

FIRST REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
**HOUSE BILL NO. 720**  
**98TH GENERAL ASSEMBLY**

1641H.02C

D. ADAM CRUMBLISS, Chief Clerk

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**AN ACT**

To repeal sections 195.070, 301.142, 334.037, 334.104, and 334.747, RSMo, and to enact in lieu thereof five new sections relating to health care providers.

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

Section A. Sections 195.070, 301.142, 334.037, 334.104, and 334.747, RSMo, are  
2 repealed and five new sections enacted in lieu thereof, to be known as sections 195.070, 301.142,  
3 334.037, 334.104, and 334.747, 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 in  
4 good faith and in the course of his or her professional practice only, may prescribe, administer,  
5 and dispense controlled substances or he or she may cause the same to be administered or  
6 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 holds  
9 a certificate of controlled substance prescriptive authority from the board of nursing under  
10 section 335.019 and who is delegated the authority to prescribe controlled substances under a  
11 collaborative practice arrangement under section 334.104 may prescribe any controlled  
12 substances listed in Schedules III, IV, and V of section 195.017, **and may have restricted**  
13 **authority in Schedule II. Prescriptions for Schedule II medications prescribed by an**  
14 **advanced practice registered nurse who has a certificate of controlled substance**  
15 **prescriptive authority are restricted to only those medications containing hydrocodone.**  
16 However, no such certified advanced practice registered nurse shall prescribe controlled  
17 substance for his or her own self or family. Schedule III narcotic controlled substance **and**

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 **Schedule II - hydrocodone** prescriptions shall be limited to a one hundred twenty-hour supply  
19 without refill.

20 3. A veterinarian, in good faith and in the course of the veterinarian's professional  
21 practice only, and not for use by a human being, may prescribe, administer, and dispense  
22 controlled substances and the veterinarian may cause them to be administered by an assistant or  
23 orderly under his or her direction and supervision.

24 4. A practitioner shall not accept any portion of a controlled substance unused by a  
25 patient, for any reason, if such practitioner did not originally dispense the drug.

26 5. An individual practitioner shall not prescribe or dispense a controlled substance for  
27 such practitioner's personal use except in a medical emergency.

301.142. 1. As used in sections 301.141 to 301.143, the following terms mean:

2 (1) "Department", the department of revenue;

3 (2) "Director", the director of the department of revenue;

4 (3) "Other authorized health care practitioner" includes advanced practice registered  
5 nurses licensed pursuant to chapter 335, physician assistants licensed pursuant to chapter 334,  
6 chiropractors licensed pursuant to chapter 331, podiatrists licensed pursuant to chapter 330,  
7 **physical therapists licensed pursuant to chapter 334**, and optometrists licensed pursuant to  
8 chapter 336;

9 (4) "Physically disabled", a natural person who is blind, as defined in section 8.700, or  
10 a natural person with medical disabilities which prohibits, limits, or severely impairs one's ability  
11 to ambulate or walk, as determined by a licensed physician or other authorized health care  
12 practitioner as follows:

13 (a) The person cannot ambulate or walk fifty or less feet without stopping to rest due to  
14 a severe and disabling arthritic, neurological, orthopedic condition, or other severe and disabling  
15 condition; or

16 (b) The person cannot ambulate or walk without the use of, or assistance from, a brace,  
17 cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; or

18 (c) Is restricted by a respiratory or other disease to such an extent that the person's forced  
19 respiratory expiratory volume for one second, when measured by spirometry, is less than one  
20 liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest; or

21 (d) Uses portable oxygen; or

22 (e) Has a cardiac condition to the extent that the person's functional limitations are  
23 classified in severity as class III or class IV according to standards set by the American Heart  
24 Association; or

25 (f) A person's age, in and of itself, shall not be a factor in determining whether such  
26 person is physically disabled or is otherwise entitled to disabled license plates and/or disabled  
27 windshield hanging placards within the meaning of sections 301.141 to 301.143;

28 (5) "Physician", a person licensed to practice medicine pursuant to chapter 334;

29 (6) "Physician's statement", a statement personally signed by a duly authorized person  
30 which certifies that a person is disabled as defined in this section;

31 (7) "Temporarily disabled person", a disabled person as defined in this section whose  
32 disability or incapacity is expected to last no more than one hundred eighty days;

33 (8) "Temporary windshield placard", a placard to be issued to persons who are  
34 temporarily disabled persons as defined in this section, certification of which shall be indicated  
35 on the physician's statement;

36 (9) "Windshield placard", a placard to be issued to persons who are physically disabled  
37 as defined in this section, certification of which shall be indicated on the physician's statement.

38 2. Other authorized health care practitioners may furnish to a disabled or temporarily  
39 disabled person a physician's statement for only those physical health care conditions for which  
40 such health care practitioner is legally authorized to diagnose and treat.

41 3. A physician's statement shall:

42 (1) Be on a form prescribed by the director of revenue;

43 (2) Set forth the specific diagnosis and medical condition which renders the person  
44 physically disabled or temporarily disabled as defined in this section;

45 (3) Include the physician's or other authorized health care practitioner's license number;  
46 and

47 (4) Be personally signed by the issuing physician or other authorized health care  
48 practitioner.

49 4. If it is the professional opinion of the physician or other authorized health care  
50 practitioner issuing the statement that the physical disability of the applicant, user, or member  
51 of the applicant's household is permanent, it shall be noted on the statement. Otherwise, the  
52 physician or other authorized health care practitioner shall note on the statement the anticipated  
53 length of the disability which period may not exceed one hundred eighty days. If the physician  
54 or health care practitioner fails to record an expiration date on the physician's statement, the  
55 director shall issue a temporary windshield placard for a period of thirty days.

56 5. A physician or other authorized health care practitioner who issues or signs a  
57 physician's statement so that disabled plates or a disabled windshield placard may be obtained  
58 shall maintain in such disabled person's medical chart documentation that such a certificate has  
59 been issued, the date the statement was signed, the diagnosis or condition which existed that  
60 qualified the person as disabled pursuant to this section and shall contain sufficient  
61 documentation so as to objectively confirm that such condition exists.

62 6. The medical or other records of the physician or other authorized health care  
63 practitioner who issued a physician's statement shall be open to inspection and review by such  
64 practitioner's licensing board, in order to verify compliance with this section. Information

65 contained within such records shall be confidential unless required for prosecution, disciplinary  
66 purposes, or otherwise required to be disclosed by law.

67 7. Owners of motor vehicles who are residents of the state of Missouri, and who are  
68 physically disabled, owners of motor vehicles operated at least fifty percent of the time by a  
69 physically disabled person, or owners of motor vehicles used to primarily transport physically  
70 disabled members of the owner's household may obtain disabled person license plates. Such  
71 owners, upon application, accompanied by the documents and fees provided for in this section,  
72 a current physician's statement which has been issued within ninety days proceeding the date the  
73 application is made and proof of compliance with the state motor vehicle laws relating to  
74 registration and licensing of motor vehicles, shall be issued motor vehicle license plates for  
75 vehicles, other than commercial vehicles with a gross weight in excess of twenty-four thousand  
76 pounds, upon which shall be inscribed the international wheelchair accessibility symbol and the  
77 word "DISABLED" in addition to a combination of letters and numbers. Such license plates  
78 shall be made with fully reflective material with a common color scheme and design, shall be  
79 clearly visible at night, and shall be aesthetically attractive, as prescribed by section 301.130.

80 8. The director shall further issue, upon request, to such applicant one, and for good  
81 cause shown, as the director may define by rule and regulations, not more than two, removable  
82 disabled windshield hanging placards for use when the disabled person is occupying a vehicle  
83 or when a vehicle not bearing the permanent handicap plate is being used to pick up, deliver, or  
84 collect the physically disabled person issued the disabled motor vehicle license plate or disabled  
85 windshield hanging placard.

86 9. No additional fee shall be paid to the director for the issuance of the special license  
87 plates provided in this section, except for special personalized license plates and other license  
88 plates described in this subsection. Priority for any specific set of special license plates shall be  
89 given to the applicant who received the number in the immediately preceding license period  
90 subject to the applicant's compliance with the provisions of this section and any applicable rules  
91 or regulations issued by the director. If determined feasible by the advisory committee  
92 established in section 301.129, any special license plate issued pursuant to this section may be  
93 adapted to also include the international wheelchair accessibility symbol and the word  
94 "DISABLED" as prescribed in this section and such plate may be issued to any applicant who  
95 meets the requirements of this section and the other appropriate provision of this chapter, subject  
96 to the requirements and fees of the appropriate provision of this chapter.

97 10. Any physically disabled person, or the parent or guardian of any such person, or any  
98 not-for-profit group, organization, or other entity which transports more than one physically  
99 disabled person, may apply to the director of revenue for a removable windshield placard. The  
100 placard may be used in motor vehicles which do not bear the permanent handicap symbol on the  
101 license plate. Such placards must be hung from the front, middle rearview mirror of a parked

102 motor vehicle and may not be hung from the mirror during operation. These placards may only  
103 be used during the period of time when the vehicle is being used by a disabled person, or when  
104 the vehicle is being used to pick up, deliver, or collect a disabled person. When there is no  
105 rearview mirror, the placard shall be displayed on the dashboard on the driver's side.

106 11. The removable windshield placard shall conform to the specifications, in respect to  
107 size, color, and content, as set forth in federal regulations published by the Department of  
108 Transportation. The removable windshield placard shall be renewed every four years. The  
109 director may stagger the expiration dates to equalize workload. Only one removable placard may  
110 be issued to an applicant who has been issued disabled person license plates. Upon request, one  
111 additional windshield placard may be issued to an applicant who has not been issued disabled  
112 person license plates.

113 12. A temporary windshield placard shall be issued to any physically disabled person,  
114 or the parent or guardian of any such person who otherwise qualifies except that the physical  
115 disability, in the opinion of the physician, is not expected to exceed a period of one hundred  
116 eighty days. The temporary windshield placard shall conform to the specifications, in respect  
117 to size, color, and content, as set forth in federal regulations published by the Department of  
118 Transportation. The fee for the temporary windshield placard shall be two dollars. Upon  
119 request, and for good cause shown, one additional temporary windshield placard may be issued  
120 to an applicant. Temporary windshield placards shall be issued upon presentation of the  
121 physician's statement provided by this section and shall be displayed in the same manner as  
122 removable windshield placards. A person or entity shall be qualified to possess and display a  
123 temporary removable windshield placard for six months and the placard may be renewed once  
124 for an additional six months if a physician's statement pursuant to this section is supplied to the  
125 director of revenue at the time of renewal.

126 13. Application for license plates or windshield placards issued pursuant to this section  
127 shall be made to the director of revenue and shall be accompanied by a statement signed by a  
128 licensed physician or other authorized health care practitioner which certifies that the applicant,  
129 user, or member of the applicant's household is a physically disabled person as defined by this  
130 section.

131 14. The placard shall be renewable only by the person or entity to which the placard was  
132 originally issued. Any placard issued pursuant to this section shall only be used when the  
133 physically disabled occupant for whom the disabled plate or placard was issued is in the motor  
134 vehicle at the time of parking or when a physically disabled person is being delivered or  
135 collected. A disabled license plate and/or a removable windshield hanging placard are not  
136 transferable and may not be used by any other person whether disabled or not.

137 15. At the time the disabled plates or windshield hanging placards are issued, the director  
138 shall issue a registration certificate which shall include the applicant's name, address, and other

139 identifying information as prescribed by the director, or if issued to an agency, such agency's  
140 name and address. This certificate shall further contain the disabled license plate number or, for  
141 windshield hanging placards, the registration or identifying number stamped on the placard. The  
142 validated registration receipt given to the applicant shall serve as the registration certificate.

143         16. The director shall, upon issuing any disabled registration certificate for license plates  
144 and/or windshield hanging placards, provide information which explains that such plates or  
145 windshield hanging placards are nontransferable, and the restrictions explaining who and when  
146 a person or vehicle which bears or has the disabled plates or windshield hanging placards may  
147 be used or be parked in a disabled reserved parking space, and the penalties prescribed for  
148 violations of the provisions of this act.

149         17. Every new applicant for a disabled license plate or placard shall be required to  
150 present a new physician's statement dated no more than ninety days prior to such application.  
151 Renewal applicants will be required to submit a physician's statement dated no more than ninety  
152 days prior to such application upon their first renewal occurring on or after August 1, 2005.  
153 Upon completing subsequent renewal applications, a physician's statement dated no more than  
154 ninety days prior to such application shall be required every fourth year. Such physician's  
155 statement shall state the expiration date for the temporary windshield placard. If the physician  
156 fails to record an expiration date on the physician's statement, the director shall issue the  
157 temporary windshield placard for a period of thirty days. The director may stagger the  
158 requirement of a physician's statement on all renewals for the initial implementation of a four-  
159 year period.

160         18. The director of revenue upon receiving a physician's statement pursuant to this  
161 subsection shall check with the state board of registration for the healing arts created in section  
162 334.120, or the Missouri state board of nursing established in section 335.021, with respect to  
163 physician's statements signed by advanced practice registered nurses, **or the advisory**  
164 **commission for physical therapists established in section 334.625, with respect to**  
165 **physician's statements signed by licensed physical therapists**, or the Missouri state board of  
166 chiropractic examiners established in section 331.090, with respect to physician's statements  
167 signed by licensed chiropractors, or with the board of optometry established in section 336.130,  
168 with respect to physician's statements signed by licensed optometrists, or the state board of  
169 podiatric medicine created in section 330.100, with respect to physician's statements signed by  
170 physicians of the foot or podiatrists to determine whether the physician is duly licensed and  
171 registered pursuant to law. If such applicant obtaining a disabled license plate or placard  
172 presents proof of disability in the form of a statement from the United States Veterans'  
173 Administration verifying that the person is permanently disabled, the applicant shall be exempt  
174 from the four-year certification requirement of this subsection for renewal of the plate or placard.  
175 Initial applications shall be accompanied by the physician's statement required by this section.

176 Notwithstanding the provisions of paragraph (f) of subdivision (4) of subsection 1 of this section,  
177 any person seventy-five years of age or older who provided the physician's statement with the  
178 original application shall not be required to provide a physician's statement for the purpose of  
179 renewal of disabled persons license plates or windshield placards.

180         19. The boards shall cooperate with the director and shall supply information requested  
181 pursuant to this subsection. The director shall, in cooperation with the boards which shall assist  
182 the director, establish a list of all Missouri physicians and other authorized health care  
183 practitioners and of any other information necessary to administer this section.

184         20. Where the owner's application is based on the fact that the vehicle is used at least  
185 fifty percent of the time by a physically disabled person, the applicant shall submit a statement  
186 stating this fact, in addition to the physician's statement. The statement shall be signed by both  
187 the owner of the vehicle and the physically disabled person. The applicant shall be required to  
188 submit this statement with each application for license plates. No person shall willingly or  
189 knowingly submit a false statement and any such false statement shall be considered perjury and  
190 may be punishable pursuant to section 301.420.

191         21. The director of revenue shall retain all physicians' statements and all other documents  
192 received in connection with a person's application for disabled license plates and/or disabled  
193 windshield placards.

194         22. The director of revenue shall enter into reciprocity agreements with other states or  
195 the federal government for the purpose of recognizing disabled person license plates or  
196 windshield placards issued to physically disabled persons.

197         23. When a person to whom disabled person license plates or a removable or temporary  
198 windshield placard or both have been issued dies, the personal representative of the decedent or  
199 such other person who may come into or otherwise take possession of the disabled license plates  
200 or disabled windshield placard shall return the same to the director of revenue under penalty of  
201 law. Failure to return such plates or placards shall constitute a class B misdemeanor.

202         24. The director of revenue may order any person issued disabled person license plates  
203 or windshield placards to submit to an examination by a chiropractor, osteopath, or physician,  
204 or to such other investigation as will determine whether such person qualifies for the special  
205 plates or placards.

206         25. If such person refuses to submit or is found to no longer qualify for special plates or  
207 placards provided for in this section, the director of revenue shall collect the special plates or  
208 placards, and shall furnish license plates to replace the ones collected as provided by this chapter.

209         26. In the event a removable or temporary windshield placard is lost, stolen, or mutilated,  
210 the lawful holder thereof shall, within five days, file with the director of revenue an application  
211 and an affidavit stating such fact, in order to purchase a new placard. The fee for the  
212 replacement windshield placard shall be four dollars.

213           27. Fraudulent application, renewal, issuance, procurement or use of disabled person  
214 license plates or windshield placards shall be a class A misdemeanor. It is a class B  
215 misdemeanor for a physician, chiropractor, podiatrist or optometrist to certify that an individual  
216 or family member is qualified for a license plate or windshield placard based on a disability, the  
217 diagnosis of which is outside their scope of practice or if there is no basis for the diagnosis.

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 the  
8 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 physician  
16 is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure  
17 statement informing patients that they may be seen by an assistant physician and have the right  
18 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 may  
26 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar  
27 year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice  
28 arrangement includes alternative plans as required in paragraph (c) of this subdivision. Such  
29 exception to geographic proximity shall apply only to independent rural health clinics, provider-  
30 based rural health clinics if the provider is a critical access hospital as provided in 42 U.S.C.  
31 Section 1395i-4, and provider-based rural health clinics if the main location of the hospital  
32 sponsor is greater than fifty miles from the clinic. The collaborating physician shall maintain



33 documentation related to such requirement and present it to the state board of registration for the  
34 healing arts when requested; and

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

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

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

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

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

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

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

59 (1) Geographic areas to be covered;

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

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

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

70

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

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

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

93 6. A collaborating physician shall not enter into a collaborative practice arrangement  
94 with more than three full-time equivalent assistant physicians. Such limitation shall not apply  
95 to collaborative arrangements of hospital employees providing inpatient care service in hospitals  
96 as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-  
97 5.100 as of April 30, 2008.

98 7. The collaborating physician shall determine and document the completion of at least  
99 a one-month period of time during which the assistant physician shall practice with the  
100 collaborating physician continuously present before practicing in a setting where the  
101 collaborating physician is not continuously present. Such limitation shall not apply to  
102 collaborative arrangements of providers of population-based public health services as defined  
103 by 20 CSR 2150-5.100 as of April 30, 2008.

104 8. No agreement made under this section shall supersede current hospital licensing  
105 regulations governing hospital medication orders under protocols or standing orders for the  
106 purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020

107 if such protocols or standing orders have been approved by the hospital's medical staff and  
108 pharmaceutical therapeutics committee.

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

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

121 11. All collaborating physicians and assistant physicians in collaborative practice  
122 arrangements shall wear identification badges while acting within the scope of their collaborative  
123 practice arrangement. The identification badges shall prominently display the licensure status  
124 of such collaborating physicians and assistant physicians.

125 12. (1) An assistant physician with a certificate of controlled substance prescriptive  
126 authority as provided in this section may prescribe any controlled substance listed in Schedule  
127 III, IV, or V of section 195.017, **and may have restricted authority in Schedule II**, when  
128 delegated the authority to prescribe controlled substances in a collaborative practice arrangement.  
129 **Prescriptions for Schedule II medications prescribed by an assistant physician who has a**  
130 **certificate of controlled substance prescriptive authority are restricted to only those**  
131 **medications containing hydrocodone.** Such authority shall be filed with the state board of  
132 registration for the healing arts. The collaborating physician shall maintain the right to limit a  
133 specific scheduled drug or scheduled drug category that the assistant physician is permitted to  
134 prescribe. Any limitations shall be listed in the collaborative practice arrangement. Assistant  
135 physicians shall not prescribe controlled substances for themselves or members of their families.  
136 Schedule III controlled substances **and Schedule II - hydrocodone prescriptions** shall be  
137 limited to a five-day supply without refill. Assistant physicians who are authorized to prescribe  
138 controlled substances under this section shall register with the federal Drug Enforcement  
139 Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug  
140 Enforcement Administration registration number on prescriptions for controlled substances.

141 (2) The collaborating physician shall be responsible to determine and document the  
142 completion of at least one hundred twenty hours in a four-month period by the assistant physician  
143 during which the assistant physician shall practice with the collaborating physician on-site prior

144 to prescribing controlled substances when the collaborating physician is not on-site. Such  
145 limitation shall not apply to assistant physicians of population-based public health services as  
146 defined in 20 CSR 2150-5.100 as of April 30, 2009.

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

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 health  
4 care services. Collaborative practice arrangements, which shall be in writing, may delegate to  
5 a registered professional nurse the authority to administer or dispense drugs and provide  
6 treatment as long as the delivery of such health care services is within the scope of practice of  
7 the registered professional nurse and is consistent with that nurse's skill, training and  
8 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 provide  
11 treatment if the registered professional nurse is an advanced practice registered nurse as defined  
12 in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an  
13 advanced practice registered nurse, as defined in section 335.016, the authority to administer,  
14 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,  
15 **and Schedule II - hydrocodone**; except that, the collaborative practice arrangement shall not  
16 delegate the authority to administer any controlled substances listed in schedules III, IV, and V  
17 of section 195.017, **or Schedule II - hydrocodone** for the purpose of inducing sedation or  
18 general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic  
19 controlled substance **and Schedule II - hydrocodone** prescriptions shall be limited to a one  
20 hundred twenty-hour supply without refill. Such collaborative practice arrangements shall be  
21 in the form of written agreements, jointly agreed-upon protocols or standing orders for the  
22 delivery of health 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. 1395i-4, and provider-based rural health clinics where the main location of the  
48 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  
85 rules 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 full-time equivalent advanced practice registered nurses. This limitation  
125 shall not apply to collaborative arrangements of hospital employees providing inpatient care  
126 service in hospitals as defined in chapter 197 or population-based public health services as  
127 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.

334.747. 1. A physician assistant with a certificate of controlled substance prescriptive  
2 authority as provided in this section may prescribe any controlled substance listed in schedule  
3 III, IV, or V of section 195.017, **and may have restricted authority in Schedule II**, when  
4 delegated the authority to prescribe controlled substances in a supervision agreement. Such  
5 authority shall be listed on the supervision verification form on file with the state board of  
6 healing arts. The supervising physician shall maintain the right to limit a specific scheduled drug  
7 or scheduled drug category that the physician assistant is permitted to prescribe. Any limitations  
8 shall be listed on the supervision form. **Prescriptions for Schedule II medications prescribed**  
9 **by a physician assistant with authority to prescribe delegated in a supervision agreement**  
10 **are restricted to only those medications containing hydrocodone.** Physician assistants shall  
11 not prescribe controlled substances for themselves or members of their families. Schedule III  
12 controlled substances **and Schedule II - hydrocodone prescriptions** shall be limited to a five-  
13 day supply without refill. Physician assistants who are authorized to prescribe controlled  
14 substances under this section shall register with the federal Drug Enforcement Administration  
15 and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement  
16 Administration registration number on prescriptions for controlled substances.

17 2. The supervising physician shall be responsible to determine and document the  
18 completion of at least one hundred twenty hours in a four-month period by the physician assistant  
19 during which the physician assistant shall practice with the supervising physician on-site prior  
20 to prescribing controlled substances when the supervising physician is not on-site. Such  
21 limitation shall not apply to physician assistants of population-based public health services as  
22 defined in 20 CSR 2150-5.100 as of April 30, 2009.

23 3. A physician assistant shall receive a certificate of controlled substance prescriptive  
24 authority from the board of healing arts upon verification of the completion of the following  
25 educational requirements:

26 (1) Successful completion of an advanced pharmacology course that includes clinical  
27 training in the prescription of drugs, medicines, and therapeutic devices. A course or courses  
28 with advanced pharmacological content in a physician assistant program accredited by the



29 Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or its  
30 predecessor agency shall satisfy such requirement;

31 (2) Completion of a minimum of three hundred clock hours of clinical training by the  
32 supervising physician in the prescription of drugs, medicines, and therapeutic devices;

33 (3) Completion of a minimum of one year of supervised clinical practice or supervised  
34 clinical rotations. One year of clinical rotations in a program accredited by the Accreditation  
35 Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor  
36 agency, which includes pharmacotherapeutics as a component of its clinical training, shall satisfy  
37 such requirement. Proof of such training shall serve to document experience in the prescribing  
38 of drugs, medicines, and therapeutic devices;

39 (4) A physician assistant previously licensed in a jurisdiction where physician assistants  
40 are authorized to prescribe controlled substances may obtain a state bureau of narcotics and  
41 dangerous drugs registration if a supervising physician can attest that the physician assistant has  
42 met the requirements of subdivisions (1) to (3) of this subsection and provides documentation  
43 of existing federal Drug Enforcement Agency registration.

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