

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for House Bill Nos. 119, 372, 382, 420, 550 & 693, Page 8,
2 Section 221.108, Line 9, by inserting after all of said section and line the following:

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

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

27 3. The written collaborative practice arrangement shall contain at least the following
28 provisions:

29 (1) Complete names, home and business addresses, zip codes, and telephone numbers of the
30 collaborating physician and the advanced practice registered nurse;

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

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

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

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

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

15 (b) Maintain geographic proximity, except as specified in this paragraph. The following
16 provisions shall apply with respect to this requirement:

17 a. Until August 28, 2025, an advanced practice registered nurse providing services in a
18 correctional center, as defined in section 217.010, and his or her collaborating physician shall satisfy
19 the geographic proximity requirement if they practice within two hundred miles by road of one
20 another;

21 b. The collaborative practice arrangement may allow for geographic proximity to be waived
22 for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-
23 210 (42 U.S.C. Section 1395x, as amended), as long as the collaborative practice arrangement
24 includes alternative plans as required in paragraph (c) of this subdivision. This exception to
25 geographic proximity shall apply only to independent rural health clinics, provider-based rural
26 health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-
27 4, and provider-based rural health clinics where the main location of the hospital sponsor is greater
28 than fifty miles from the clinic[-]; and

29 c. The collaborating physician is required to maintain documentation related to this
30 requirement and to present it to the state board of registration for the healing arts when requested;
31 and

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

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

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

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

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

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

14 4. The state board of registration for the healing arts pursuant to section 334.125 and the
15 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
16 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to be
17 covered, the methods of treatment that may be covered by collaborative practice arrangements and
18 the requirements for review of services provided pursuant to collaborative practice arrangements
19 including delegating authority to prescribe controlled substances. Any rules relating to geographic
20 proximity shall allow a collaborating physician and a collaborating advanced practice registered
21 nurse to practice within two hundred miles by road of one another until August 28, 2025, if the
22 nurse is providing services in a correctional center, as defined in section 217.010. Any rules relating
23 to dispensing or distribution of medications or devices by prescription or prescription drug orders
24 under this section shall be subject to the approval of the state board of pharmacy. Any rules relating
25 to dispensing or distribution of controlled substances by prescription or prescription drug orders
26 under this section shall be subject to the approval of the department of health and senior services
27 and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority
28 vote of a quorum of each board. Neither the state board of registration for the healing arts nor the
29 board of nursing may separately promulgate rules relating to collaborative practice arrangements.
30 Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The
31 rulemaking authority granted in this subsection shall not extend to collaborative practice
32 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to
33 chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April
34 30, 2008.

35 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
36 otherwise take disciplinary action against a physician for health care services delegated to a
37 registered professional nurse provided the provisions of this section and the rules promulgated
38 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
39 imposed as a result of an agreement between a physician and a registered professional nurse or

1 registered physician assistant, whether written or not, prior to August 28, 1993, all records of such
2 disciplinary licensure action and all records pertaining to the filing, investigation or review of an
3 alleged violation of this chapter incurred as a result of such an agreement shall be removed from the
4 records of the state board of registration for the healing arts and the division of professional
5 registration and shall not be disclosed to any public or private entity seeking such information from
6 the board or the division. The state board of registration for the healing arts shall take action to
7 correct reports of alleged violations and disciplinary actions as described in this section which have
8 been submitted to the National Practitioner Data Bank. In subsequent applications or
9 representations relating to his or her medical practice, a physician completing forms or documents
10 shall not be required to report any actions of the state board of registration for the healing arts for
11 which the records are subject to removal under this section.

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

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

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

37 9. It is the responsibility of the collaborating physician to determine and document the
38 completion of at least a one-month period of time during which the advanced practice registered
39 nurse shall practice with the collaborating physician continuously present before practicing in a

1 setting where the collaborating physician is not continuously present. This limitation shall not apply
2 to collaborative arrangements of providers of population-based public health services as defined by
3 20 CSR 2150-5.100 as of April 30, 2008.

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

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

17 12. No contract or other agreement shall require any advanced practice registered nurse to
18 serve as a collaborating advanced practice registered nurse for any collaborating physician against
19 the advanced practice registered nurse's will. An advanced practice registered nurse shall have the
20 right to refuse to collaborate, without penalty, with a particular physician."; and

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22 Further amend said bill by amending the title, enacting clause, and intersectional references
23 accordingly.