

## Missouri State Board of Nursing



Nursing Update  
Presentation by Debra Funk  
Practice Administrator

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The mission of the Missouri State Board of Nursing is to protect the public by development and enforcement of state laws governing the safe practice of nursing.

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## Board Members

The nine gubernatorially appointed members of the board are entrusted with the duty of ensuring that the RNs and LPNs licensed in Missouri comply with Chapter 335 thus creating an atmosphere of safe and effective nursing care in the interest of public protection. The members of the Board, along with its staff and general counsel are entrusted with the legal responsibility to see that the provisions of the law are carried out effectively, in addition to serving as a policy making and planning group. When administering the NPA and establishing policy, the Board considers the licensee, the patient, the community, the State of Missouri and programs of professional and practical nursing.

- The Board is made up of:
- 5 RN's – Two must be Masters prepared -1 Represents Practice
  - 2 LPN's
  - 1 Public Member
  - 1 Nurse at Large

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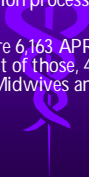
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## Number of Licensees

- The State of Missouri has approximately 89,967 licensed RNs and 24,678 LPNs functioning in a variety of health care settings. The Board of Nursing is mandated to examine the applications of graduate nurses who request to be licensed in the State of Missouri, after passing the NCLEX examination. Nurses who apply for endorsement of their nursing license from another state or country also go through an evaluation process.
- As of 9/1/2011, there are 6,163 APRNs recognized in the State of Missouri. Out of those, 4,018 are NPs, 393 are CNSs, 101 are Nurse Midwives and 1,651 are CRNAs.



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## Renewal Information

- Missouri licensees receive a two year license, with the RNs renewing on the odd years and the LPN's renewing on the even years. A licensee will now receive one (1) card with initial licensure and the expiration date will no longer be printed on the card. If a license lapses for 30 days or more, a fingerprint background check will be required, in addition to other documentation, in order to reinstate the license.
- An APRN's document of recognition will remain current as long as the RN license is active and the certification is up to date. If an APRN's RN license lapses, is retired or placed on inactive the recognition automatically lapses too.



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## Missouri and the Nurse Licensure Compact

- Effective June 1, 2010, Missouri became part of the Nurse Licensure Compact. For those nurses who claim Missouri as their Primary State of Residence and are currently licensed in the state as a Registered Nurse or as a Licensed Practical Nurse, their Missouri Nursing License was automatically converted to a Multi-State License.
- For nurses whose Primary State of Residence is another Compact State, their Missouri Nursing license became inactive.
- For nurses whose Primary State of Residence is a Non-Compact State, their Missouri Nursing license remains a Single State license.



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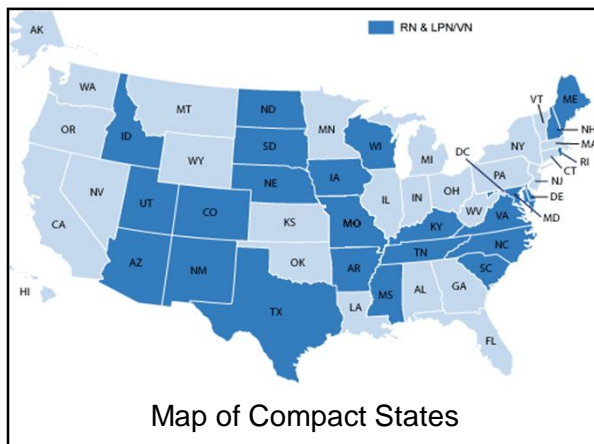
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**After June 1- Two Types of Licenses**

- Multistate license – The nurse's primary state of residence is a compact state. The nurse has a multistate license with privileges to practice in other COMPACT states.
- Single-State License – The nurse's primary state of residence is not a compact state OR the nurse has discipline on a license OR the nurse is a federal employee.
- DOES NOT INCLUDE APRNs or IV Certification

**Appearance of Licenses Have Changed**

- Will only be issued one initial license card.
- Expiration Date will not be on license.
- Whether the license is a single-state or multi-state license will not appear on the license.

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**Verification of Licenses**

- To verify RN & LPN license status, discipline and expiration date, go to [www.nursys.com](http://www.nursys.com).
- Verification for APRNs recognized to practice in MO & IV cert for LPNs, go to [www.pr.mo.gov](http://www.pr.mo.gov).

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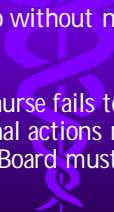
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### Mandatory Reporting Rule 20 CSR 2200-4.040

- If a facility wishes to remediate or rehabilitate a nurse in response to an adverse event, the facility may do so without notifying the Board of Nursing.
- However, if the nurse fails to improve or cooperate and final actions result in termination, the Board must be notified at that time.



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### Missouri State Board of Nursing's Philosophy for a Nurse's Scope of Practice

Based upon his/her education, experience, training, skill, knowledge and/or competence. Continued competence must be documented. Facility policies and/or regulatory bodies support and/or further restrict this practice.



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### NCSBN's Five Rights of Delegation

- ✓ Right Task
- ✓ Right Person
- ✓ Right Direction and Communication
- ✓ Right Circumstances
- ✓ Right Supervision



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Missouri Division of Professional Registration

Home Boards Professions Online Services

Board of Nursing

Test Prep Services Information  
Click here to read more.

Partnering for Safe Care Video  
Click here to watch the video

NOTICE - House Bill 600  
Effective July 1, 2003, all persons and business entities applying for or renewing licenses with the Division of Professional Registration are required to have paid all state income taxes, and to have filed all necessary state income tax returns for the preceding three years. (more information)  
Note: It is no longer necessary to check the HB600 list previously found here. Discipline (including suspension for nonpayment of taxes) may be found on each individual's record using the Licensee Search link located above.

Sub Navigation

- Nursing Home
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- Discipline
- Discipline Monitoring Forms
- Education Information & Forms
- Fees
- Frequently Asked Questions (FAQ)
- IV Therapy Programs
- Licensure Information & Forms
- License Verification
- Meeting Information

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### Advanced Practice Registered Nurses

- The Board of Nursing no longer assigns an expiration date to the Document of Recognition.
- The APRN is permitted to practice in Missouri as long as they hold a current RN license either in Missouri or another Compact State, the Certification from the Certifying Body is current and they have been granted a Document of Recognition by the Missouri State Board of Nursing.
- When APRNs from another Compact State apply for Recognition in Missouri, they will be required to undergo a background check.
- To verify APRN Recognition in Missouri, use [www.pr.mo.gov](http://www.pr.mo.gov).

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### Collaborative Practice in Missouri A Brief History

- 1993 – Original statutory authority 334.104
- 1996 – Rules Approved
- 2008 – Changes made to 334.104 for CS Rx Authority
- 2009 – Clarification made to review requirements
- 2010 – Nov 30 Rules final

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# Statutory Authority for Collaborative Practice 334.104

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- Physicians & RN's may enter into a CPA
  - Authority to administer & dispense drugs & provide treatments within the RN's SOP
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- RN's who are APRNs & Physicians may enter into a CPA to administer, dispense & prescribe drugs & treatment including CSs from Schedule's III - V
- CPA shall not delegate authority to administer CSs for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic or surgical procedures.
- Limits prescription of Schedule III CS narcotics to a 120 hr supply without refill.

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- CPA shall contain:
  - Complete names; home & all business addresses; zip codes; phone numbers; all specialty or board certifications; & all other written practice agreements of the collaborating physician & APRN
  - Sign posted stating pt has right to be seen by a physician
  - Duration of written practice agreement

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- Description of the collaboration between the physician & APRN including:
  - CP must be consistent with each professional's skill, training, education, & competence
  - Maintain geographic proximity
  - Provide coverage during absence, incapacity, infirmity or emergency by collaborating physician

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- Describe the APRN's CS Rx authority including list of CSs physicians authorizes nurse to prescribe
  - Must be consistent with each professional's education, knowledge, skill and competence

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### Requirements for APRN practice review

- 10% of total patients seen
- 20% of cases where CS are prescribed
- To be reviewed every 2 weeks



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- Healing Arts & Nursing must promulgate rules together
  - Rules are limited to specifying geographic areas, methods of treatment & requirements for review of APRN practice
  - Rules relating to dispensing or distribution of meds by prescription subject to approval of Board of Pharmacy

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- Rules relating to dispensing or distribution of CSs by prescription subject to approval by DHSS/BNDD & Board of Pharmacy
- Rulemaking authority shall NOT extend to CPAs of hospital employees providing inpatient care within hospitals or to population based public health services

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**Physicians are required to notify Healing Arts within 30 days of any change and on each renewal:**

- Of any CPAs
- Specify if CPAs delegate prescription of CSs
- Any physician assistant agreements
- Names of these professionals
- Information available to public
- Healing Arts will track & may conduct random reviews of CPAs

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- CRNAs may provide anesthesia services without a CPA
  - Must be under supervision of Anesthesiologist or other physician, dentist or podiatrist who is immediately available
  - May have a CPA
  - May not prescribe CSs

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- Physicians shall not enter into a CPA with more than 3 FTEs of APRNs or PAs (total)
- Does not apply to CPAs of hospital employees providing inpatient care in hospitals or to population - based public health services

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- Physician is to determine and document the completion of at least one – month period of time
- Does not apply to CPA of providers of population – based public health services or in setting where physician is continuously present

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- No agreement under this section supersedes current hospital licensing regulations governing hospital medication orders under protocols or standing orders if they have been approved by the hospital’s medical staff and pharmacy committees.
- A Physician or an APRN cannot be forced into a CPA

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- Collaborative Practice Rule**  
**20 CSR 2200-4.200**
- Revised rules were published in the Oct. 1st Missouri Register & went into effect Nov. 30th
  - Rules were revised to reflect changes in the statutes.

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## Rules are divided in 3 sections

- Geographic Area
- Methods of Treatment
- Review of Services



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## Controlled Substance Prescriptive Authority

- Did NOT go into effect Nov 30<sup>th</sup>, 2011
- BNDD rules and database
- Projected date end of 2011/beginning 2012

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## Revised Advanced Practice Nurse Rule 20 CSR 2200-4.100

- Published in Oct. 1st Missouri Register Effective Nov 30th
- Includes rules regarding Certificate of CS Rx Authority
- CS Rx authority did not go into effect then

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### Eligibility for Controlled Substance Rx Authority

- Evidence of completion of an advanced pharmacology course that included preceptorial experience in prescription of drugs, medicines, & therapeutic devices
  - Official transcript or
  - Letter from school describing integration into curriculum or
  - Course in advanced pharmacology from an accredited college or university in last 5 years or
  - Completion of 45 CEUs in pharmacology in last 5 years

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- Evidence of completion of at least 300 clock hours of preceptorial experience in prescription of drugs, medicines & therapeutic devices with a qualified preceptor. Form provided by Board
- Evidence of min of 1000 hours of practice in advance practice nurse category prior to application. Form provided by Board
- CS Rx authority delegated in a CPA with a MO physician who has unrestricted federal DEA registration & engaged in a practice of like scope, specialty or expertise as APRN

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