

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 509
95TH GENERAL ASSEMBLY

Reported from the Committee on Health, Mental Health, Seniors and Families, March 11, 2009, with recommendation that the Senate Committee Substitute do pass and be placed on the Consent Calendar.

2179S.02C

TERRY L. SPIELER, Secretary.

AN ACT

To repeal section 334.104, RSMo, and to enact in lieu thereof one new section relating to review of advanced practice registered nurses by collaborating physicians.

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Section A. Section 334.104, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 334.104, to read as follows: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, RSMo. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, RSMo, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, RSMo; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled

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

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 a **minimum of ten**
62 **percent of the** documentation of the advanced practice registered nurse's
63 [prescribing practices] **delivery of health care services** to the collaborating
64 physician [within] **for review every** fourteen days[. The documentation shall
65 include, but not be limited to, a random sample review by the collaborating
66 physician of at least twenty percent of the charts and medications prescribed.];
67 **and**

68 **(10) If the advanced practice registered nurse's practice includes**
69 **the prescription of controlled substances, the physician shall review a**
70 **minimum of twenty percent of the cases in which the advanced practice**
71 **registered nurse wrote a prescription for a controlled substance as part**
72 **of the overall minimum ten percent of healthcare services reviewed by**
73 **the physician.**

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

91 for federally funded clinics. The rulemaking authority granted in this subsection
92 shall not extend to collaborative practice arrangements of hospital employees
93 providing inpatient care within hospitals as defined pursuant to chapter 197,
94 RSMo.

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

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

125 7. Notwithstanding any law to the contrary, a certified registered nurse
126 anesthetist as defined in subdivision (8) of section 335.016, RSMo, shall be

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

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

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

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

155 11. No contract or other agreement shall require a physician to act as a
156 collaborating physician for an advanced practice registered nurse against the
157 physician's will. A physician shall have the right to refuse to act as a
158 collaborating physician, without penalty, for a particular advanced practice
159 registered nurse. No contract or other agreement shall limit the collaborating
160 physician's ultimate authority over any protocols or standing orders or in the
161 delegation of the physician's authority to any advanced practice registered nurse,
162 but this requirement shall not authorize a physician in implementing such

163 protocols, standing orders, or delegation to violate applicable standards for safe
164 medical practice established by hospital's medical staff.

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

✓
Unofficial

Bill

Copy