

FIRST REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR

HOUSE BILL NO. 247

95TH GENERAL ASSEMBLY

0734S.06T

2009

AN ACT

To repeal sections 334.104 and 335.212, RSMo, and to enact in lieu thereof two new sections relating to nursing.

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

Section A. Sections 334.104 and 335.212, RSMo, are repealed and two new sections
2 enacted in lieu thereof, to be known as sections 334.104 and 335.212, to read as follows:

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 nurse as defined in
12 subdivision (2) of section 335.016, RSMo. Collaborative practice arrangements may delegate
13 to an advanced practice registered nurse, as defined in section 335.016, RSMo, the authority to
14 administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V 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.

15 section 195.017, RSMo; except that, the collaborative practice arrangement shall not delegate
16 the authority to administer any controlled substances listed in schedules III, IV, and V of section
17 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic,
18 diagnostic, or surgical procedures. Schedule III narcotic controlled substance prescriptions shall
19 be limited to a one hundred twenty-hour supply without refill. Such collaborative practice
20 arrangements shall be in the form of written agreements, jointly agreed-upon protocols or
21 standing orders for the delivery of health care services.

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

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

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

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

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

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

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

40 (b) Maintain geographic proximity; and

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

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

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

49 (8) The duration of the written practice agreement between the collaborating physician
50 and the advanced practice registered nurse; [and]

51 (9) A description of the time and manner of the collaborating physician's review of the
52 advanced practice registered nurse's [prescribing practices] **delivery of health care services**.
53 The description shall include provisions that the advanced practice registered nurse shall submit
54 [documentation of] **a minimum of ten percent of the charts documenting** the advanced
55 practice registered nurse's [prescribing practices] **delivery of health care services** to the
56 collaborating physician [within] **for review every** fourteen days[. The documentation shall
57 include, but not be limited to, a random sample review by the collaborating physician of at least
58 twenty percent of the charts and medications prescribed.] ; **and**

59 **(10) The collaborating physician shall review every fourteen days a minimum of**
60 **twenty percent of the charts in which the advanced practice registered nurse prescribes**
61 **controlled substances. The charts reviewed under this subdivision may be counted in the**
62 **number of charts required to be reviewed under subdivision (9) of this subsection.**

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

82 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
83 otherwise take disciplinary action against a physician for health care services delegated to a
84 registered professional nurse provided the provisions of this section and the rules promulgated
85 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
86 imposed as a result of an agreement between a physician and a registered professional nurse or

87 registered physician assistant, whether written or not, prior to August 28, 1993, all records of
88 such disciplinary licensure action and all records pertaining to the filing, investigation or review
89 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed
90 from the records of the state board of registration for the healing arts and the division of
91 professional registration and shall not be disclosed to any public or private entity seeking such
92 information from the board or the division. The state board of registration for the healing arts
93 shall take action to correct reports of alleged violations and disciplinary actions as described in
94 this section which have been submitted to the National Practitioner Data Bank. In subsequent
95 applications or representations relating to his medical practice, a physician completing forms or
96 documents shall not be required to report any actions of the state board of registration for the
97 healing arts for which the records are subject to removal under this section.

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

106 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as
107 defined in subdivision (8) of section 335.016, RSMo, shall be permitted to provide anesthesia
108 services without a collaborative practice arrangement provided that he or she is under the
109 supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately
110 available if needed. Nothing in this subsection shall be construed to prohibit or prevent a
111 certified registered nurse anesthetist as defined in subdivision (8) of section 335.016, RSMo,
112 from entering into a collaborative practice arrangement under this section, except that the
113 collaborative practice arrangement may not delegate the authority to prescribe any controlled
114 substances listed in Schedules III, IV, and V of section 195.017, RSMo.

115 8. A collaborating physician shall not enter into a collaborative practice arrangement
116 with more than three full-time equivalent advanced practice registered nurses. This limitation
117 shall not apply to collaborative arrangements of hospital employees providing inpatient care
118 service in hospitals as defined in chapter 197, RSMo, or population-based public health services
119 as defined by 20 CSR 2150-5.100 as of April 30, 2008.

120 9. It is the responsibility of the collaborating physician to determine and document the
121 completion of at least a one-month period of time during which the advanced practice registered
122 nurse shall practice with the collaborating physician continuously present before practicing in

123 a setting where the collaborating physician is not continuously present. This limitation shall not
124 apply to collaborative arrangements of providers of population-based public health services as
125 defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

131 11. No contract or other agreement shall require a physician to act as a collaborating
132 physician for an advanced practice registered nurse against the physician's will. A physician
133 shall have the right to refuse to act as a collaborating physician, without penalty, for a particular
134 advanced practice registered nurse. No contract or other agreement shall limit the collaborating
135 physician's ultimate authority over any protocols or standing orders or in the delegation of the
136 physician's authority to any advanced practice registered nurse, but this requirement shall not
137 authorize a physician in implementing such protocols, standing orders, or delegation to violate
138 applicable standards for safe medical practice established by hospital's medical staff.

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

335.212. As used in sections 335.212 to 335.242, the following terms mean:

- 2 (1) "Board", the Missouri state board of nursing;
- 3 (2) "Department", the Missouri department of health and senior services;
- 4 (3) "Director", director of the Missouri department of health and senior services;
- 5 (4) "Eligible student", a resident who has been accepted as a full-time student in a formal
6 course of instruction leading to an associate degree, a diploma, a bachelor of science, [or] a
7 master of science in nursing [or leading to the completion of educational requirements for a
8 licensed practical nurse] **(M.S.N.), a doctorate in nursing (Ph.D. or D.N.P.), or a student with**
9 **a master of science in nursing seeking a doctorate in education (Ed.D.), or leading to the**
10 **completion of educational requirements for a licensed practical nurse. The doctoral**
11 **applicant may be a part-time student;**
- 12 (5) "Participating school", an institution within this state which is approved by the board
13 for participation in the professional and practical nursing student loan program established by
14 sections 335.212 to 335.242, having a nursing department and offering a course of instruction
15 based on nursing theory and clinical nursing experience;

16 (6) "Qualified applicant", an eligible student approved by the board for participation in
17 the professional and practical nursing student loan program established by sections 335.212 to
18 335.242;

19 (7) "Qualified employment", employment on a full-time basis in Missouri in a position
20 requiring licensure as a licensed practical nurse or registered professional nurse in any hospital
21 as defined in section 197.020, RSMo, or in any agency, institution, or organization located in an
22 area of need as determined by the department of health and senior services. Any forgiveness of
23 such principal and interest for any qualified applicant engaged in qualified employment on a less
24 than full-time basis may be prorated to reflect the amounts provided in this section;

25 (8) "Resident", any person who has lived in this state for one or more years for any
26 purpose other than the attending of an educational institution located within this state.

✓