

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 247
95TH GENERAL ASSEMBLY

Reported from the Committee on Health, Mental Health, Seniors and Families, April 23, 2009, with recommendation that the Senate Committee Substitute do pass.

0734S.05C

TERRY L. SPIELER, Secretary.

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Section A. Sections 334.104 and 335.212, RSMo, are repealed and two new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

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

10 2. Collaborative practice arrangements, which shall be in writing, may
11 delegate to a registered professional nurse the authority to administer, dispense
12 or prescribe drugs and provide treatment if the registered professional nurse is
13 an advanced practice nurse as defined in subdivision (2) of section 335.016,
14 RSMo. Collaborative practice arrangements may delegate to an advanced practice
15 registered nurse, as defined in section 335.016, RSMo, the authority to
16 administer, dispense, or prescribe controlled substances listed in Schedules III,

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

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

26 3. The written collaborative practice arrangement shall contain at least
27 the following provisions:

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

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

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

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

41 (5) The manner of collaboration between the collaborating physician and
42 the advanced practice registered nurse, including how the collaborating physician
43 and the advanced practice registered nurse will:

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

46 (b) Maintain geographic proximity; and

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

49 (6) A description of the advanced practice registered nurse's controlled
50 substance prescriptive authority in collaboration with the physician, including a
51 list of the controlled substances the physician authorizes the nurse to prescribe
52 and documentation that it is consistent with each professional's education,

53 knowledge, skill, and competence;

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

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

58 (9) A description of the time and manner of the collaborating physician's
59 review of the advanced practice registered nurse's [prescribing practices]
60 **delivery of health care services**. The description shall include provisions
61 that the advanced practice registered nurse shall submit [documentation of] a
62 **minimum of ten percent of the charts documenting** the advanced practice
63 registered nurse's [prescribing practices] **delivery of health care services** to
64 the collaborating physician [within] **for review every** fourteen days[. The
65 documentation shall include, but not be limited to, a random sample review by
66 the collaborating physician of at least twenty percent of the charts and
67 medications prescribed.]; and

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

73 4. **The requirements of subdivisions (9) and (10) of subsection 3**
74 **of this section shall not apply to collaborative arrangements of**
75 **providers of population-based public health services as defined by 20**
76 **CSR 2150-5.100 as of June 30, 2008.**

77 5. The state board of registration for the healing arts pursuant to section
78 334.125 and the board of nursing pursuant to section 335.036, RSMo, may jointly
79 promulgate rules regulating the use of collaborative practice arrangements. Such
80 rules shall be limited to specifying geographic areas to be covered, the methods
81 of treatment that may be covered by collaborative practice arrangements and the
82 requirements for review of services provided pursuant to collaborative practice
83 arrangements including delegating authority to prescribe controlled
84 substances. Any rules relating to dispensing or distribution of medications or
85 devices by prescription or prescription drug orders under this section shall be
86 subject to the approval of the state board of pharmacy. Any rules relating to
87 dispensing or distribution of controlled substances by prescription or prescription
88 drug orders under this section shall be subject to the approval of the department

89 of health and senior services and the state board of pharmacy. In order to take
90 effect, such rules shall be approved by a majority vote of a quorum of each
91 board. Neither the state board of registration for the healing arts nor the board
92 of nursing may separately promulgate rules relating to collaborative practice
93 arrangements. Such jointly promulgated rules shall be consistent with guidelines
94 for federally funded clinics. The rulemaking authority granted in this subsection
95 shall not extend to collaborative practice arrangements of hospital employees
96 providing inpatient care within hospitals as defined pursuant to chapter 197,
97 RSMo.

98 **[5.] 6.** The state board of registration for the healing arts shall not deny,
99 revoke, suspend or otherwise take disciplinary action against a physician for
100 health care services delegated to a registered professional nurse provided the
101 provisions of this section and the rules promulgated thereunder are
102 satisfied. Upon the written request of a physician subject to a disciplinary action
103 imposed as a result of an agreement between a physician and a registered
104 professional nurse or registered physician assistant, whether written or not, prior
105 to August 28, 1993, all records of such disciplinary licensure action and all
106 records pertaining to the filing, investigation or review of an alleged violation of
107 this chapter incurred as a result of such an agreement shall be removed from the
108 records of the state board of registration for the healing arts and the division of
109 professional registration and shall not be disclosed to any public or private entity
110 seeking such information from the board or the division. The state board of
111 registration for the healing arts shall take action to correct reports of alleged
112 violations and disciplinary actions as described in this section which have been
113 submitted to the National Practitioner Data Bank. In subsequent applications
114 or representations relating to his medical practice, a physician completing forms
115 or documents shall not be required to report any actions of the state board of
116 registration for the healing arts for which the records are subject to removal
117 under this section.

118 **[6.] 7.** Within thirty days of any change and on each renewal, the state
119 board of registration for the healing arts shall require every physician to identify
120 whether the physician is engaged in any collaborative practice agreement,
121 including collaborative practice agreements delegating the authority to prescribe
122 controlled substances, or physician assistant agreement and also report to the
123 board the name of each licensed professional with whom the physician has
124 entered into such agreement. The board may make this information available to

125 the public. The board shall track the reported information and may routinely
126 conduct random reviews of such agreements to ensure that agreements are
127 carried out for compliance under this chapter.

128 **[7.] 8.** Notwithstanding any law to the contrary, a certified registered
129 nurse anesthetist as defined in subdivision (8) of section 335.016, RSMo, shall be
130 permitted to provide anesthesia services without a collaborative practice
131 arrangement provided that he or she is under the supervision of an
132 anesthesiologist or other physician, dentist, or podiatrist who is immediately
133 available if needed. Nothing in this subsection shall be construed to prohibit or
134 prevent a certified registered nurse anesthetist as defined in subdivision (8) of
135 section 335.016, RSMo, from entering into a collaborative practice arrangement
136 under this section, except that the collaborative practice arrangement may not
137 delegate the authority to prescribe any controlled substances listed in Schedules
138 III, IV, and V of section 195.017, RSMo.

139 **[8.] 9.** A collaborating physician shall not enter into a collaborative
140 practice arrangement with more than three full-time equivalent advanced practice
141 registered nurses. This limitation shall not apply to collaborative arrangements
142 of hospital employees providing inpatient care service in hospitals as defined in
143 chapter 197, RSMo, or population-based public health services as defined by 20
144 CSR 2150-5.100 as of April 30, 2008.

145 **[9.] 10.** It is the responsibility of the collaborating physician to determine
146 and document the completion of at least a one-month period of time during which
147 the advanced practice registered nurse shall practice with the collaborating
148 physician continuously present before practicing in a setting where the
149 collaborating physician is not continuously present. This limitation shall not
150 apply to collaborative arrangements of providers of population-based public
151 health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

152 **[10.] 11.** No agreement made under this section shall supersede current
153 hospital licensing regulations governing hospital medication orders under
154 protocols or standing orders for the purpose of delivering inpatient or emergency
155 care within a hospital as defined in section 197.020, RSMo, if such protocols or
156 standing orders have been approved by the hospital's medical staff and
157 pharmaceutical therapeutics committee.

158 **[11.] 12.** No contract or other agreement shall require a physician to act
159 as a collaborating physician for an advanced practice registered nurse against the
160 physician's will. A physician shall have the right to refuse to act as a

161 collaborating physician, without penalty, for a particular advanced practice
162 registered nurse. No contract or other agreement shall limit the collaborating
163 physician's ultimate authority over any protocols or standing orders or in the
164 delegation of the physician's authority to any advanced practice registered nurse,
165 but this requirement shall not authorize a physician in implementing such
166 protocols, standing orders, or delegation to violate applicable standards for safe
167 medical practice established by hospital's medical staff.

168 [12.] 13. No contract or other agreement shall require any advanced
169 practice registered nurse to serve as a collaborating advanced practice registered
170 nurse for any collaborating physician against the advanced practice registered
171 nurse's will. An advanced practice registered nurse shall have the right to refuse
172 to collaborate, without penalty, with a particular physician.

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

3 (1) "Board", the Missouri state board of nursing;

4 (2) "Department", the Missouri department of health and senior services;

5 (3) "Director", director of the Missouri department of health and senior
6 services;

7 (4) "Eligible student", a resident who has been accepted as:

8 (a) A full-time student in a formal course of instruction leading to an
9 associate degree, a diploma, a bachelor of science, or a master of science in
10 nursing, or leading to the completion of educational requirements for a licensed
11 practical nurse; **or**

12 (b) **A full-time or part-time student in a formal course of**
13 **instruction leading to a doctoral degree in nursing, nursing practice,**
14 **or a student with a master of science in nursing seeking a doctorate in**
15 **education;**

16 (5) "Participating school", an institution within this state which is
17 approved by the board for participation in the professional and practical nursing
18 student loan program established by sections 335.212 to 335.242, having a
19 nursing department and offering a course of instruction based on nursing theory
20 and clinical nursing experience;

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

24 (7) "Qualified employment", employment on a full-time basis in Missouri

25 in a position requiring licensure as a licensed practical nurse or registered
26 professional nurse in any hospital as defined in section 197.020, RSMo, or in any
27 agency, institution, or organization located in an area of need as determined by
28 the department of health and senior services. Any forgiveness of such principal
29 and interest for any qualified applicant engaged in qualified employment on a
30 less than full-time basis may be prorated to reflect the amounts provided in this
31 section;

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

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