

SECOND REGULAR SESSION

HOUSE BILL NO. 1996

96TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES WETER (Sponsor) AND SATER (Co-sponsor).

6266L.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal section 334.104, RSMo, and to enact in lieu thereof one new section relating to advanced practice registered 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Section A. Section 334.104, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 334.104, to read as follows: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 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; 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 for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures.

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 III narcotic controlled substance prescriptions shall be limited to a one hundred
19 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form
20 of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health
21 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; **and**

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;

51 (9) A description of the time and manner of the collaborating physician's review of the
52 advanced practice registered nurse's delivery of health care services. The description shall
53 include provisions that the advanced practice registered nurse shall submit a minimum of ten

54 percent of the charts documenting the advanced practice registered nurse's delivery of health care
55 services to the collaborating physician for review every [fourteen] **thirty** days. **A collaborating**
56 **physician's review may take place at a site other than the place of health care delivery. For**
57 **advanced practice registered nurses practicing in a hospital as defined in section 197.010,**
58 **the collaborating physician may delegate authority to an alternate physician or physicians**
59 **to provide chart review; and**

60 (10) The collaborating physician **or any other physician with delegated authority as**
61 **provided in subdivision 9 of this subsection** shall review every [fourteen] **thirty** days a
62 minimum of twenty percent of the charts in which the advanced practice registered nurse
63 prescribes controlled substances. The charts reviewed under this subdivision may be counted
64 in the number of charts required to be reviewed under subdivision (9) of this subsection.

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

83 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
84 otherwise take disciplinary action against a physician for health care services delegated to a
85 registered professional nurse provided the provisions of this section and the rules promulgated
86 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
87 imposed as a result of an agreement between a physician and a registered professional nurse or
88 registered physician assistant, whether written or not, prior to August 28, 1993, all records of
89 such disciplinary licensure action and all records pertaining to the filing, investigation or review

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

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

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

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

121 9. It is the responsibility of the collaborating physician to determine and document the
122 completion of at least a one-month period of time during which the advanced practice registered
123 nurse shall practice with the collaborating physician continuously present before practicing in
124 a setting where the collaborating physician is not continuously present. This limitation shall not
125 apply to **advanced practice registered nurses with at least four years of continual practice**

126 **or to** collaborative arrangements of providers of population-based public health services as
127 defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

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