

HCS HB 1866 -- ADVANCED PRACTICE REGISTERED NURSES

SPONSOR: Hubrecht

COMMITTEE ACTION: Voted "Do Pass with Amendments" by the Standing Committee on Professional Registration and Licensing by a vote of 16 to 2. Voted "Do Pass with HCS" by the Select Committee on General Laws by a vote of 8 to 0.

This bill changes the law regarding advanced practice registered nurses (APRNs).

In its main provisions, the bill:

(1) Grants full prescriptive authority to APRNs to prescribe, administer, and dispense controlled substances and removes current limitations on the prescriptive authority of APRNs that limit the types of substances that may be prescribed and require an APRN to participate in a collaborative practice arrangement before he or she can prescribe controlled substances (Sections 195.070 and 195.100, RSMo);

(2) Permits collaborative practice arrangements between registered professional nurses who are not advanced practice registered nurses, and removes requirements pertaining to collaborative practice arrangements with APRNs. The bill requires the Board of Registration for the Healing Arts within the Department of Insurance, Financial Institutions and Professional Registration to make information regarding a physician's collaborative practice arrangements available to the public. The bill requires any refusal by a registered nurse to collaborate must not violate applicable standards for the provision of safe practice and patient care (Section 334.104);

(3) Redefines "advanced practice registered nurse" to be a person who is licensed under the provisions of Chapter 335, RSMo, to engage in the practice of advanced practice nursing. The bill creates a scope of practice for an advanced practice registered nurse and lists four APRN roles, including certified clinical nurse specialist, certified nurse midwife, certified nurse practitioner, and certified registered nurse anesthetist (Section 335.016);

(4) Requires an APRN's prescriptive authority to include the authority to prescribe, dispense, and administer nonscheduled legend drugs and medications within an APRN's practice and specialty and prescribe, dispense, administer, and provide nonscheduled legend drug samples from pharmaceutical manufacturers to patients at no charge to the patient or any other party;

(5) Delineates what an application must contain for an individual applying to be licensed to practice as an APRN as specified in the bill, including educational information and certification in one of the four APRN roles (Sections 335.046, 335.056, and 335.086); and

(6) Permits a pharmacist to fill an APRN's prescription when it is forwarded to the pharmacist by a registered professional nurse, registered physician's assistant, or other authorized agent (Section 339.198).

PROPOSERS: Supporters say that there is a shortage of health care professionals in the state of Missouri. The current restrictions on the collaborative practice arrangements are overly burdensome and not medically necessary. By removing the current geographic proximity provision this bill would allow more advanced APRNs to treat the under served populations in rural Missouri. By changing the current requirements for the number of APRNs a doctor can be in collaborative practice with, this bill would allow more advanced practice nurses to practice in nursing homes and potentially lead to lower hospitalization rates for residents.

Testifying for the bill were Representative Hubrecht; Andrew Quint; Marcia Flesner; Missouri Nurses Association; Mark Cowherd; Patricia Bauer; Deliah Pennington; JoAnn Franklin; Missouri Coalition Of Community Mental Health Centers; Missouri Alliance For Home Care; Rebecca McClanahan, Missouri Nurses Association; Scott Clardy, Missouri Association Of Local Public Health Agencies; and AARP Missouri.

OPPOSERS: Those who oppose the bill say that APRNs are not doctors. Collaborative practice arrangements are necessary to ensure proper oversight and potential avenues for referrals. Moreover, the changes proposed in this bill do not ensure that APRNs will practice in rural areas in need of health care providers rather than other more populated locations. The system works because it requires doctors and APRNs to communicate and work together.

Testifying against the bill were Matthew Cabey and Missouri Society Of Interventional Pain Physicians.