

SECOND REGULAR SESSION

HOUSE BILL NO. 1816

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE KELLY (141).

3929H.02I

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 334.104, RSMo, and to enact in lieu thereof one new section relating to geographic proximity requirements.

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

Section A. Section 334.104, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 334.104, to read as follows:

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

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled
19 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred
20 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form
21 of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health
22 care services. An advanced practice registered nurse may prescribe buprenorphine for up to a
23 thirty-day supply without refill for patients receiving medication-assisted treatment for substance
24 use disorders under the direction of the collaborating physician.

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

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

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

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

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

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

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

43 (b) **For any county of the first classification**, maintain geographic proximity~~]; except~~
44 ~~the collaborative practice arrangement may allow for geographic proximity to be waived for a~~
45 ~~maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L.~~
46 ~~95-210, as long as the collaborative practice arrangement includes alternative plans as required~~
47 ~~in paragraph (c) of this subdivision. This exception to geographic proximity shall apply only to~~
48 ~~independent rural health clinics, provider-based rural health clinics where the provider is a~~
49 ~~critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health~~
50 ~~clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic].~~

51 The collaborating physician is required to maintain documentation related to this requirement
52 and to present it to the state board of registration for the healing arts when requested. **For any**
53 **county other than a county of the first classification, the collaborating physician and the**

54 **advanced practice registered nurse shall not be required to maintain the geographic**
55 **proximity mileage limitation; and**

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

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

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

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

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

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

77 4. The state board of registration for the healing arts pursuant to section 334.125 and the
78 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
79 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas
80 to be covered **in accordance with paragraph (b) of subdivision (5) of subsection 3 of this**
81 **section**, the methods of treatment that may be covered by collaborative practice arrangements
82 and the requirements for review of services provided pursuant to collaborative practice
83 arrangements including delegating authority to prescribe controlled substances. Any rules
84 relating to dispensing or distribution of medications or devices by prescription or prescription
85 drug orders under this section shall be subject to the approval of the state board of pharmacy.
86 Any rules relating to dispensing or distribution of controlled substances by prescription or
87 prescription drug orders under this section shall be subject to the approval of the department of
88 health and senior services and the state board of pharmacy. In order to take effect, such rules
89 shall be approved by a majority vote of a quorum of each board. Neither the state board of

90 registration for the healing arts nor the board of nursing may separately promulgate rules relating
91 to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with
92 guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall
93 not extend to collaborative practice arrangements of hospital employees providing inpatient care
94 within hospitals as defined pursuant to chapter 197 or population-based public health services
95 as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

120 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as
121 defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services
122 without a collaborative practice arrangement provided that he or she is under the supervision of
123 an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if
124 needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered
125 nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a

126 collaborative practice arrangement under this section, except that the collaborative practice
127 arrangement may not delegate the authority to prescribe any controlled substances listed in
128 Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

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

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

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

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

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

✓