

FIRST REGULAR SESSION

HOUSE BILL NO. 244

99TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE ROWLAND (155).

0480H.02I

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal section 334.104, RSMo, and to enact in lieu thereof one new section relating to advanced practice registered nurses in collaborative practice agreements.

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Section A. Section 334.104, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 334.104, to read as follows: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

23 3. The written collaborative practice arrangement shall contain at least the following
24 provisions:

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

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

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

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

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

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

41 (b) Maintain geographic proximity, except the collaborative practice arrangement may
42 allow for geographic proximity to be waived [~~for a maximum of twenty-eight days per calendar~~
43 ~~year for rural health clinics as defined by P.L. 95-210,~~] as long as the collaborative practice
44 arrangement includes alternative plans as required in paragraph (c) of this subdivision[~~—This~~
45 ~~exception to geographic proximity shall apply only to independent rural health clinics,~~
46 ~~provider-based rural health clinics where the provider is a critical access hospital as provided in~~
47 ~~42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of~~
48 ~~the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is~~
49 ~~required to maintain documentation related to this requirement and to present it to the state board~~
50 ~~of registration for the healing arts when requested]; and~~

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

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

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

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

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

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

72 4. The state board of registration for the healing arts pursuant to section 334.125 and the
73 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
74 collaborative practice arrangements. Such rules shall be limited to ~~[specifying geographic areas
75 to be covered,]~~ the methods of treatment that may be covered by collaborative practice
76 arrangements and the requirements for review of services provided pursuant to collaborative
77 practice arrangements including delegating authority to prescribe controlled substances. Any
78 rules relating to dispensing or distribution of medications or devices by prescription or
79 prescription drug orders under this section shall be subject to the approval of the state board of
80 pharmacy. Any rules relating to dispensing or distribution of controlled substances by
81 prescription or prescription drug orders under this section shall be subject to the approval of the
82 department of health and senior services and the state board of pharmacy. In order to take effect,
83 such rules shall be approved by a majority vote of a quorum of each board. Neither the state
84 board of registration for the healing arts nor the board of nursing may separately promulgate rules
85 relating to collaborative practice arrangements. Such jointly promulgated rules shall be
86 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this
87 subsection shall not extend to collaborative practice arrangements of hospital employees

88 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based
89 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

123 8. A collaborating physician shall not enter into a collaborative practice arrangement
124 with more than [~~three~~] **five** full-time equivalent advanced practice registered nurses. This
125 limitation shall not apply to collaborative arrangements of hospital employees providing
126 inpatient care service in hospitals as defined in chapter 197 or population-based public health
127 services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

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

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