AN ACT


EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.
indicates otherwise, the following terms shall mean:

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

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

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

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

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

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

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

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

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

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

(11) "State registrar", state registrar of vital statistics of the state of Missouri;
(12) "System of vital statistics", the registration, collection, preservation, amendment and certification of vital records; the collection of other reports required by sections 193.005 to 193.325 and section 194.060; and activities related thereto including the tabulation, analysis and publication of vital statistics;

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

(14) "Vital statistics", the data derived from certificates and reports of birth, death, 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 container unless such container bears a label containing an identifying symbol for such substance in accordance with federal laws.

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

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

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

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

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

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

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

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

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

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

(1) Successfully completed the eighth grade;

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

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

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

(2) If there is no examination requirement for a non-apprenticeship license, no examination shall be required for applicants who complete an apprenticeship.
(3) The number of working hours required for a competency-based apprenticeship or a hybrid apprenticeship under 29 CFR 29.5 shall not exceed the number of educational hours otherwise required for a non-apprenticeship license for the specific profession.

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

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

324.950. 1. Sections 324.950 to 324.983 shall be known and may be cited as the "Missouri Statewide Mechanical Contractor Licensing Act".

2. As used in sections 324.950 to 324.983, unless the context clearly indicates otherwise, the following terms shall mean:

(1) "Division", the division of professional registration within the department of insurance, financial institutions and professional registration;

(2) "License holder", any person who is granted a statewide license by the division;

(3) "Local license", a valid business or occupational license issued by a Missouri political subdivision;

(4) "Mechanical contractor", a company engaged in mechanical contracting work per the International Code Council (ICC) and NFPA 54, including the design, installation, maintenance, construction, alteration, repair, and inspection of any:
(a) HVAC system;
(b) HVAC duct system;
(c) Exhaust systems;
(d) Combustion air or make up air;
(e) Chimneys and vents;
(f) Hydronic piping systems that are part of an HVAC system;
(g) Boilers, water heaters, and pressure vessels;
(h) Process piping systems;
(i) Fuel gas distribution piping;
(j) Fuel gas-fired, fuel oil-fired, and solid fuel appliances;
(k) Fuel oil piping and storage vessels;
(l) Fuel gas-fired, fuel oil-fired, and solid fuel appliance venting systems;
(m) Equipment and appliances intended to utilize solar energy for space heating or cooling;
(n) Domestic hot water heating, swimming pool heating, or process heating;
(o) Refrigeration systems, including all equipment and components thereof;
(p) Backflow preventers;
(q) Medical gas piping;
(r) Air, oxygen, and vacuum piping; and
(s) Fire suppression systems.

Additional certification may be required by the division for a particular scope of mechanical work;

(5) "Office", the office of mechanical contractors within the division of professional registration;

(6) "Person", an individual, corporation, partnership, association, or other legal entity;

(7) "Statewide mechanical contractor license", a valid license issued by the division that allows the mechanical contractor and any of its employees or manufacturers' representatives or subcontractors to practice in any jurisdiction in Missouri regardless of local licensing requirements. Political subdivisions cannot require any member of the work force of a licensed statewide mechanical contractor to obtain an individual occupational license.
324.953. 1. The division shall adopt, implement, rescind, amend, and administer such rules as may be necessary to carry out the provisions of sections 324.950 to 324.983. The division may promulgate necessary rules authorized or as required to explain or clarify sections 324.950 to 324.983 including, but not limited to, rules relating to professional conduct, continuing competency requirements for the renewal of licenses, approval of continuing competency programs, fees, and the establishment of ethical standards of business practice for persons holding a license under sections 324.950 to 324.983. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2019, shall be invalid and void.

2. For the purpose of sections 324.950 to 324.983, the division shall:

(1) Establish all applicable fees, set at an amount which shall not substantially exceed the cost of administering sections 324.950 to 324.983; and

(2) Deposit all fees collected under sections 324.950 to 324.983 by transmitting such funds to the department of revenue for deposit to the state treasury to the credit of the Missouri mechanical contractor licensing fund.

324.956. There is hereby created the "Office of Mechanical Contractors" to be housed within the division of professional registration. The division shall:

(1) Employ, within the limits of the funds appropriated, persons as are necessary to carry out the provisions of sections 324.950 to 324.983, including both administrative and professional staff and legal counsel, with the discretion to hire experts in mechanical contracting to advise the division on technical matters related to mechanical contracting;

(2) Exercise all budgeting, purchasing, reporting, and related
management functions;
(3) Conduct investigations to determine compliance with sections 324.950 to 324.983; and
(4) File suit in its own name on behalf of the office to enforce the provisions of sections 324.950 to 324.983.

324.959. 1. The applicant for a statewide mechanical license shall satisfy the following requirements:
(1) Be at least twenty-one years of age;
(2) Provide proof of liability insurance in the amount of five hundred thousand dollars and post bond with each political subdivision in which he or she will perform work as required by that political subdivision;
(3) Pass one of the following standardized and nationally offered mechanical assessment tests:
   (a) International Code Council;
   (b) Prometric; or
   (c) North American Technician Excellence (NATE) certification; or
   a similar test that is administered by an independent professional testing agency not affiliated with any political subdivision or the state of Missouri and is approved by the division. The applicant shall pay for all costs associated with the examinations;
(4) Complete the application form provided by the division and pay any applicable application fees; and
(5) Have completed seven thousand five hundred hours of verifiable field experience in the mechanical industry or a bachelor's or further advanced degree in mechanical or civil engineering from an accredited college or university with a minimum of three years verifiable experience directing and supervising at least one field employee.

2. Any applicant for licensure who holds a local license as defined in section 324.950, or other license authorizing him or her to engage in mechanical contracting, who has seven thousand five hundred hours of verifiable field experience in the mechanical industry, and who is otherwise eligible for licensure shall be issued a statewide mechanical license, therefore becoming a statewide mechanical license holder. The provisions of this subsection shall
33 apply only to licenses issued by a political subdivision with the legal
34 authority to issue such licenses.
35 3. If a corporation, firm, institution, organization, company, or
36 representative thereof desires to engage in mechanical contracting
37 licensed under sections 324.950 to 324.985, it shall have in its employ at
38 least one license holder who possesses a statewide license in
39 accordance with sections 324.950 to 324.983. A statewide licensed
40 mechanical license holder shall represent only one corporation, firm,
41 institution, organization, or company at one time.
42 4. The division may issue a mechanical contractor license to any
43 person who holds a current and active license to engage in the practice
44 of a mechanical contractor or as a master pipefitter or master plumber
45 issued by any other state, the District of Columbia, or territories of the
46 United States that require standards for licensure, registration, or
47 certification considered to be equivalent or more stringent than the
48 requirements for licensure under sections 324.950 to 324.983.

324.962. 1. Political subdivisions shall not be prohibited from
2 establishing their own local mechanical contractor's license but shall
3 recognize a statewide license in lieu of a local license for the purposes
4 of performing contracting work or obtaining permits to perform work
5 within such political subdivision. No political subdivision shall require
6 the employees of a statewide licensed mechanical contractor or its
7 subcontractors or manufacturers' representatives to obtain journeyman
8 licenses, apprentice licenses, or occupation licenses that require
9 passing any examination or any special requirements to assess
10 proficiency or mastery of the mechanical trade. The workforce of a
11 statewide licensee shall be deemed eligible to perform mechanical
12 contracting work and to obtain permits to perform such work from any
13 political subdivision within the state of Missouri.
14 2. If a political subdivision does not recognize a statewide
15 license in lieu of a local license for the purposes of performing
16 contracting work or obtaining permits to perform work within the
17 political subdivision, a statewide mechanical contractor licensee may
18 file a complaint with the division. The division shall perform an
19 investigation into the complaint, and if the division finds that the
20 political subdivision failed to recognize a statewide license in
21 accordance with this section, the division shall notify the political
subdivision that the political subdivision has violated the provisions of this section and has thirty days to comply with this section. If after thirty days the political subdivision still does not recognize a statewide license, the division shall notify the director of the department of revenue, who shall withhold any moneys the noncompliant political subdivision would otherwise be entitled to from local sales tax, as defined in section 32.085, until the director has received notice from the division that the political subdivision is in compliance with this section. Upon the political subdivision coming into compliance with the provisions of this section, the division shall notify the director of the department of revenue, who shall disburse all funds held under this subsection. Moneys held by the director of the department of revenue under this subsection shall not be deemed to be state funds and shall not be commingled with any funds of the state.

3. The provisions of this section shall not prohibit any political subdivision in this state from:

   (1) Enforcing any code or law contained in this section;

   (2) Requiring a business license to perform mechanical contracting work;

   (3) Issuing mechanical contracting permits;

   (4) Enforcing codes of the political subdivision; and

   (5) Inspecting the work of a statewide mechanical contractor.

4. Political subdivisions that do not have the authority to issue or require mechanical contractor licenses prior to August 28, 2019, shall not be granted such authority under the provisions of this section.

324.965. There is hereby created in the state treasury the "Missouri Mechanical Contractor Licensing Fund", which shall consist of moneys collected under sections 324.950 to 324.983. The state treasurer shall be custodian of the fund and may approve disbursements from the fund in accordance with sections 30.170 and 30.180. Upon appropriation, moneys in the fund shall be used solely for the administration of sections 324.950 to 324.983. The provisions of section 33.080 to the contrary notwithstanding, moneys in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds three times the amount of the appropriation from the fund for the preceding fiscal year. The amount, if any, in the fund which shall lapse is that
amount in the fund which exceeds the appropriate multiple of the appropriations from the fund for the preceding fiscal year. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

324.968. 1. Licenses shall expire on a renewal date established by the division. The term of licensure shall be twenty-four months. The division shall mail a renewal notice to the last known address of each person licensed under sections 324.950 to 324.983 prior to the renewal date. Failure to provide the division with the information required for renewal or to pay the required fee after such notice shall result in the license being declared inactive. The licensee shall not practice until he or she applies for reinstatement and pays the required fees. The license shall be restored if the application for reinstatement is received within two years of the renewal date.

2. In addition to other requirements provided by sections 324.950 to 324.983 and established by the division, in order to renew such license under this section, the person shall have at least sixteen contact hours of industry-related training.

324.971. Any person operating as a mechanical contractor in a political subdivision that does not require the mechanical contractor to hold a local license, or who operates as a mechanical contractor in a political subdivision that requires a local license possessed by that person, shall not be required to possess a statewide license under sections 324.950 to 324.983 to operate as a mechanical contractor in such political subdivision.

324.977. The statewide license shall be regulated by the division of professional registration and not a state-appointed licensing board.

324.980. 1. The division may refuse to issue any certificate of registration or authority, permit, or license required under sections 324.950 to 324.983 for one or any combination of causes stated in subsection 2 of this section. The division shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.

2. The division may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against
any holder of any certificate of registration or authority, permit, or
license required by sections 324.950 to 324.983, or any person who has
failed to renew or has surrendered his or her certificate of registration
or authority, permit, or license for any one or any combination of the
following causes:

(1) Use of any controlled substance, as defined in chapter 195, or
alcoholic beverage to an extent that such use impairs a person's ability
to perform the work of any profession licensed or regulated by sections
324.950 to 324.983;

(2) The person has been finally adjudicated and found guilty, or
entered a plea of guilty or nolo contendere, in a criminal prosecution
under the laws of any state or of the United States, for any offense
reasonably related to the qualifications, functions, or duties of any
profession licensed or regulated under sections 324.950 to 324.983, for
any offense involving a controlled substance, or for any offense an
essential element of which is fraud, dishonesty, or an act of violence;

(3) Use of fraud, deception, misrepresentation, or bribery in
securing any certificate of registration or authority, permit, or license
issued under sections 324.950 to 324.983 or in obtaining permission to
take any examination given or required under sections 324.950 to
324.983;

(4) Obtaining or attempting to obtain any fee, charge, tuition, or
other compensation by fraud, deception, or misrepresentation;

(5) Incompetency, misconduct, gross negligence, fraud,
representation, or dishonesty in the performance of the functions
or duties of any profession licensed or regulated by sections 324.950 to
324.983;

(6) Violation of, or assisting or enabling any person to violate,
any provision of sections 324.950 to 324.983, or of any lawful rule or
regulation adopted thereunder;

(7) Impersonation of any person holding a certificate of
registration or authority, permit, or license or allowing any person to
use his or her certificate of registration or authority, permit, license,
or diploma from any school;

(8) Disciplinary action against the holder of a license or other
right to practice any profession regulated by sections 324.950 to 324.983
granted by another political subdivision, state, territory, federal
agency, or country upon grounds for which revocation or suspension is authorized in this state;

(9) A person is finally adjudged mentally incompetent by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by sections 324.950 to 324.983 who is not licensed or registered and currently eligible to practice thereunder;

(11) Issuance of a certificate of registration or authority, permit, or license based upon a material mistake of fact;

(12) Failure to maintain liability coverage as required for initial licensure;

(13) Violation of any professional trust or confidence;

(14) Use of any advertisement or solicitation which is false, misleading, or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed; or

(15) Failure to post bond as required by any local jurisdiction.

3. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds provided in subsection 2 of this section for disciplinary action are met, the division may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the division deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke any certificate of registration or authority, permit, or license issued under sections 324.950 to 324.983.

4. An individual whose certificate of registration or authority, permit, or license has been revoked shall wait three years from the date of revocation to apply for any certificate of registration or authority, permit, or license under sections 324.950 to 324.983. Any certificate of registration or authority, permit, or license shall be issued at the discretion of the board after compliance with all the requirements of sections 324.950 to 324.983 relative to the licensing or registration of the applicant for the first time.

5. The division may file suit to enforce compliance, including the authority to seek injunctions and restraining orders to enjoin any
person from:

(1) Offering to engage or engaging in the performance of any acts or practices for which a license is required upon a showing that such acts or practices were performed or offered to be performed without a certificate of registration or authority, permit, or license;

(2) Engaging in the practice of business authorized by a license issued under a building trades contractor law upon a showing that the license holder presents a substantial probability of serious harm to the health, safety, or welfare of any resident of this state or owner or lessee of real property within this state; or

(3) Refusing to recognize a statewide license as a valid license within any political subdivision, or requiring journeymen or apprentices to be individually licensed or requiring subcontractors and manufacturer's representatives, or other members of the contractor's workforce to be licensed.

6. The division may assess fines for violations of any of the provisions of sections 324.950 to 324.983 in an amount not to exceed five thousand dollars per occurrence upon a judicial or administrative finding of violation of law.

7. The division may compel the production of documents, things, or persons by subpoena.

8. The division may refer any violations of the provisions of any state law or local ordinance relating to the work performed by a licensee to the appropriate state or local official.

324.983. 1. Any person that knowingly violates any provision of sections 324.950 to 324.983 is guilty of a class B misdemeanor.

2. Any officer or agent of a corporation or member or agent of a partnership or association who knowingly and personally participates in or is an accessory to any violation of sections 324.950 to 324.983 is guilty of a class B misdemeanor.

3. The division may file suit for any violation of sections 324.950 to 324.983 in any court of competent jurisdiction and perform such other acts as may be necessary to enforce the provisions of sections 324.950 to 324.983.

326.289. 1. The board may grant or renew permits to practice as a certified public accounting firm to applicants that demonstrate their qualifications in accordance with this chapter.
The following shall hold a permit issued under this chapter:

(a) Any firm with an office in this state, as defined by the board by rule, offering or performing attest or compilation services; or

(b) Any firm with an office in this state that uses the title "CPA" or "CPA firm".

Any firm that does not have an office in this state may offer or perform attest or compilation services in this state without a valid permit only if it meets each of the following requirements:

(a) It complies with the qualifications described in subdivision (1) of subsection 4 of this section;

(b) It complies with the requirements of peer review as set forth in this chapter and the board's promulgated regulations;

(c) It performs such services through an individual with practice privileges under section 326.283; and

(d) It can lawfully do so in the state where said individual with the privilege to practice has his or her principal place of business.

A firm which is not subject to the requirements of subdivisions (1) or (2) of this subsection may perform other nonattest or noncompilation services while using the title "CPA" or "CPA firm" in this state without a permit issued under this section only if it:

(a) Performs such services through an individual with the privilege to practice under section 326.283; and

(b) Can lawfully do so in the state where said individual with privilege to practice has his or her principal place of business.

(4) (a) All firms practicing public accounting in this state shall register with the secretary of state.

(b) Firms which may be exempt from this requirement include:

a. Sole proprietorships;

b. Trusts created pursuant to revocable trust agreements, of which the trustee is a natural person who holds a license or privilege to practice as set forth in section 326.280, 326.283, or 326.286;

c. General partnerships not operating as a limited liability partnership;

or

d. Foreign professional corporations which do not meet criteria of chapter 356 due to name or ownership, shall obtain a certificate of authority as a general corporation. Notwithstanding the provisions of chapter 356, the secretary of state
may issue a certificate of authority to a foreign professional corporation which does not meet the criteria of chapter 356 due to name or ownership, if the corporation meets the requirements of this section and the rules of the board.

2. Permits shall be initially issued and renewed for periods of not more than three years or for a specific period as prescribed by board rule following issuance or renewal.

3. The board shall determine by rule the form for application and renewal of permits and shall annually determine the fees for permits and their renewals.

4. An applicant for initial issuance or renewal of a permit to practice under this section shall be required to show that:
   (1) A simple majority of the ownership of the firm, in terms of financial interests and voting rights of all partners, officers, principals, shareholders, members or managers, belongs to licensees who are licensed in some state, and the partners, officers, principals, shareholders, members or managers, whose principal place of business is in this state and who perform professional services in this state are licensees under section 326.280 or the corresponding provision of prior law. Although firms may include nonlicensee owners, the firm and its ownership shall comply with rules promulgated by the board;
   (2) Any certified public accounting firm may include owners who are not licensees provided that:
       (a) The firm designates a licensee of this state, or in the case of a firm which must have a permit under this section designates a licensee of another state who meets the requirements of section 326.283, who is responsible for the proper registration of the firm and identifies that individual to the board;
       (b) All nonlicensee owners are active individual participants in the certified public accounting firm or affiliated entities;
       (c) All owners are of good moral character; and
       (d) The firm complies with other requirements as the board may impose by rule;
   (3) Any licensee who is responsible for supervising attest services, or signs or authorizes someone to sign the licensee's report on the financial statements on behalf of the firm, shall meet competency requirements as determined by the board by rule which shall include one year of experience in addition to the experience required under subdivision (6) of subsection 1 of section 326.280 and shall be verified by a licensee. The additional experience required by this subsection shall include experience in attest work supervised by a licensee.
5. An applicant for initial issuance or renewal of a permit to practice shall register each office of the firm within this state with the board and show that all attest and compilation services rendered in this state are under the charge of a licensee.

6. No licensee or firm holding a permit under this chapter shall use a professional or firm name or designation that is misleading as to:

   (1) The legal form of the firm;
   (2) The persons who are partners, officers, members, managers or shareholders of the firm; or
   (3) Any other matter.

   The names of one or more former partners, members or shareholders may be included in the name of a firm or its successor unless the firm becomes a sole proprietorship because of the death or withdrawal of all other partners, officers, members or shareholders. A firm may use a fictitious name if the fictitious name is registered with the board and is not otherwise misleading. The name of a firm shall not include the name or initials of an individual who is not a present or a past partner, member or shareholder of the firm or its predecessor. The name of the firm shall not include the name of an individual who is not a licensee.

7. Applicants for initial issuance or renewal of permits shall list in their application all states in which they have applied for or hold permits as certified public accounting firms and list any past denial, revocation, suspension or any discipline of a permit by any other state. Each holder of or applicant for a permit under this section shall notify the board in writing within thirty days after its occurrence of any change in the identities of partners, principals, officers, shareholders, members or managers whose principal place of business is in this state; any change in the number or location of offices within this state; any change in the identity of the persons in charge of such offices; and any issuance, denial, revocation, suspension or any discipline of a permit by any other state.

8. Firms which fall out of compliance with the provisions of this section due to changes in firm ownership or personnel after receiving or renewing a permit shall take corrective action to bring the firm back into compliance as quickly as possible. The board may grant a reasonable period of time for a firm to take such corrective action. Failure to bring the firm back into compliance within a reasonable period as defined by the board may result in the suspension or revocation of the firm permit.

9. The board shall require by rule, as a condition to the renewal of
permits, that firms undergo, no more frequently than once every three years, peer reviews conducted in a manner as the board shall specify. The review shall include a verification that individuals in the firm who are responsible for supervising attest and compilation services or sign or authorize someone to sign the accountant's report on the financial statements on behalf of the firm meet the competency requirements set out in the professional standards for such services, provided that any such rule:

(1) Shall include reasonable provision for compliance by a firm showing that it has within the preceding three years undergone a peer review that is a satisfactory equivalent to peer review generally required under this subsection;

(2) May require, with respect to peer reviews, that peer reviews be subject to oversight by an oversight body established or sanctioned by board rule, which shall periodically report to the board on the effectiveness of the review program under its charge and provide to the board a listing of firms that have participated in a peer review program that is satisfactory to the board; and

(3) Shall require, with respect to peer reviews, that the peer review processes be operated and documents maintained in a manner designed to preserve confidentiality, and that the board or any third party other than the oversight body shall not have access to documents furnished or generated in the course of the peer review of the firm except as provided in subdivision (2) of this subsection.

10. The board may, by rule, charge a fee for oversight of peer reviews, provided that the fee charged shall be substantially equivalent to the cost of oversight.

11. Notwithstanding any other provision in this section, the board may obtain the following information regarding peer review from any approved American Institute for Certified Public Accountants peer review program:

(1) The firm's name and address;

(2) The firm's dates of enrollment in the program;

(3) The date of acceptance and the period covered by the firm's most recently accepted peer review; and

(4) If applicable, whether the firm's enrollment in the program has been dropped or terminated.

12. In connection with proceedings before the board or upon receipt of a complaint involving the licensee performing peer reviews, the board shall not
have access to any documents furnished or generated in the course of the
performance of the peer reviews except for peer review reports, letters of comment
and summary review memoranda. The documents shall be furnished to the board
only in a redacted manner that does not specifically identify any firm or licensee
being peer reviewed or any of their clients.

[12.] 13. The peer review processes shall be operated and the documents
generated thereby be maintained in a manner designed to preserve their
confidentiality. No third party, other than the oversight body, the board, subject
to the provisions of subsection [11] 12 of this section, or the organization
performing peer review shall have access to documents furnished or generated in
the course of the review. All documents shall be privileged and closed records for
all purposes and all meetings at which the documents are discussed shall be
considered closed meetings under subdivision (1) of section 610.021. The
proceedings, records and workpapers of the board and any peer review subjected
to the board process shall be privileged and shall not be subject to discovery,
subpoena or other means of legal process or introduction into evidence at any civil
action, arbitration, administrative proceeding or board proceeding. No member
of the board or person who is involved in the peer review process shall be
permitted or required to testify in any civil action, arbitration, administrative
proceeding or board proceeding as to any matters produced, presented, disclosed
or discussed during or in connection with the peer review process or as to any
findings, recommendations, evaluations, opinions or other actions of such
committees or any of its members; provided, however, that information,
documents or records that are publicly available shall not be subject to discovery
or use in any civil action, arbitration, administrative proceeding or board
proceeding merely because they were presented or considered in connection with
the peer review process.

327.401. 1. The right to practice as an architect or to practice as a
professional engineer or to practice as a professional land surveyor or to practice
as a professional landscape architect shall be deemed a personal right, based
upon the qualifications of the individual, evidenced by such individual's
professional license and shall not be transferable; but any architect or any
professional engineer or any professional land surveyor or any professional
landscape architect may practice his or her profession through the medium of, or
as a member or as an employee of, a partnership or corporation if the plans,
 specifications, estimates, plats, reports, surveys or other like documents or
instruments of the partnership or corporation are signed and stamped with the personal seal of the architect, professional engineer, professional land surveyor, or professional landscape architect by whom or under whose immediate personal supervision the same were prepared and provided that the architect or professional engineer or professional land surveyor or professional landscape architect who affixes his or her signature and personal seal to any such plans, specifications, estimates, plats, reports or other documents or instruments shall be personally and professionally responsible therefor.

2. Any domestic corporation formed under the corporation law of this state, or any foreign corporation, now or hereafter organized and having as one of its purposes the practicing of architecture or professional engineering or professional land surveying or professional landscape architecture and any existing corporation which amends its charter to propose to practice architecture or professional engineering or professional land surveying or professional landscape architecture shall obtain a certificate of authority for each profession named in the articles of incorporation or articles of organization from the board which shall be renewed in accordance with the provisions of section 327.171 or 327.261 or 327.351, as the case may be, and from and after the date of such certificate of authority and while the authority or a renewal thereof is in effect, may offer and render architectural or professional engineering or professional land surveying or professional landscape architectural services in this state if:

(1) At all times during the authorization or any renewal thereof the directors of the corporation shall have assigned responsibility for the proper conduct of all its architectural or professional engineering or professional land surveying or professional landscape architectural activities in this state to an architect licensed and authorized to practice architecture in this state or to a professional engineer licensed and authorized to practice engineering in this state or to a professional land surveyor licensed and authorized to practice professional land surveying in this state, or to a professional landscape architect licensed and authorized to practice professional landscape architecture in this state, as the case may be; and

(2) The person or persons who is or are personally in charge and supervises or supervise the architectural or professional engineering or professional land surveying or professional landscape architectural activities, as the case may be, of any such corporation in this state shall be licensed and authorized to practice architecture or professional engineering or professional
land surveying or professional landscape architecture, as the case may be, as provided in this chapter; and

(3) The corporation pays such fees for the certificate of authority, renewals or reinstatements thereof as are required;

(4) The provisions of this subsection shall not apply to any electrical cooperative organized under the provisions of chapter 394 or any electrical corporation operating under cooperative business plan, as described in subsection 2 of section 393.110.

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

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

(2) A person of good moral character.

2. Every person desiring to enter the profession of embalming dead human bodies within the state of Missouri and who is enrolled in a program accredited by the American Board of Funeral Service Education, any successor organization, or other accrediting entity as approved by the board shall register with the board as a practicum student upon the form provided by the board. After such registration, a student may assist, under the direct supervision of Missouri licensed embalmers and funeral directors, in Missouri licensed funeral establishments, while serving his or her practicum. The form for registration as a practicum student shall be accompanied by a fee in an amount established by the board.

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

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

(2) Is a person of good moral character;

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

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

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

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

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

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

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

8. Upon the successful completion of an embalming apprenticeship and pending the successful completion of the examination as set forth in subdivision (4) of subsection 3 of this section, and also pending the successful completion of all other requirements for an embalmer's license, the applicant may continue to be employed by the funeral establishment where the apprenticeship took place under the terms of subdivision (5) of subsection 3 of this section for a period not to exceed six months or until the applicant's embalmer's license is issued, whichever comes first. An applicant shall not continue to practice as an embalmer apprentice under the provisions of this subsection without providing a written notice to the board to extend his or her apprenticeship registration for 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 assistant physicians. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to an assistant physician the authority to administer or dispense drugs and provide treatment as long as the delivery of such health care services is within the scope of practice of the assistant physician and is consistent with that assistant physician's skill, training, and competence and the skill and training of the collaborating physician.

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

(1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the assistant physician;
(2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the assistant physician to prescribe;

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

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

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

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

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

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

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

(7) A list of all other written practice agreements of the collaborating physician and the assistant physician;
The duration of the written practice agreement between the collaborating physician and the assistant physician;

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

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

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

(1) Geographic areas to be covered;

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) The collaborating physician shall be responsible to determine and
document the completion of at least one hundred twenty hours in a four-month
period by the assistant physician during which the assistant physician shall
practice with the collaborating physician on-site prior to prescribing controlled
substances when the collaborating physician is not on-site. Such limitation shall
not apply to assistant physicians of population-based public health services as
defined in 20 CSR 2150-5.100 as of April 30, 2009, or assistant physicians
providing opioid addiction treatment.

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

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

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

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services. An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician.

3. The written collaborative practice arrangement shall contain at least the following provisions:
   (1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the advanced practice registered nurse;
   (2) A list of all other offices or locations besides those listed in subdivision (1) of this subsection where the collaborating physician authorized the advanced practice registered nurse to prescribe;
   (3) A requirement that there shall be posted at every office where the advanced practice registered nurse is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure statement informing patients that they may be seen by an advanced practice registered nurse and have the right to see the collaborating physician;
   (4) All specialty or board certifications of the collaborating physician and
all certifications of the advanced practice registered nurse;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) A hospital as defined in section 197.020;

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

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

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

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

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

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

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

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

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

334.702. As used in sections 334.700 to 334.725, unless the context clearly requires otherwise, the following terms mean:

1. "Athlete", a person who participates in a sanctioned amateur or professional sport or recreational sport activity;

2. "Athletic trainer", a health care professional who meets the qualifications of section 334.708 and who, upon the direction of a physician and/or consulting physician licensed under this chapter, promotes health and wellness, provides injury and illness prevention, clinical evaluation and assessment, emergency care, first aid, treatment, or physical rehabilitation of injuries [incurred by athletes] related to or affecting physical activity, and return to performance activity for physically active individuals in the manner, means, and methods deemed necessary to effect care [or], rehabilitation, [or both] or function, and that are congruent with the athletic trainer's education, training, and competence;

3. "Athletic training student", a person enrolled in a professional athletic training degree program accredited by the Commission on Accreditation of Athletic Training Education, or its successor agency;

4. "Board", the Missouri board for the healing arts;

5. "Committee", the Missouri athletic [trainers] trainer advisory committee;

6. "Division", the division of professional registration within the department of insurance, financial institutions and professional registration;
(6) ["Student athletic trainer", a person who assists in the duties usually
performed by a licensed athletic trainer and who works under the direct
supervision of a licensed athletic trainer] "Physically active individual", any
person who engages in exercise, recreation, sport, or other activity
requiring physical strength, agility, flexibility, range of motion, speed,
or stamina.

334.703. 1. An athletic trainer shall refer any individual whose
medical condition is beyond the scope of the athletic trainer's
education, training, and competence to a physician as defined in
chapter 334.400.

2. Nothing in this section shall be construed as to limit the
ability of athletic trainers to provide health care services in accordance
with the provisions of this chapter.

334.704. No person shall hold himself or herself out as an athletic trainer
[in this state] or to be practicing athletic training, by title or description,
including the words athletic trainer (AT), licensed athletic trainer
(LAT), athletic therapist, or certified athletic trainer (ATC), unless such
person has been licensed as such under the provisions of sections 334.700 to
334.725.

334.706. 1. The board shall license applicants who meet the qualifications
for athletic trainers, who file for licensure, and who pay all fees required for this
licensure.

(1) The board may issue a temporary license to any person who
is licensed as an athletic trainer in any other state or territory of the
United States, who has attested that no professional license issued to
him or her has ever been disciplined and who meets any other
requirements established by the board.

(2) A temporary license shall be valid for six months from the
date of issuance or until a permanent license is issued or denied and
shall not be renewed.

(3) A temporary license may be denied pursuant to the cases and
procedures set forth in section 334.715.

2. The board shall:

(1) Prescribe application forms to be furnished to all persons seeking
licensure pursuant to sections 334.700 to 334.725;

(2) Prescribe the form and design of the licensure to be issued pursuant
to sections 334.700 to 334.725;
(3) Set the fee for licensure and renewal thereof;
(4) Keep a record of all of its proceedings regarding the Missouri athletic
trainers act and of all athletic trainers licensed in this state;
(5) [Annually prepare] Make available a roster of the names and
business addresses of all athletic trainers licensed in this state[, copies of which
shall be made available upon request to any person paying the fee therefor];
(6) [Set the fee for the roster at an amount sufficient to cover the actual
cost of publishing and distributing the roster;
(7)] Appoint members of the Missouri athletic trainer advisory committee[;
(8) Adopt an official seal].
3. The board may:
(1) Issue subpoenas to compel witnesses to testify or produce evidence in
proceedings to deny[, suspend, or revoke] a license or licensure or discipline a
license;
(2) Promulgate rules pursuant to chapter 536 in order to carry out the
provisions of sections 334.700 to 334.725;
(3) Establish guidelines for athletic trainers in sections 334.700 to
334.725.
4. No rule or portion of a rule promulgated under the authority of sections
334.700 to 334.725 shall become effective unless it has been promulgated
pursuant to the provisions of section 536.024.
334.708. [1.] Any person seeking licensure pursuant to sections 334.700
to 334.725 after August 28, 2006, [must be a resident or in the process of
establishing residency in this state and] shall have passed the [National Athletic
Trainers Association] Board of Certification, Inc., or its successor agency,
examination.
[2. The board shall grant, without examination, licensure to any qualified
nonresident athletic trainer holding a license or licensure in another state if such
other state recognizes licenses or licensure of the state of Missouri in the same
manner.]
334.710. 1. All applications for initial licensure pursuant to sections
334.700 to 334.725 shall be submitted on forms prescribed by the board and shall
be accompanied by an initial licensure fee. All applications for renewal of
licensure issued pursuant to sections 334.700 to 334.725 shall be submitted on
forms prescribed by the board and shall be accompanied by a renewal fee.
2. All fees of any kind and character authorized to be charged by the board shall be [paid to the director of revenue and shall be deposited by the state treasurer into the board for the healing arts fund, to be disbursed only in payment for expenses of maintaining the athletic trainer licensure program and for the enforcement of the provisions of sections 334.700 to 334.725] **collected and deposited pursuant to section 334.050.**

334.712. 1. Any person who meets the qualifications listed in section 334.708, submits his or her application and fees in accordance with section 334.710, and has not committed any act listed in section 334.715 shall be issued a license pursuant to sections 334.700 to 334.725.

2. Each license issued pursuant to sections 334.700 to 334.725 shall contain the name of the person to whom it was issued, the date on which it was issued and such other information as the board deems advisable. All licenses issued pursuant to sections 334.700 to 334.725 shall expire on [January thirtieth of each year] **a schedule established by rule.**

334.715. 1. The board may refuse to issue or renew any license required under sections 334.700 to 334.725 for one or any combination of causes listed in subsection 2 of this section or any cause listed in section 334.100. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of the applicant’s right to file a complaint with the administrative hearing commission as provided in chapter 621. As an alternative to a refusal to issue or renew any certificate, registration, or authority, the board may, in its discretion, issue a license which is subject to reprimand, probation, restriction, or limitation to an applicant for licensure for any one or any combination of causes listed in subsection 2 of this section or section 334.100. The board’s order of reprimand, probation, limitation, or restriction shall contain a statement of the discipline imposed, the basis therefor, the date such action shall become effective, and a statement that the applicant has thirty days to request in writing a hearing before the administrative hearing commission. If the board issues a probationary, limited, or restricted license to an applicant for licensure, either party may file a written petition with the administrative hearing commission within thirty days of the effective date of the probationary, limited, or restricted license seeking review of the board’s determination. If no written request for a hearing is received by the administrative hearing commission within the thirty-day period, the right to seek review of the board’s decision shall be considered waived.

2. The board may cause a complaint to be filed with the administrative
hearing commission as provided in chapter 621 against any holder of a certificate
of registration or authority, permit, or license required by sections 334.700 to
334.725 or any person who has failed to renew or has surrendered the person's
certification of registration or license for any one or any combination of the
following causes:

(1) Violated or conspired to violate any provision of sections 334.700 to
334.725 or any provision of any rule promulgated pursuant to sections 334.700
to 334.725; or

(2) Has been found guilty of unethical conduct as defined in the ethical
standards of the National Athletic [Trainers] Trainers' Association or the
[National Athletic Trainers Association] Board of Certification, Inc., or its
successor agency, as adopted and published by the committee and the board and
filed with the secretary of state; or

(3) Has practiced in the state of Missouri while no longer
certified as an athletic trainer by the Board of Certification, Inc., or its
successor agency; or

(4) Any cause listed in section 334.100.

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

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

(2) Suspend the person's license, certificate, or permit for a period not to
exceed three years; or

(3) Administer a public or private reprimand; or

(4) Deny the person's application for a license; or

(5) Permanently withhold issuance of a license or require the person to
submit to the care, counseling, or treatment of physicians designated by the board
at the expense of the individual to be examined; or

(6) Require the person to attend such continuing education courses and
pass such examinations as the board may direct; or

(7) Restrict or limit the person's license for an indefinite period of time; or
(8) Revoke the person's license.

4. In any order of revocation, the board may provide that the person shall not apply for reinstatement of the person's license for a period of time ranging from two to seven years following the date of the order of revocation. All stay orders shall toll such time period.

5. Before restoring to good standing a license, certificate, or permit issued under this chapter which has been in a revoked, suspended, or inactive state for any cause for more than two years, the board may require the applicant to attend such continuing education courses and pass such examinations as the board may direct] impose any of the disciplines authorized by section 334.100.

334.717. 1. There is hereby created the "Missouri Athletic Trainer Advisory Committee", to be composed of [five] six members to be appointed by the board.

2. The athletic trainer advisory committee shall:

(1) Assist the board in conducting [examinations] evaluations for applicants of athletic trainer licensure;

(2) Advise the board on all matters pertaining to the licensure of athletic trainers;

(3) Review all complaints and/or investigations wherein there is a possible violation of sections 334.100, 334.700 to 334.725, or regulations promulgated pursuant thereto and make recommendations to the board for action;

(4) Follow the provisions of the board's administrative practice procedures in conducting all official duties.

3. [Each] The athletic trainer advisory committee [member] shall be comprised as such:

(1) Each member shall be a citizen of the United States and a resident of the state of Missouri for five years [next] immediately preceding appointment and remain a resident of the state of Missouri throughout the term; and

(2) [Be comprised of] Three members shall be licensed athletic trainers [except for initial appointees]; and

(3) One member shall be a physician duly licensed by the Missouri state board for the healing arts; and

(4) One member shall be a general public member; and

(5) One member shall be a member of the board.

4. [Except for the initial appointees.] Members shall hold office for terms of six years. [The board shall designate one member for a term expiring in 1984,
one member for a term expiring in 1985, one member for a term expiring in 1986, one member for a term expiring in 1987, and one member for a term expiring in 1988. In the event of death, resignation, or removal of any member, the vacancy of the unexpired term shall be filled by the board in the same manner as the other appointments.

334.721. 1. Nothing in sections 334.700 to 334.725 shall be construed to authorize the practice of medicine by any person not licensed by the state board of registration for the healing arts.

2. The provisions of sections 334.700 to 334.725 shall not apply to the following persons:

(1) Physicians and surgeons licensed by the state board of registration for the healing arts as defined in this chapter;

(2) Dentists licensed by the Missouri dental board who confine their practice strictly to dentistry;

(3) Optometrists licensed by the state board of optometry who confine their practice strictly to optometry, as defined in section 336.010;

(4) Nurses licensed by the state board of nursing who confine their practice strictly to nursing as defined in section 335.016;

(5) Chiropractors licensed by the state board of chiropractic examiners who confine themselves strictly to the practice of chiropractic, as defined in section 331.010;

(6) Podiatrists licensed by the state board of chiropody or podiatry who confine their practice strictly to that of a podiatrist, as defined in section 330.010;

(7) Professional physical therapists licensed by the state board of registration for the healing arts who confine their practice strictly to professional physical therapy, as defined in section 334.500;

(8) Coaches and physical education instructors in the performance of their duties;

(9) Athletic training students who confine themselves strictly to their duties as defined in sections 334.700 to 334.725;

(10) Athletic trainers, holding a valid credential from other nations, states, or territories performing their duties for their respective teams or organizations if they restrict their duties only to their teams or organizations and only during the course of their teams' or organizations' visit, not to exceed thirty days in one calendar year, in this state.
334.725. Any person who violates any provision of sections 334.700 to 334.725 is guilty of a misdemeanor and, upon conviction thereof, shall be punished as for a class [C] B misdemeanor.

334.726. Any new amendments to sections 334.701 to 334.726, shall become effective thirty days after the effective date of such act.

334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:
   (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
   (2) "Certification" or "registration", a process by a certifying entity that grants recognition to applicants meeting predetermined qualifications specified by such certifying entity;
   (3) "Certifying entity", the nongovernmental agency or association which certifies or registers individuals who have completed academic and training requirements;
   (4) "Collaborative practice arrangement", written agreements, jointly agreed upon protocols, or standing orders, all of which shall be in writing, for the delivery of health care services;
   (5) "Department", the department of insurance, financial institutions and professional registration or a designated agency thereof;
   [(5)] (6) "License", a document issued to an applicant by the board acknowledging that the applicant is entitled to practice as a physician assistant;
   [(6)] (7) "Physician assistant", a person who has graduated from a physician assistant program accredited by the [American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency] Accreditation Review Commission on Education for the Physician Assistant or its successor agency, prior to 2001, or the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician assistant for three years prior to August 28, 1989, who has passed the National Commission on Certification of Physician Assistants examination, and has active certification of the National Commission on
32 Certification of Physician Assistants;
33 [(7)] (8) "Recognition", the formal process of becoming a certifying entity
34 as required by the provisions of sections 334.735 to 334.749;
35 [(8) "Supervision", control exercised over a physician assistant working
36 with a supervising physician and oversight of the activities of and accepting
37 responsibility for the physician assistant's delivery of care. The physician
38 assistant shall only practice at a location where the physician routinely provides
39 patient care, except existing patients of the supervising physician in the patient's
40 home and correctional facilities. The supervising physician must be immediately
41 available in person or via telecommunication during the time the physician
42 assistant is providing patient care. Prior to commencing practice, the supervising
43 physician and physician assistant shall attest on a form provided by the board
44 that the physician shall provide supervision appropriate to the physician
45 assistant's training and that the physician assistant shall not practice beyond the
46 physician assistant's training and experience. Appropriate supervision shall
47 require the supervising physician to be working within the same facility as the
48 physician assistant for at least four hours within one calendar day for every
49 fourteen days on which the physician assistant provides patient care as described
50 in subsection 3 of this section. Only days in which the physician assistant
51 provides patient care as described in subsection 3 of this section shall be counted
52 toward the fourteen-day period. The requirement of appropriate supervision shall
53 be applied so that no more than thirteen calendar days in which a physician
54 assistant provides patient care shall pass between the physician's four hours
55 working within the same facility. The board shall promulgate rules pursuant to
56 chapter 536 for documentation of joint review of the physician assistant activity
57 by the supervising physician and the physician assistant.
58 2. (1) A supervision agreement shall limit the physician assistant to
59 practice only at locations described in subdivision (8) of subsection 1 of this
60 section, within a geographic proximity to be determined by the board of
61 registration for the healing arts.
62 (2) For a physician-physician assistant team working in a certified
63 community behavioral health clinic as defined by P.L. 113-93 and a rural health
64 clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as
65 amended, or a federally qualified health center as defined in 42 U.S.C. Section
66 1395 of the Public Health Service Act, as amended, no supervision requirements
67 in addition to the minimum federal law shall be required.
3.] 2. The scope of practice of a physician assistant shall consist only of the following services and procedures:

(1) Taking patient histories;
(2) Performing physical examinations of a patient;
(3) Performing or assisting in the performance of routine office laboratory and patient screening procedures;
(4) Performing routine therapeutic procedures;
(5) Recording diagnostic impressions and evaluating situations calling for attention of a physician to institute treatment procedures;
(6) Instructing and counseling patients regarding mental and physical health using procedures reviewed and approved by a [licensed] collaborating physician;
(7) Assisting the supervising physician in institutional settings, including reviewing of treatment plans, ordering of tests and diagnostic laboratory and radiological services, and ordering of therapies, using procedures reviewed and approved by a licensed physician;
(8) Assisting in surgery; and
(9) Performing such other tasks not prohibited by law under the [supervision of] collaborative practice arrangement with a licensed physician as the physician['s] assistant has been trained and is proficient to perform[; and
(10)].

3. Physician assistants shall not perform or prescribe abortions.

4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless pursuant to a [physician supervision agreement] collaborative practice arrangement in accordance with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing of drugs, medications, devices or therapies by a physician assistant shall be pursuant to a [physician assistant supervision agreement] collaborative practice arrangement which is specific to the clinical conditions treated by the supervising physician and the physician assistant shall be subject to the following:

(1) A physician assistant shall only prescribe controlled substances in accordance with section 334.747;
(2) The types of drugs, medications, devices or therapies prescribed by a physician assistant shall be consistent with the scopes of practice of the physician assistant and the [supervising] **collaborating** physician;

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

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

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

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

6. [For purposes of this section, the] **The** licensing of physician assistants shall take place within processes established by the state board of registration for the healing arts through rule and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536 establishing licensing and renewal procedures, [supervision, supervision agreements] **collaboration, collaborative practice arrangements**, fees, and addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensing may be denied or the license of a physician assistant may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set
by the board by rule or regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be required to be licensed as physician assistants. All applicants for physician assistant licensure who complete a physician assistant training program after January 1, 2008, shall have a master's degree from a physician assistant program.

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

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

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

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

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

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

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

   (5) The duration of the supervision agreement between the supervising physician and physician assistant; and

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

8. When a physician assistant supervision agreement is utilized to provide
health care services for conditions other than acute self-limited or well-defined problems, the supervising physician or other physician designated in the supervision agreement shall see the patient for evaluation and approve or formulate the plan of treatment for new or significantly changed conditions as soon as practical, but in no case more than two weeks after the patient has been seen by the physician assistant.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(9) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the physician assistant prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (8) of this subsection; and
(10) A statement that no collaboration requirements in addition to the federal law shall be required for a physician-physician assistant team working in a certified community behavioral health clinic as defined by P.L. 113-93, or a rural health clinic under the federal Rural Health Services Act, P.L. 95-210, as amended, or a federally qualified health center as defined in 42 U.S.C. Section 1395 of the Public Health Service Act, as amended.

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

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

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

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

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

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

[13.] 16. No physician shall be designated to serve as [supervising physician or] a collaborating physician for more than six full-time equivalent licensed physician assistants, full-time equivalent advanced practice registered nurses, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to physician assistant [agreements] collaborative practice arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of section 334.104.

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

334.736. Notwithstanding any other provision of sections 334.735 to 334.749, the board may issue without examination a temporary license to practice as a physician assistant. Upon the applicant paying a temporary license fee and the submission of all necessary documents as determined by the board, the board may grant a temporary license to any person who meets the qualifications provided in [section] sections 334.735 to 334.749 which shall be valid until the results of the next examination are announced. The temporary license may be renewed at the discretion of the board and upon payment of the temporary license
334.747. 1. A physician assistant with a certificate of controlled substance prescriptive authority as provided in this section may prescribe any controlled substance listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the authority to prescribe controlled substances in a [supervision agreement] **collaborative practice arrangement**. Such authority shall be listed on the [supervision verification] **collaborating physician** form on file with the state board of healing arts. The [supervising] **collaborating** physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the physician assistant is permitted to prescribe. Any limitations shall be listed on the [supervision] **collaborating physician** form. Prescriptions for Schedule II medications prescribed by a physician assistant with authority to prescribe delegated in a [supervision agreement] **collaborative practice arrangement** are restricted to only those medications containing hydrocodone. Physician assistants shall not prescribe controlled substances for themselves or members of their families. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the [supervising] **collaborating** physician. Physician assistants who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

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

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

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

(2) Completion of a minimum of three hundred clock hours of clinical training by the [supervising] collaborating physician in the prescription of drugs, medicines, and therapeutic devices;

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

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

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

2. The commission shall be appointed no later than October 1, 1996, and shall consist of five members, one member of the board, two licensed physician assistants, one physician and one lay member. The two licensed physician assistant members, the physician member and the lay member shall be appointed by the director of the division of professional registration. Each licensed physician assistant member shall be a citizen of the United States and a resident of this state, and shall be licensed as a physician assistant by this state. The
physician member shall be a United States citizen, a resident of this state, have an active Missouri license to practice medicine in this state and shall be a 
[supervising] collaborating physician, at the time of appointment, to a licensed physician assistant. The lay member shall be a United States citizen and a resident of this state. The licensed physician assistant members shall be appointed to serve three-year terms, except that the first commission appointed shall consist of one member whose term shall be for one year and one member whose term shall be for two years. The physician member and lay member shall each be appointed to serve a three-year term. No physician assistant member nor the physician member shall be appointed for more than two consecutive three-year terms. The president of the Missouri Academy of Physicians Assistants in office at the time shall, at least ninety days prior to the expiration of a term of a physician assistant member of a commission member or as soon as feasible after such a vacancy on the commission otherwise occurs, submit to the director of the division of professional registration a list of five physician assistants qualified and willing to fill the vacancy in question, with the request and recommendation that the director appoint one of the five persons so listed, and with the list so submitted, the president of the Missouri Academy of Physicians Assistants shall include in his or her letter of transmittal a description of the method by which the names were chosen by that association.

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

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

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

334.1000. As used in sections 334.1005 to 334.1070, the following terms mean:

(1) "Advisory commission", the Missouri radiologic imaging and radiation therapy advisory commission;

(2) "Board", the state board of registration for the healing arts;

(3) "Certification organization", a certification organization that specializes in the certification and registration of radiologic imaging or radiation therapy technical personnel that is accredited by the National Commission for Certifying Agencies, the American National Standards Institute, the International Organization for Standardization, or other accreditation organization recognized by the board;

(4) "Ionizing radiation", radiation that may consist of alpha particles, beta particles, gamma rays, x-rays, neutrons, high-speed electrons, high-speed protons, or other particles capable of producing ions. Ionizing radiation does not include non-ionizing radiation, such as radiofrequency or microwaves, visible infrared or ultraviolet light, or ultrasound;

(5) "Licensed practitioner", a person licensed in this state to practice medicine pursuant to this chapter, chiropractic pursuant to chapter 331, podiatry pursuant to chapter 330, or dentistry pursuant to chapter 332, with education and specialist training in the medical or dental use of radiation;

(6) "Limited x-ray machine operator", a person who is licensed pursuant to section 334.1035 to perform only x-ray procedures not involving the administration or utilization of contrast media on selected specific parts of human anatomy under the supervision of a licensed practitioner. Limited x-ray machine operators shall perform tasks only within the scope of the specific license and category issued to them by the board and under the direct supervision of a licensed practitioner for a particular area of the human anatomy as provided in this chapter, and shall not perform computed tomography, fluoroscopy, magnetic resonance imaging, mammography, radiation therapy, sonography, mobile imaging procedures, or imaging procedures using contrast media;
(7) "Nuclear medicine advanced associate", a person who is certified under sections 334.1000 to 335.1070 and recognized as a physician extender to perform a variety of activities under the supervision of a radiologist who is also an authorized user of radioactive materials in the areas of patient care, patient management, nuclear medicine, and molecular imaging procedures using sealed and unsealed radiation sources, ionizing radiation and magnetic resonance, and adjunctive medicine and therapeutic procedures using unsealed radioactive sources;

(8) "Nuclear medicine technologist", a person who is licensed under section 334.1025 to perform a variety of nuclear medicine and molecular imaging procedures using sealed and unsealed radiation sources, ionizing radiation, adjunctive medicine and pharmaceuticals associated with nuclear medicine procedures, and therapeutic procedures using unsealed radioactive sources;

(9) "Radiation therapist", a person who is licensed under section 334.1020 to administer ionizing radiation to human beings for therapeutic purposes;

(10) "Radiation therapy", the use of ionizing radiation for the purpose of treating disease;

(11) "Radiographer", a person who is licensed under section 334.1020 to perform a comprehensive set of diagnostic radiographic procedures using external ionizing radiation to produce radiographic, fluoroscopic, or digital images;

(12) "Radiologic imaging", any procedure or article intended for use in the diagnosis or visualization of disease or other medical conditions in human beings, including, but not limited to computed tomography, fluoroscopy, nuclear medicine, radiography, and other procedures using ionizing radiation;

(13) "Radiologist", a person licensed to practice medicine under this chapter and board-eligible to be certified by the American Board of Radiology, the American Osteopathic Board of Radiology, the British Royal College of Radiology, or the Canadian College of Physicians and Surgeons in that medical specialty;

(14) "Radiologist assistant", a person who is licensed under section 334.1030 to perform a variety of activities under the direct supervision of a radiologist in the areas of patient care, patient
management, radiologic imaging, or interventional procedures guided
by radiologic imaging, and who does not interpret images, render
diagnoses or prescribe medications or therapies.

334.1005. 1. There is hereby created the "Missouri Radiologic
Imaging and Radiation Therapy Advisory Commission". The board shall
provide administrative support to the advisory commission. The
advisory commission shall guide, advise, and make recommendations
to the board, and shall consist of five members appointed by the
director of the division of professional registration. One member shall
be a nuclear medicine technologist certified and registered by a
certification organization, one member shall be a radiation therapist
certified and registered by a certification organization, one member
shall be a radiographer certified and registered by a certification
organization, one member shall be a physician specializing in the
practice area of diagnostic radiology, and one member shall be a
physician specializing in the practice area of radiation oncology.

2. Each member shall be a citizen of the United States, a resident
of Missouri for at least one year, and be actively engaged in the
practice of radiology for the previous five years.

(1) The initial commission members shall not be required to be
licensed, but shall obtain a license within one hundred eighty days
after the effective date of the initial rules promulgated by the board.

(2) The members shall be appointed for five-year terms, except
that for the first commission, three members shall be appointed for
terms of five years, and two members shall be appointed for terms of
three years. Any vacancy on the commission shall be filled for the
unexpired term of the member.

(3) Notwithstanding any other provision of law to the contrary,
any appointed member of the commission may receive as compensation
an amount established by the director of the division of professional
registration, not to exceed seventy dollars per day for commission
business, plus actual and necessary expenses incurred in performing
official duties of the commission. The director of the division of
professional registration may establish, by rule, guidelines for
payment. All commission staff shall be provided by the board.

3. A member of the advisory commission may be removed if the
member:
(1) Does not maintain the qualifications required for appointment to the commission;
(2) Violates any provision of sections 334.1000 to 334.1070;
(3) Cannot discharge the member's duties for a substantial part of the term for which the member is appointed because of illness or disability; or
(4) Is absent from more than half of the regularly scheduled commission meetings that the member is eligible to attend during a calendar year.

4. The advisory commission shall hold an open annual meeting at which time it shall elect from its membership a chair. The commission may hold additional meetings as may be required in the performance of its duties. A quorum of the commission shall consist of a majority of its members.

5. No licensing activity or other statutory requirements shall become effective until expenditures or personnel are specifically appropriated for the purpose of conducting the business as required to administer the provisions of sections 334.1000 to 334.1070 and the initial rules filed have become effective.

6. The board, based on recommendations, guidance, and advice from the advisory commission, shall:
   (1) Be responsible for the ongoing examination of the scope of practice for limited x-ray machine operators, nuclear medicine technologists, nuclear medicine advanced associates, radiation therapists, radiographers, and radiologist assistants. The commission shall assist the board in carrying out the provisions of sections 334.1000 to 334.1070;
   (2) Promulgate rules for issuance of licenses;
   (3) Promulgate rules for the renewal of licenses, certificates, and registrations;
   (4) Establish minimum requirements for the issuance of licenses and recognition of licenses issued by other states;
   (5) Establish minimum requirements for continuing education;
   (6) Establish all applicable fees, set at an amount which shall not substantially exceed the cost of administering sections 334.1000 to 334.1070;
   (7) Contract to use a competency-based examination that may
provide for a virtually administered option for the determination of limited x-ray machine operator qualifications for licensure;

(8) Promulgate rules for acceptance of certification and registration by a certification organization recognized by the board as qualification for licensure;

(9) Promulgate rules for issuance of licenses to active military, retired military personnel, and spouses of active-duty and retired military personnel;

(10) Promulgate rules that address the unique requirements of individuals working in rural health clinics as defined in Public Law 95-210 and areas of the state the board deems too remote to contain a sufficient number of qualified persons licensed under this chapter to perform radiologic imaging or radiation therapy procedures; and

(11) Establish ethical, moral, and practice standards.

334.1010. 1. All fees payable pursuant to the provisions of sections 334.1000 to 334.1070 shall be collected by the division of professional registration, which shall transmit such funds to the department of revenue for deposit in the state treasury to the credit of the board of registration for the healing arts fund.

2. Upon appropriation by the general assembly, the money in the fund shall be used to administer the provisions of sections 334.1000 to 334.1070.

334.1015. 1. Except as provided in this section, one hundred and eighty days after the effective date of the rules initially promulgated by the board, only a person licensed under the provisions of sections 334.1000 to 334.1070 or a licensed practitioner may perform radiologic imaging or radiation therapy procedures on humans for diagnostic or therapeutic purposes.

2. No person, corporation, or facility shall knowingly employ a person who does not hold a license or who is not exempt from the provisions of sections 334.1000 to 334.1070 to perform radiologic imaging or radiation therapy procedures.

3. Nothing in this section relating to radiologic imaging or radiation therapy shall limit or enlarge the practice of a licensed practitioner.

4. The provisions of sections 334.1000 to 334.1070 shall not apply to:
(1) A dental hygienist or dental assistant licensed under chapter 332;

(2) A resident physician or student enrolled in and attending a school or college of medicine, chiropractic, podiatry, dentistry, radiologic imaging, or radiation therapy who performs radiologic imaging or radiation therapy procedures on humans while under the direct supervision of a licensed practitioner or a person holding a nuclear medicine technologist, radiation therapist, radiographer, or radiologist assistant license;

(3) A person who is employed by the United States government when performing radiologic imaging or radiation therapy associated with that employment;

(4) A person performing radiologic imaging procedures on nonhuman subjects or cadavers; or

(5) A certified registered nurse anesthetist, as defined in section 335.016, while practicing within the scope of practice set forth in chapter 335.

334.1020. 1. An applicant applying for licensure as a radiographer or radiation therapist shall:

(1) Furnish evidence of such person's good moral character;

(2) Provide proof of current certification and registration through the American Registry of Radiologic Technologists or a certification organization in the area of practice; and

(3) Meet all other licensure requirements as established by the board.

2. A licensee applying for license renewal as a radiographer or radiation therapist shall:

(1) Meet the requirements for initial licensure; and

(2) Earn a minimum of twenty-four contact hours of continuing education within the preceding twenty-four month period. Such continuing education shall be in an area of the licensee's practice. Qualifying continuing education activities shall include, but are not limited to courses, including online courses, offered or approved by the American College of Radiology, American Healthcare Radiology Administrators, American Institute of Ultrasound in Medicine, American Society of Radiologic Technologists, Canadian Association of Medical Radiation Technologists, Radiological Society of North
America, Society of Diagnostic Medical Sonography, Society of Nuclear Medicine Technologist Section, Society for Vascular Ultrasound, Section for Magnetic Resonance Technologists, a hospital or other health care institution, regionally accredited schools of higher education, or a state or local health department; and

(3) Meet all other requirements for renewal as established by the board.

334.1025. 1. An applicant applying for licensure as a nuclear medicine technologist or nuclear medicine advanced associate shall:

(1) Furnish evidence of such person's good moral character;

(2) Provide proof of current certification and registration through the Nuclear Medicine Technology Certification Board, the American Registry of Radiologic Technologists or a certification organization approved by the board; and

(3) Meet all other licensure requirements as established by the board.

2. A licensee applying for license renewal as a nuclear medicine technologist or nuclear medicine advanced associate shall:

(1) Meet the requirements for initial licensure; and

(2) Meet all other requirements for renewal as established by the board.

334.1030. 1. An applicant applying for licensure as a radiologist assistant shall:

(1) Furnish evidence of such person's good moral character;

(2) Provide proof of current certification and registration by the American Registry of Radiologic Technologists, the Certification Board for Radiology Practitioner Assistants or a certification organization approved by the board; and

(3) Meet all other licensure requirements as established by the board.

2. A licensee applying for license renewal as a radiologist assistant shall:

(1) Meet the requirements for initial licensure; and

(2) Meet all other licensure requirements established by the board.

334.1035. 1. An applicant applying for licensure as a limited x-ray machine operator shall:
(1) Furnish evidence of such person's good moral character; and

(2) Provide proof of successful passage of an examination as defined by the board; or

(3) Provide proof of current certification from the American Chiropractic Registry of Radiologic Technologists for persons applying for a limited x-ray machine operator license; or

(4) Provide proof of current certification from the American Society of Podiatric Medical Assistants for persons applying for a limited x-ray machine operator license in podiatric radiography; or

(5) Provide proof of current certification from the International Society of Clinical Densitometry for persons applying for a limited x-ray machine operator license in bone densitometry; and

(6) Provide proof of training in x-ray procedures, including a minimum of one hundred hours of supervised experience performing x-ray procedures. The hours shall be sufficient for individuals to be licensed in any limited machine operator area for which such person passes an examination. The hours shall be documented by the applicant and verified by the applicant's supervisor; and

(7) Meet all other licensure requirements as established by the board.

2. The board may issue a limited x-ray machine operator license if the applicant meets the requirements for licensure under the provisions of 334.1000 to 334.1070 and states the category or categories the applicant has demonstrated competency in the areas of:

(1) Chest radiography, including radiography of the thorax, heart, and lungs;

(2) Extremity radiography, including radiography of the upper and lower extremities, including the pectoral girdle;

(3) Spine radiography, including radiography of the vertebral column;

(4) Skull and sinus radiography, including radiography of the skull and facial structures;

(5) Podiatric radiography, including radiography of the foot, ankle, and lower leg below the knee;

(6) Bone densitometry, including performance and analysis of bone density scans; or

(7) Other areas the board deems necessary to ensure necessary
services throughout the state.

3. A licensee applying for license renewal as a limited x-ray machine operator shall:

   (1) Furnish evidence of such person's good moral character; and
   
   (2) Provide proof of current certification from the American Chiropractic Registry of Radiologic Technologists for persons applying for a limited x-ray machine operator license; or

   (3) Provide proof of current certification from the American Society of Podiatric Medical Assistants for persons applying for a limited x-ray machine operator license in podiatric radiography; or

   (4) Provide proof of current certification from the International Society of Clinical Densitometry for persons applying for a limited x-ray machine operator license in bone densitometry; or

   (5) Complete a minimum of twelve hours biennially of continuing education, which shall include online options, that may be fulfilled by approved continuing education activities as established by the board; and

   (6) Meet all other renewal requirements as established by the board.

334.1040. 1. Every person licensed pursuant to sections 334.1000 to 334.1070 shall, on or before the licensing renewal date, apply to the board for licensure for the next licensing period. The application for renewal shall be made under oath on a form furnished to the applicant by the board.

2. A notice shall be made available to each person licensed in this state. The failure to receive the notice does not relieve any person of the duty to renew such person's license and pay the renewal fee as required by sections 334.1000 to 334.1070, nor shall it exempt such person from the penalties provided by sections 334.1000 to 334.1070 for failure to renew a license.

3. If an individual licensed pursuant to sections 334.1000 to 334.1070 does not renew such license for two consecutive renewal periods, such license shall be deemed expired.

4. Upon application for renewal, submission by such person of evidence satisfactory to the board that he or she is licensed to practice in this state, and upon the payment of any required fees, the board shall issue a license. The license shall contain the name of the
applicant and his or her office address, the expiration date, the number of licenses to practice, and if applicable, competency categories as outlined in section 334.1035.

5. If the application is filed and the fee paid after the registration renewal date, a delinquent fee shall be paid; except that, if in the opinion of the board the applicant's failure to register is caused by extenuating circumstances, including illness of the applicant as defined by rule, the delinquent fee may be waived by the board.

334.1045. 1. A person who has been engaged in the practice of radiologic imaging and radiation therapy, other than a radiologist assistant, and who does not hold a current certification and registration by a certification organization recognized by the board may continue to practice in the radiologic imaging or radiation therapy modality in which such person is currently employed, provided such person:

(1) Submits an application approved by the board and pays the licensure fee established by the board within one hundred eighty days from the effective date of the initial rules promulgated by the board;

(2) Does not change the scope of his or her current practice or current place of employment;

(3) Practices only under the supervision of a licensed practitioner; and

(4) Meets all licensure requirements of sections 334.1000 to 334.1070 and the rules adopted by the board.

2. A licensee applying for license renewal pursuant to this section shall:

(1) Complete a renewal application approved by the board;

(2) Pay the renewal fee established by the board;

(3) Meet all other renewal requirements as established by the board;

(4) Provide proof of all continuing education requirements for his or her modality biennially as prescribed by the board.

3. Persons licensed under a chapter other than chapter 334 who violate the provisions of sections 334.1000 to 334.1070 shall be subject to discipline by his or her respective licensing board.

334.1050. 1. The board may issue a temporary license to any person whose certification and registration is pending and who meets
the requirements as defined by board rule. A temporary license shall expire ninety days after the date of the next examination if the applicant is required to take an examination. If the applicant does not take the examination on the next scheduled date, the temporary license shall expire. In all other cases, a temporary license shall expire upon the granting or denial of a license. A temporary license shall not be issued for a period longer than one hundred eighty days.

2. New graduates awaiting national certification and registration may be issued a temporary license for employment purposes for a period not to exceed one year.

334.1055. 1. Notwithstanding any other provision of law to the contrary, any person licensed under sections 334.1000 to 334.1070 may apply to the board for an inactive license status on a form furnished by the board. Upon receipt of the completed inactive status application form and the board's determination that the licensee meets the requirements established by the board by rule, the board shall declare the licensee inactive and shall place the licensee on an inactive status list. A person whose license is inactive or who has discontinued his or her practice because of retirement shall not practice his or her profession within this state. Such person may continue to use the title of his or her profession or the initials of his or her profession after his or her name.

2. If a licensee is granted inactive status, the licensee may return to active status by notifying the board in advance of his or her intention, paying the appropriate fees, and meeting all established requirements of the board as a condition of reinstatement.

334.1060. 1. Notwithstanding any other provision of law:

(1) A person holding a license under sections 334.1000 to 334.1070 may use radioactive substances, or equipment emitting ionizing radiation for medical imaging or radiation therapy procedures on humans for diagnostic or therapeutic purposes only by prescription of an individual authorized by the state to prescribe medical imaging or radiation therapy procedures and under the supervision of a licensed practitioner.

(2) A person holding a license under sections 334.1000 to 334.1070 may use radioactive substances or equipment emitting ionizing radiation for medical imaging and radiation therapy procedures on
humans for diagnostic or therapeutic purposes only within the scope
of that license as specified in sections 334.1000 to 334.1070 and under
the rules adopted by the board.

334.1065. 1. The board may refuse to issue or renew any license
under sections 334.1000 to 334.1070 for one or any combination of
causes listed in subsection 2 of this section or any cause listed in
section 334.100. The board shall notify the applicant in writing of the
reasons for refusal and shall advise the applicant of the applicant's
right to file a complaint with the administrative hearing commission as
provided in chapter 621. As an alternative to a refusal to issue or
renew any certificate, registration, or authority, the board may, at its
discretion, issue a license which is subject to reprimand, probation,
restriction, or limitation to an applicant for licensure for any one or
combination of causes listed in subsection 2 of this section or section
334.100. The board's order of reprimand, probation, limitation, or
restriction shall contain a statement of the discipline imposed, the
basis therefor, the date such action shall become effective and a
statement that the applicant has thirty days to request in writing a
hearing before the administrative hearing commission. If the board
issues a probationary, limited, or restricted license to an applicant for
licensure, either party may file a written petition with the
administrative hearing commission with thirty days of the effective
date of the probationary, limited, or restricted license seeking review
of the board's determination. If no written request for a hearing is
received by the administrative hearing commission with the thirty-day
period, the right to seek review of the board's decision shall be
considered waived.

2. The board may cause a complaint to be filed with the
administrative hearing commission as provided in chapter 621 against
any holder of a certificate of registration or authority, permit, or
license required by sections 334.1000 to 334.1070 or any person who has
failed to renew or has surrendered the person's certificate of
registration or license for any one or any combination of the following
causes:

(1) Violated or conspired to violate any provision of this chapter,
or any provision of any rule promulgated pursuant to sections 334.1000
to 334.1070; or
(2) Has been found guilty of unethical conduct as defined in the ethical standards of certification organization, or its successor agency, as adopted and published by the board and filed with the secretary of state; or

(3) Any cause listed in section 334.100.

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

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

   (2) Suspend the person's license, certificate, or permit for a period not to exceed three years; or

   (3) Administer a public or private reprimand; or

   (4) Deny the person's application for licensure; or

   (5) Permanently withhold issuance of a license or require the person to submit to the care, counseling, or treatment of physicians designated by the board at the expense of the individual to be examined; or

   (6) Require the person to attend such continuing education courses and pass such examinations as the board may direct; or

   (7) Restrict or limit the person's license for an indefinite period of time; or

   (8) Revoke the person's license.

4. In any order of revocation, the board may provide that the person shall not apply for reinstatement of the person's license for a period of time ranging from two to seven years following the date of the order of revocation. All stay orders shall toll such time period.

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

6. A person who violates any provision of sections 334.1000 to 334.1070 shall be guilty of a class A misdemeanor. Each act of such
provisions of sections 334.1000 to 334.1070. Any rule or portion of a rule, as that term is defined in section 536.010 that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2019, shall be invalid and void.

2. Any authority to promulgate rules to implement the provisions of sections 334.1000 to 334.1070, to issue interpretation of those provisions, or to establish the scope of practice for licenses issued pursuant to sections 334.1000 to 334.1035 shall not include the authority to define, regulate, or interpret the scope of practice of certified nurse anesthetists as defined in section 335.016.

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

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

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

(3) "Approval", official recognition of nursing education programs which meet standards established by the board of nursing;
(4) "Board" or "state board", the state board of nursing;

(5) "Certified clinical nurse specialist", a registered nurse who is currently certified as a clinical nurse specialist by a nationally recognized certifying board approved by the board of nursing;

(6) "Certified nurse midwife", a registered nurse who is currently certified as a nurse midwife by the American College of Nurse Midwives, or other nationally recognized certifying body approved by the board of nursing;

(7) "Certified nurse practitioner", a registered nurse who is currently certified as a nurse practitioner by a nationally recognized certifying body approved by the board of nursing;

(8) "Certified registered nurse anesthetist", a registered nurse who is currently certified as a nurse anesthetist by the National Board of Certification and Recertification for Nurse Anesthetists or other nationally recognized certifying body approved by the board of nursing;

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

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

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

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

(13) "Licensure", the issuing of a license to a person who has met specified requirements authorizing the person to practice advanced practice, professional, or practical nursing [to candidates who have met the specified requirements] and the recording of the names of those persons as holders of a license to practice advanced practice, professional, or practical nursing;

(14) "Practice of practical nursing", the performance for compensation of selected acts for the promotion of health and in the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment and knowledge. All such nursing care shall be given under the direction of a person licensed by a
state regulatory board to prescribe medications and treatments or under the
direction of a registered professional nurse. For the purposes of this chapter, the
term "direction" shall mean guidance or supervision provided by a person licensed
by a state regulatory board to prescribe medications and treatments or a
registered professional nurse, including, but not limited to, oral, written, or
otherwise communicated orders or directives for patient care. When practical
nursing care is delivered pursuant to the direction of a person licensed by a state
regulatory board to prescribe medications and treatments or under the direction
of a registered professional nurse, such care may be delivered by a licensed
practical nurse without direct physical oversight;

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

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

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

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

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

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

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

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

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

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

3. Upon refusal of the board to allow any applicant to [sit for] take either the registered professional nurses' examination or the licensed practical nurses' examination, [as the case may be,] or upon refusal to issue an advanced practice registered nurse license, the board shall comply with the provisions of section 621.120 and advise the applicant of his or her right to have a hearing before the administrative hearing commission. The administrative hearing commission shall hear complaints taken pursuant to section 621.120.

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

335.047. 1. The Missouri state board of nursing may promulgate rules under chapter 536 establishing the licensure, renewal procedures, fees, and the discipline of advanced practice registered nurses. An application for licensure may be denied or the license of an advanced practice registered nurse may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by section 335.066, or such other standards of conduct set by the board by rule.

2. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to
delay the effective date, or to disapprove and annul a rule are
subsequently held unconstitutional, then the grant of rulemaking
authority and any rule proposed or adopted after August 28, 2019, shall
be invalid and void.

3. Nothing in this section shall prohibit a certified advance
practice registered nurse from continuing to practice with a
certification before such licensing rules are established by the board.

4. Nothing in this section shall prohibit a certified registered
nurse anesthetist as defined in section 335.016 from providing
anesthesia services without a collaborative practice arrangement
provided that he or she is under the supervision of an anesthesiologist
or other physician, dentist, or podiatrist who is immediately available,
if needed, pursuant to subsection (7) of section 334.104.

335.051. 1. The board shall issue a license to practice nursing as either
a registered professional nurse or a licensed practical nurse without examination
to an applicant who has duly become licensed as a registered nurse or licensed
practical nurse pursuant to the laws of another state, territory, or foreign country
if the applicant meets the qualifications required of registered nurses or licensed
practical nurses in this state at the time the applicant was originally licensed in
the other state, territory, or foreign country.

2. Applicants from foreign countries shall be licensed as prescribed by
rule.

3. Upon application, the board shall issue a temporary permit to an
applicant pursuant to subsection 1 of this section for a license as either a
registered professional nurse or a licensed practical nurse who has made a prima
facie showing that the applicant meets all of the requirements for such a
license. The temporary permit shall be effective only until the board shall have
had the opportunity to investigate his or her qualifications for licensure
pursuant to subsection 1 of this section and to notify the applicant that his or her
application for a license has been either granted or rejected. In no event shall
such temporary permit be in effect for more than twelve months after the date of
its issuance nor shall a permit be reissued to the same applicant. No fee shall be
charged for such temporary permit. The holder of a temporary permit which has
not expired, or been suspended or revoked, shall be deemed to be the holder of a
license issued pursuant to section 335.046 until such temporary permit expires,
is terminated or is suspended or revoked.
4. The board may issue a license by endorsement to an advanced practice registered nurse licensed under the laws of another state if, in the opinion of the board, the applicant meets the qualifications for licensure in this jurisdiction. An advanced practice registered nurse licensed under this subsection shall practice in accordance with the laws of this state.

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

2. A licensee's advanced practice registered nursing license and his or her professional nursing license shall be treated as one license for the purpose of discipline, renewal, and assessment of renewal fees.

335.076. 1. Any person who holds a license to practice professional nursing in this state may use the title "Registered Professional Nurse" and the abbreviation ["R.N."] "RN". No other person shall use the title "Registered Professional Nurse" or the abbreviation ["R.N."] "RN". No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is a registered professional nurse.

2. Any person who holds a license to practice practical nursing in this state may use the title "Licensed Practical Nurse" and the abbreviation ["L.P.N."] "LPN". No other person shall use the title "Licensed Practical Nurse" or the abbreviation ["L.P.N."] "LPN". No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is a licensed practical nurse.

3. Any person who holds a license [or recognition] to practice advanced
practice nursing in this state may use the title "Advanced Practice Registered Nurse", the designations of "certified registered nurse anesthetist", "certified nurse midwife", "certified clinical nurse specialist", and "certified nurse practitioner", and the [abbreviation] abbreviations "APRN"; [and any other title designations appearing on his or her license] "CRNA", "CNM", "CNS", and "NP", respectively. No other person shall use the title "Advanced Practice Registered Nurse" or the abbreviation "APRN". No other person shall assume any title or use any abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is an advanced practice registered nurse.

4. No person shall practice or offer to practice professional nursing, practical nursing, or advanced practice nursing in this state or use any title, sign, abbreviation, card, or device to indicate that such person is a practicing professional nurse, practical nurse, or advanced practice nurse unless he or she has been duly licensed under the provisions of this chapter.

5. In the interest of public safety and consumer awareness, it is unlawful for any person to use the title "nurse" in reference to himself or herself in any capacity, except individuals who are or have been licensed as a registered nurse, licensed practical nurse, or advanced practice registered nurse under this chapter.

6. Notwithstanding any law to the contrary, nothing in this chapter shall prohibit a Christian Science nurse from using the title "Christian Science nurse", so long as such person provides only religious nonmedical services when offering or providing such services to those who choose to rely upon healing by spiritual means alone and does not hold his or her own religious organization and does not hold himself or herself out as a registered nurse, advanced practice registered nurse, nurse practitioner, licensed practical nurse, nurse midwife, clinical nurse specialist, or nurse anesthetist, unless otherwise authorized by law to do so.

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

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

2. Practice [professional or practical] nursing as defined by sections 335.011 to [335.096] 335.099 under cover of any diploma, license, or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

3. Practice [professional nursing or practical] nursing as defined by sections 335.011 to [335.096] 335.099 unless duly licensed to do so under the
provisions of sections 335.011 to [335.096] 335.099;

(4) Use in connection with his or her name any designation tending to imply that he or she is a licensed advanced practice registered nurse, a licensed registered professional nurse, or a licensed practical nurse unless duly licensed so to practice under the provisions of sections 335.011 to [335.096] 335.099;

(5) Practice professional nursing or practical nursing during the time his or her license issued under the provisions of sections 335.011 to [335.096] 335.099 shall be suspended or revoked; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) Holds a current certificate of professional qualification (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB).
2. Notwithstanding the provisions of subsection 1 of this section, applicants may be required to pass an oral examination as adopted by the committee.

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

   (1) Is a diplomate of the American Board of Professional Psychology in one or more of the specialties recognized by the American Board of Professional Psychology as pertaining to health service delivery;
   (2) Is a member of the National Register of Health Service Providers in Psychology; or
   (3) Has completed or obtained through education, training, or experience the requisite 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 Psychologists", which shall consist of seven licensed psychologists and one public member. The state committee of psychologists existing on August 28, 1989, is abolished. Nothing in this section shall be construed to prevent the appointment of any current member of the state committee of psychologists to the new state committee of psychologists created on August 28, 1989.

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

3. Each committee member shall be a resident of the state of Missouri for one year, shall be a United States citizen, and shall, other than the public
Committee members shall reflect a diversity of practice specialties. To ensure adequate representation of the diverse fields of psychology, the committee shall consist of at least two psychologists who are engaged full time in the doctoral teaching and training of psychologists, and at least two psychologists who are engaged full time in the professional practice of psychology. In addition, the first appointment to the committee shall include at least one psychologist who shall be licensed on the basis of a master's degree who shall serve a full term of five years. Nothing in sections 337.010 to 337.090 shall be construed to prohibit full membership rights on the committee for psychologists licensed on the basis of a master's degree. If a member of the committee shall, during the member's term as a committee member, remove the member's domicile from the state of Missouri, then the committee shall immediately notify the director of the division, and the seat of that committee member shall be declared vacant. All such vacancies shall be filled by appointment of the governor with the advice and consent of the senate, and the member so appointed shall serve for the unexpired term of the member whose seat has been declared vacant.

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

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

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

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

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

9. In addition to the powers set forth elsewhere in sections 337.010 to 337.090, the division may adopt rules and regulations, not otherwise inconsistent with sections 337.010 to 337.090, to carry out the provisions of sections 337.010 to 337.090. The committee may promulgate, by rule, "Ethical Rules of Conduct" governing the practices of psychology which rules shall be based upon the ethical principles promulgated and published by the American Psychological Association.

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

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

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

1. Attending recognized educational seminars, the content of which are primarily psychological, as defined by rule;
2. Attending a graduate level course at a recognized educational institution where the contents of which are primarily psychological, as defined by rule;
3. Presenting a recognized educational seminar, the contents of which are primarily psychological, as defined by rule;
4. Presenting a graduate level course at a recognized educational institution where the contents of which are primarily psychological, as defined by rule; and
5. Independent course of studies, the contents of which are primarily psychological, which have been approved by the committee and defined by rule.

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

2. Any pharmacist who accepts a prescription order for a medication therapeutic plan shall have a written protocol from the physician who refers the patient for medication therapy services. The written protocol and the prescription order for a medication therapeutic plan shall come from the physician only, and shall not come from a nurse engaged in a collaborative practice arrangement under section 334.104, or from a physician assistant engaged in a [supervision agreement] collaborative practice arrangement under section 334.735.

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

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

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

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

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

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

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

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

11. "Veterinarian", "doctor of veterinary medicine", "practitioner of
veterinary medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)",
"VMB", "MRCVS", or an equivalent title means a person who has received a
doctor's degree in veterinary medicine from an accredited school of veterinary
In addition to other requirements established by the joint promulgation of rules by the board of pharmacy and the state board of registration for the healing arts:

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

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

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

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

1. The identity of the patient;
2. The identity of the vaccine or vaccines administered;
3. The route of administration;
4. The anatomic site of the administration;
5. The dose administered; and
6. The date of administration.

338.140. 1. The board of pharmacy shall have a common seal, and shall have power to adopt such rules and bylaws not inconsistent with law as may be necessary for the regulation of its proceedings and for the discharge of the duties imposed pursuant to sections 338.010 to 338.198, and shall have power to employ an attorney to conduct prosecutions or to assist in the conduct of prosecutions.
6 pursuant to sections 338.010 to 338.198.

2. The board shall keep a record of its proceedings.

3. The board of pharmacy shall make annually to the governor and, upon written request, to persons licensed pursuant to the provisions of this chapter a written report of its proceedings.

4. The board of pharmacy shall appoint an advisory committee composed of six members, one of whom shall be a representative of pharmacy but who shall not be a member of the pharmacy board, three of whom shall be representatives of wholesale drug distributors as defined in section 338.330, one of whom shall be a representative of drug manufacturers, and one of whom shall be a licensed veterinarian recommended to the board of pharmacy by the board of veterinary medicine. The committee shall review and make recommendations to the board on the merit of all rules and regulations dealing with pharmacy distributors, wholesale drug distributors, drug manufacturers, and veterinary legend drugs which are proposed by the board.

5. A majority of the board shall constitute a quorum for the transaction of business.

6. Notwithstanding any other provisions of law to the contrary, the board may issue letters of reprimand, censure or warning to any holder of a license or registration required pursuant to this chapter for any violations that could result in disciplinary action as defined in section 338.055. Alternatively, at the discretion of the board, the board may enter into a voluntary compliance agreement with a licensee, permit holder, or registrant to ensure or promote compliance with chapter 338 and the rules of the board, in lieu of board discipline. The agreement shall be a public record. The time limitation identified in section 324.043 for commencing a disciplinary proceeding shall be tolled while an agreement authorized by this section is in effect.

339.190. 1. A real estate licensee shall be immune from liability for statements made by engineers, land surveyors, geologists, environmental hazard experts, wood-destroying inspection and control experts, termite inspectors, mortgage brokers, home inspectors, or other home inspection experts unless:

(1) The statement was made by a person employed by the licensee or the broker with whom the licensee is associated;

(2) The person making the statement was selected by and engaged by the licensee. For purposes of this section, the ordering of a report or inspection alone
shall not constitute selecting or engaging a person; or

(3) The licensee knew prior to closing that the statement was false or the licensee acted in reckless disregard as to whether the statement was true or false.

2. A real estate licensee shall not be the subject of any action and no action shall be instituted against a real estate licensee for any information contained in a seller's disclosure for residential, commercial, industrial, farm, or vacant real estate furnished to a buyer, unless the real estate licensee is a signatory to such or the licensee knew prior to closing that the statement was false or the licensee acted in reckless disregard as to whether the statement was true or false.

3. A real estate licensee acting as a courier of documents referenced in this section shall not be considered to be making the statements contained in such documents.

4. A real estate licensee shall not be the subject of any action and no action shall be instituted against a real estate licensee for the accuracy of any information about the size or area, in square footage or otherwise, of a property or of improvements on the property if the real estate licensee obtains the information from a source other than the real estate licensee or the seller and the licensee discloses the source of the information, unless the real estate licensee knew the information was false at the time the real estate licensee transmitted or published the information or the licensee acted with reckless disregard as to whether such information was true or false.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8. An assistant physician, physician assistant, or advanced practice 
registered nurse participating in the IATOA program may also:
   (1) Engage in community education;
   (2) Engage in professional education outreach programs with local 
treatment providers;
   (3) Serve as a liaison to courts;
   (4) Serve as a liaison to addiction support organizations;
   (5) Provide educational outreach to schools;
   (6) Treat physical ailments of patients in an addiction treatment program 
or considering entering such a program;
   (7) Refer patients to treatment centers;
   (8) Assist patients with court and social service obligations;
   (9) Perform other functions as authorized by the department; and
   (10) Provide mental health services in collaboration with a qualified 
licensed physician.

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

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

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

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

[334.719. Any person who is a resident of this state and who was actively engaged as an athletic trainer on September 28, 1983, shall be entitled to continue to practice as such but, within six months of that date, comply with the provisions of section 334.708 to 334.715. For the purposes of this section a person is actively engaged as an athletic trainer if he is employed on a salary basis by an educational institution, a professional athletic organization, or any other bona fide athletic organization for the duration of the institutional year or the athletic organization’s season, and one of his job responsibilities requires him to perform the duties of an athletic trainer.]