

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 204
100TH GENERAL ASSEMBLY

0840H.02C

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 193.015, 195.100, 324.008, 324.009, 329.050, 333.041, 334.037, 334.104, 334.108, 334.506, 334.613, 334.735, 334.736, 334.747, 334.749, 336.080, 337.020, 337.029, 337.050, 338.010, 341.170, 630.175, and 630.875, RSMo, and to enact in lieu thereof twenty-five new sections relating to professional licensure, with a penalty provision.

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

Section A. Sections 193.015, 195.100, 324.008, 324.009, 329.050, 333.041, 334.037, 2 334.104, 334.108, 334.506, 334.613, 334.735, 334.736, 334.747, 334.749, 336.080, 337.020, 3 337.029, 337.050, 338.010, 341.170, 630.175, and 630.875, RSMo, are repealed and twenty-five 4 new sections enacted in lieu thereof, to be known as sections 193.015, 195.100, 324.009, 5 324.025, 324.035, 329.050, 333.041, 334.037, 334.104, 334.108, 334.506, 334.613, 334.735, 6 334.736, 334.747, 334.749, 336.080, 337.020, 337.029, 337.050, 338.010, 341.170, 442.135, 7 630.175, and 630.875, to read as follows:

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

3 (1) "Advanced practice registered nurse", a person licensed to practice as an advanced 4 practice registered nurse under chapter 335, and who has been delegated tasks outlined in section 5 193.145 by a physician with whom they have entered into a collaborative practice arrangement 6 under chapter 334;

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

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2 (1) "License", a license, certificate, registration, permit, or accreditation that enables a
3 person to legally practice an occupation or profession in a particular jurisdiction; except that
4 "license" shall not include a certificate of license to teach in public schools under section
5 168.021;

6 (2) **"Nonresident military spouse", a nonresident spouse of an active duty member**
7 **of the Armed Forces of the United States who has been transferred or is scheduled to be**
8 **transferred to the state of Missouri, is domiciled in the state of Missouri, or has moved to**
9 **the state of Missouri on a permanent change-of-station basis;**

10 (3) "Oversight body", any board, department, agency, or office of a jurisdiction that
11 issues licenses; except, for the purposes of this section, oversight body shall not include the state
12 board of registration for the healing arts, the state board of nursing, the board of pharmacy, the
13 state committee of psychologists, the Missouri dental board, the Missouri board for architects,

14 professional engineers, professional land surveyors and professional landscape architects, the
15 state board of optometry, or the Missouri veterinary medical board.

16 2. Any resident of Missouri **or any nonresident military spouse** who holds a valid
17 current license issued by another state, territory of the United States, or the District of Columbia
18 may submit an application for a license in Missouri in the same occupation or profession for
19 which he or she holds the current license, along with **any required application fee and** proof
20 of current licensure in ~~[the]~~ **all other [jurisdiction] jurisdictions**, to the relevant oversight body
21 in this state.

22 3. The oversight body in this state shall, within ~~[six months]~~ **ninety days** of receiving
23 an application described in subsection 2 of this section, waive any examination, educational, or
24 experience requirements for licensure in this state for the applicant if it determines that the
25 licensing requirements in the jurisdiction that issued the applicant's license are substantially
26 similar to or more stringent than the licensing requirements in Missouri for the same occupation
27 or profession.

28 4. The oversight body shall not waive any examination, educational, or experience
29 requirements for any applicant who is currently under disciplinary action with an oversight body
30 outside the state or who does not hold a valid current license in the other jurisdiction on the date
31 the oversight body receives his or her application under this section.

32 5. The oversight body shall not waive any examination, educational, or experience
33 requirements for any applicant if it determines that waiving the requirements for the applicant
34 may endanger the public health, safety, or welfare.

35 6. Nothing in this section shall prohibit the oversight body from denying a license to an
36 applicant under this section for any reason described in any section associated with the
37 occupation or profession for which the applicant seeks a license.

38 7. This section shall not be construed to waive any requirement for an applicant to pay
39 any fees, post any bonds or surety bonds, or submit proof of insurance associated with the license
40 the applicant seeks.

41 8. This section shall not apply to business, professional, or occupational licenses issued
42 or required by political subdivisions.

43 9. The provisions of this section shall not be construed to alter the authority granted by,
44 or any requirements promulgated pursuant to, any interjurisdictional or interstate compacts
45 adopted by Missouri statute or any reciprocity agreements with other states ~~[in effect on August~~
46 ~~28, 2018, and whenever possible this section shall be interpreted so as to imply no conflict~~
47 ~~between it and any compact, or any reciprocity agreements with other states in effect on August~~
48 ~~28, 2018]~~ **and should any conflict arise between the provisions of this section and the**
49 **provisions of any interjurisdictional or interstate compact or reciprocity agreement, the**

50 provisions of such compact or agreement shall prevail. Should a conflict arise between the
51 provisions of this section and any federal law or rule, the provisions of the federal law or
52 rule shall prevail.

53 **10. For the purposes of this section, nonresident military spouses shall be eligible**
54 **to apply for a license with any board, department, agency, or office of a jurisdiction that**
55 **issues licenses, including the state board of registration for the healing arts; the state board**
56 **of nursing; the board of pharmacy; the state committee of psychologists; the Missouri**
57 **dental board; the Missouri board for architects, professional engineers, professional land**
58 **surveyors, and professional landscape architects; the state board of optometry; and the**
59 **Missouri veterinary medical board.**

2 **324.025. 1. The provisions of this section shall be known and may be cited as the**
3 **"Expanded Workforce Access Act of 2019".**

4 **2. For purposes of this section, the following terms mean:**

5 **(1) "Apprenticeship", a program that meets the federal guidelines set out in 29**
6 **CFR Part 29 and 29 U.S.C. Section 50;**

7 **(2) "License", a license, certificate, registration, permit, or accreditation that**
8 **enables a person to legally practice an occupation, profession, or activity in the state;**

9 **(3) "Licensing authority", an agency, examining board, credentialing board, or**
10 **other office of the state with the authority to impose occupational fees or licensing**
11 **requirements on any profession.**

12 **3. Beginning January 1, 2020, within the parameters established under the federal**
13 **Labor Standards For the Registration of Apprenticeship Programs under 29 CFR Part 29**
14 **and 29 U.S.C. Section 50, each state licensing authority shall grant a license to any**
15 **applicant who meets the following criteria:**

16 **(1) Successfully completed the eighth grade;**

17 **(2) Completed an apprenticeship approved by the appropriate licensing authority**
18 **or the United States Department of Labor, or otherwise authorized under state or federal**
19 **law. This apprenticeship may be completed under the supervision of a state-licensed**
20 **practitioner or at a state-licensed school; and**

21 **(3) Passed the required licensure examination, if one is deemed to be necessary,**
22 **under state law.**

23 **4. (1) The appropriate licensing authority shall establish a passing score for any**
24 **necessary examinations under the apprenticeship program which shall not exceed any**
25 **passing scores that are otherwise required for a non-apprenticeship license for the specific**
profession.

26 **(2) If there is no examination requirement for a non-apprenticeship license, no**
27 **examination shall be required for applicants who complete an apprenticeship.**

28 **(3) The number of working hours required for a competency-based apprenticeship**
29 **or a hybrid apprenticeship under 29 CFR 29.5 shall not exceed the number of educational**
30 **hours otherwise required for a non-apprenticeship license for the specific profession.**

31 **5. Any department with oversight over a licensing authority may promulgate all**
32 **necessary rules and regulations for the implementation of this section. Any rule or portion**
33 **of a rule, as that term is defined in section 536.010 that is created under the authority**
34 **delegated in this section shall become effective only if it complies with and is subject to all**
35 **of the provisions of chapter 536, and, if applicable, section 536.028. This section and**
36 **chapter 536 are nonseverable and if any of the powers vested with the general assembly**
37 **pursuant to chapter 536, to review, to delay the effective date, or to disapprove and annul**
38 **a rule are subsequently held unconstitutional, then the grant of rulemaking authority and**
39 **any rule proposed or adopted after August 28, 2019, shall be invalid and void.**

324.035. No board, commission, or committee within the division of professional
2 **registration shall utilize occupational fees, or any other fees associated with licensing**
3 **requirements, or contract or partner with any outside vendor or agency for the purpose**
4 **of offering continuing education classes.**

 329.050. 1. Applicants for examination or licensure pursuant to this chapter shall
2 possess the following qualifications:

3 (1) They shall provide documentation of successful completion of courses approved by
4 the board, have an education equivalent to the successful completion of the tenth grade, and be
5 at least seventeen years of age;

6 (2) If the applicants are apprentices, they shall have served and completed, as an
7 apprentice under the supervision of a licensed cosmetologist, the time and studies required by
8 the board which shall be no less than three thousand hours for cosmetologists, and no less than
9 eight hundred hours for manicurists and no less than fifteen hundred hours for esthetics.
10 However, when the classified occupation of manicurist is apprenticed in conjunction with the
11 classified occupation of cosmetologist, the apprentice shall be required to successfully complete
12 an apprenticeship of no less than a total of three thousand hours;

13 (3) If the applicants are students, they shall have had the required time in a licensed
14 school of no less than one thousand five hundred hours training or the credit hours determined
15 by the formula in Subpart A of Part 668 of Section 668.8 of Title 34 of the Code of Federal
16 Regulations, as amended, for the classification of cosmetologist, with the exception of public
17 vocational technical schools in which a student shall complete no less than one thousand two
18 hundred twenty hours training. **All students shall complete no less than one thousand hours**

19 **or the credit hours determined by the formula in Subpart A of Part 668 of Section 668.8**
20 **of Title 34 of the Code of Federal Regulations, as amended, for the classification of**
21 **hairstylist.** All students shall complete no less than four hundred hours or the credit hours
22 determined by the formula in Subpart A of Part 668 of Section 668.8 of Title 34 of the Code of
23 Federal Regulations, as amended, for the classification of manicurist. **However, when the**
24 **classified occupation of manicurist is taken in conjunction with the classified occupation**
25 **of cosmetologist, the student shall not be required to serve the extra four hundred hours**
26 **or the credit hours determined by the formula in Subpart A of Part 668 of Section 668.8**
27 **of Title 34 of the Code of Federal Regulations, as amended, otherwise required to include**
28 **manicuring of nails.** All students shall complete no less than seven hundred fifty hours or the
29 credit hours determined by the formula in Subpart A of Part 668 of Section 668.8 of Title 34 of
30 the Code of Federal Regulations, as amended, for the classification of esthetician. However,
31 when the classified occupation of [~~manicurist~~] **esthetician** is taken in conjunction with the
32 classified occupation of cosmetologist, the student shall not be required to serve the extra [~~four~~]
33 **five** hundred hours or the credit hours determined by the formula in Subpart A of Part 668 of
34 Section 668.8 of Title 34 of the Code of Federal Regulations, as amended, otherwise required
35 to include [~~manicuring of nails~~] **the practice of esthetics;** and

36 (4) They shall have passed an examination to the satisfaction of the board.

37 2. A person may apply to take the examination required by subsection 1 of this section
38 if the person is a graduate of a school of cosmetology or apprentice program in another state or
39 territory of the United States which has substantially the same requirements as an educational
40 establishment licensed pursuant to this chapter. A person may apply to take the examination
41 required by subsection 1 of this section if the person is a graduate of an educational
42 establishment in a foreign country that provides training for a classified occupation of
43 cosmetology, as defined by section 329.010, and has educational requirements that are
44 substantially the same requirements as an educational establishment licensed under this chapter.
45 The board has sole discretion to determine the substantial equivalency of such educational
46 requirements. The board may require that transcripts from foreign schools be submitted for its
47 review, and the board may require that the applicant provide an approved English translation of
48 such transcripts.

49 3. Each application shall contain a statement that, subject to the penalties of making a
50 false affidavit or declaration, the application is made under oath or affirmation and that its
51 representations are true and correct to the best knowledge and belief of the person signing the
52 application.

53 4. The sufficiency of the qualifications of applicants shall be determined by the board,
54 but the board may delegate this authority to its executive director subject to such provisions as
55 the board may adopt.

56 5. Applications for examination or licensure may be denied if the applicant has pleaded
57 guilty to, entered a plea of nolo contendere to, or been found guilty of any of the following
58 offenses or offenses of a similar nature established under the laws of this state, any other state,
59 the United States, or any other country, notwithstanding whether sentence is imposed:

60 (1) Any dangerous felony as defined under section 556.061 or murder in the first degree;

61 (2) Any of the following sexual offenses: rape in the first degree, forcible rape, rape,
62 statutory rape in the first degree, statutory rape in the second degree, rape in the second degree,
63 sexual assault, sodomy in the first degree, forcible sodomy, statutory sodomy in the first degree,
64 statutory sodomy in the second degree, child molestation in the first degree, child molestation
65 in the second degree, sodomy in the second degree, deviate sexual assault, sexual misconduct
66 involving a child, sexual misconduct in the first degree under section 566.090 as it existed prior
67 to August 28, 2013, sexual abuse under section 566.100 as it existed prior to August 28, 2013,
68 sexual abuse in the first or second degree, enticement of a child, or attempting to entice a child;

69 (3) Any of the following offenses against the family and related offenses: incest,
70 abandonment of a child in the first degree, abandonment of a child in the second degree,
71 endangering the welfare of a child in the first degree, abuse of a child, using a child in a sexual
72 performance, promoting sexual performance by a child, or trafficking in children; and

73 (4) Any of the following offenses involving child pornography and related offenses:
74 promoting obscenity in the first degree, promoting obscenity in the second degree when the
75 penalty is enhanced to a class E felony, promoting child pornography in the first degree,
76 promoting child pornography in the second degree, possession of child pornography in the first
77 degree, possession of child pornography in the second degree, furnishing child pornography to
78 a minor, furnishing pornographic materials to minors, or coercing acceptance of obscene
79 material.

333.041. 1. Each applicant for a license to practice funeral directing shall furnish
2 evidence to establish to the satisfaction of the board that he or she is:

3 (1) At least eighteen years of age, and possesses a high school diploma, a general
4 equivalency diploma, or equivalent thereof, as determined, at its discretion, by the board; and

5 (2) A person of good moral character.

6 2. Every person desiring to enter the profession of embalming dead human bodies within
7 the state of Missouri and who is enrolled in a program accredited by the American Board of
8 Funeral Service Education, any successor organization, or other accrediting entity as approved
9 by the board shall register with the board as a practicum student upon the form provided by the

10 board. After such registration, a student may assist, under the direct supervision of Missouri
11 licensed embalmers and funeral directors, in Missouri licensed funeral establishments, while
12 serving his or her practicum. The form for registration as a practicum student shall be
13 accompanied by a fee in an amount established by the board.

14 3. Each applicant for a license to practice embalming shall furnish evidence to establish
15 to the satisfaction of the board that he or she:

16 (1) Is at least eighteen years of age, and possesses a high school diploma, a general
17 equivalency diploma, or equivalent thereof, as determined, at its discretion, by the board;

18 (2) Is a person of good moral character;

19 (3) Has completed a funeral service education program accredited by the American
20 Board of Funeral Service Education, any successor organization, or other accrediting entity as
21 approved by the board. If an applicant does not complete all requirements for licensure within
22 five years from the date of his or her completion of an accredited program, his or her registration
23 as an apprentice embalmer shall be automatically cancelled. The applicant shall be required to
24 file a new application and pay applicable fees. No previous apprenticeship shall be considered
25 for the new application;

26 (4) Upon due examination administered by the board, is possessed of a knowledge of the
27 subjects of embalming, anatomy, pathology, bacteriology, mortuary administration, chemistry,
28 restorative art, together with statutes, rules and regulations governing the care, custody, shelter
29 and disposition of dead human bodies and the transportation thereof or has passed the national
30 board examination of the Conference of Funeral Service Examining Boards. If any applicant
31 fails to pass the state examination, he or she may retake the examination at the next regular
32 examination meeting. The applicant shall notify the board office of his or her desire to retake
33 the examination at least thirty days prior to the date of the examination. Each time the
34 examination is retaken, the applicant shall pay a new examination fee in an amount established
35 by the board;

36 (5) Has been employed full time in funeral service in a licensed funeral establishment
37 and has personally embalmed at least twenty-five dead human bodies under the personal
38 supervision of an embalmer who holds a current and valid Missouri embalmer's license during
39 an apprenticeship of not less than twelve consecutive months. "Personal supervision" means that
40 the licensed embalmer shall be physically present during the entire embalming process in the first
41 six months of the apprenticeship period and physically present at the beginning of the embalming
42 process and available for consultation and personal inspection within a period of not more than
43 one hour in the remaining six months of the apprenticeship period. All transcripts and other
44 records filed with the board shall become a part of the board files.

45 4. If the applicant does not complete the application process within the five years after
46 his or her completion of an approved program, then he or she must file a new application and no
47 fees paid previously shall apply toward the license fee.

48 5. Examinations required by this section and section 333.042 shall be held at least twice
49 a year at times and places fixed by the board. The board shall by rule and regulation prescribe
50 the standard for successful completion of the examinations.

51 6. Upon establishment of his or her qualifications as specified by this section or section
52 333.042, the board shall issue to the applicant a license to practice funeral directing or
53 embalming, as the case may require, and shall register the applicant as a duly licensed funeral
54 director or a duly licensed embalmer. Any person having the qualifications required by this
55 section and section 333.042 may be granted both a license to practice funeral directing and to
56 practice embalming.

57 7. The board shall, upon request, waive any requirement of this chapter and issue a
58 temporary funeral director's license, valid for six months, to the surviving spouse or next of kin
59 or the personal representative of a licensed funeral director, or to the spouse, next of kin,
60 employee or conservator of a licensed funeral director disabled because of sickness, mental
61 incapacity or injury.

62 **8. Upon the successful completion of an embalming apprenticeship and pending the**
63 **successful completion of the examination as set forth in subdivision (4) of subsection 3 of**
64 **this section, and also pending the successful completion of all other requirements for an**
65 **embalmer's license, the applicant may continue to be employed by the funeral**
66 **establishment where the apprenticeship took place under the terms of subdivision (5) of**
67 **subsection 3 of this section for a period not to exceed six months or until the applicant's**
68 **embalmer's license is issued, whichever comes first. An applicant shall not continue to**
69 **practice as an embalmer apprentice under the provisions of this subsection without**
70 **providing a written notice to the board to extend his or her apprenticeship registration for**
71 **up to six months. The board shall grant the extension upon receipt of the written notice.**

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

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

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

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

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

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

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

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

59 (1) Geographic areas to be covered;

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

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

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

70

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

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

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

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

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

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

115 9. No contract or other agreement shall require a physician to act as a collaborating
116 physician for an assistant physician against the physician's will. A physician shall have the right

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

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

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

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

150 (2) The collaborating physician shall be responsible to determine and document the
151 completion of at least one hundred twenty hours in a four-month period by the assistant physician
152 during which the assistant physician shall practice with the collaborating physician on-site prior

153 to prescribing controlled substances when the collaborating physician is not on-site. Such
154 limitation shall not apply to assistant physicians of population-based public health services as
155 defined in 20 CSR 2150-5.100 as of April 30, 2009, or assistant physicians providing opioid
156 addiction treatment.

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

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

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

9 2. Collaborative practice arrangements, which shall be in writing, may delegate to a
10 registered professional nurse the authority to administer, dispense or prescribe drugs and provide
11 treatment if the registered professional nurse is an advanced practice registered nurse as defined
12 in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
13 advanced practice registered nurse, as defined in section 335.016, 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 twenty-
20 hour supply without refill. Such collaborative practice arrangements shall be in the form of
21 written agreements, jointly agreed-upon protocols or standing orders for the delivery of health
22 care services. An advanced practice registered nurse may prescribe buprenorphine for up to a
23 thirty-day supply without refill for patients receiving medication-assisted treatment for substance
24 use disorders under the direction of the collaborating physician.

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

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

63 (9) A description of the time and manner of the collaborating physician's review of the
64 advanced practice registered nurse's delivery of health care services. The description shall
65 include provisions that the advanced practice registered nurse shall submit a minimum of ten
66 percent of the charts documenting the advanced practice registered nurse's delivery of health care
67 services to the collaborating physician for review by the collaborating physician, or any other
68 physician designated in the collaborative practice arrangement, every fourteen days; 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 [~~or supervising physician~~] shall not enter into a
126 collaborative practice arrangement [~~or supervision agreement~~] with more than six full-time
127 equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants,
128 or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not
129 apply to collaborative arrangements of hospital employees providing inpatient care service in
130 hospitals as defined in chapter 197 or population-based public health services as defined by 20
131 CSR 2150- 5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing
132 anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or
133 podiatrist who is immediately available if needed as set out in subsection 7 of this section.

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

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

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

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

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

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

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

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

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

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

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

17 (1) A hospital as defined in section 197.020;

18 (2) A hospice program as defined in section 197.250;

19 (3) Home health services provided by a home health agency as defined in section
20 197.400;

21 (4) Accordance with a collaborative practice agreement as defined in section 334.104;

22 (5) Conjunction with a physician assistant licensed pursuant to section 334.738;

23 (6) Conjunction with an assistant physician licensed under section 334.036;

24 (7) Consultation with another physician who has an ongoing physician-patient
25 relationship with the patient, and who has agreed to supervise the patient's treatment, including
26 use of any prescribed medications; or

27 (8) On-call or cross-coverage situations.

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

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

334.506. 1. As used in this section, "approved health care provider" means a person
2 holding a current and active license as a physician and surgeon under this chapter, a chiropractor
3 under chapter 331, a dentist under chapter 332, a podiatrist under chapter 330, a physician
4 assistant under this chapter, an advanced practice registered nurse under chapter 335, or any
5 licensed and registered physician, chiropractor, dentist, or podiatrist practicing in another
6 jurisdiction whose license is in good standing.

7 2. A physical therapist ~~[shall not]~~ **may evaluate and** initiate treatment ~~[for a new injury~~
8 ~~or illness]~~ **on a patient** without a prescription **or referral** from an approved health care provider,

9 **provided that the physical therapist has a doctorate of physical therapy degree or has**
10 **completed five years of clinical practice as a physical therapist.**

11 3. A physical therapist may provide educational resources and training, develop fitness
12 or wellness programs [~~for asymptomatic persons~~], or provide screening or consultative services
13 within the scope of physical therapy practice without [~~the~~] a prescription [~~and direction of~~] or
14 **referral from** an approved health care provider.

15 4. [~~A physical therapist may examine and treat without the prescription and direction of~~
16 ~~an approved health care provider any person with a recurring self-limited injury within one year~~
17 ~~of diagnosis by an approved health care provider or a chronic illness that has been previously~~
18 ~~diagnosed by an approved health care provider. The]~~ A physical therapist shall:

19 (1) [~~Contact the patient's current approved health care provider within seven days of~~
20 ~~initiating physical therapy services under this subsection]~~ **Refer to an approved health care**
21 **provider any patient whose condition at the time of evaluation or treatment is determined**
22 **to be beyond the scope of practice of physical therapy;**

23 (2) [~~Not change an existing physical therapy referral available to the physical therapist~~
24 ~~without approval of the patient's current approved health care provider]~~ **Refer to an approved**
25 **health care provider any patient who does not demonstrate measurable or functional**
26 **improvement after ten visits or twenty-one business days, whichever occurs first; or**

27 (3) [~~Refer to an approved health care provider any patient whose medical condition at the~~
28 ~~time of examination or treatment is determined to be beyond the scope of practice of physical~~
29 ~~therapy;]~~ **Consult with an approved health care provider if, after ten visits or twenty-one**
30 **business days, whichever occurs first, the patient has demonstrated measurable or**
31 **functional improvement from the course of physical therapy services or treatment provided**
32 **and the physical therapist believes that continuation of the course of physical therapy**
33 **services or treatment is reasonable and necessary based on the physical therapist's physical**
34 **therapy evaluation of the patient. The physical therapist shall not provide further physical**
35 **therapy services or treatment after the ten visits or twenty-one business days until the**
36 **consultation has occurred. No consultation with an approved health care provider is**
37 **required if the course of physical therapy services or treatment is completed within ten**
38 **visits or twenty-one business days. "Consult" and "consultation" for purposes of this**
39 **provision mean communication by telephone, fax, in writing, or in person, with the**
40 **patient's personal licensed approved health care provider or a licensed health care**
41 **provider of the patient's designation. The consultation with the approved health care**
42 **provider shall include information concerning the patient's condition for which physical**
43 **therapy services or treatment were provided; the basis for the course of services or**
44 **treatment indicated, as determined from the physical therapy evaluation of the patient; the**

45 **physical therapy services or treatment provided to date of the consultation; the patient's**
46 **demonstrated measurable or functional improvement from the services or treatment**
47 **provided to the date of the consultation; the continuing physical therapy services or**
48 **treatment proposed to be provided following the consultation; and the professional**
49 **physical therapy basis for the continued physical therapy services or treatment to be**
50 **provided. Continued physical therapy services or treatment under the course of services**
51 **or treatment following the consultation with an approved health care provider shall**
52 **proceed in accordance with any feedback, advice, opinion, or direction of the approved**
53 **health care provider. The physical therapist shall notify the consulting approved health**
54 **care provider of continuing physical therapy services or treatment every thirty days after**
55 **the initial consultation unless the consulting approved health care provider directs**
56 **otherwise.**

57 ~~[(4) Refer to an approved health care provider any patient whose condition for which~~
58 ~~physical therapy services are rendered under this subsection has not been documented to be~~
59 ~~progressing toward documented treatment goals after six visits or fourteen days, whichever first~~
60 ~~occurs;~~

61 ~~—(5) Notify the patient's current approved health care provider prior to the continuation~~
62 ~~of treatment if treatment rendered under this subsection is to continue beyond thirty days. The~~
63 ~~physical therapist shall provide such notification for each successive period of thirty days.]~~

64 5. The provision of physical therapy services of evaluation and screening pursuant to this
65 section shall be limited to a physical therapist, and any authority for evaluation and screening
66 granted within this section may not be delegated. Upon each reinitiation of physical therapy
67 services, a physical therapist shall provide a full physical therapy evaluation prior to the
68 reinitiation of physical therapy treatment. ~~[Physical therapy treatment provided pursuant to the~~
69 ~~provisions of subsection 4 of this section may be delegated by physical therapists to physical~~
70 ~~therapist assistants only if the patient's current approved health care provider has been so~~
71 ~~informed as part of the physical therapist's seven-day notification upon reinitiation of physical~~
72 ~~therapy services as required in subsection 4 of this section.]~~ Nothing in this subsection shall be
73 construed as to limit the ability of physical therapists or physical therapist assistants to provide
74 physical therapy services in accordance with the provisions of this chapter, and upon the referral
75 of an approved health care provider. Nothing in this subsection shall prohibit an approved health
76 care provider from acting within the scope of their practice as defined by the applicable chapters
77 of RSMo.

78 6. No person licensed to practice, or applicant for licensure, as a physical therapist or
79 physical therapist assistant shall make a medical diagnosis.

80 7. A physical therapist shall only delegate physical therapy treatment to a physical
81 therapist assistant or to a person in an entry level of a professional education program approved
82 by the Commission on Accreditation in Physical Therapy Education (CAPTE) who satisfies
83 supervised clinical education requirements related to the person's physical therapist or physical
84 therapist assistant education. The entry-level person shall be under the supervision of a physical
85 therapist.

 334.613. 1. The board may refuse to issue or renew a license to practice as a physical
2 therapist or physical therapist assistant for one or any combination of causes stated in subsection
3 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and
4 shall advise the applicant of the applicant's right to file a complaint with the administrative
5 hearing commission as provided by chapter 621. As an alternative to a refusal to issue or renew
6 a license to practice as a physical therapist or physical therapist assistant, the board may, at its
7 discretion, issue a license which is subject to probation, restriction, or limitation to an applicant
8 for licensure for any one or any combination of causes stated in subsection 2 of this section. The
9 board's order of probation, limitation, or restriction shall contain a statement of the discipline
10 imposed, the basis therefor, the date such action shall become effective, and a statement that the
11 applicant has thirty days to request in writing a hearing before the administrative hearing
12 commission. If the board issues a probationary, limited, or restricted license to an applicant for
13 licensure, either party may file a written petition with the administrative hearing commission
14 within thirty days of the effective date of the probationary, limited, or restricted license seeking
15 review of the board's determination. If no written request for a hearing is received by the
16 administrative hearing commission within the thirty-day period, the right to seek review of the
17 board's decision shall be considered as waived.

18 2. The board may cause a complaint to be filed with the administrative hearing
19 commission as provided by chapter 621 against any holder of a license to practice as a physical
20 therapist or physical therapist assistant who has failed to renew or has surrendered his or her
21 license for any one or any combination of the following causes:

22 (1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage to
23 an extent that such use impairs a person's ability to perform the work of a physical therapist or
24 physical therapist assistant;

25 (2) The person has been finally adjudicated and found guilty, or entered a plea of guilty
26 or nolo contendere, in a criminal prosecution under the laws of any state or of the United States,
27 for any offense reasonably related to the qualifications, functions, or duties of a physical therapist
28 or physical therapist assistant, for any offense an essential element of which is fraud, dishonesty,
29 or an act of violence, or for any offense involving moral turpitude, whether or not sentence is
30 imposed;

31 (3) Use of fraud, deception, misrepresentation, or bribery in securing any certificate of
32 registration or authority, permit, or license issued under this chapter or in obtaining permission
33 to take any examination given or required under this chapter;

34 (4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or
35 unprofessional conduct in the performance of the functions or duties of a physical therapist or
36 physical therapist assistant, including but not limited to the following:

37 (a) Obtaining or attempting to obtain any fee, charge, tuition, or other compensation by
38 fraud, deception, or misrepresentation; willfully and continually overcharging or overtreating
39 patients; or charging for sessions of physical therapy which did not occur unless the services
40 were contracted for in advance, or for services which were not rendered or documented in the
41 patient's records;

42 (b) Attempting, directly or indirectly, by way of intimidation, coercion, or deception, to
43 obtain or retain a patient or discourage the use of a second opinion or consultation;

44 (c) Willfully and continually performing inappropriate or unnecessary treatment or
45 services;

46 (d) Delegating professional responsibilities to a person who is not qualified by training,
47 skill, competency, age, experience, or licensure to perform such responsibilities;

48 (e) Misrepresenting that any disease, ailment, or infirmity can be cured by a method,
49 procedure, treatment, medicine, or device;

50 (f) Performing services which have been declared by board rule to be of no physical
51 therapy value;

52 (g) Final disciplinary action by any professional association, professional society,
53 licensed hospital or medical staff of the hospital, or physical therapy facility in this or any other
54 state or territory, whether agreed to voluntarily or not, and including but not limited to any
55 removal, suspension, limitation, or restriction of the person's professional employment,
56 malpractice, or any other violation of any provision of this chapter;

57 (h) Administering treatment without sufficient examination, or for other than medically
58 accepted therapeutic or experimental or investigative purposes duly authorized by a state or
59 federal agency, or not in the course of professional physical therapy practice;

60 (i) Engaging in or soliciting sexual relationships, whether consensual or nonconsensual,
61 while a physical therapist or physical therapist assistant/patient relationship exists; making sexual
62 advances, requesting sexual favors, or engaging in other verbal conduct or physical contact of
63 a sexual nature with patients or clients;

64 (j) Terminating the care of a patient without adequate notice or without making other
65 arrangements for the continued care of the patient;

66 (k) Failing to furnish details of a patient's physical therapy records to treating physicians,
67 other physical therapists, or hospitals upon proper request; or failing to comply with any other
68 law relating to physical therapy records;

69 (l) Failure of any applicant or licensee, other than the licensee subject to the
70 investigation, to cooperate with the board during any investigation;

71 (m) Failure to comply with any subpoena or subpoena duces tecum from the board or
72 an order of the board;

73 (n) Failure to timely pay license renewal fees specified in this chapter;

74 (o) Violating a probation agreement with this board or any other licensing agency;

75 (p) Failing to inform the board of the physical therapist's or physical therapist assistant's
76 current telephone number, residence, and business address;

77 (q) Advertising by an applicant or licensee which is false or misleading, or which
78 violates any rule of the board, or which claims without substantiation the positive cure of any
79 disease, or professional superiority to or greater skill than that possessed by any other physical
80 therapist or physical therapist assistant. An applicant or licensee shall also be in violation of this
81 provision if the applicant or licensee has a financial interest in any organization, corporation, or
82 association which issues or conducts such advertising;

83 (5) Any conduct or practice which is or might be harmful or dangerous to the mental or
84 physical health of a patient or the public; or incompetency, gross negligence, or repeated
85 negligence in the performance of the functions or duties of a physical therapist or physical
86 therapist assistant. For the purposes of this subdivision, "repeated negligence" means the failure,
87 on more than one occasion, to use that degree of skill and learning ordinarily used under the
88 same or similar circumstances by the member of the applicant's or licensee's profession;

89 (6) Violation of, or attempting to violate, directly or indirectly, or assisting or enabling
90 any person to violate, any provision of this chapter, or of any lawful rule adopted under this
91 chapter;

92 (7) Impersonation of any person licensed as a physical therapist or physical therapist
93 assistant or allowing any person to use his or her license or diploma from any school;

94 (8) Revocation, suspension, restriction, modification, limitation, reprimand, warning,
95 censure, probation, or other final disciplinary action against a physical therapist or physical
96 therapist assistant for a license or other right to practice as a physical therapist or physical
97 therapist assistant by another state, territory, federal agency or country, whether or not voluntarily
98 agreed to by the licensee or applicant, including but not limited to the denial of licensure,
99 surrender of the license, allowing the license to expire or lapse, or discontinuing or limiting the
100 practice of physical therapy while subject to an investigation or while actually under
101 investigation by any licensing authority, medical facility, branch of the Armed Forces of the

102 United States of America, insurance company, court, agency of the state or federal government,
103 or employer;

104 (9) A person is finally adjudged incapacitated or disabled by a court of competent
105 jurisdiction;

106 (10) Assisting or enabling any person to practice or offer to practice who is not licensed
107 and currently eligible to practice under this chapter; or knowingly performing any act which in
108 any way aids, assists, procures, advises, or encourages any person to practice physical therapy
109 who is not licensed and currently eligible to practice under this chapter;

110 (11) Issuance of a license to practice as a physical therapist or physical therapist assistant
111 based upon a material mistake of fact;

112 (12) Failure to display a valid license pursuant to practice as a physical therapist or
113 physical therapist assistant;

114 (13) Knowingly making, or causing to be made, or aiding, or abetting in the making of,
115 a false statement in any document executed in connection with the practice of physical therapy;

116 (14) Soliciting patronage in person or by agents or representatives, or by any other means
117 or manner, under the person's own name or under the name of another person or concern, actual
118 or pretended, in such a manner as to confuse, deceive, or mislead the public as to the need or
119 necessity for or appropriateness of physical therapy services for all patients, or the qualifications
120 of an individual person or persons to render, or perform physical therapy services;

121 (15) Using, or permitting the use of, the person's name under the designation of "physical
122 therapist", "physiotherapist", "registered physical therapist", "P.T.", "Ph.T.", "P.T.T.", "D.P.T.",
123 "M.P.T." or "R.P.T.", "physical therapist assistant", "P.T.A.", "L.P.T.A.", "C.P.T.A.", or any
124 similar designation with reference to the commercial exploitation of any goods, wares or
125 merchandise;

126 (16) Knowingly making or causing to be made a false statement or misrepresentation of
127 a material fact, with intent to defraud, for payment under chapter 208 or chapter 630 or for
128 payment from Title XVIII or Title XIX of the Social Security Act;

129 (17) Failure or refusal to properly guard against contagious, infectious, or communicable
130 diseases or the spread thereof; maintaining an unsanitary facility or performing professional
131 services under unsanitary conditions; or failure to report the existence of an unsanitary condition
132 in any physical therapy facility to the board, in writing, within thirty days after the discovery
133 thereof;

134 (18) Any candidate for licensure or person licensed to practice as a physical therapist or
135 physical therapist assistant paying or offering to pay a referral fee or~~;~~ notwithstanding section
136 ~~334.010 to the contrary, practicing or offering to practice professional physical therapy~~
137 ~~independent of the prescription and direction of a person licensed and registered as a physician~~

138 ~~and surgeon under this chapter, as a physician assistant under this chapter, as a chiropractor~~
139 ~~under chapter 331, as a dentist under chapter 332, as a podiatrist under chapter 330, as an~~
140 ~~advanced practice registered nurse under chapter 335, or any licensed and registered physician,~~
141 ~~chiropractor, dentist, podiatrist, or advanced practice registered nurse practicing in another~~
142 ~~jurisdiction, whose license is in good standing]~~ **evaluating or treating a patient in a manner**
143 **inconsistent with section 334.506;**

144 (19) Any candidate for licensure or person licensed to practice as a physical therapist or
145 physical therapist assistant treating or attempting to treat ailments or other health conditions of
146 human beings other than by professional physical therapy and as authorized by sections 334.500
147 to 334.685;

148 (20) A pattern of personal use or consumption of any controlled substance unless it is
149 prescribed, dispensed, or administered by a physician who is authorized by law to do so;

150 (21) Failing to maintain adequate patient records under section 334.602;

151 (22) Attempting to engage in conduct that subverts or undermines the integrity of the
152 licensing examination or the licensing examination process, including but not limited to utilizing
153 in any manner recalled or memorized licensing examination questions from or with any person
154 or entity, failing to comply with all test center security procedures, communicating or attempting
155 to communicate with any other examinees during the test, or copying or sharing licensing
156 examination questions or portions of questions;

157 (23) Any candidate for licensure or person licensed to practice as a physical therapist or
158 physical therapist assistant who requests, receives, participates or engages directly or indirectly
159 in the division, transferring, assigning, rebating or refunding of fees received for professional
160 services or profits by means of a credit or other valuable consideration such as wages, an
161 unearned commission, discount or gratuity with any person who referred a patient, or with any
162 relative or business associate of the referring person;

163 (24) Being unable to practice as a physical therapist or physical therapist assistant with
164 reasonable skill and safety to patients by reasons of incompetency, or because of illness,
165 drunkenness, excessive use of drugs, narcotics, chemicals, or as a result of any mental or physical
166 condition. The following shall apply to this subdivision:

167 (a) In enforcing this subdivision the board shall, after a hearing by the board, upon a
168 finding of probable cause, require a physical therapist or physical therapist assistant to submit
169 to a reexamination for the purpose of establishing his or her competency to practice as a physical
170 therapist or physical therapist assistant conducted in accordance with rules adopted for this
171 purpose by the board, including rules to allow the examination of the pattern and practice of such
172 physical therapist's or physical therapist assistant's professional conduct, or to submit to a mental

173 or physical examination or combination thereof by a facility or professional approved by the
174 board;

175 (b) For the purpose of this subdivision, every physical therapist and physical therapist
176 assistant licensed under this chapter is deemed to have consented to submit to a mental or
177 physical examination when directed in writing by the board;

178 (c) In addition to ordering a physical or mental examination to determine competency,
179 the board may, notwithstanding any other law limiting access to medical or other health data,
180 obtain medical data and health records relating to a physical therapist, physical therapist assistant
181 or applicant without the physical therapist's, physical therapist assistant's or applicant's consent;

182 (d) Written notice of the reexamination or the physical or mental examination shall be
183 sent to the physical therapist or physical therapist assistant, by registered mail, addressed to the
184 physical therapist or physical therapist assistant at the physical therapist's or physical therapist
185 assistant's last known address. Failure of a physical therapist or physical therapist assistant to
186 submit to the examination when directed shall constitute an admission of the allegations against
187 the physical therapist or physical therapist assistant, in which case the board may enter a final
188 order without the presentation of evidence, unless the failure was due to circumstances beyond
189 the physical therapist's or physical therapist assistant's control. A physical therapist or physical
190 therapist assistant whose right to practice has been affected under this subdivision shall, at
191 reasonable intervals, be afforded an opportunity to demonstrate that the physical therapist or
192 physical therapist assistant can resume the competent practice as a physical therapist or physical
193 therapist assistant with reasonable skill and safety to patients;

194 (e) In any proceeding under this subdivision neither the record of proceedings nor the
195 orders entered by the board shall be used against a physical therapist or physical therapist
196 assistant in any other proceeding. Proceedings under this subdivision shall be conducted by the
197 board without the filing of a complaint with the administrative hearing commission;

198 (f) When the board finds any person unqualified because of any of the grounds set forth
199 in this subdivision, it may enter an order imposing one or more of the disciplinary measures set
200 forth in subsection 3 of this section.

201 3. After the filing of such complaint before the administrative hearing commission, the
202 proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding
203 by the administrative hearing commission that the grounds provided in subsection 2 of this
204 section for disciplinary action are met, the board may, singly or in combination:

205 (1) Warn, censure or place the physical therapist or physical therapist assistant named
206 in the complaint on probation on such terms and conditions as the board deems appropriate for
207 a period not to exceed ten years;

208 (2) Suspend the physical therapist's or physical therapist assistant's license for a period
209 not to exceed three years;

210 (3) Restrict or limit the physical therapist's or physical therapist assistant's license for an
211 indefinite period of time;

212 (4) Revoke the physical therapist's or physical therapist assistant's license;

213 (5) Administer a public or private reprimand;

214 (6) Deny the physical therapist's or physical therapist assistant's application for a license;

215 (7) Permanently withhold issuance of a license;

216 (8) Require the physical therapist or physical therapist assistant to submit to the care,
217 counseling or treatment of physicians designated by the board at the expense of the physical
218 therapist or physical therapist assistant to be examined;

219 (9) Require the physical therapist or physical therapist assistant to attend such continuing
220 educational courses and pass such examinations as the board may direct.

221 4. In any order of revocation, the board may provide that the physical therapist or
222 physical therapist assistant shall not apply for reinstatement of the physical therapist's or physical
223 therapist assistant's license for a period of time ranging from two to seven years following the
224 date of the order of revocation. All stay orders shall toll this time period.

225 5. Before restoring to good standing a license issued under this chapter which has been
226 in a revoked, suspended, or inactive state for any cause for more than two years, the board may
227 require the applicant to attend such continuing medical education courses and pass such
228 examinations as the board may direct.

229 6. In any investigation, hearing or other proceeding to determine a physical therapist's,
230 physical therapist assistant's or applicant's fitness to practice, any record relating to any patient
231 of the physical therapist, physical therapist assistant, or applicant shall be discoverable by the
232 board and admissible into evidence, regardless of any statutory or common law privilege which
233 such physical therapist, physical therapist assistant, applicant, record custodian, or patient might
234 otherwise invoke. In addition, no such physical therapist, physical therapist assistant, applicant,
235 or record custodian may withhold records or testimony bearing upon a physical therapist's,
236 physical therapist assistant's, or applicant's fitness to practice on the grounds of privilege between
237 such physical therapist, physical therapist assistant, applicant, or record custodian and a patient.

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

2 (1) "Applicant", any individual who seeks to become licensed as a physician assistant;

3 (2) "Certification" or "registration", a process by a certifying entity that grants
4 recognition to applicants meeting predetermined qualifications specified by such certifying
5 entity;

6 (3) "Certifying entity", the nongovernmental agency or association which certifies or
7 registers individuals who have completed academic and training requirements;

8 (4) **"Collaborative practice arrangement", written agreements, jointly agreed upon**
9 **protocols, or standing orders, all of which shall be in writing, for the delivery of health care**
10 **services;**

11 (5) "Department", the department of insurance, financial institutions and professional
12 registration or a designated agency thereof;

13 ~~[(5)]~~ (6) "License", a document issued to an applicant by the board acknowledging that
14 the applicant is entitled to practice as a physician assistant;

15 ~~[(6)]~~ (7) "Physician assistant", a person who has graduated from a physician assistant
16 program accredited by the ~~[American Medical Association's Committee on Allied Health~~
17 ~~Education and Accreditation or by its successor agency]~~ **Accreditation Review Commission**
18 **on Education for the Physician Assistant or its successor agency, prior to 2001, or the**
19 **Committee on Allied Health Education and Accreditation or the Commission on**
20 **Accreditation of Allied Health Education Programs**, who has passed the certifying
21 examination administered by the National Commission on Certification of Physician Assistants
22 and has active certification by the National Commission on Certification of Physician Assistants
23 who provides health care services delegated by a licensed physician. A person who has been
24 employed as a physician assistant for three years prior to August 28, 1989, who has passed the
25 National Commission on Certification of Physician Assistants examination, and has active
26 certification of the National Commission on Certification of Physician Assistants;

27 ~~[(7)]~~ (8) "Recognition", the formal process of becoming a certifying entity as required
28 by the provisions of sections 334.735 to 334.749[;

29 ~~(8) "Supervision", control exercised over a physician assistant working with a~~
30 ~~supervising physician and oversight of the activities of and accepting responsibility for the~~
31 ~~physician assistant's delivery of care. The physician assistant shall only practice at a location~~
32 ~~where the physician routinely provides patient care, except existing patients of the supervising~~
33 ~~physician in the patient's home and correctional facilities. The supervising physician must be~~
34 ~~immediately available in person or via telecommunication during the time the physician assistant~~
35 ~~is providing patient care. Prior to commencing practice, the supervising physician and physician~~
36 ~~assistant shall attest on a form provided by the board that the physician shall provide supervision~~
37 ~~appropriate to the physician assistant's training and that the physician assistant shall not practice~~
38 ~~beyond the physician assistant's training and experience. Appropriate supervision shall require~~
39 ~~the supervising physician to be working within the same facility as the physician assistant for at~~
40 ~~least four hours within one calendar day for every fourteen days on which the physician assistant~~
41 ~~provides patient care as described in subsection 3 of this section. Only days in which the~~

42 ~~physician assistant provides patient care as described in subsection 3 of this section shall be~~
 43 ~~counted toward the fourteen-day period. The requirement of appropriate supervision shall be~~
 44 ~~applied so that no more than thirteen calendar days in which a physician assistant provides~~
 45 ~~patient care shall pass between the physician's four hours working within the same facility. The~~
 46 ~~board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the~~
 47 ~~physician assistant activity by the supervising physician and the physician assistant.~~

48 ~~2. (1) A supervision agreement shall limit the physician assistant to practice only at~~
 49 ~~locations described in subdivision (8) of subsection 1 of this section, within a geographic~~
 50 ~~proximity to be determined by the board of registration for the healing arts.~~

51 ~~(2) For a physician-physician assistant team working in a certified community behavioral~~
 52 ~~health clinic as defined by P.L. 113-93 and a rural health clinic under the federal Rural Health~~
 53 ~~Clinic Services Act, P.L. 95-210, as amended, or a federally qualified health center as defined~~
 54 ~~in 42 U.S.C. Section 1395 of the Public Health Service Act, as amended, no supervision~~
 55 ~~requirements in addition to the minimum federal law shall be required].~~

56 ~~[3.]~~ 2. The scope of practice of a physician assistant shall consist only of the following
 57 services and procedures:

58 (1) Taking patient histories;

59 (2) Performing physical examinations of a patient;

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

62 (4) Performing routine therapeutic procedures;

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

65 (6) Instructing and counseling patients regarding mental and physical health using
 66 procedures reviewed and approved by a ~~licensed~~ **collaborating** physician;

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

70 (8) Assisting in surgery; **and**

71 (9) Performing such other tasks not prohibited by law under the ~~supervision of~~
 72 **collaborative practice arrangement with** a licensed physician as the physician[~~s~~] assistant has
 73 been trained and is proficient to perform[~~; and~~

74 ~~(10)] .~~

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

76 4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless
 77 pursuant to a ~~physician supervision agreement~~ **collaborative practice arrangement** in

78 accordance with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or
79 correction of vision or the measurement of visual power or visual efficiency of the human eye,
80 nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery
81 or obstetric procedures. Prescribing of drugs, medications, devices or therapies by a physician
82 assistant shall be pursuant to a ~~[physician assistant supervision agreement]~~ **collaborative**
83 **practice arrangement** which is specific to the clinical conditions treated by the supervising
84 physician and the physician assistant shall be subject to the following:

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

87 (2) The types of drugs, medications, devices or therapies prescribed by a physician
88 assistant shall be consistent with the scopes of practice of the physician assistant and the
89 ~~[supervising]~~ **collaborating** physician;

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

93 (4) A physician assistant, or advanced practice registered nurse as defined in section
94 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
95 professional samples to patients; and

96 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies
97 the ~~[supervising]~~ **collaborating** physician is not qualified or authorized to prescribe.

98 5. A physician assistant shall clearly identify himself or herself as a physician assistant
99 and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr."
100 or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician
101 assistant shall practice or attempt to practice without physician ~~[supervision]~~ **collaboration** or
102 in any location where the ~~[supervising]~~ **collaborating** physician is not immediately available for
103 consultation, assistance and intervention, except as otherwise provided in this section, and in an
104 emergency situation, nor shall any physician assistant bill a patient independently or directly for
105 any services or procedure by the physician assistant; except that, nothing in this subsection shall
106 be construed to prohibit a physician assistant from enrolling with a **third party plan** or the
107 department of social services as a MO HealthNet or Medicaid provider while acting under a
108 ~~[supervision agreement]~~ **collaborative practice arrangement** between the physician and
109 physician assistant.

110 6. ~~[For purposes of this section, the]~~ **The** licensing of physician assistants shall take
111 place within processes established by the state board of registration for the healing arts through
112 rule and regulation. The board of healing arts is authorized to establish rules pursuant to chapter
113 536 establishing licensing and renewal procedures, ~~[supervision, supervision agreements]~~

114 **collaboration, collaborative practice arrangements**, fees, and addressing such other matters
115 as are necessary to protect the public and discipline the profession. An application for licensing
116 may be denied or the license of a physician assistant may be suspended or revoked by the board
117 in the same manner and for violation of the standards as set forth by section 334.100, or such
118 other standards of conduct set by the board by rule or regulation. Persons licensed pursuant to
119 the provisions of chapter 335 shall not be required to be licensed as physician assistants. All
120 applicants for physician assistant licensure who complete a physician assistant training program
121 after January 1, 2008, shall have a master's degree from a physician assistant program.

122 7. ~~["Physician assistant supervision agreement" means a written agreement, jointly~~
123 ~~agreed-upon protocols or standing order between a supervising physician and a physician~~
124 ~~assistant, which provides for the delegation of health care services from a supervising physician~~
125 ~~to a physician assistant and the review of such services. The agreement shall contain at least the~~
126 ~~following provisions:~~

127 ~~—— (1) Complete names, home and business addresses, zip codes, telephone numbers, and~~
128 ~~state license numbers of the supervising physician and the physician assistant;~~

129 ~~—— (2) A list of all offices or locations where the physician routinely provides patient care,~~
130 ~~and in which of such offices or locations the supervising physician has authorized the physician~~
131 ~~assistant to practice;~~

132 ~~—— (3) All specialty or board certifications of the supervising physician;~~

133 ~~—— (4) The manner of supervision between the supervising physician and the physician~~
134 ~~assistant, including how the supervising physician and the physician assistant shall:~~

135 ~~—— (a) Attest on a form provided by the board that the physician shall provide supervision~~
136 ~~appropriate to the physician assistant's training and experience and that the physician assistant~~
137 ~~shall not practice beyond the scope of the physician assistant's training and experience nor the~~
138 ~~supervising physician's capabilities and training; and~~

139 ~~—— (b) Provide coverage during absence, incapacity, infirmity, or emergency by the~~
140 ~~supervising physician;~~

141 ~~—— (5) The duration of the supervision agreement between the supervising physician and~~
142 ~~physician assistant; and~~

143 ~~—— (6) A description of the time and manner of the supervising physician's review of the~~
144 ~~physician assistant's delivery of health care services. Such description shall include provisions~~
145 ~~that the supervising physician, or a designated supervising physician listed in the supervision~~
146 ~~agreement review a minimum of ten percent of the charts of the physician assistant's delivery of~~
147 ~~health care services every fourteen days.~~

148 ~~—— 8. When a physician assistant supervision agreement is utilized to provide health care~~
149 ~~services for conditions other than acute self-limited or well-defined problems, the supervising~~

150 ~~physician or other physician designated in the supervision agreement shall see the patient for~~
151 ~~evaluation and approve or formulate the plan of treatment for new or significantly changed~~
152 ~~conditions as soon as practical, but in no case more than two weeks after the patient has been~~
153 ~~seen by the physician assistant.~~

154 ~~———9.]~~ At all times the physician is responsible for the oversight of the activities of, and
155 accepts responsibility for, health care services rendered by the physician assistant.

156 ~~[10. It is the responsibility of the supervising physician to determine and document the~~
157 ~~completion of at least a one-month period of time during which the licensed physician assistant~~
158 ~~shall practice with a supervising physician continuously present before practicing in a setting~~
159 ~~where a supervising physician is not continuously present.~~

160 ~~———11.]~~ **8. A physician may enter into collaborative practice arrangements with**
161 **physician assistants. Collaborative practice arrangements, which shall be in writing, may**
162 **delegate to a physician assistant the authority to prescribe, administer, or dispense drugs**
163 **and provide treatment which is within the skill, training, and competence of the physician**
164 **assistant. Collaborative practice arrangements may delegate to a physician assistant, as**
165 **defined in section 334.735, the authority to administer, dispense, or prescribe controlled**
166 **substances listed in Schedules III, IV, and V of section 195.017, and Schedule II -**
167 **hydrocodone. Schedule III narcotic controlled substances and Schedule II - hydrocodone**
168 **prescriptions shall be limited to a one-hundred-twenty-hour supply without refill. Such**
169 **collaborative practice arrangements shall be in the form of a written arrangement, jointly**
170 **agreed upon protocols, or standing orders for the delivery of health care services.**

171 **9. The written collaborative practice arrangement shall contain at least the**
172 **following provisions:**

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

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

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

182 **(4) All specialty or board certifications of the collaborating physician and all**
183 **certifications of the physician assistant;**

184 **(5) The manner of collaboration between the collaborating physician and the**
185 **physician assistant, including how the collaborating physician and the physician assistant**
186 **will:**

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

189 **(b) Maintain geographic proximity, as determined by the board of registration for**
190 **the healing arts; and**

191 **(c) Provide coverage during absence, incapacity, infirmity, or emergency of the**
192 **collaborating physician;**

193 **(6) A list of all other written collaborative practice arrangements of the**
194 **collaborating physician and the physician assistant;**

195 **(7) The duration of the written practice arrangement between the collaborating**
196 **physician and the physician assistant;**

197 **(8) A description of the time and manner of the collaborating physician's review**
198 **of the physician assistant's delivery of health care services. The description shall include**
199 **provisions that the physician assistant shall submit a minimum of ten percent of the charts**
200 **documenting the physician assistant's delivery of health care services to the collaborating**
201 **physician for review by the collaborating physician, or any other physician designated in**
202 **the collaborative practice arrangement, every fourteen days. Reviews may be conducted**
203 **electronically;**

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

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

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

217 **11. The state board of registration for the healing arts shall not deny, revoke,**
218 **suspend, or otherwise take disciplinary action against a collaborating physician for health**

219 care services delegated to a physician assistant, provided that the provisions of this section
220 and the rules promulgated thereunder are satisfied.

221 **12. Within thirty days of any change and on each renewal, the state board of**
222 **registration for the healing arts shall require every physician to identify whether the**
223 **physician is engaged in any collaborative practice arrangement, including collaborative**
224 **practice arrangements delegating the authority to prescribe controlled substances, and also**
225 **report to the board the name of each physician assistant with whom the physician has**
226 **entered into such arrangement. The board may make such information available to the**
227 **public. The board shall track the reported information and may routinely conduct random**
228 **reviews of such arrangements to ensure that the arrangements are carried out in**
229 **compliance with this chapter.**

230 **13. The collaborating physician shall determine and document the completion of**
231 **a period of time during which the physician assistant shall practice with the collaborating**
232 **physician continuously present before practicing in a setting where the collaborating**
233 **physician is not continuously present. This limitation shall not apply to collaborative**
234 **arrangements of providers of population-based public health services as defined by 20 CSR**
235 **2150-5.100 as of April 30, 2009.**

236 **14. No contract or other ~~[agreement]~~ arrangement shall require a physician to act as a**
237 **~~[supervising]~~ collaborating physician for a physician assistant against the physician's will. A**
238 **physician shall have the right to refuse to act as a supervising physician, without penalty, for a**
239 **particular physician assistant. No contract or other agreement shall limit the ~~[supervising]~~**
240 **~~collaborating~~ physician's ultimate authority over any protocols or standing orders or in the**
241 **delegation of the physician's authority to any physician assistant~~], but this requirement shall not~~**
242 **~~authorize a physician in implementing such protocols, standing orders, or delegation to violate~~**
243 **~~applicable standards for safe medical practice established by the hospital's medical staff]. No~~**
244 **contract or other arrangement shall require any physician assistant to collaborate with any**
245 **physician against the physician assistant's will. A physician assistant shall have the right**
246 **to refuse to collaborate, without penalty, with a particular physician.**

247 ~~[12.]~~ **15. Physician assistants shall file with the board a copy of their ~~[supervising]~~**
248 **~~collaborating~~ physician form.**

249 ~~[13.]~~ **16. No physician shall be designated to serve as ~~[supervising physician or] a~~**
250 **collaborating physician for more than six full-time equivalent licensed physician assistants, full-**
251 **time equivalent advanced practice registered nurses, or full-time equivalent assistant physicians,**
252 **or any combination thereof. This limitation shall not apply to physician assistant ~~[agreements]~~**
253 **collaborative practice arrangements of hospital employees providing inpatient care service in**
254 **hospitals as defined in chapter 197, or to a certified registered nurse anesthetist providing**

255 anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or
256 podiatrist who is immediately available if needed as set out in subsection 7 of section 334.104.

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

334.736. Notwithstanding any other provision of sections 334.735 to 334.749, the board
2 may issue without examination a temporary license to practice as a physician assistant. Upon
3 the applicant paying a temporary license fee and the submission of all necessary documents as
4 determined by the board, the board may grant a temporary license to any person who meets the
5 qualifications provided in ~~section~~ **sections 334.735 to 334.749** which shall be valid until the
6 results of the next examination are announced. The temporary license may be renewed at the
7 discretion of the board and upon payment of the temporary license fee.

334.747. 1. A physician assistant with a certificate of controlled substance prescriptive
2 authority as provided in this section may prescribe any controlled substance listed in Schedule
3 III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated
4 the authority to prescribe controlled substances in a ~~[supervision agreement]~~ **collaborative**
5 **practice arrangement**. Such authority shall be listed on the ~~[supervision verification]~~
6 **collaborating physician** form on file with the state board of healing arts. The ~~[supervising]~~
7 **collaborating** physician shall maintain the right to limit a specific scheduled drug or scheduled
8 drug category that the physician assistant is permitted to prescribe. Any limitations shall be
9 listed on the ~~[supervision]~~ **collaborating physician** form. Prescriptions for Schedule II
10 medications prescribed by a physician assistant with authority to prescribe delegated in a
11 ~~[supervision agreement]~~ **collaborative practice arrangement** are restricted to only those
12 medications containing hydrocodone. Physician assistants shall not prescribe controlled
13 substances for themselves or members of their families. Schedule III controlled substances and
14 Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill,
15 except that buprenorphine may be prescribed for up to a thirty-day supply without refill for
16 patients receiving medication-assisted treatment for substance use disorders under the direction
17 of the ~~[supervising]~~ **collaborating** physician. Physician assistants who are authorized to
18 prescribe controlled substances under this section shall register with the federal Drug
19 Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall
20 include the Drug Enforcement Administration registration number on prescriptions for controlled
21 substances.

22 2. The ~~supervising~~ **collaborating** physician shall be responsible to determine and
23 document the completion of at least one hundred twenty hours in a four-month period by the
24 physician assistant during which the physician assistant shall practice with the ~~supervising~~
25 **collaborating** physician on-site prior to prescribing controlled substances when the ~~supervising~~
26 **collaborating** physician is not on-site. Such limitation shall not apply to physician assistants
27 of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009.

28 3. A physician assistant shall receive a certificate of controlled substance prescriptive
29 authority from the board of healing arts upon verification of the completion of the following
30 educational requirements:

31 (1) Successful completion of an advanced pharmacology course that includes clinical
32 training in the prescription of drugs, medicines, and therapeutic devices. A course or courses
33 with advanced pharmacological content in a physician assistant program accredited by the
34 Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its
35 predecessor agency shall satisfy such requirement;

36 (2) Completion of a minimum of three hundred clock hours of clinical training by the
37 ~~supervising~~ **collaborating** physician in the prescription of drugs, medicines, and therapeutic
38 devices;

39 (3) Completion of a minimum of one year of supervised clinical practice or supervised
40 clinical rotations. One year of clinical rotations in a program accredited by the Accreditation
41 Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor
42 agency, which includes pharmacotherapeutics as a component of its clinical training, shall satisfy
43 such requirement. Proof of such training shall serve to document experience in the prescribing
44 of drugs, medicines, and therapeutic devices;

45 (4) A physician assistant previously licensed in a jurisdiction where physician assistants
46 are authorized to prescribe controlled substances may obtain a state bureau of narcotics and
47 dangerous drugs registration if a ~~supervising~~ **collaborating** physician can attest that the
48 physician assistant has met the requirements of subdivisions (1) to (3) of this subsection and
49 provides documentation of existing federal Drug Enforcement Agency registration.

334.749. 1. There is hereby established an "Advisory Commission for Physician
2 Assistants" which shall guide, advise and make recommendations to the board. The commission
3 shall also be responsible for the ongoing examination of the scope of practice and promoting the
4 continuing role of physician assistants in the delivery of health care services. The commission
5 shall assist the board in carrying out the provisions of sections 334.735 to 334.749.

6 2. The commission shall be appointed no later than October 1, 1996, and shall consist
7 of five members, one member of the board, two licensed physician assistants, one physician and
8 one lay member. The two licensed physician assistant members, the physician member and the

9 lay member shall be appointed by the director of the division of professional registration. Each
10 licensed physician assistant member shall be a citizen of the United States and a resident of this
11 state, and shall be licensed as a physician assistant by this state. The physician member shall be
12 a United States citizen, a resident of this state, have an active Missouri license to practice
13 medicine in this state and shall be a ~~supervising~~ **collaborating** physician, at the time of
14 appointment, to a licensed physician assistant. The lay member shall be a United States citizen
15 and a resident of this state. The licensed physician assistant members shall be appointed to serve
16 three-year terms, except that the first commission appointed shall consist of one member whose
17 term shall be for one year and one member whose term shall be for two years. The physician
18 member and lay member shall each be appointed to serve a three-year term. No physician
19 assistant member nor the physician member shall be appointed for more than two consecutive
20 three-year terms. The president of the Missouri Academy of Physicians Assistants in office at
21 the time shall, at least ninety days prior to the expiration of a term of a physician assistant
22 member of a commission member or as soon as feasible after such a vacancy on the commission
23 otherwise occurs, submit to the director of the division of professional registration a list of five
24 physician assistants qualified and willing to fill the vacancy in question, with the request and
25 recommendation that the director appoint one of the five persons so listed, and with the list so
26 submitted, the president of the Missouri Academy of Physicians Assistants shall include in his
27 or her letter of transmittal a description of the method by which the names were chosen by that
28 association.

29 3. Notwithstanding any other provision of law to the contrary, any appointed member
30 of the commission shall receive as compensation an amount established by the director of the
31 division of professional registration not to exceed seventy dollars per day for commission
32 business plus actual and necessary expenses. The director of the division of professional
33 registration shall establish by rule guidelines for payment. All staff for the commission shall be
34 provided by the state board of registration for the healing arts.

35 4. The commission shall hold an open annual meeting at which time it shall elect from
36 its membership a chairman and secretary. The commission may hold such additional meetings
37 as may be required in the performance of its duties, provided that notice of every meeting shall
38 be given to each member at least ten days prior to the date of the meeting. A quorum of the
39 commission shall consist of a majority of its members.

40 5. On August 28, 1998, all members of the advisory commission for registered physician
41 assistants shall become members of the advisory commission for physician assistants and their
42 successor shall be appointed in the same manner and at the time their terms would have expired
43 as members of the advisory commission for registered physician assistants.

336.080. 1. Every licensed optometrist who continues in active practice or service shall, on or before the renewal date, renew his or her license and pay the required renewal fee and present satisfactory evidence to the board of his or her attendance for a minimum of thirty-two hours of board-approved continuing education, or their equivalent during the preceding two-year continuing education reporting period as established by rule and regulation. The continuing education requirement may be waived by the board upon presentation to it of satisfactory evidence of the illness of the optometrist or for other good cause as defined by rule and regulation. **As part of the thirty-two hours of continuing education, a licensed optometrist shall be required to obtain two hours in the area of Missouri jurisprudence, as approved by the board.** The board shall not reject any such application if approved programs are not available within the state of Missouri. Every license which has not been renewed on or before the renewal date shall expire.

2. Any licensed optometrist who permits his or her license to expire may renew it within five years of expiration upon payment of the required reactivation fee and presentation of satisfactory evidence to the board of his or her attendance for a minimum of forty-eight hours of board-approved continuing education, or their equivalent, during the five years.

337.020. 1. Each person desiring to obtain a license, whether temporary, provisional or permanent, as a psychologist shall make application to the committee upon such forms and in such manner as may be prescribed by the committee and shall pay the required application fee. The form shall include a statement that the applicant has completed two hours of suicide assessment, referral, treatment, and management training that meets the guidelines developed by the committee. ~~[The committee shall not charge an application fee until such time that the application has been approved. In the event that an application is denied or rejected, no application fee shall be charged.]~~ The application fee shall not be refundable. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing the application, subject to the penalties of making a false affidavit or declaration.

2. Each applicant, whether for temporary, provisional or permanent licensure, shall submit evidence satisfactory to the committee that the applicant is at least twenty-one years of age, is of good moral character, and meets the appropriate educational requirements as set forth in either section 337.021 or 337.025, or is qualified for licensure without examination pursuant to section 337.029. In determining the acceptability of the applicant's qualifications, the committee may require evidence that it deems reasonable and proper, in accordance with law, and the applicant shall furnish the evidence in the manner required by the committee.

3. The committee with assistance from the division shall issue a permanent license to and register as a psychologist any applicant who, in addition to having fulfilled the other

21 requirements of sections 337.010 to 337.090, passes the examination for professional practice
22 in psychology and such other examinations in psychology which may be adopted by the
23 committee, except that an applicant fulfilling the requirement of section 337.029 shall upon
24 successful completion of the jurisprudence examination and completion of the oral examination
25 be permanently licensed without having to retake the examination for professional practice in
26 psychology.

27 4. The committee, with assistance from the division, shall issue a provisional license to,
28 and register as being a provisionally licensed psychologist, any applicant who is a graduate of
29 a recognized educational institution with a doctoral degree in psychology as defined in section
30 337.025, and who otherwise meets all requirements to become a licensed psychologist, except
31 for passage of the national and state licensing exams, oral examination and completion of the
32 required period of postdegree supervised experience as specified in subsection 2 of section
33 337.025.

34 5. A provisional license issued pursuant to subsection 4 of this section shall only
35 authorize and permit the applicant to render those psychological services which are under the
36 supervision and the full professional responsibility and control of such person's postdoctoral
37 degree licensed supervisor. A provisional license shall automatically terminate upon issuance
38 of a permanent license, upon a finding of cause to discipline after notice and hearing pursuant
39 to section 337.035, upon the expiration of one year from the date of issuance whichever event
40 first occurs, or upon termination of supervision by the licensed supervisor. The provisional
41 license may be renewed after one year with a maximum issuance of two years total per
42 provisional licensee. The committee by rule shall provide procedures for exceptions and
43 variances from the requirement of a maximum issuance of two years due to vacations, illness,
44 pregnancy and other good causes.

45 6. The committee, with assistance from the division, shall immediately issue a temporary
46 license to any applicant for licensure either by reciprocity pursuant to section 337.029, or by
47 endorsement of the score from the examination for professional practice in psychology upon
48 receipt of an application for such licensure and upon proof that the applicant is either licensed
49 as a psychologist in another jurisdiction, is a diplomate of the American Board of Professional
50 Psychology, or is a member of the National Register of Health Services Providers in Psychology.

51 7. A temporary license issued pursuant to subsection 6 of this section shall authorize the
52 applicant to practice psychology in this state, the same as if a permanent license had been issued.
53 Such temporary license shall be issued without payment of an additional fee and shall remain in
54 full force and effect until the earlier of the following events:

55 (1) A permanent license has been issued to the applicant following successful completion
56 of the jurisprudence examination and the oral interview examination;

57 (2) In cases where the committee has found the applicant ineligible for licensure and no
58 appeal has been taken to the administrative hearing commission, then at the expiration of such
59 appeal time; or

60 (3) In cases where the committee has found the applicant ineligible for licensure and the
61 applicant has taken an appeal to the administrative hearing commission and the administrative
62 hearing commission has also found the applicant ineligible, then upon the rendition by the
63 administrative hearing commission of its findings of fact and conclusions of law to such effect.

64 8. Written and oral examinations pursuant to sections 337.010 to 337.090 shall be
65 administered by the committee at least twice each year to any applicant who meets the
66 educational requirements set forth in either section 337.021 or 337.025 or to any applicant who
67 is seeking licensure either by reciprocity pursuant to section 337.029, or by endorsement of the
68 score from the examination of professional practice in psychology. The committee shall examine
69 in the areas of professional knowledge, techniques and applications, research and its
70 interpretation, professional affairs, ethics, and Missouri law and regulations governing the
71 practice of psychology. The committee may use, in whole or in part, the examination for
72 professional practice in psychology national examination in psychology or such other national
73 examination in psychology which may be available.

74 9. If an applicant fails any examination, the applicant shall be permitted to take a
75 subsequent examination, upon the payment of an additional reexamination fee. This
76 reexamination fee shall not be refundable.

337.029. 1. A psychologist licensed in another jurisdiction who has had no violations
2 and no suspensions and no revocation of a license to practice psychology in any jurisdiction may
3 receive a license in Missouri, provided the psychologist passes a written examination on
4 Missouri laws and regulations governing the practice of psychology and meets one of the
5 following criteria:

6 (1) Is a diplomate of the American Board of Professional Psychology;

7 (2) Is a member of the National Register of Health Service Providers in Psychology;

8 (3) ~~Is currently licensed or certified as a psychologist in another jurisdiction who is then
9 a signatory to the Association of State and Provincial Psychology Board's reciprocity agreement;~~

10 ~~——(4)] Is currently licensed or certified as a psychologist in another state, territory of the
11 United States, or the District of Columbia and:~~

12 (a) Has a doctoral degree in psychology from a program accredited, or provisionally
13 accredited, either by the American Psychological Association or the Psychological Clinical
14 Science Accreditation System, or that meets the requirements as set forth in subdivision (3) of
15 subsection 3 of section 337.025;

16 (b) Has been licensed for the preceding five years; and

17 (c) Has had no disciplinary action taken against the license for the preceding five years;
18 or

19 [~~5~~] (4) Holds a current certificate of professional qualification (CPQ) issued by the
20 Association of State and Provincial Psychology Boards (ASPPB).

21 2. Notwithstanding the provisions of subsection 1 of this section, applicants may be
22 required to pass an oral examination as adopted by the committee.

23 3. A psychologist who receives a license for the practice of psychology in the state of
24 Missouri on the basis of reciprocity as listed in subsection 1 of this section or by endorsement
25 of the score from the examination of professional practice in psychology score will also be
26 eligible for and shall receive certification from the committee as a health service provider if the
27 psychologist meets one or more of the following criteria:

28 (1) Is a diplomate of the American Board of Professional Psychology in one or more of
29 the specialties recognized by the American Board of Professional Psychology as pertaining to
30 health service delivery;

31 (2) Is a member of the National Register of Health Service Providers in Psychology; or

32 (3) Has completed or obtained through education, training, or experience the requisite
33 knowledge comparable to that which is required pursuant to section 337.033.

337.050. 1. There is hereby created and established a "State Committee of
2 Psychologists", which shall consist of seven licensed psychologists and one public member. The
3 state committee of psychologists existing on August 28, 1989, is abolished. Nothing in this
4 section shall be construed to prevent the appointment of any current member of the state
5 committee of psychologists to the new state committee of psychologists created on August 28,
6 1989.

7 2. Appointments to the committee shall be made by the governor upon the
8 recommendations of the director of the division, upon the advice and consent of the senate. The
9 division, prior to submitting nominations, shall solicit nominees from professional psychological
10 associations and licensed psychologists in the state. The term of office for committee members
11 shall be five years, and committee members shall not serve more than ten years. No person who
12 has previously served on the committee for ten years shall be eligible for appointment. In
13 making initial appointments to the committee, the governor shall stagger the terms of the
14 appointees so that two members serve initial terms of two years, two members serve initial terms
15 of three years, and two members serve initial terms of four years.

16 3. Each committee member shall be a resident of the state of Missouri for one year, shall
17 be a United States citizen, and shall, other than the public member, have been licensed as a
18 psychologist in this state for at least three years. Committee members shall reflect a diversity
19 of practice specialties. To ensure adequate representation of the diverse fields of psychology,

20 the committee shall consist of at least two psychologists who are engaged full time in the
21 doctoral teaching and training of psychologists, and at least two psychologists who are engaged
22 full time in the professional practice of psychology. In addition, the first appointment to the
23 committee shall include at least one psychologist who shall be licensed on the basis of a master's
24 degree who shall serve a full term of five years. Nothing in sections 337.010 to 337.090 shall
25 be construed to prohibit full membership rights on the committee for psychologists licensed on
26 the basis of a master's degree. If a member of the committee shall, during the member's term as
27 a committee member, remove the member's domicile from the state of Missouri, then the
28 committee shall immediately notify the director of the division, and the seat of that committee
29 member shall be declared vacant. All such vacancies shall be filled by appointment of the
30 governor with the advice and consent of the senate, and the member so appointed shall serve for
31 the unexpired term of the member whose seat has been declared vacant.

32 4. The public member shall be at the time of the public member's appointment a citizen
33 of the United States; a resident of this state for a period of one year and a registered voter; a
34 person who is not and never was a member of any profession licensed or regulated pursuant to
35 sections 337.010 to 337.093 or the spouse of such person; and a person who does not have and
36 never has had a material, financial interest in either the providing of the professional services
37 regulated by sections 337.010 to 337.093, or an activity or organization directly related to any
38 profession licensed or regulated pursuant to sections 337.010 to 337.093. The duties of the
39 public member shall not include the determination of the technical requirements to be met for
40 licensure or whether any person meets such technical requirements or of the technical
41 competence or technical judgment of a licensee or a candidate for licensure.

42 5. The committee shall hold a regular annual meeting at which it shall select from among
43 its members a chairperson and a secretary. A quorum of the committee shall consist of a
44 majority of its members. In the absence of the chairperson, the secretary shall conduct the office
45 of the chairperson.

46 6. Each member of the committee shall receive, as compensation, an amount set by the
47 division not to exceed fifty dollars for each day devoted to the affairs of the committee and shall
48 be entitled to reimbursement for necessary and actual expenses incurred in the performance of
49 the member's official duties.

50 7. Staff for the committee shall be provided by the director of the division of professional
51 registration.

52 8. The governor may remove any member of the committee for misconduct, inefficiency,
53 incompetency, or neglect of office.

54 9. In addition to the powers set forth elsewhere in sections 337.010 to 337.090, the
55 division may adopt rules and regulations, not otherwise inconsistent with sections 337.010 to

56 337.090, to carry out the provisions of sections 337.010 to 337.090. The committee may
57 promulgate, by rule, "Ethical Rules of Conduct" governing the practices of psychology which
58 rules shall be based upon the ethical principles promulgated and published by the American
59 Psychological Association.

60 10. Any rule or portion of a rule, as that term is defined in section 536.010, that is
61 promulgated to administer and enforce sections 337.010 to 337.090, shall become effective only
62 if the agency has fully complied with all of the requirements of chapter 536 including but not
63 limited to section 536.028 if applicable, after August 28, 1998. All rulemaking authority
64 delegated prior to August 28, 1998, is of no force and effect and repealed as of August 28, 1998,
65 however nothing in this act shall be interpreted to repeal or affect the validity of any rule adopted
66 and promulgated prior to August 28, 1998. If the provisions of section 536.028 apply, the
67 provisions of this section are nonseverable and if any of the powers vested with the general
68 assembly pursuant to section 536.028 to review, to delay the effective date, or to disapprove and
69 annul a rule or portion of a rule are held unconstitutional or invalid, the purported grant of
70 rulemaking authority and any rule so proposed and contained in the order of rulemaking shall be
71 invalid and void, except that nothing in this act shall affect the validity of any rule adopted and
72 promulgated prior to August 28, 1998.

73 11. The committee may sue and be sued in its official name, and shall have a seal which
74 shall be affixed to all certified copies or records and papers on file, and to such other instruments
75 as the committee may direct. All courts shall take judicial notice of such seal. Copies of records
76 and proceedings of the committee, and of all papers on file with the division on behalf of the
77 committee certified under the seal shall be received as evidence in all courts of record.

78 12. When applying for a renewal of a license pursuant to section 337.030, each licensed
79 psychologist shall submit proof of the completion of at least forty hours of continuing education
80 credit within the two-year period immediately preceding the date of the application for renewal
81 of the license, **with a minimum of three of the forty hours of continuing education dedicated**
82 **to professional ethics.** The type of continuing education to be considered shall include, but not
83 be limited to:

84 (1) Attending recognized educational seminars, the content of which are primarily
85 psychological, as defined by rule;

86 (2) Attending a graduate level course at a recognized educational institution where the
87 contents of which are primarily psychological, as defined by rule;

88 (3) Presenting a recognized educational seminar, the contents of which are primarily
89 psychological, as defined by rule;

90 (4) Presenting a graduate level course at a recognized educational institution where the
91 contents of which are primarily psychological, as defined by rule; and

92 (5) Independent course of studies, the contents of which are primarily psychological,
93 which have been approved by the committee and defined by rule.

94

95 The committee shall determine by administrative rule the amount of training, instruction, self-
96 instruction or teaching that shall be counted as an hour of continuing education credit.

338.010. 1. The "practice of pharmacy" means the interpretation, implementation, and
2 evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section
3 353; receipt, transmission, or handling of such orders or facilitating the dispensing of such
4 orders; the designing, initiating, implementing, and monitoring of a medication therapeutic plan
5 as defined by the prescription order so long as the prescription order is specific to each patient
6 for care by a pharmacist; the compounding, dispensing, labeling, and administration of drugs and
7 devices pursuant to medical prescription orders and administration of viral influenza, pneumonia,
8 shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and meningitis vaccines by
9 written protocol authorized by a physician for persons at least seven years of age or the age
10 recommended by the Centers for Disease Control and Prevention, whichever is higher, or the
11 administration of pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis,
12 meningitis, and viral influenza vaccines by written protocol authorized by a physician for a
13 specific patient as authorized by rule; the participation in drug selection according to state law
14 and participation in drug utilization reviews; the proper and safe storage of drugs and devices and
15 the maintenance of proper records thereof; consultation with patients and other health care
16 practitioners, and veterinarians and their clients about legend drugs, about the safe and effective
17 use of drugs and devices; and the offering or performing of those acts, services, operations, or
18 transactions necessary in the conduct, operation, management and control of a pharmacy. No
19 person shall engage in the practice of pharmacy unless he is licensed under the provisions of this
20 chapter. This chapter shall not be construed to prohibit the use of auxiliary personnel under the
21 direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties. This
22 assistance in no way is intended to relieve the pharmacist from his or her responsibilities for
23 compliance with this chapter and he or she will be responsible for the actions of the auxiliary
24 personnel acting in his or her assistance. This chapter shall also not be construed to prohibit or
25 interfere with any legally registered practitioner of medicine, dentistry, or podiatry, or veterinary
26 medicine only for use in animals, or the practice of optometry in accordance with and as
27 provided in sections 195.070 and 336.220 in the compounding, administering, prescribing, or
28 dispensing of his or her own prescriptions.

29 2. Any pharmacist who accepts a prescription order for a medication therapeutic plan
30 shall have a written protocol from the physician who refers the patient for medication therapy
31 services. The written protocol and the prescription order for a medication therapeutic plan shall

32 come from the physician only, and shall not come from a nurse engaged in a collaborative
33 practice arrangement under section 334.104, or from a physician assistant engaged in a
34 ~~[supervision agreement]~~ **collaborative practice arrangement** under section 334.735.

35 3. Nothing in this section shall be construed as to prevent any person, firm or corporation
36 from owning a pharmacy regulated by sections 338.210 to 338.315, provided that a licensed
37 pharmacist is in charge of such pharmacy.

38 4. Nothing in this section shall be construed to apply to or interfere with the sale of
39 nonprescription drugs and the ordinary household remedies and such drugs or medicines as are
40 normally sold by those engaged in the sale of general merchandise.

41 5. No health carrier as defined in chapter 376 shall require any physician with which they
42 contract to enter into a written protocol with a pharmacist for medication therapeutic services.

43 6. This section shall not be construed to allow a pharmacist to diagnose or independently
44 prescribe pharmaceuticals.

45 7. The state board of registration for the healing arts, under section 334.125, and the state
46 board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of
47 protocols for prescription orders for medication therapy services and administration of viral
48 influenza vaccines. Such rules shall require protocols to include provisions allowing for timely
49 communication between the pharmacist and the referring physician, and any other patient
50 protection provisions deemed appropriate by both boards. In order to take effect, such rules shall
51 be approved by a majority vote of a quorum of each board. Neither board shall separately
52 promulgate rules regulating the use of protocols for prescription orders for medication therapy
53 services and administration of viral influenza vaccines. Any rule or portion of a rule, as that term
54 is defined in section 536.010, that is created under the authority delegated in this section shall
55 become effective only if it complies with and is subject to all of the provisions of chapter 536
56 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of
57 the powers vested with the general assembly pursuant to chapter 536 to review, to delay the
58 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the
59 grant of rulemaking authority and any rule proposed or adopted after August 28, 2007, shall be
60 invalid and void.

61 8. The state board of pharmacy may grant a certificate of medication therapeutic plan
62 authority to a licensed pharmacist who submits proof of successful completion of a board-
63 approved course of academic clinical study beyond a bachelor of science in pharmacy, including
64 but not limited to clinical assessment skills, from a nationally accredited college or university,
65 or a certification of equivalence issued by a nationally recognized professional organization and
66 approved by the board of pharmacy.

67 9. Any pharmacist who has received a certificate of medication therapeutic plan authority
68 may engage in the designing, initiating, implementing, and monitoring of a medication
69 therapeutic plan as defined by a prescription order from a physician that is specific to each
70 patient for care by a pharmacist.

71 10. Nothing in this section shall be construed to allow a pharmacist to make a therapeutic
72 substitution of a pharmaceutical prescribed by a physician unless authorized by the written
73 protocol or the physician's prescription order.

74 11. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary
75 medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or
76 an equivalent title means a person who has received a doctor's degree in veterinary medicine
77 from an accredited school of veterinary medicine or holds an Educational Commission for
78 Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary Medical
79 Association (AVMA).

80 12. In addition to other requirements established by the joint promulgation of rules by
81 the board of pharmacy and the state board of registration for the healing arts:

82 (1) A pharmacist shall administer vaccines by protocol in accordance with treatment
83 guidelines established by the Centers for Disease Control and Prevention (CDC);

84 (2) A pharmacist who is administering a vaccine shall request a patient to remain in the
85 pharmacy a safe amount of time after administering the vaccine to observe any adverse reactions.
86 Such pharmacist shall have adopted emergency treatment protocols;

87 (3) In addition to other requirements by the board, a pharmacist shall receive additional
88 training as required by the board and evidenced by receiving a certificate from the board upon
89 completion, and shall display the certification in his or her pharmacy where vaccines are
90 delivered.

91 13. A pharmacist shall inform the patient that the administration of the vaccine will be
92 entered into the ShowMeVax system, as administered by the department of health and senior
93 services. The patient shall attest to the inclusion of such information in the system by signing
94 a form provided by the pharmacist. If the patient indicates that he or she does not want such
95 information entered into the ShowMeVax system, the pharmacist shall provide a written report
96 within fourteen days of administration of a vaccine to the patient's primary health care provider,
97 if provided by the patient, containing:

98 (1) The identity of the patient;

99 (2) The identity of the vaccine or vaccines administered;

100 (3) The route of administration;

101 (4) The anatomic site of the administration;

102 (5) The dose administered; and

103 (6) The date of administration.

341.170. 1. Applicants for a master plumber's license shall ~~[be at least twenty-five years of age and shall]~~ have had three years or more experience as a licensed journeyman plumber theretofore licensed by any county or city operating under plumbing laws or regulations equal to the requirements of sections 341.090 to 341.220. The applicant shall possess the ability to direct other persons in the installation of plumbing and drainage and shall be skilled in planning, designing and installing plumbing and drainage facilities and shall have a thorough knowledge of the accepted standards, principles and art of plumbing for the protection of the public health.

2. An applicant for a license as a journeyman plumber shall ~~[be at least twenty-one years of age and shall]~~ have had at least five years' experience as an apprentice under the direction and supervision of a master plumber licensed under the provisions of sections 341.090 to 341.220 or a master plumber licensed under the plumbing laws and regulations of any county or city operating under laws or regulations equal to the requirements of sections 341.090 to 341.220. He **or she** shall have a practical knowledge of plumbing and shall be skilled in the art of installing plumbing and drainage facilities and shall have knowledge of the accepted standards and principles of plumbing and sewer or drainage facilities for the protection of the public health.

3. An applicant for a master drainlayer's license shall ~~[be at least twenty-five years of age and shall]~~ have had three years' or more experience as a licensed journeyman drainlayer theretofore licensed by any county or city operating under plumbing laws or regulations equal to the requirements of sections 341.090 to 341.220. The applicant shall possess the ability to direct other persons in the installation of drains and sewers and shall be skilled in planning, designing and installing sewer and drain facilities and shall have a thorough practical knowledge of the accepted standards, principles and art of drainlaying for the protection of the public health.

4. An applicant for a journeyman drainlayer's license shall have worked at drainlaying under the supervision of a licensed master plumber or master drainlayer for a period of at least one year and shall possess a knowledge of drainlaying and the ability to lay drains and shall have a thorough understanding of sewer and drain installation and shall have the ability to install all types of sewers and drains conformable with standard engineering principles and specifications.

5. Any licensed master plumber or journeyman plumber desirous of engaging in the business of drainlaying shall secure a drainlayer's license and no master plumber or journeyman plumber shall engage in the business of drainlaying without first securing a drainlayer's license.

442.135. 1. If a property is subdivided and a new property description is created, such property description shall include the name, and professional license number, if applicable, of the person that created the property description.

4 **2. No person shall submit for recording a conveyance of any property under**
5 **subsection 1 of this section unless the property description of such property contains the**
6 **information required in subsection 1 of this section.**

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

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

26

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

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

33 physician with a [~~supervision agreement~~] **collaborative practice arrangement**, with the
34 attending licensed physician.

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

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

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

60 6. Orders issued under this section by the advanced practice registered nurse in a
61 collaborative practice arrangement, or a physician assistant or an assistant physician with a
62 [~~supervision agreement~~] **collaborative practice arrangement**, with the attending licensed
63 physician shall be reviewed in person by the attending licensed physician of the facility within
64 twenty-four hours or the next regular working day of the order being issued, and such review
65 shall be documented in the clinical record of the patient, resident, or client.

66 7. For purposes of this subsection, "division" shall mean the division of developmental
67 disabilities. Restraint or seclusion shall not be used in habilitation centers or community
68 programs that serve persons with developmental disabilities that are operated or funded by the

69 division unless such procedure is part of an emergency intervention system approved by the
70 division and is identified in such person's individual support plan. Direct-care staff that serve
71 persons with developmental disabilities in habilitation centers or community programs operated
72 or funded by the division shall be trained in an emergency intervention system approved by the
73 division when such emergency intervention system is identified in a consumer's individual
74 support plan.

630.875. 1. This section shall be known and may be cited as the "Improved Access to
2 Treatment for Opioid Addictions Act" or "IATOA Act".

3 2. As used in this section, the following terms mean:

4 (1) "Department", the department of mental health;

5 (2) "IATOA program", the improved access to treatment for opioid addictions program
6 created under subsection 3 of this section.

7 3. Subject to appropriations, the department shall create and oversee an "Improved
8 Access to Treatment for Opioid Addictions Program", which is hereby created and whose
9 purpose is to disseminate information and best practices regarding opioid addiction and to
10 facilitate collaborations to better treat and prevent opioid addiction in this state. The IATOA
11 program shall facilitate partnerships between assistant physicians, physician assistants, and
12 advanced practice registered nurses practicing in federally qualified health centers, rural health
13 clinics, and other health care facilities and physicians practicing at remote facilities located in
14 this state. The IATOA program shall provide resources that grant patients and their treating
15 assistant physicians, physician assistants, advanced practice registered nurses, or physicians
16 access to knowledge and expertise through means such as telemedicine and Extension for
17 Community Healthcare Outcomes (ECHO) programs established under section 191.1140.

18 4. Assistant physicians, physician assistants, and advanced practice registered nurses
19 who participate in the IATOA program shall complete the necessary requirements to prescribe
20 buprenorphine within at least thirty days of joining the IATOA program.

21 5. For the purposes of the IATOA program, a remote collaborating ~~[or supervising]~~
22 physician working with an on-site assistant physician, physician assistant, or advanced practice
23 registered nurse shall be considered to be on-site. An assistant physician, physician assistant,
24 or advanced practice registered nurse collaborating with a remote physician shall comply with
25 all laws and requirements applicable to assistant physicians, physician assistants, or advanced
26 practice registered nurses with on-site supervision before providing treatment to a patient.

27 6. An assistant physician, physician assistant, or advanced practice registered nurse
28 collaborating with a physician who is waiver-certified for the use of buprenorphine may
29 participate in the IATOA program in any area of the state and provide all services and functions
30 of an assistant physician, physician assistant, or advanced practice registered nurse.

31 7. The department may develop curriculum and benchmark examinations on the subject
32 of opioid addiction and treatment. The department may collaborate with specialists, institutions
33 of higher education, and medical schools for such development. Completion of such a
34 curriculum and passing of such an examination by an assistant physician, physician assistant,
35 advanced practice registered nurse, or physician shall result in a certificate awarded by the
36 department or sponsoring institution, if any.

37 8. An assistant physician, physician assistant, or advanced practice registered nurse
38 participating in the IATOA program may also:

39 (1) Engage in community education;

40 (2) Engage in professional education outreach programs with local treatment providers;

41 (3) Serve as a liaison to courts;

42 (4) Serve as a liaison to addiction support organizations;

43 (5) Provide educational outreach to schools;

44 (6) Treat physical ailments of patients in an addiction treatment program or considering
45 entering such a program;

46 (7) Refer patients to treatment centers;

47 (8) Assist patients with court and social service obligations;

48 (9) Perform other functions as authorized by the department; and

49 (10) Provide mental health services in collaboration with a qualified licensed physician.

50

51 The list of authorizations in this subsection is a nonexclusive list, and assistant physicians,
52 physician assistants, or advanced practice registered nurses participating in the IATOA program
53 may perform other actions.

54 9. When an overdose survivor arrives in the emergency department, the assistant
55 physician, physician assistant, or advanced practice registered nurse serving as a recovery coach
56 or, if the assistant physician, physician assistant, or advanced practice registered nurse is
57 unavailable, another properly trained recovery coach shall, when reasonably practicable, meet
58 with the overdose survivor and provide treatment options and support available to the overdose
59 survivor. The department shall assist recovery coaches in providing treatment options and
60 support to overdose survivors.

61 10. The provisions of this section shall supersede any contradictory statutes, rules, or
62 regulations. The department shall implement the improved access to treatment for opioid
63 addictions program as soon as reasonably possible using guidance within this section. Further
64 refinement to the improved access to treatment for opioid addictions program may be done
65 through the rules process.

66 11. The department shall promulgate rules to implement the provisions of the improved
 67 access to treatment for opioid addictions act as soon as reasonably possible. Any rule or portion
 68 of a rule, as that term is defined in section 536.010, that is created under the authority delegated
 69 in this section shall become effective only if it complies with and is subject to all of the
 70 provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
 71 nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536
 72 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held
 73 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
 74 August 28, 2018, shall be invalid and void.

2 ~~[324.008. 1. As used in this section, "nonresident military spouse" means~~
 3 ~~a nonresident spouse of an active duty member of the Armed Forces of the United~~
 4 ~~States who has been transferred or is scheduled to be transferred to the state of~~
 5 ~~Missouri, is domiciled in the state of Missouri, or has moved to the state of~~
 6 ~~Missouri on a permanent change-of-station basis.~~

7 ~~2. Except as provided in subsection 6 of this section and notwithstanding~~
 8 ~~any other provision of law, any agency of this state or board established under~~
 9 ~~state law for the regulation of occupations and professions in this state shall, with~~
 10 ~~respect to such occupation or profession that it regulates, by rule establish criteria~~
 11 ~~for the issuance of a temporary courtesy license to a nonresident spouse of an~~
 12 ~~active duty member of the military who is transferred to this state in the course~~
 13 ~~of the member's military duty, so that, on a temporary basis, the nonresident~~
 14 ~~military spouse may lawfully practice his or her occupation or profession in this~~
 15 ~~state.~~

16 ~~3. Notwithstanding provisions to the contrary, a nonresident military~~
 17 ~~spouse shall receive a temporary courtesy license under subsection 2 of this~~
 18 ~~section if, at the time of application, the nonresident military spouse:~~

19 ~~(1) Holds a current license or certificate in another state, district, or~~
 20 ~~territory of the United States with licensure requirements that the appropriate~~
 21 ~~regulatory board or agency determines are equivalent to those established under~~
 22 ~~Missouri law for that occupation or profession;~~

23 ~~(2) Was engaged in the active practice of the occupation or profession for~~
 24 ~~which the nonresident military spouse seeks a temporary license or certificate in~~
 25 ~~a state, district, or territory of the United States for at least two of the five years~~
 26 ~~immediately preceding the date of application under this section;~~

27 ~~(3) Has not committed an act in any jurisdiction that would have~~
 28 ~~constituted grounds for the refusal, suspension, or revocation of a license or~~
 29 ~~certificate to practice that occupation or profession under Missouri law at the~~
 30 ~~time the act was committed;~~

31 ~~(4) Has not been disciplined by a licensing or credentialing entity in~~
 32 ~~another jurisdiction and is not the subject of an unresolved complaint, review~~
 33 ~~procedure, or disciplinary proceeding conducted by a licensing or credentialing~~
 34 ~~entity in another jurisdiction;~~

34 ~~_____ (5) Authorizes the appropriate board or agency to conduct a criminal~~
35 ~~background check and pay for any costs associated with such background check;~~
36 ~~_____ (6) Pays any fees required by the appropriate board or agency for that~~
37 ~~occupation or profession; and~~
38 ~~_____ (7) Complies with other requirements as provided by the board.~~
39 ~~_____ 4. Relevant full-time experience in the discharge of official duties in the~~
40 ~~military service or an agency of the federal government shall be credited in the~~
41 ~~counting of years of practice under subdivision (2) of subsection 3 of this section.~~
42 ~~_____ 5. A temporary courtesy license or certificate issued under this section~~
43 ~~is valid for one hundred eighty days and may be extended at the discretion of the~~
44 ~~applicable regulatory board or agency for another one hundred eighty days on~~
45 ~~application of the holder of the temporary courtesy license or certificate.~~
46 ~~_____ 6. This section shall not apply to the practice of law or the regulation of~~
47 ~~attorneys.~~
48 ~~_____ 7. The appropriate board or agency shall promulgate rules to implement~~
49 ~~the provisions of this section. Any rule or portion of a rule, as that term is~~
50 ~~defined in section 536.010, that is created under the authority delegated in this~~
51 ~~section shall become effective only if it complies with and is subject to all of the~~
52 ~~provisions of chapter 536 and, if applicable, section 536.028. This section and~~
53 ~~chapter 536 are nonseverable and if any of the powers vested with the general~~
54 ~~assembly under chapter 536 to review, to delay the effective date, or to~~
55 ~~disapprove and annul a rule are subsequently held unconstitutional, then the grant~~
56 ~~of rulemaking authority and any rule proposed or adopted after August 28, 2011,~~
57 ~~shall be invalid and void.]~~

✓