

SENATE BILL NO. 809

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHROER.

3517S.01H

KRISTINA MARTIN, Secretary

AN ACT

To repeal sections 334.104, 335.016, and 335.019, RSMo, and to enact in lieu thereof three new sections relating to advanced practice registered nurses.

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

Section A. Sections 334.104, 335.016, and 335.019, RSMo,
2 are repealed and three new sections enacted in lieu thereof, to
3 be known as sections 334.104, 335.016, and 335.019, to read as
4 follows:

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

13 2. (1) Collaborative practice arrangements, which
14 shall be in writing, may delegate to a registered
15 professional nurse the authority to administer, dispense or
16 prescribe drugs and provide treatment if the registered
17 professional nurse is an advanced practice registered nurse

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

18 as defined in subdivision (2) of section 335.016.
19 Collaborative practice arrangements may delegate to an
20 advanced practice registered nurse, as defined in section
21 335.016, the authority to administer, dispense, or prescribe
22 controlled substances listed in Schedules III, IV, and V of
23 section 195.017, and Schedule II - hydrocodone; except that,
24 the collaborative practice arrangement shall not delegate
25 the authority to administer any controlled substances listed
26 in Schedules III, IV, and V of section 195.017, or Schedule
27 II - hydrocodone for the purpose of inducing sedation or
28 general anesthesia for therapeutic, diagnostic, or surgical
29 procedures. Schedule III narcotic controlled substance and
30 Schedule II - hydrocodone prescriptions shall be limited to
31 a one hundred twenty-hour supply without refill.

32 (2) Notwithstanding any other provision of this
33 section to the contrary, a collaborative practice
34 arrangement may delegate to an advanced practice registered
35 nurse the authority to administer, dispense, or prescribe
36 Schedule II controlled substances for hospice patients;
37 provided, that the advanced practice registered nurse is
38 employed by a hospice provider certified pursuant to chapter
39 197 and the advanced practice registered nurse is providing
40 care to hospice patients pursuant to a collaborative
41 practice arrangement that designates the certified hospice
42 as a location where the advanced practice registered nurse
43 is authorized to practice and prescribe.

44 (3) Such collaborative practice arrangements shall be
45 in the form of written agreements, jointly agreed-upon
46 protocols or standing orders for the delivery of health care
47 services.

48 (4) An advanced practice registered nurse may
49 prescribe buprenorphine for up to a thirty-day supply

50 without refill for patients receiving medication-assisted
51 treatment for substance use disorders under the direction of
52 the collaborating physician.

53 3. The written collaborative practice arrangement
54 shall contain at least the following provisions:

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

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

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

69 (4) All specialty or board certifications of the
70 collaborating physician and all certifications of the
71 advanced practice registered nurse;

72 (5) The manner of collaboration between the
73 collaborating physician and the advanced practice registered
74 nurse, including how the collaborating physician and the
75 advanced practice registered nurse will:

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

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

82 a. Until August 28, 2025, an advanced practice
83 registered nurse providing services in a correctional
84 center, as defined in section 217.010, and his or her
85 collaborating physician shall satisfy the geographic
86 proximity requirement if they practice within two hundred
87 miles by road of one another. An incarcerated patient who
88 requests or requires a physician consultation shall be
89 treated by a physician as soon as appropriate;

90 b. The collaborative practice arrangement may allow
91 for geographic proximity to be waived for a maximum of
92 twenty-eight days per calendar year for rural health clinics
93 as defined by Pub.L. 95-210 (42 U.S.C. Section 1395x, as
94 amended), as long as the collaborative practice arrangement
95 includes alternative plans as required in paragraph (c) of
96 this subdivision. This exception to geographic proximity
97 shall apply only to independent rural health clinics,
98 provider-based rural health clinics where the provider is a
99 critical access hospital as provided in 42 U.S.C. Section
100 1395i-4, and provider-based rural health clinics where the
101 main location of the hospital sponsor is greater than fifty
102 miles from the clinic;

103 c. The collaborative practice arrangement may allow
104 for geographic proximity to be waived when the arrangement
105 outlines the use of telehealth, as defined in section
106 191.1145;

107 d. In addition to the waivers and exemptions provided
108 in this subsection, an application for a waiver for any
109 other reason of any applicable geographic proximity shall be
110 available if a physician is collaborating with an advanced
111 practice registered nurse in excess of any geographic
112 proximity limit. The board of nursing and the state board
113 of registration for the healing arts shall review each

114 application for a waiver of geographic proximity and approve
115 the application if the boards determine that adequate
116 supervision exists between the collaborating physician and
117 the advanced practice registered nurse. The boards shall
118 have forty-five calendar days to review the completed
119 application for the waiver of geographic proximity. If no
120 action is taken by the boards within forty-five days after
121 the submission of the application for a waiver, then the
122 application shall be deemed approved. If the application is
123 denied by the boards, the provisions of section 536.063 for
124 contested cases shall apply and govern proceedings for
125 appellate purposes; and

126 e. The collaborating physician is required to maintain
127 documentation related to this requirement and to present it
128 to the state board of registration for the healing arts when
129 requested; and

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

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

138 (7) A list of all other written practice agreements of
139 the collaborating physician and the advanced practice
140 registered nurse;

141 (8) The duration of the written practice agreement
142 between the collaborating physician and the advanced
143 practice registered nurse;

144 (9) A description of the time and manner of the
145 collaborating physician's review of the advanced practice

146 registered nurse's delivery of health care services. The
147 description shall include provisions that the advanced
148 practice registered nurse shall submit a minimum of ten
149 percent of the charts documenting the advanced practice
150 registered nurse's delivery of health care services to the
151 collaborating physician for review by the collaborating
152 physician, or any other physician designated in the
153 collaborative practice arrangement, every fourteen days;

154 (10) The collaborating physician, or any other
155 physician designated in the collaborative practice
156 arrangement, shall review every fourteen days a minimum of
157 twenty percent of the charts in which the advanced practice
158 registered nurse prescribes controlled substances. The
159 charts reviewed under this subdivision may be counted in the
160 number of charts required to be reviewed under subdivision
161 (9) of this subsection; and

162 (11) If a collaborative practice arrangement is used
163 in clinical situations where a collaborating advanced
164 practice registered nurse provides health care services that
165 include the diagnosis and initiation of treatment for
166 acutely or chronically ill or injured persons, then the
167 collaborating physician or any other physician designated in
168 the collaborative practice arrangement shall be present for
169 sufficient periods of time, at least once every two weeks,
170 except in extraordinary circumstances that shall be
171 documented, to participate in a chart review and to provide
172 necessary medical direction, medical services,
173 consultations, and supervision of the health care staff.

174 4. The state board of registration for the healing
175 arts pursuant to section 334.125 and the board of nursing
176 pursuant to section 335.036 may jointly promulgate rules
177 regulating the use of collaborative practice arrangements.

178 Such rules shall be limited to the methods of treatment that
179 may be covered by collaborative practice arrangements and
180 the requirements for review of services provided pursuant to
181 collaborative practice arrangements including delegating
182 authority to prescribe controlled substances. Any rules
183 relating to geographic proximity shall allow a collaborating
184 physician and a collaborating advanced practice registered
185 nurse to practice within two hundred miles by road of one
186 another until August 28, 2025, if the nurse is providing
187 services in a correctional center, as defined in section
188 217.010. Any rules relating to dispensing or distribution
189 of medications or devices by prescription or prescription
190 drug orders under this section shall be subject to the
191 approval of the state board of pharmacy. Any rules relating
192 to dispensing or distribution of controlled substances by
193 prescription or prescription drug orders under this section
194 shall be subject to the approval of the department of health
195 and senior services and the state board of pharmacy. In
196 order to take effect, such rules shall be approved by a
197 majority vote of a quorum of each board. Neither the state
198 board of registration for the healing arts nor the board of
199 nursing may separately promulgate rules relating to
200 collaborative practice arrangements. Such jointly
201 promulgated rules shall be consistent with guidelines for
202 federally funded clinics. The rulemaking authority granted
203 in this subsection shall not extend to collaborative
204 practice arrangements of hospital employees providing
205 inpatient care within hospitals as defined pursuant to
206 chapter 197 or population-based public health services as
207 defined by 20 CSR 2150- 5.100 as of April 30, 2008.

208 5. The state board of registration for the healing
209 arts shall not deny, revoke, suspend or otherwise take

210 disciplinary action against a physician for health care
211 services delegated to a registered professional nurse
212 provided the provisions of this section and the rules
213 promulgated thereunder are satisfied. Upon the written
214 request of a physician subject to a disciplinary action
215 imposed as a result of an agreement between a physician and
216 a registered professional nurse or registered physician
217 assistant, whether written or not, prior to August 28, 1993,
218 all records of such disciplinary licensure action and all
219 records pertaining to the filing, investigation or review of
220 an alleged violation of this chapter incurred as a result of
221 such an agreement shall be removed from the records of the
222 state board of registration for the healing arts and the
223 division of professional registration and shall not be
224 disclosed to any public or private entity seeking such
225 information from the board or the division. The state board
226 of registration for the healing arts shall take action to
227 correct reports of alleged violations and disciplinary
228 actions as described in this section which have been
229 submitted to the National Practitioner Data Bank. In
230 subsequent applications or representations relating to his
231 or her medical practice, a physician completing forms or
232 documents shall not be required to report any actions of the
233 state board of registration for the healing arts for which
234 the records are subject to removal under this section.

235 6. Within thirty days of any change and on each
236 renewal, the state board of registration for the healing
237 arts shall require every physician to identify whether the
238 physician is engaged in any collaborative practice
239 arrangement, including collaborative practice arrangements
240 delegating the authority to prescribe controlled substances,
241 or physician assistant collaborative practice arrangement

242 and also report to the board the name of each licensed
243 professional with whom the physician has entered into such
244 arrangement. The board shall make this information
245 available to the public. The board shall track the reported
246 information and may routinely conduct random reviews of such
247 arrangements to ensure that arrangements are carried out for
248 compliance under this chapter.

249 7. Notwithstanding any law to the contrary, a
250 certified registered nurse anesthetist as defined in
251 subdivision (8) of section 335.016 shall be permitted to
252 provide anesthesia services without a collaborative practice
253 arrangement provided that he or she is under the supervision
254 of an anesthesiologist or other physician, dentist, or
255 podiatrist who is immediately available if needed. Nothing
256 in this subsection shall be construed to prohibit or prevent
257 a certified registered nurse anesthetist as defined in
258 subdivision (8) of section 335.016 from entering into a
259 collaborative practice arrangement under this section,
260 except that the collaborative practice arrangement may not
261 delegate the authority to prescribe any controlled
262 substances listed in Schedules III, IV, and V of section
263 195.017, or Schedule II - hydrocodone.

264 8. A collaborating physician shall not enter into a
265 collaborative practice arrangement with more than six full-
266 time equivalent advanced practice registered nurses, full-
267 time equivalent licensed physician assistants, or full-time
268 equivalent assistant physicians, or any combination
269 thereof. This limitation shall not apply to collaborative
270 arrangements of hospital employees providing inpatient care
271 service in hospitals as defined in chapter 197 or population-
272 based public health services as defined by 20 CSR 2150-
273 5.100 as of April 30, 2008, or to a certified registered

274 nurse anesthetist providing anesthesia services under the
275 supervision of an anesthesiologist or other physician,
276 dentist, or podiatrist who is immediately available if
277 needed as set out in subsection 7 of this section.

278 9. It is the responsibility of the collaborating
279 physician to determine and document the completion of at
280 least a one-month period of time during which the advanced
281 practice registered nurse shall practice with the
282 collaborating physician continuously present before
283 practicing in a setting where the collaborating physician is
284 not continuously present. This limitation shall not apply
285 to collaborative arrangements of providers of population-
286 based public health services, as defined by 20 CSR 2150-
287 5.100 as of April 30, 2008, or to collaborative practice
288 arrangements between a primary care physician and a primary
289 care advanced practice registered nurse or a behavioral
290 health physician and a behavioral health advanced practice
291 registered nurse, where the collaborating physician is new
292 to a patient population to which the advanced practice
293 registered nurse is familiar.

294 10. No agreement made under this section shall
295 supersede current hospital licensing regulations governing
296 hospital medication orders under protocols or standing
297 orders for the purpose of delivering inpatient or emergency
298 care within a hospital as defined in section 197.020 if such
299 protocols or standing orders have been approved by the
300 hospital's medical staff and pharmaceutical therapeutics
301 committee.

302 11. No contract or other term of employment shall
303 require a physician to act as a collaborating physician for
304 an advanced practice registered nurse against the
305 physician's will. A physician shall have the right to

306 refuse to act as a collaborating physician, without penalty,
307 for a particular advanced practice registered nurse. No
308 contract or other agreement shall limit the collaborating
309 physician's ultimate authority over any protocols or
310 standing orders or in the delegation of the physician's
311 authority to any advanced practice registered nurse, but
312 this requirement shall not authorize a physician in
313 implementing such protocols, standing orders, or delegation
314 to violate applicable standards for safe medical practice
315 established by hospital's medical staff.

316 12. No contract or other term of employment shall
317 require any advanced practice registered nurse to serve as a
318 collaborating advanced practice registered nurse for any
319 collaborating physician against the advanced practice
320 registered nurse's will. An advanced practice registered
321 nurse shall have the right to refuse to collaborate, without
322 penalty, with a particular physician.

323 13. (1) **The provisions of this section shall not**
324 **apply to an advanced practice registered nurse who has been**
325 **in a collaborative practice arrangement for a cumulative two**
326 **thousand documented hours with a collaborating physician and**
327 **whose license is in good standing. Any such advanced**
328 **practice registered nurse shall not be required to enter**
329 **into or remain in an arrangement in order to practice in**
330 **this state. Any other provisions of law requiring a**
331 **collaborative practice arrangement or delegation shall not**
332 **be required for an advanced practice registered nurse**
333 **described in this subsection.**

334 (2) **The provisions of this subsection shall not apply**
335 **to certified registered nurse anesthetists.**

336 (3) **Notwithstanding any provision of this section to**
337 **the contrary, an advanced practice registered nurse applying**

338 for licensure by endorsement may demonstrate to the state
339 board of nursing completion of a cumulative two thousand
340 documented hours of practice. Such advanced practice
341 registered nurses shall not be required to enter into a
342 collaborative practice arrangement in order to practice in
343 this state.

335.016. As used in this chapter, unless the context
2 clearly requires otherwise, the following words and terms
3 mean:

4 (1) "Accredited", the official authorization or status
5 granted by an agency for a program through a voluntary
6 process;

7 (2) "Advanced practice registered nurse" or "APRN", a
8 person who is licensed under the provisions of this chapter
9 to engage in the practice of advanced practice nursing as a
10 certified clinical nurse specialist, certified nurse
11 midwife, certified nurse practitioner, or certified
12 registered nurse anesthetist;

13 (3) "Approval", official recognition of nursing
14 education programs which meet standards established by the
15 board of nursing;

16 (4) "Board" or "state board", the state board of
17 nursing;

18 (5) "Certified clinical nurse specialist", a
19 registered nurse who is currently certified as a clinical
20 nurse specialist by a nationally recognized certifying board
21 approved by the board of nursing;

22 (6) "Certified nurse midwife", a registered nurse who
23 is currently certified as a nurse midwife by the American
24 Midwifery Certification Board, or other nationally
25 recognized certifying body approved by the board of nursing;

26 (7) "Certified nurse practitioner", a registered nurse
27 who is currently certified as a nurse practitioner by a
28 nationally recognized certifying body approved by the board
29 of nursing;

30 (8) "Certified registered nurse anesthetist", a
31 registered nurse who is currently certified as a nurse
32 anesthetist by the Council on Certification of Nurse
33 Anesthetists, the National Board of Certification and
34 Recertification for Nurse Anesthetists, or other nationally
35 recognized certifying body approved by the board of nursing;

36 (9) "Executive director", a qualified individual
37 employed by the board as executive secretary or otherwise to
38 administer the provisions of this chapter under the board's
39 direction. Such person employed as executive director shall
40 not be a member of the board;

41 (10) "Inactive license status", as defined by rule
42 pursuant to section 335.061;

43 (11) "Lapsed license status", as defined by rule under
44 section 335.061;

45 (12) "Licensed practical nurse" or "practical nurse",
46 a person licensed pursuant to the provisions of this chapter
47 to engage in the practice of practical nursing;

48 (13) "Licensure", the issuing of a license to
49 candidates who have met the requirements specified under
50 this chapter, authorizing the person to engage in the
51 practice of advanced practice, professional, or practical
52 nursing, and the recording of the names of those persons as
53 holders of a license to practice advanced practice,
54 professional, or practical nursing;

55 (14) "Practice of advanced practice nursing", the
56 performance for compensation of activities and services
57 consistent with the required education, training,

58 certification, demonstrated competencies, and experiences of
59 an advanced practice registered nurse. **In addition to the**
60 **practice of professional nursing and within the advanced**
61 **practice registered nurse role and population focus, the**
62 **term "practice of advanced practice nursing" shall include:**

63 (a) **Conducting an advanced assessment;**
64 (b) **Ordering and interpreting diagnostic procedures;**
65 (c) **Establishing primary and differential diagnoses;**
66 (d) **Prescribing, ordering, administering, dispensing,**
67 **and furnishing therapeutic measures;**

68 (e) **Delegating and assigning therapeutic measures to**
69 **assistive personnel;**

70 (f) **Consulting with other disciplines and providing**
71 **referrals to health care agencies, health care providers,**
72 **and community resources; and**

73 (g) **Other acts that require education and training**
74 **consistent with professional standards and commensurate with**
75 **the advanced practice registered nurse's education,**
76 **certification, demonstrated competencies, and experience;**

77 (15) "Practice of practical nursing", the performance
78 for compensation of selected acts for the promotion of
79 health and in the care of persons who are ill, injured, or
80 experiencing alterations in normal health processes. Such
81 performance requires substantial specialized skill, judgment
82 and knowledge. All such nursing care shall be given under
83 the direction of a person licensed by a state regulatory
84 board to prescribe medications and treatments or under the
85 direction of a registered professional nurse. For the
86 purposes of this chapter, the term "direction" shall mean
87 guidance or supervision provided by a person licensed by a
88 state regulatory board to prescribe medications and
89 treatments or a registered professional nurse, including,

90 but not limited to, oral, written, or otherwise communicated
91 orders or directives for patient care. When practical
92 nursing care is delivered pursuant to the direction of a
93 person licensed by a state regulatory board to prescribe
94 medications and treatments or under the direction of a
95 registered professional nurse, such care may be delivered by
96 a licensed practical nurse without direct physical oversight;

97 (16) "Practice of professional nursing", the
98 performance for compensation of any act or action which
99 requires substantial specialized education, judgment and
100 skill based on knowledge and application of principles
101 derived from the biological, physical, social, behavioral,
102 and nursing sciences, including, but not limited to:

103 (a) Responsibility for the promotion and teaching of
104 health care and the prevention of illness to the patient and
105 his or her family;

106 (b) Assessment, data collection, nursing diagnosis,
107 nursing care, evaluation, and counsel of persons who are
108 ill, injured, or experiencing alterations in normal health
109 processes;

110 (c) The administration of medications and treatments
111 as prescribed by a person licensed by a state regulatory
112 board to prescribe medications and treatments;

113 (d) The coordination and assistance in the
114 determination and delivery of a plan of health care with all
115 members of a health team;

116 (e) The teaching and supervision of other persons in
117 the performance of any of the foregoing;

118 (17) "Registered professional nurse" or "registered
119 nurse", a person licensed pursuant to the provisions of this
120 chapter to engage in the practice of professional nursing;

121 (18) "Retired license status", any person licensed in
122 this state under this chapter who retires from such
123 practice. Such person shall file with the board an
124 affidavit, on a form to be furnished by the board, which
125 states the date on which the licensee retired from such
126 practice, an intent to retire from the practice for at least
127 two years, and such other facts as tend to verify the
128 retirement as the board may deem necessary; but if the
129 licensee thereafter reengages in the practice, the licensee
130 shall renew his or her license with the board as provided by
131 this chapter and by rule and regulation.

 335.019. 1. An advanced practice registered nurse's
2 prescriptive authority shall include authority to:

3 (1) Prescribe, dispense, and administer medications
4 and nonscheduled legend drugs, as defined in section
5 338.330, **and controlled substances, as provided in**
6 **subsection 2 of section 195.070**, within such APRN's practice
7 and specialty; and

8 (2) Notwithstanding any other provision of this
9 chapter to the contrary, receive, prescribe, administer, and
10 provide nonscheduled legend drug samples from pharmaceutical
11 manufacturers to patients at no charge to the patient or any
12 other party.

13 2. **In addition to advanced practice registered nurses**
14 **who have a collaborative practice arrangement, the**
15 **provisions of subsection 1 of this section shall apply to an**
16 **advanced practice registered nurse who meets the**
17 **requirements described in subsection 13 of section 334.104**
18 **and is no longer required to hold a collaborative practice**
19 **arrangement.**

20 3. The board of nursing may grant a certificate of
21 controlled substance prescriptive authority to an advanced
22 practice registered nurse who:

23 (1) Submits proof of successful completion of an
24 advanced pharmacology course that shall include preceptorial
25 experience in the prescription of drugs, medicines, and
26 therapeutic devices; and

27 (2) Provides documentation of a minimum of three
28 hundred clock hours preceptorial experience in the
29 prescription of drugs, medicines, and therapeutic devices
30 with a qualified preceptor; and

31 (3) Provides evidence of a minimum of one thousand
32 hours of practice in an advanced practice nursing category
33 prior to application for a certificate of prescriptive
34 authority. The one thousand hours shall not include
35 clinical hours obtained in the advanced practice nursing
36 education program. The one thousand hours of practice in an
37 advanced practice nursing category may include transmitting
38 a prescription order orally or telephonically or to an
39 inpatient medical record from protocols developed in
40 collaboration with and signed by a licensed physician; and

41 **[(4)] (a)** Has a controlled substance prescribing
42 authority delegated in the collaborative practice
43 arrangement under section 334.104 with a physician who has
44 an unrestricted federal Drug Enforcement Administration
45 registration number and who is actively engaged in a
46 practice comparable in scope, specialty, or expertise to
47 that of the advanced practice registered nurse; **or**

48 **(b) Provides documentation of a minimum of two**
49 **thousand hours of practice in advanced practice nursing, as**
50 **provided in subsection 13 of section 334.104.**

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