

SECOND REGULAR SESSION

# HOUSE BILL NO. 1465

98TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE BURLISON.

5017H.011

D. ADAM CRUMBLISS, Chief Clerk

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## AN ACT

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

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Section A. Section 334.104, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 334.104, to read as follows: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

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 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled  
19 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred  
20 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form  
21 of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health  
22 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] **Pub. L. 95-210 (42 U.S.C. Section**  
44 **1395x, as amended)**, as long as the collaborative practice arrangement includes alternative plans  
45 as required in paragraph (c) of this subdivision. This exception to geographic proximity shall  
46 apply only to independent rural health clinics, provider-based rural health clinics where the  
47 provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and  
48 provider-based rural health clinics where the main location of the hospital sponsor is greater than  
49 fifty miles from the clinic. The collaborating physician is required to maintain documentation  
50 related to this requirement and to present it to the state board of registration for the healing arts  
51 when requested; and

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

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

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

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

62 (9) A description of the time and manner of the collaborating physician's review of the  
63 advanced practice registered nurse's delivery of health care services. The description shall  
64 include provisions that the advanced practice registered nurse shall submit a minimum of ten  
65 percent of the charts documenting the advanced practice registered nurse's delivery of health care  
66 services to the collaborating physician for review by the collaborating physician, or any other  
67 physician designated in the collaborative practice arrangement, every fourteen days. **In**  
68 **performing the review, the collaborating physician need not be present at the health care**  
69 **practitioner's site;** and

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

75 4. The state board of registration for the healing arts pursuant to section 334.125 and the  
76 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of  
77 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas  
78 to be covered, the methods of treatment that may be covered by collaborative practice  
79 arrangements and the requirements for review of services provided pursuant to collaborative  
80 practice arrangements including delegating authority to prescribe controlled substances. Any  
81 rules relating to dispensing or distribution of medications or devices by prescription or  
82 prescription drug orders under this section shall be subject to the approval of the state board of  
83 pharmacy. Any rules relating to dispensing or distribution of controlled substances by  
84 prescription or prescription drug orders under this section shall be subject to the approval of the  
85 department of health and senior services and the state board of pharmacy. In order to take effect,  
86 such rules shall be approved by a majority vote of a quorum of each board. Neither the state  
87 board of registration for the healing arts nor the board of nursing may separately promulgate  
88 rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be  
89 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this

90 subsection shall not extend to collaborative practice arrangements of hospital employees  
91 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based  
92 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

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

131           9. It is the responsibility of the collaborating physician to determine and document the  
132 completion of at least a one-month period of time during which the advanced practice registered  
133 nurse shall practice with the collaborating physician continuously present before practicing in  
134 a setting where the collaborating physician is not continuously present. This limitation shall not  
135 apply to collaborative arrangements of providers of population-based public health services as  
136 defined by 20 CSR 2150-5.100 as of April 30, 2008, **nor to collaborative arrangements**  
137 **between a physician and an advanced practice registered nurse, if the collaborative**  
138 **physician is new to a patient population to which the collaborating advanced practice**  
139 **registered nurse, physician assistant, or assistant physician is already familiar.**

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

145           11. No contract or other agreement shall require a physician to act as a collaborating  
146 physician for an advanced practice registered nurse against the physician's will. A physician  
147 shall have the right to refuse to act as a collaborating physician, without penalty, for a particular  
148 advanced practice registered nurse. No contract or other agreement shall limit the collaborating  
149 physician's ultimate authority over any protocols or standing orders or in the delegation of the  
150 physician's authority to any advanced practice registered nurse, but this requirement shall not  
151 authorize a physician in implementing such protocols, standing orders, or delegation to violate  
152 applicable standards for safe medical practice established by hospital's medical staff.

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

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