the officers of the commission;

71 (5) Providing reasonable standards and procedures for the establishment of the  
72 personnel policies and programs of the commission. Notwithstanding any civil service or  
73 other similar laws of any party state, the bylaws shall exclusively govern the personnel  
74 policies and programs of the commission; and

75 (6) Providing a mechanism for winding up the operations of the commission and  
76 the equitable disposition of any surplus funds that may exist after the termination of this  
77 compact after the payment or reserving of all of its debts and obligations.

78 4. The commission shall publish its bylaws and rules, and any amendments thereto,  
79 in a convenient form on the website of the commission.

80 5. The commission shall maintain its financial records in accordance with the  
81 bylaws.

82 6. The commission shall meet and take such actions as are consistent with the  
83 provisions of this compact and the bylaws.

84 7. The commission shall have the following powers:

85           (1) To promulgate uniform rules to facilitate and coordinate implementation and  
86 administration of this compact. The rules shall have the force and effect of law and shall  
87 be binding in all party states;

88           (2) To bring and prosecute legal proceedings or actions in the name of the  
89 commission; provided that, the standing of any licensing board to sue or be sued under  
90 applicable law shall not be affected;

91           (3) To purchase and maintain insurance and bonds;

92           (4) To borrow, accept, or contract for services of personnel including, but not  
93 limited to, employees of a party state or nonprofit organizations;

94           (5) To cooperate with other organizations that administer state compacts related  
95 to the regulation of nursing including, but not limited to, sharing administrative or staff  
96 expenses, office space, or other resources;

97           (6) To hire employees, elect or appoint officers, fix compensation, define duties,  
98 grant such individuals appropriate authority to carry out the purposes of this compact, and  
99 to establish the commission's personnel policies and programs relating to conflicts of  
100 interest, qualifications of personnel, and other related personnel matters;

101           (7) To accept any and all appropriate donations, grants and gifts of money,  
102 equipment, supplies, materials, and services, and to receive, utilize, and dispose of the  
103 same; provided that, at all times the commission shall avoid any appearance of impropriety  
104 or conflict of interest;

105           (8) To lease, purchase, accept appropriate gifts or donations of, or otherwise to  
106 own, hold, improve, or use, any property, whether real, personal, or mixed; provided that,  
107 at all times the commission shall avoid any appearance of impropriety;

108           (9) To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise  
109 dispose of any property, whether real, personal, or mixed;

110           (10) To establish a budget and make expenditures;

111           (11) To borrow money;

112           (12) To appoint committees, including advisory committees comprised of  
113 administrators, state nursing regulators, state legislators or their representatives, consumer  
114 representatives, and other such interested persons;

115           (13) To provide and receive information from, and to cooperate with, law  
116 enforcement agencies;

117           (14) To adopt and use an official seal; and

118           (15) To perform such other functions as may be necessary or appropriate to achieve  
119 the purposes of this compact consistent with the state regulation of nurse licensure and  
120 practice.

121           **8. (1) The commission shall pay, or provide for the payment of, the reasonable**  
122 **expenses of its establishment, organization, and ongoing activities.**

123           **(2) The commission may also levy on and collect an annual assessment from each**  
124 **party state to cover the cost of its operations, activities, and staff in its annual budget as**  
125 **approved each year. The aggregate annual assessment amount, if any, shall be allocated**  
126 **based upon a formula to be determined by the commission, which shall promulgate a rule**  
127 **that is binding upon all party states.**

128           **(3) The commission shall not incur obligations of any kind prior to securing the**  
129 **funds adequate to meet the same; nor shall the commission pledge the credit of any of the**  
130 **party states, except by and with the authority of such party state.**

131           **(4) The commission shall keep accurate accounts of all receipts and disbursements.**  
132 **The receipts and disbursements of the commission shall be subject to the audit and**  
133 **accounting procedures established under its bylaws. However, all receipts and**  
134 **disbursements of funds handled by the commission shall be audited yearly by a certified**  
135 **or licensed public accountant, and the report of the audit shall be included in and become**  
136 **part of the annual report of the commission.**

137           **9. (1) The administrators, officers, executive director, employees, and**  
138 **representatives of the commission shall be immune from suit and liability, either personally**  
139 **or in their official capacity, for any claim for damage to or loss of property, personal**  
140 **injury, or other civil liability caused by or arising out of any actual or alleged act, error,**  
141 **or omission that occurred, or that the person against whom the claim is made had a**  
142 **reasonable basis for believing occurred, within the scope of commission employment,**  
143 **duties, or responsibilities; provided that, nothing in this paragraph shall be construed to**  
144 **protect any such person from suit or liability for any damage, loss, injury, or liability**  
145 **caused by the intentional, willful, or wanton misconduct of that person.**

146           **(2) The commission shall defend any administrator, officer, executive director,**  
147 **employee, or representative of the commission in any civil action seeking to impose liability**  
148 **arising out of any actual or alleged act, error, or omission that occurred within the scope**  
149 **of commission employment, duties, or responsibilities, or that the person against whom the**  
150 **claim is made had a reasonable basis for believing occurred within the scope of commission**  
151 **employment, duties, or responsibilities; provided that, nothing herein shall be construed**  
152 **to prohibit that person from retaining his or her own counsel; and provided further that**  
153 **the actual or alleged act, error, or omission did not result from that person's intentional,**  
154 **willful, or wanton misconduct.**

155           **(3) The commission shall indemnify and hold harmless any administrator, officer,**  
156 **executive director, employee, or representative of the commission for the amount of any**

157 settlement or judgment obtained against that person arising out of any actual or alleged  
158 act, error, or omission that occurred within the scope of commission employment, duties,  
159 or responsibilities, or that such person had a reasonable basis for believing occurred within  
160 the scope of commission employment, duties, or responsibilities; provided that, the actual  
161 or alleged act, error, or omission did not result from the intentional, willful, or wanton  
162 misconduct of that person.

335.395. 1. The commission shall exercise its rulemaking powers pursuant to the  
2 criteria set forth in this section and the rules adopted thereunder. Rules and amendments  
3 shall become binding as of the date specified in each rule or amendment and shall have the  
4 same force and effect as provisions of this compact.

5 2. Rules or amendments to the rules shall be adopted at a regular or special meeting  
6 of the commission.

7 3. Prior to promulgation and adoption of a final rule or rules by the commission,  
8 and at least sixty days in advance of the meeting at which the rule shall be considered and  
9 voted upon, the commission shall file a notice of proposed rulemaking:

10 (1) On the website of the commission; and

11 (2) On the website of each licensing board or the publication in which each state  
12 would otherwise publish proposed rules.

13 4. The notice of proposed rulemaking shall include:

14 (1) The proposed time, date, and location of the meeting in which the rule shall be  
15 considered and voted upon;

16 (2) The text of the proposed rule or amendment, and the reason for the proposed  
17 rule;

18 (3) A request for comments on the proposed rule from any interested person;

19 (4) The manner in which interested persons may submit notice to the commission  
20 of their intention to attend the public hearing and any written comments.

21 5. Prior to adoption of a proposed rule, the commission shall allow persons to  
22 submit written data, facts, opinions, and arguments, which shall be made available to the  
23 public.

24 6. The commission shall grant an opportunity for a public hearing before it adopts  
25 a rule or amendment.

26 7. The commission shall publish the place, time, and date of the scheduled public  
27 hearing.

28 (1) Hearings shall be conducted in a manner providing each person who wishes to  
29 comment a fair and reasonable opportunity to comment orally or in writing. All hearings  
30 shall be recorded, and a copy shall be made available upon request.

31           **(2) Nothing in this section shall be construed as requiring a separate hearing on**  
32 **each rule. Rules may be grouped for the convenience of the commission at hearings**  
33 **required by this section.**

34           **8. If no one appears at the public hearing, the commission may proceed with**  
35 **promulgation of the proposed rule.**

36           **9. Following the scheduled hearing date, or by the close of business on the**  
37 **scheduled hearing date if the hearing was not held, the commission shall consider all**  
38 **written and oral comments received.**

39           **10. The commission shall, by majority vote of all administrators, take final action**  
40 **on the proposed rule and shall determine the effective date of the rule, if any, based on the**  
41 **rulemaking record and the full text of the rule.**

42           **11. Upon determination that an emergency exists, the commission may consider and**  
43 **adopt an emergency rule without prior notice, opportunity for comment, or hearing;**  
44 **provided that, the usual rulemaking procedures provided in this compact and in this**  
45 **section shall be retroactively applied to the rule as soon as reasonably possible, in no event**  
46 **later than ninety days after the effective date of the rule. For the purposes of this**  
47 **provision, an emergency rule is one that shall be adopted immediately in order to:**

48           **(1) Meet an imminent threat to public health, safety, or welfare;**

49           **(2) Prevent a loss of commission or party state funds; or**

50           **(3) Meet a deadline for the promulgation of an administrative rule that is required**  
51 **by federal law or rule.**

52           **12. The commission may direct revisions to a previously adopted rule or**  
53 **amendment for purposes of correcting typographical errors, errors in format, errors in**  
54 **consistency, or grammatical errors. Public notice of any revisions shall be posted on the**  
55 **website of the commission. The revision shall be subject to challenge by any person for a**  
56 **period of thirty days after posting. The revision shall be challenged only on grounds that**  
57 **the revision results in a material change to a rule. A challenge shall be made in writing and**  
58 **delivered to the commission prior to the end of the notice period. If no challenge is made,**  
59 **the revision shall take effect without further action. If the revision is challenged, the**  
60 **revision shall not take effect without the approval of the commission.**

**335.400. 1. (1) Each party state shall enforce this compact and take all actions**  
2 **necessary and appropriate to effectuate this compact's purposes and intent.**

3           **(2) The commission shall be entitled to receive service of process in any proceeding**  
4 **that may affect the powers, responsibilities, or actions of the commission, and shall have**  
5 **standing to intervene in such a proceeding for all purposes. Failure to provide service of**

6 process in such proceeding to the commission shall render a judgment or order void as to  
7 the commission, this compact, or promulgated rules.

8 2. (1) If the commission determines that a party state has defaulted in the  
9 performance of its obligations or responsibilities under this compact or the promulgated  
10 rules, the commission shall:

11 (a) Provide written notice to the defaulting state and other party states of the  
12 nature of the default, the proposed means of curing the default, or any other action to be  
13 taken by the commission; and

14 (b) Provide remedial training and specific technical assistance regarding the  
15 default.

16 (2) If a state in default fails to cure the default, the defaulting state's membership  
17 in this compact shall be terminated upon an affirmative vote of a majority of the  
18 administrators, and all rights, privileges, and benefits conferred by this compact shall be  
19 terminated on the effective date of termination. A cure of the default does not relieve the  
20 offending state of obligations or liabilities incurred during the period of default.

21 (3) Termination of membership in this compact shall be imposed only after all other  
22 means of securing compliance have been exhausted. Notice of intent to suspend or  
23 terminate shall be given by the commission to the governor of the defaulting state, to the  
24 executive officer of the defaulting state's licensing board, and each of the party states.

25 (4) A state whose membership in this compact has been terminated is responsible  
26 for all assessments, obligations, and liabilities incurred through the effective date of  
27 termination, including obligations that extend beyond the effective date of termination.

28 (5) The commission shall not bear any costs related to a state that is found to be in  
29 default or whose membership in this compact has been terminated unless agreed upon in  
30 writing between the commission and the defaulting state.

31 (6) The defaulting state may appeal the action of the commission by petitioning the  
32 United States District Court for the District of Columbia or the federal district in which  
33 the commission has its principal offices. The prevailing party shall be awarded all costs  
34 of such litigation, including reasonable attorneys' fees.

35 3. (1) Upon request by a party state, the commission shall attempt to resolve  
36 disputes related to the compact that arise among party states and between party and non-  
37 party states.

38 (2) The commission shall promulgate a rule providing for both mediation and  
39 binding dispute resolution for disputes, as appropriate.

40 (3) In the event the commission cannot resolve disputes among party states arising  
41 under this compact:

42 (a) The party states shall submit the issues in dispute to an arbitration panel, which  
43 shall be comprised of individuals appointed by the compact administrator in each of the  
44 affected party states and an individual mutually agreed upon by the compact  
45 administrators of all the party states involved in the dispute.

46 (b) The decision of a majority of the arbitrators shall be final and binding.

47 4. (1) The commission, in the reasonable exercise of its discretion, shall enforce the  
48 provisions and rules of this compact.

49 (2) By majority vote, the commission may initiate legal action in the United States  
50 District Court for the District of Columbia or the federal district in which the commission  
51 has its principal offices against a party state that is in default to enforce compliance with  
52 the provisions of this compact and its promulgated rules and bylaws. The relief sought  
53 may include both injunctive relief and damages. In the event judicial enforcement is  
54 necessary, the prevailing party shall be awarded all costs of such litigation, including  
55 reasonable attorneys' fees.

56 (3) The remedies herein shall not be the exclusive remedies of the commission. The  
57 commission may pursue any other remedies available under federal or state law.

335.405. 1. This compact shall become effective and binding on the earlier of the  
2 date of legislative enactment of this compact into law by no less than twenty-six states or  
3 December 31, 2018. All party states to this compact that also were parties to the prior  
4 Nurse Licensure Compact superseded by this compact "prior compact" shall be deemed  
5 to have withdrawn from said prior compact within six months after the effective date of  
6 this compact.

7 2. Each party state to this compact shall continue to recognize a nurse's multistate  
8 licensure privilege to practice in that party state issued under the prior compact until such  
9 party state has withdrawn from the prior compact.

10 3. Any party state may withdraw from this compact by enacting a statute repealing  
11 the same. A party state's withdrawal shall not take effect until six months after enactment  
12 of the repealing statute.

13 4. A party state's withdrawal or termination shall not affect the continuing  
14 requirement of the withdrawing or terminated state's licensing board to report adverse  
15 actions and significant investigations occurring prior to the effective date of such  
16 withdrawal or termination.

17 5. Nothing contained in this compact shall be construed to invalidate or prevent any  
18 nurse licensure agreement or other cooperative arrangement between a party state and a  
19 non-party state that is made in accordance with the other provisions of this compact.

20           **6. This compact may be amended by the party states. No amendment to this**  
21 **compact shall become effective and binding upon the party states unless and until it is**  
22 **enacted into the laws of all party states.**

23           **7. Representatives of non-party states to this compact shall be invited to participate**  
24 **in the activities of the commission on a nonvoting basis prior to the adoption of this**  
25 **compact by all states.**

**335.410. This compact shall be liberally construed so as to effectuate the purposes**  
2 **thereof. The provisions of this compact shall be severable and if any phrase, clause,**  
3 **sentence, or provision of this compact is declared to be contrary to the constitution of any**  
4 **party state or of the United States or the applicability thereof to any government, agency,**  
5 **person, or circumstance is held invalid, the validity of the remainder of this compact and**  
6 **the applicability thereof to any government, agency, person, or circumstance shall not be**  
7 **affected thereby. If this compact shall be held contrary to the constitution of any party**  
8 **state, this compact shall remain in full force and effect as to the remaining party states and**  
9 **in full force and effect as to the party state affected as to all severable matters.**

**335.415. 1. The term "head of the nurse licensing board" as referred to in section**  
2 **335.390 of this compact shall mean the executive director of the Missouri state board of**  
3 **nursing.**

4           **2. This compact is designed to facilitate the regulation of nurses, and does not**  
5 **relieve employers from complying with statutorily imposed obligations.**

6           **3. This compact does not supersede existing state labor laws.**

**376.1235. 1. No health carrier or health benefit plan, as defined in section 376.1350,**  
2 **shall impose a co-payment or coinsurance percentage charged to the insured for services**  
3 **rendered for each date of service by a physical therapist licensed under chapter 334 or an**  
4 **occupational therapist licensed under chapter 324, for services that require a prescription, that**  
5 **is greater than the co-payment or coinsurance percentage charged to the insured for the services**  
6 **of a primary care physician licensed under chapter 334 for an office visit.**

7           **2. A health carrier or health benefit plan shall clearly state the availability of physical**  
8 **therapy and occupational therapy coverage under its plan and all related limitations,**  
9 **conditions, and exclusions.**

10           **3. Beginning September 1, [2013] 2016, the oversight division of the joint committee**  
11 **on legislative research shall perform an actuarial analysis of the cost impact to health carriers,**  
12 **insureds with a health benefit plan, and other private and public payers if the provisions of this**  
13 **section regarding occupational therapy coverage were enacted. By December 31, [2013,]**  
14 **2016, the director of the oversight division of the joint committee on legislative research shall**  
15 **submit a report of the actuarial findings prescribed by this section to the speaker, the president**

16 pro tem, and the chairpersons of both the house of representatives and senate standing  
17 committees having jurisdiction over health insurance matters. If the fiscal note cost estimation  
18 is less than the cost of an actuarial analysis, the actuarial analysis requirement shall be waived.  
19

[335.300. 1. The party states find that:

2 (1) The health and safety of the public are affected by the degree of  
3 compliance with and the effectiveness of enforcement activities related to state  
4 nurse licensure laws;

5 (2) Violations of nurse licensure and other laws regulating the practice  
6 of nursing may result in injury or harm to the public;

7 (3) The expanded mobility of nurses and the use of advanced  
8 communication technologies as part of our nation's health care delivery system  
9 require greater coordination and cooperation among states in the areas of nurse  
10 licensure and regulation;

11 (4) New practice modalities and technology make compliance with  
12 individual state nurse licensure laws difficult and complex;

13 (5) The current system of duplicative licensure for nurses practicing in  
14 multiple states is cumbersome and redundant to both nurses and states.

15 2. The general purposes of this compact are to:

16 (1) Facilitate the states' responsibility to protect the public's health and  
17 safety;

18 (2) Ensure and encourage the cooperation of party states in the areas of  
19 nurse licensure and regulation;

20 (3) Facilitate the exchange of information between party states in the  
21 areas of nurse regulation, investigation, and adverse actions;

22 (4) Promote compliance with the laws governing the practice of nursing  
23 in each jurisdiction;

24 (5) Invest all party states with the authority to hold a nurse accountable  
25 for meeting all state practice laws in the state in which the patient is located at the  
26 time care is rendered through the mutual recognition of party state licenses.]  
27

[335.305. As used in this compact, the following terms shall mean:

2 (1) "Adverse action", a home or remote state action;

3 (2) "Alternative program", a voluntary, nondisciplinary monitoring  
4 program approved by a nurse licensing board;

5 (3) "Coordinated licensure information system", an integrated process for  
6 collecting, storing, and sharing information on nurse licensure and enforcement  
7 activities related to nurse licensure laws, which is administered by a nonprofit  
8 organization composed of and controlled by state nurse licensing boards;

9 (4) "Current significant investigative information":

10 (a) Investigative information that a licensing board, after a preliminary  
11 inquiry that includes notification and an opportunity for the nurse to respond if

- 12 required by state law, has reason to believe is not groundless and, if proved true,  
13 would indicate more than a minor infraction; or
- 14 (b) Investigative information that indicates that the nurse represents an  
15 immediate threat to public health and safety regardless of whether the nurse has  
16 been notified and had an opportunity to respond;
- 17 (5) "Home state", the party state that is the nurse's primary state of  
18 residence;
- 19 (6) "Home state action", any administrative, civil, equitable, or criminal  
20 action permitted by the home state's laws that are imposed on a nurse by the  
21 home state's licensing board or other authority including actions against an  
22 individual's license such as: revocation, suspension, probation, or any other  
23 action affecting a nurse's authorization to practice;
- 24 (7) "Licensing board", a party state's regulatory body responsible for  
25 issuing nurse licenses;
- 26 (8) "Multistate licensing privilege", current, official authority from a  
27 remote state permitting the practice of nursing as either a registered nurse or a  
28 licensed practical/vocational nurse in such party state. All party states have the  
29 authority, in accordance with existing state due process law, to take actions  
30 against the nurse's privilege such as: revocation, suspension, probation, or any  
31 other action that affects a nurse's authorization to practice;
- 32 (9) "Nurse", a registered nurse or licensed/vocational nurse, as those  
33 terms are defined by each state's practice laws;
- 34 (10) "Party state", any state that has adopted this compact;
- 35 (11) "Remote state", a party state, other than the home state:
- 36 (a) Where a patient is located at the time nursing care is provided; or  
37 (b) In the case of the practice of nursing not involving a patient, in such  
38 party state where the recipient of nursing practice is located;
- 39 (12) "Remote state action":
- 40 (a) Any administrative, civil, equitable, or criminal action permitted by  
41 a remote state's laws which are imposed on a nurse by the remote state's licensing  
42 board or other authority including actions against an individual's multistate  
43 licensure privilege to practice in the remote state; and
- 44 (b) Cease and desist and other injunctive or equitable orders issued by  
45 remote states or the licensing boards thereof;
- 46 (13) "State", a state, territory, or possession of the United States, the  
47 District of Columbia, or the Commonwealth of Puerto Rico;
- 48 (14) "State practice laws", those individual party's state laws and  
49 regulations that govern the practice of nursing, define the scope of nursing  
50 practice, and create the methods and grounds for imposing discipline. State  
51 practice laws does not include the initial qualifications for licensure or  
52 requirements necessary to obtain and retain a license, except for qualifications or  
53 requirements of the home state.]

2 [335.310. 1. A license to practice registered nursing issued by a home  
3 state to a resident in that state will be recognized by each party state as  
4 authorizing a multistate licensure privilege to practice as a registered nurse in  
5 such party state. A license to practice licensed practical/vocational nursing issued  
6 by a home state to a resident in that state will be recognized by each party state  
7 as authorizing a multistate licensure privilege to practice as a licensed  
8 practical/vocational nurse in such party state. In order to obtain or retain a  
9 license, an applicant must meet the home state's qualifications for licensure and  
10 license renewal as well as all other applicable state laws.

11 2. Party states may, in accordance with state due process laws, limit or  
12 revoke the multistate licensure privilege of any nurse to practice in their state and  
13 may take any other actions under their applicable state laws necessary to protect  
14 the health and safety of their citizens. If a party state takes such action, it shall  
15 promptly notify the administrator of the coordinated licensure information  
16 system. The administrator of the coordinated licensure information system shall  
17 promptly notify the home state of any such actions by remote states.

18 3. Every nurse practicing in a party state must comply with the state  
19 practice laws of the state in which the patient is located at the time care is  
20 rendered. In addition, the practice of nursing is not limited to patient care, but  
21 shall include all nursing practice as defined by the state practice laws of a party  
22 state. The practice of nursing will subject a nurse to the jurisdiction of the nurse  
23 licensing board and the courts, as well as the laws, in that party state.

24 4. This compact does not affect additional requirements imposed by  
25 states for advanced practice registered nursing. However, a multistate licensure  
26 privilege to practice registered nursing granted by a party state shall be  
27 recognized by other party states as a license to practice registered nursing if one  
28 is required by state law as a precondition for qualifying for advanced practice  
29 registered nurse authorization.

30 5. Individuals not residing in a party state shall continue to be able to  
31 apply for nurse licensure as provided for under the laws of each party state.  
32 However, the license granted to these individuals will not be recognized as  
33 granting the privilege to practice nursing in any other party state unless explicitly  
agreed to by that party state.]

2 [335.315. 1. Upon application for a license, the licensing board in a party  
3 state shall ascertain, through the coordinated licensure information system,  
4 whether the applicant has ever held, or is the holder of, a license issued by any  
5 other state, whether there are any restrictions on the multistate licensure privilege,  
6 and whether any other adverse action by any state has been taken against the  
7 license.

8 2. A nurse in a party state shall hold licensure in only one party state at  
a time, issued by the home state.

9                   3. A nurse who intends to change primary state of residence may apply  
10 for licensure in the new home state in advance of such change. However, new  
11 licenses will not be issued by a party state until after a nurse provides evidence  
12 of change in primary state of residence satisfactory to the new home state's  
13 licensing board.

14                   4. When a nurse changes primary state of residence by:

15                   (1) Moving between two party states, and obtains a license from the new  
16 home state, the license from the former home state is no longer valid;

17                   (2) Moving from a nonparty state to a party state, and obtains a license  
18 from the new home state, the individual state license issued by the nonparty state  
19 is not affected and will remain in full force if so provided by the laws of the  
20 nonparty state;

21                   (3) Moving from a party state to a nonparty state, the license issued by  
22 the prior home state converts to an individual state license, valid only in the  
23 former home state, without the multistate licensure privilege to practice in other  
24 party states.]

2                   [335.320. In addition to the general provisions described in article III of  
3 this compact, the following provisions apply:

4                   (1) The licensing board of a remote state shall promptly report to the  
5 administrator of the coordinated licensure information system any remote state  
6 actions including the factual and legal basis for such action, if known. The  
7 licensing board of a remote state shall also promptly report any significant current  
8 investigative information yet to result in a remote state action. The administrator  
9 of the coordinated licensure information system shall promptly notify the home  
10 state of any such reports;

11                   (2) The licensing board of a party state shall have the authority to  
12 complete any pending investigations for a nurse who changes primary state of  
13 residence during the course of such investigations. It shall also have the authority  
14 to take appropriate actions, and shall promptly report the conclusions of such  
15 investigations to the administrator of the coordinated licensure information  
16 system. The administrator of the coordinated licensure information system shall  
17 promptly notify the new home state of any such actions;

18                   (3) A remote state may take adverse action affecting the multistate  
19 licensure privilege to practice within that party state. However, only the home  
20 state shall have the power to impose adverse action against the license issued by  
21 the home state;

22                   (4) For purposes of imposing adverse action, the licensing board of the  
23 home state shall give the same priority and effect to reported conduct received  
24 from a remote state as it would if such conduct had occurred within the home  
25 state, in so doing, it shall apply its own state laws to determine appropriate  
action;

26 (5) The home state may take adverse action based on the factual findings  
27 of the remote state, so long as each state follows its own procedures for imposing  
28 such adverse action;

29 (6) Nothing in this compact shall override a party state's decision that  
30 participation in an alternative program may be used in lieu of licensure action and  
31 that such participation shall remain nonpublic if required by the party state's laws.  
32 Party states must require nurses who enter any alternative programs to agree not  
33 to practice in any other party state during the term of the alternative program  
34 without prior authorization from such other party state.]

[335.325. Notwithstanding any other powers, party state nurse licensing  
2 boards shall have the authority to:

3 (1) If otherwise permitted by state law, recover from the affected nurse  
4 the costs of investigations and disposition of cases resulting from any adverse  
5 action taken against that nurse;

6 (2) Issue subpoenas for both hearings and investigations which require  
7 the attendance and testimony of witnesses, and the production of evidence.  
8 Subpoenas issued by a nurse licensing board in a party state for the attendance  
9 and testimony of witnesses, and/or the production of evidence from another party  
10 state, shall be enforced in the latter state by any court of competent jurisdiction,  
11 according to the practice and procedure of that court applicable to subpoenas  
12 issued in proceedings pending before it. The issuing authority shall pay any  
13 witness fees, travel expenses, mileage, and other fees required by the service  
14 statutes of the state where the witnesses and evidence are located;

15 (3) Issue cease and desist orders to limit or revoke a nurse's authority to  
16 practice in their state;

17 (4) Promulgate uniform rules and regulations as provided for in  
18 subsection 3 of section 335.335.]

[335.330. 1. All party states shall participate in a cooperative effort to  
2 create a coordinated database of all licensed registered nurses and licensed  
3 practical/vocational nurses. This system will include information on the  
4 licensure and disciplinary history of each nurse, as contributed by party states, to  
5 assist in the coordination of nurse licensure and enforcement efforts.

6 2. Notwithstanding any other provision of law, all party states' licensing  
7 boards shall promptly report adverse actions, actions against multistate licensure  
8 privileges, any current significant investigative information yet to result in  
9 adverse action, denials of applications, and the reasons for such denials to the  
10 coordinated licensure information system.

11 3. Current significant investigative information shall be transmitted  
12 through the coordinated licensure information system only to party state licensing  
13 boards.

14           4. Notwithstanding any other provision of law, all party states' licensing  
15 boards contributing information to the coordinated licensure information system  
16 may designate information that may not be shared with nonparty states or  
17 disclosed to other entities or individuals without the express permission of the  
18 contributing state.

19           5. Any personally identifiable information obtained by a party state's  
20 licensing board from the coordinated licensure information system may not be  
21 shared with nonparty states or disclosed to other entities or individuals except to  
22 the extent permitted by the laws of the party state contributing the information.  
23

24           6. Any information contributed to the coordinated licensure information  
25 system that is subsequently required to be expunged by the laws of the party state  
26 contributing that information shall also be expunged from the coordinated  
27 licensure information system.

28           7. The compact administrators, acting jointly with each other and in  
29 consultation with the administrator of the coordinated licensure information  
30 system, shall formulate necessary and proper procedures for the identification,  
31 collection, and exchange of information under this compact.]

          [335.335. 1. The head of the nurse licensing board, or his/her designee,  
2 of each party state shall be the administrator of this compact for his/her state.

3           2. The compact administrator of each party shall furnish to the compact  
4 administrator of each other party state any information and documents including,  
5 but not limited to, a uniform data set of investigations, identifying information,  
6 licensure data, and disclosable alternative program participation information to  
7 facilitate the administration of this compact.

8           3. Compact administrators shall have the authority to develop uniform  
9 rules to facilitate and coordinate implementation of this compact. These uniform  
10 rules shall be adopted by party states, under the authority invested under  
11 subsection 4 of section 335.325.]

          [335.340. No party state or the officers or employees or agents of a party  
2 state's nurse licensing board who acts in accordance with the provisions of this  
3 compact shall be liable on account of any act or omission in good faith while  
4 engaged in the performance of their duties under this compact. Good faith in this  
5 article shall not include willful misconduct, gross negligence, or recklessness.]

          [335.345. 1. This compact shall enter into force and become effective as  
2 to any state when it has been enacted into the laws of that state. Any party state  
3 may withdraw from this compact by enacting a statute repealing the same, but no  
4 such withdrawal shall take effect until six months after the withdrawing state has  
5 given notice of the withdrawal to the executive heads of all other party states.

6           2. No withdrawal shall affect the validity or applicability by the licensing  
7 boards of states remaining party to the compact of any report of adverse action  
8 occurring prior to the withdrawal.

9           3. Nothing contained in this compact shall be construed to invalidate or  
10 prevent any nurse licensure agreement or other cooperative arrangement between  
11 a party state and a non-party state that is made in accordance with the other  
12 provisions of this compact.

13           4. This compact may be amended by the party states. No amendment to  
14 this compact shall become effective and binding upon the party states unless and  
15 until it is enacted into the laws of all party states.]

2           [335.350. 1. This compact shall be liberally construed so as to effectuate  
3 the purposes thereof. The provisions of this compact shall be severable and if  
4 any phrase, clause, sentence, or provision of this compact is declared to be  
5 contrary to the constitution of any party state or of the United States or the  
6 applicability thereof to any government, agency, person, or circumstance is held  
7 invalid, the validity of the remainder of this compact and the applicability thereof  
8 to any government, agency, person, or circumstance shall not be affected thereby.  
9 If this compact shall be held contrary to the constitution of any state party thereto,  
10 the compact shall remain in full force and effect as to the remaining party states  
11 and in full force and effect as to the party state affected as to all severable  
12 matters.

13           2. In the event party states find a need for settling disputes arising under  
14 this compact:

15           (1) The party states may submit the issues in dispute to an arbitration  
16 panel which will be comprised of an individual appointed by the compact  
17 administrator in the home state, an individual appointed by the compact  
18 administrator in the remote states involved, and an individual mutually agreed  
19 upon by the compact administrators of all the party states involved in the dispute;

20           (2) The decision of a majority of the arbitrators shall be final and  
binding.]

2           [335.355. 1. The term "head of the nurse licensing board" as referred to  
3 in article VIII of this compact shall mean the executive director of the Missouri  
4 state board of nursing.

5           2. A person who is extended the privilege to practice in this state  
6 pursuant to the nurse licensure compact is subject to discipline by the board, as  
7 set forth in this chapter, for violation of this chapter or the rules and regulations  
8 promulgated herein. A person extended the privilege to practice in this state  
9 pursuant to the nurse licensure compact shall be subject to adhere to all  
10 requirements of this chapter, as if such person were originally licensed in this  
11 state.

12           3. Sections 335.300 to 335.355 are applicable only to nurses whose home  
states are determined by the Missouri state board of nursing to have licensure

13 requirements that are substantially equivalent or more stringent than those of  
14 Missouri.

15 4. This compact is designed to facilitate the regulation of nurses, and  
16 does not relieve employers from complying with statutorily imposed obligations.

17 5. This compact does not supercede existing state labor laws.]

18

Section B. The repeal of sections 335.300 to 335.355 and the enactment of sections  
2 335.360 to 335.415 of this act shall become effective on December 31, 2018, or upon the  
3 enactment of sections 335.360 to 335.415 of this act by no less than twenty-six states and  
4 notification of such enactment to the revisor of statutes by the Interstate Commission of Nurse  
5 Licensure Compact Administrators, whichever occurs first.

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