

FIRST REGULAR SESSION

# HOUSE BILL NO. 329

102ND GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE COOK.

0561H.011

DANA RADEMAN MILLER, Chief Clerk

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## AN ACT

To repeal sections 195.070, 334.037, 334.104, 334.735, and 335.019, RSMo, and to enact in lieu thereof six new sections relating to certified registered nurse anesthetists, with penalty provisions.

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

Section A. Sections 195.070, 334.037, 334.104, 334.735, and 335.019, RSMo, are  
2 repealed and six new sections enacted in lieu thereof, to be known as sections 195.070,  
3 334.037, 334.104, 334.735, 335.019, and 335.038, to read as follows:

195.070. 1. A physician, podiatrist, dentist, a registered optometrist certified to  
2 administer pharmaceutical agents as provided in section 336.220, or an assistant physician in  
3 accordance with section 334.037 or a physician assistant in accordance with section 334.747  
4 in good faith and in the course of his or her professional practice only, may prescribe,  
5 administer, and dispense controlled substances or he or she may cause the same to be  
6 administered or dispensed by an individual as authorized by statute.

7 2. An advanced practice registered nurse, as defined in section 335.016, ~~but not a~~  
8 ~~certified registered nurse anesthetist as defined in subdivision (8) of section 335.016,~~ who  
9 holds a certificate of controlled substance prescriptive authority from the board of nursing  
10 under section 335.019 and who is delegated the authority to prescribe controlled substances  
11 under a collaborative practice arrangement under section 334.104 may prescribe any  
12 controlled substances listed in Schedules III, IV, and V of section 195.017, and may have  
13 restricted authority in Schedule II. Prescriptions for Schedule II medications prescribed by an  
14 advanced practice registered nurse who has a certificate of controlled substance prescriptive  
15 authority are restricted to only those medications containing hydrocodone. However, no such

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.

16 certified advanced practice registered nurse shall prescribe controlled substance for his or her  
17 own self or family. Schedule III narcotic controlled substance and Schedule II - hydrocodone  
18 prescriptions shall be limited to a one hundred twenty-hour supply without refill.

19 **3. (1) A certified registered nurse anesthetist, as defined in section 335.016, may**  
20 **issue orders for and administer controlled substances listed in Schedules II, III, IV, and**  
21 **V of section 195.017 for and during the course of providing anesthesia care to a patient**  
22 **for a surgical, obstetrical, therapeutic, or diagnostic procedure or treatment in**  
23 **accordance with subsection 3 of section 335.019 and section 335.038.**

24 **(2) Under the provisions of subdivision (1) of this subsection, the certified**  
25 **registered nurse anesthetist shall have authority to select, order, and administer the**  
26 **appropriate controlled substances, drugs, or anesthetic agents for the anesthesia care**  
27 **provided and induce and maintain anesthesia at the required level throughout the**  
28 **provision of anesthesia care for the procedure or treatment.**

29 **(3) A certified registered nurse anesthetist shall not be required to enter into a**  
30 **collaborative practice arrangement under section 334.104 or obtain a certificate of**  
31 **controlled substance prescriptive authority from the board of nursing under section**  
32 **335.019 in order to exercise the authority provided in this subsection. Nothing in this**  
33 **subsection shall be construed to prohibit or prevent a certified registered nurse**  
34 **anesthetist from entering into a collaborative practice arrangement under section**  
35 **334.104 or obtaining a certificate of controlled substance prescriptive authority from the**  
36 **board of nursing under section 335.019 for anesthesia care or services other than**  
37 **anesthesia care provided in the normal course and scope of the professional practice of**  
38 **the certified registered nurse anesthetist.**

39 **4. A veterinarian, in good faith and in the course of the veterinarian's professional**  
40 **practice only, and not for use by a human being, may prescribe, administer, and dispense**  
41 **controlled substances and the veterinarian may cause them to be administered by an assistant**  
42 **or orderly under his or her direction and supervision.**

43 ~~5.~~ **5. A practitioner shall not accept any portion of a controlled substance unused by**  
44 **a patient, for any reason, if such practitioner did not originally dispense the drug, except:**

45 **(1) When the controlled substance is delivered to the practitioner to administer to the**  
46 **patient for whom the medication is prescribed as authorized by federal law. Practitioners**  
47 **shall maintain records and secure the medication as required by this chapter and regulations**  
48 **promulgated pursuant to this chapter; or**

49 **(2) As provided in section 195.265.**

50 ~~6.~~ **6. An individual practitioner shall not prescribe or dispense a controlled**  
51 **substance for such practitioner's personal use except in a medical emergency.**

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

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

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

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

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

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

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

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

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

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

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

42 (7) A list of all other written practice agreements of the collaborating physician and  
43 the assistant physician;

44 (8) The duration of the written practice agreement between the collaborating  
45 physician and the assistant physician;

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

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

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

60 (1) Geographic areas to be covered;

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

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

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

71

72 Any rules relating to dispensing or distribution of medications or devices by prescription or  
73 prescription drug orders under this section shall be subject to the approval of the state board  
74 of pharmacy. Any rules relating to dispensing or distribution of controlled substances by

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

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

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

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

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

111 8. No agreement made under this section shall supersede current hospital licensing  
112 regulations governing hospital medication orders under protocols or standing orders for the  
113 purpose of delivering inpatient or emergency care within a hospital as defined in section  
114 197.020 if such protocols or standing orders have been approved by the hospital's medical  
115 staff and pharmaceutical therapeutics committee.

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

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

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

132 12. (1) An assistant physician with a certificate of controlled substance prescriptive  
133 authority as provided in this section may prescribe any controlled substance listed in Schedule  
134 III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when  
135 delegated the authority to prescribe controlled substances in a collaborative practice  
136 arrangement. Prescriptions for Schedule II medications prescribed by an assistant physician  
137 who has a certificate of controlled substance prescriptive authority are restricted to only those  
138 medications containing hydrocodone. Such authority shall be filed with the state board of  
139 registration for the healing arts. The collaborating physician shall maintain the right to limit a  
140 specific scheduled drug or scheduled drug category that the assistant physician is permitted to  
141 prescribe. Any limitations shall be listed in the collaborative practice arrangement. Assistant  
142 physicians shall not prescribe controlled substances for themselves or members of their  
143 families. Schedule III controlled substances and Schedule II - hydrocodone prescriptions  
144 shall be limited to a five-day supply without refill, except that buprenorphine may be  
145 prescribed for up to a thirty-day supply without refill for patients receiving medication-  
146 assisted treatment for substance use disorders under the direction of the collaborating  
147 physician. Assistant physicians who are authorized to prescribe controlled substances under

148 this section shall register with the federal Drug Enforcement Administration and the state  
149 bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement  
150 Administration registration number on prescriptions for controlled substances.

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

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

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

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

9 2. Collaborative practice arrangements, which shall be in writing, may delegate to a  
10 registered professional nurse the authority to administer, dispense or prescribe drugs and  
11 provide treatment if the registered professional nurse is an advanced practice registered nurse  
12 as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may  
13 delegate to an advanced practice registered nurse, as defined in section 335.016, the authority  
14 to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of  
15 section 195.017, and Schedule II - hydrocodone~~]; except that, the collaborative practice~~  
16 ~~arrangement shall not delegate the authority to administer any controlled substances listed in~~  
17 ~~Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of~~  
18 ~~inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures].~~  
19 Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall  
20 be limited to a one hundred twenty-hour supply without refill. Such collaborative practice  
21 arrangements shall be in the form of written agreements, jointly agreed-upon protocols or

22 standing orders for the delivery of health care services. An advanced practice registered nurse  
23 may prescribe buprenorphine for up to a thirty-day supply without refill for patients receiving  
24 medication-assisted treatment for substance use disorders under the direction of the  
25 collaborating physician.

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

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

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

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

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

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

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

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

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

57 (6) A description of the advanced practice registered nurse's controlled substance  
58 prescriptive authority in collaboration with the physician, including a list of the controlled

59 substances the physician authorizes the nurse to prescribe and documentation that it is  
60 consistent with each professional's education, knowledge, skill, and competence;

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

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

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

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

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

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

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

121           7. ~~[Notwithstanding any law to the contrary,]~~ (1) A certified registered nurse  
122 anesthetist as defined in subdivision (8) of section 335.016 shall ~~[be permitted to provide~~  
123 ~~anesthesia services without a collaborative practice arrangement provided that he or she is~~  
124 ~~under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is~~  
125 ~~immediately available if needed.]~~ **not be required to:**

126           (a) **Enter into a collaborative practice arrangement for the provision of**  
127 **anesthesia care to a patient for a surgical, obstetrical, therapeutic, or diagnostic**  
128 **procedure or treatment in accordance with subsection 3 of section 335.019 and section**  
129 **335.038; or**

130           **(b) Obtain a certificate of controlled substance prescriptive authority from the**  
131 **board of nursing under section 335.019 for ordering and administering the appropriate**  
132 **controlled substances, drugs, or anesthetic agents for providing anesthesia care.**

133           **(2) Nothing in this subsection shall be construed to prohibit or prevent a certified**  
134 **registered nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into**  
135 **a collaborative practice arrangement under this section**~~[, except that the collaborative practice~~  
136 ~~arrangement may not delegate the authority to prescribe any controlled substances listed in~~  
137 ~~Schedules III, IV, and V of section 195.017, or Schedule II—hydrocodone]~~ **or obtaining a**  
138 **certificate of controlled substance prescriptive authority from the board of nursing**  
139 **under section 335.019.**

140           8. A collaborating physician shall not enter into a collaborative practice arrangement  
141 with more than six full-time equivalent advanced practice registered nurses, full-time  
142 equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any  
143 combination thereof. This limitation shall not apply to collaborative arrangements of hospital  
144 employees providing inpatient care service in hospitals as defined in chapter 197 or  
145 population-based public health services as defined by 20 CSR 2150-5.100 as of April 30,  
146 2008]~~, or to a certified registered nurse anesthetist providing anesthesia services under the~~  
147 ~~supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately~~  
148 ~~available if needed as set out in subsection 7 of this section].~~

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

155           10. No agreement made under this section shall supersede current hospital licensing  
156 regulations governing hospital medication orders under protocols or standing orders for the  
157 purpose of delivering inpatient or emergency care within a hospital as defined in section  
158 197.020 if such protocols or standing orders have been approved by the hospital's medical  
159 staff and pharmaceutical therapeutics committee.

160           11. No contract or other agreement shall require a physician to act as a collaborating  
161 physician for an advanced practice registered nurse against the physician's will. A physician  
162 shall have the right to refuse to act as a collaborating physician, without penalty, for a  
163 particular advanced practice registered nurse. No contract or other agreement shall limit the  
164 collaborating physician's ultimate authority over any protocols or standing orders or in the  
165 delegation of the physician's authority to any advanced practice registered nurse, but this  
166 requirement shall not authorize a physician in implementing such protocols, standing orders,

167 or delegation to violate applicable standards for safe medical practice established by hospital's  
168 medical staff.

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

334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

2 (1) "Applicant", any individual who seeks to become licensed as a physician  
3 assistant;

4 (2) "Certification" or "registration", a process by a certifying entity that grants  
5 recognition to applicants meeting predetermined qualifications specified by such certifying  
6 entity;

7 (3) "Certifying entity", the nongovernmental agency or association which certifies or  
8 registers individuals who have completed academic and training requirements;

9 (4) "Collaborative practice arrangement", written agreements, jointly agreed upon  
10 protocols, or standing orders, all of which shall be in writing, for the delivery of health care  
11 services;

12 (5) "Department", the department of commerce and insurance or a designated agency  
13 thereof;

14 (6) "License", a document issued to an applicant by the board acknowledging that the  
15 applicant is entitled to practice as a physician assistant;

16 (7) "Physician assistant", a person who has graduated from a physician assistant  
17 program accredited by the Accreditation Review Commission on Education for the Physician  
18 Assistant or its successor agency, prior to 2001, or the Committee on Allied Health Education  
19 and Accreditation or the Commission on Accreditation of Allied Health Education Programs,  
20 who has passed the certifying examination administered by the National Commission on  
21 Certification of Physician Assistants and has active certification by the National Commission  
22 on Certification of Physician Assistants who provides health care services delegated by a  
23 licensed physician. A person who has been employed as a physician assistant for three years  
24 prior to August 28, 1989, who has passed the National Commission on Certification of  
25 Physician Assistants examination, and has active certification of the National Commission on  
26 Certification of Physician Assistants;

27 (8) "Recognition", the formal process of becoming a certifying entity as required by  
28 the provisions of sections 334.735 to 334.749.

29 2. The scope of practice of a physician assistant shall consist only of the following  
30 services and procedures:

- 31 (1) Taking patient histories;
- 32 (2) Performing physical examinations of a patient;
- 33 (3) Performing or assisting in the performance of routine office laboratory and patient  
34 screening procedures;
- 35 (4) Performing routine therapeutic procedures;
- 36 (5) Recording diagnostic impressions and evaluating situations calling for attention of  
37 a physician to institute treatment procedures;
- 38 (6) Instructing and counseling patients regarding mental and physical health using  
39 procedures reviewed and approved by a collaborating physician;
- 40 (7) Assisting the supervising physician in institutional settings, including reviewing  
41 of treatment plans, ordering of tests and diagnostic laboratory and radiological services, and  
42 ordering of therapies, using procedures reviewed and approved by a licensed physician;
- 43 (8) Assisting in surgery; and
- 44 (9) Performing such other tasks not prohibited by law under the collaborative practice  
45 arrangement with a licensed physician as the physician assistant has been trained and is  
46 proficient to perform.
- 47 3. Physician assistants shall not perform or prescribe abortions.
- 48 4. Physician assistants shall not prescribe any drug, medicine, device or therapy  
49 unless pursuant to a collaborative practice arrangement in accordance with the law, nor  
50 prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the  
51 measurement of visual power or visual efficiency of the human eye, nor administer or monitor  
52 general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures.  
53 Prescribing of drugs, medications, devices or therapies by a physician assistant shall be  
54 pursuant to a collaborative practice arrangement which is specific to the clinical conditions  
55 treated by the supervising physician and the physician assistant shall be subject to the  
56 following:
- 57 (1) A physician assistant shall only prescribe controlled substances in accordance  
58 with section 334.747;
- 59 (2) The types of drugs, medications, devices or therapies prescribed by a physician  
60 assistant shall be consistent with the scopes of practice of the physician assistant and the  
61 collaborating physician;
- 62 (3) All prescriptions shall conform with state and federal laws and regulations and  
63 shall include the name, address and telephone number of the physician assistant and the  
64 supervising physician;
- 65 (4) A physician assistant, or advanced practice registered nurse as defined in section  
66 335.016 may request, receive and sign for noncontrolled professional samples and may  
67 distribute professional samples to patients; and

68 (5) A physician assistant shall not prescribe any drugs, medicines, devices or  
69 therapies the collaborating physician is not qualified or authorized to prescribe.

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

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

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

96 8. A physician may enter into collaborative practice arrangements with physician  
97 assistants. Collaborative practice arrangements, which shall be in writing, may delegate to a  
98 physician assistant the authority to prescribe, administer, or dispense drugs and provide  
99 treatment which is within the skill, training, and competence of the physician assistant.  
100 Collaborative practice arrangements may delegate to a physician assistant, as defined in  
101 section 334.735, the authority to administer, dispense, or prescribe controlled substances  
102 listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone.  
103 Schedule III narcotic controlled substances and Schedule II - hydrocodone prescriptions shall  
104 be limited to a one hundred twenty-hour supply without refill. Such collaborative practice

105 arrangements shall be in the form of a written arrangement, jointly agreed-upon protocols, or  
106 standing orders for the delivery of health care services.

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

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

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

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

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

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

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

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

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

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

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

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

140 (9) The collaborating physician, or any other physician designated in the  
141 collaborative practice arrangement, shall review every fourteen days a minimum of twenty

142 percent of the charts in which the physician assistant prescribes controlled substances. The  
143 charts reviewed under this subdivision may be counted in the number of charts required to be  
144 reviewed under subdivision (8) of this subsection; and

145 (10) A statement that no collaboration requirements in addition to the federal law  
146 shall be required for a physician-physician assistant team working in a certified community  
147 behavioral health clinic as defined by Pub.L. 113-93, or a rural health clinic under the federal  
148 Rural Health Services Act, Pub.L. 95-210, as amended, or a federally qualified health center  
149 as defined in 42 U.S.C. Section ~~[1395 of the Public Health Service Act]~~ **1395x**, as amended.

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

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

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

164 13. The collaborating physician shall determine and document the completion of a  
165 period of time during which the physician assistant shall practice with the collaborating  
166 physician continuously present before practicing in a setting where the collaborating  
167 physician is not continuously present. This limitation shall not apply to collaborative  
168 arrangements of providers of population-based public health services as defined by 20 CSR  
169 2150-5.100 as of April 30, 2009.

170 14. No contract or other arrangement shall require a physician to act as a  
171 collaborating physician for a physician assistant against the physician's will. A physician  
172 shall have the right to refuse to act as a supervising physician, without penalty, for a particular  
173 physician assistant. No contract or other agreement shall limit the collaborating physician's  
174 ultimate authority over any protocols or standing orders or in the delegation of the physician's  
175 authority to any physician assistant. No contract or other arrangement shall require any  
176 physician assistant to collaborate with any physician against the physician assistant's will. A  
177 physician assistant shall have the right to refuse to collaborate, without penalty, with a  
178 particular physician.

179           15. Physician assistants shall file with the board a copy of their collaborating  
180 physician form.

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

189           17. No arrangement made under this section shall supercede current hospital licensing  
190 regulations governing hospital medication orders under protocols or standing orders for the  
191 purpose of delivering inpatient or emergency care within a hospital, as defined in section  
192 197.020, if such protocols or standing orders have been approved by the hospital's medical  
193 staff and pharmaceutical therapeutics committee.

          335.019. 1. The board of nursing may grant a certificate of controlled substance  
2 prescriptive authority to an advanced practice registered nurse who:

3           (1) Submits proof of successful completion of an advanced pharmacology course that  
4 shall include preceptorial experience in the prescription of drugs, medicines and therapeutic  
5 devices; and

6           (2) Provides documentation of a minimum of three hundred clock hours preceptorial  
7 experience in the prescription of drugs, medicines, and therapeutic devices with a qualified  
8 preceptor; and

9           (3) Provides evidence of a minimum of one thousand hours of practice in an advanced  
10 practice nursing category prior to application for a certificate of prescriptive authority. The  
11 one thousand hours shall not include clinical hours obtained in the advanced practice nursing  
12 education program. The one thousand hours of practice in an advanced practice nursing  
13 category may include transmitting a prescription order orally or telephonically or to an  
14 inpatient medical record from protocols developed in collaboration with and signed by a  
15 licensed physician; and

16           (4) Has a controlled substance prescribing authority delegated in the collaborative  
17 practice arrangement under section 334.104 with a physician who has an unrestricted federal  
18 Drug Enforcement Administration registration number and who is actively engaged in a  
19 practice comparable in scope, specialty, or expertise to that of the advanced practice  
20 registered nurse.

21           **2. A certified registered nurse anesthetist, as defined in section 335.016, shall not**  
22 **be required to obtain a certificate of controlled substance prescriptive authority from**

23 the board of nursing for the provision of anesthesia care to a patient for a surgical,  
24 obstetrical, therapeutic, or diagnostic procedure or treatment in accordance with  
25 subsection 3 of this section.

26 3. Under the provisions of this subsection, a certified registered nurse  
27 anesthetist, as defined in section 335.016, may issue orders for and administer  
28 controlled substances listed in Schedules II, III, IV, and V of section 195.017 or other  
29 drugs or anesthetic agents for and during the course of providing anesthesia care to a  
30 patient for a surgical, obstetrical, therapeutic, or diagnostic procedure or treatment,  
31 provided that:

32 (1) A physician, dentist, or podiatrist has requested anesthesia care for a  
33 surgical, obstetrical, therapeutic, or diagnostic procedure or treatment;

34 (2) The anesthesia care is provided in accordance with a plan of anesthesia care  
35 developed by the certified registered nurse anesthetist; and

36 (3) The anesthesia care is provided as set forth in section 335.038.

335.038. 1. A certified registered nurse anesthetist, as defined in section 335.016,  
2 shall be authorized to provide anesthesia care for a surgical, obstetrical, therapeutic, or  
3 diagnostic procedure or treatment under this section including, but not limited to, the  
4 authority to do the following during the provision of such services:

5 (1) Provide pre-anesthesia and post-anesthesia care assessment;

6 (2) Develop a plan of anesthesia care for the procedure or treatment;

7 (3) Notify the physician, dentist, or podiatrist involved with the procedure or  
8 treatment for which anesthesia care is provided regarding the plan of anesthesia care  
9 for the procedure or treatment developed by the certified registered nurse anesthetist;

10 (4) Order the method for and administer anesthesia care;

11 (5) Initiate and perform patient-specific anesthesia care in accordance with the  
12 plan of anesthesia care for the procedure or treatment;

13 (6) Issue orders for and administer controlled substances listed in Schedules II,  
14 III, IV, and V of section 195.017 or other medications or anesthetic agents during the  
15 period anesthesia care is provided for the procedure or treatment based on patient  
16 assessment and response to interventions or cause such controlled substances,  
17 medications, or anesthetic agents to be administered or dispensed during the period  
18 anesthesia care is provided for the procedure or treatment by a registered professional  
19 nurse or licensed practical nurse as long as the services provided are within the scope of  
20 practice of the registered professional nurse or licensed practical nurse and consistent  
21 with that nurse's skill, training, and competence;

22           **(7) Order necessary tests, interpret diagnostic procedures, and apply medical**  
23 **devices in the period anesthesia care is provided for the procedure or treatment based**  
24 **on patient assessment and response to interventions;**

25           **(8) Support life functions during the period anesthesia care is provided for the**  
26 **procedure or treatment;**

27           **(9) Monitor, assess, evaluate, and take appropriate action to patient responses to**  
28 **the anesthesia care provided for the procedure or treatment;**

29           **(10) Manage the patient's emergence from anesthesia care for the procedure or**  
30 **treatment; and**

31           **(11) Participate in the life support of the patient.**

32           **2. Nothing in this section shall be construed as a designation of the entirety of a**  
33 **certified registered nurse anesthetist's scope of practice. In addition to the functions**  
34 **listed in subsection 1 of this section, a certified registered nurse anesthetist may:**

35           **(1) Function clinically and perform such health care services as are within the**  
36 **scope of practice and standards of the certified registered nurse anesthetist role and**  
37 **consistent with the certified registered nurse anesthetist's licensure, education, training,**  
38 **knowledge, skill, and competence as a certified registered nurse anesthetist; and**

39           **(2) Function clinically and perform such other health care services described in**  
40 **chapter 335 and all other applicable rules and regulations.**

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