

FIRST REGULAR SESSION

HOUSE BILL NO. 69

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE DINKINS.

0665H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 334.104, RSMo, and to enact in lieu thereof one new section relating to collaborative practice arrangements with nurses.

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

Section A. Section 334.104, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 334.104, to read as follows:

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

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of

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 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 **as specified in this paragraph. The**
45 **following provisions shall apply with respect to this requirement:**

46 **a. An advanced practice registered nurse providing services in a correctional**
47 **center, as defined in section 217.010, and his or her collaborating physician shall satisfy**
48 **the geographic proximity requirement if they practice within two hundred miles by road**
49 **of one another;**

50 **b.** The collaborative practice arrangement may allow for geographic proximity to be
51 waived for a maximum of twenty-eight days per calendar year for rural health clinics as
52 defined by ~~[P.L.]~~ **Pub. L. 95-210 (42 U.S.C. Section 1395x, as amended)**, as long as the
53 collaborative practice arrangement includes alternative plans as required in paragraph (c) of
54 this subdivision. This exception to geographic proximity shall apply only to independent

55 rural health clinics, provider-based rural health clinics where the provider is a critical access
56 hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics
57 where the main location of the hospital sponsor is greater than fifty miles from the clinic[-];

58 **and**

59 **c.** The collaborating physician is required to maintain documentation related to this
60 requirement and to present it to the state board of registration for the healing arts when
61 requested; and

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

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

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

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

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

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

83 4. The state board of registration for the healing arts pursuant to section 334.125 and
84 the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the
85 use of collaborative practice arrangements. Such rules shall be limited to specifying
86 geographic areas to be covered, the methods of treatment that may be covered by
87 collaborative practice arrangements and the requirements for review of services provided
88 pursuant to collaborative practice arrangements including delegating authority to prescribe
89 controlled substances. **Any rules relating to geographic proximity shall allow a**
90 **collaborating physician and a collaborating advanced practice registered nurse to**
91 **practice within two hundred miles by road of one another if the nurse is providing**

92 **services in a correctional center, as defined in section 217.010.** Any rules relating to
93 dispensing or distribution of medications or devices by prescription or prescription drug
94 orders under this section shall be subject to the approval of the state board of pharmacy. Any
95 rules relating to dispensing or distribution of controlled substances by prescription or
96 prescription drug orders under this section shall be subject to the approval of the department
97 of health and senior services and the state board of pharmacy. In order to take effect, such
98 rules shall be approved by a majority vote of a quorum of each board. Neither the state board
99 of registration for the healing arts nor the board of nursing may separately promulgate rules
100 relating to collaborative practice arrangements. Such jointly promulgated rules shall be
101 consistent with guidelines for federally funded clinics. The rulemaking authority granted in
102 this subsection shall not extend to collaborative practice arrangements of hospital employees
103 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-
104 based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

122 6. Within thirty days of any change and on each renewal, the state board of
123 registration for the healing arts shall require every physician to identify whether the physician
124 is engaged in any collaborative practice agreement, including collaborative practice
125 agreements delegating the authority to prescribe controlled substances, or physician
126 assistant agreement and also report to the board the name of each licensed professional
127 with whom the physician has entered into such agreement. The board may make this
128 information available to the public. The board shall track the reported information and may

129 routinely conduct random reviews of such agreements to ensure that agreements are carried
130 out for compliance under this chapter.

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

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.

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