

FIRST REGULAR SESSION

# SENATE BILL NO. 509

95TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCOTT.

Read 1st time February 25, 2009, and ordered printed.

TERRY L. SPIELER, Secretary.

2179S.011

## 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Section A. Section 334.104, RSMo, is repealed and one new section  
2 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  
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,  
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

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

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

67 **(10) If the advanced practice registered nurse's practice includes**  
68 **the prescription of controlled substances, the charts reviewed shall**  
69 **include a minimum of twenty percent of the cases in which the**  
70 **advanced practice registered nurse wrote a prescription for a**  
71 **controlled substance.**

72 4. The state board of registration for the healing arts pursuant to section  
73 334.125 and the board of nursing pursuant to section 335.036, RSMo, may jointly  
74 promulgate rules regulating the use of collaborative practice arrangements. Such  
75 rules shall be limited to specifying geographic areas to be covered, the methods  
76 of treatment that may be covered by collaborative practice arrangements and the  
77 requirements for review of services provided pursuant to collaborative practice  
78 arrangements including delegating authority to prescribe controlled  
79 substances. Any rules relating to dispensing or distribution of medications or  
80 devices by prescription or prescription drug orders under this section shall be  
81 subject to the approval of the state board of pharmacy. Any rules relating to  
82 dispensing or distribution of controlled substances by prescription or prescription  
83 drug orders under this section shall be subject to the approval of the department  
84 of health and senior services and the state board of pharmacy. In order to take  
85 effect, such rules shall be approved by a majority vote of a quorum of each  
86 board. Neither the state board of registration for the healing arts nor the board  
87 of nursing may separately promulgate rules relating to collaborative practice  
88 arrangements. Such jointly promulgated rules shall be consistent with guidelines  
89 for federally funded clinics. The rulemaking authority granted in this subsection  
90 shall not extend to collaborative practice arrangements of hospital employees  
91 providing inpatient care within hospitals as defined pursuant to chapter 197,

92 RSMo.

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

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

123           7. Notwithstanding any law to the contrary, a certified registered nurse  
124 anesthetist as defined in subdivision (8) of section 335.016, RSMo, shall be  
125 permitted to provide anesthesia services without a collaborative practice  
126 arrangement provided that he or she is under the supervision of an  
127 anesthesiologist or other physician, dentist, or podiatrist who is immediately

128 available if needed. Nothing in this subsection shall be construed to prohibit or  
129 prevent a certified registered nurse anesthetist as defined in subdivision (8) of  
130 section 335.016, RSMo, from entering into a collaborative practice arrangement  
131 under this section, except that the collaborative practice arrangement may not  
132 delegate the authority to prescribe any controlled substances listed in Schedules  
133 III, IV, and V of section 195.017, RSMo.

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

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

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

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

163 12. No contract or other agreement shall require any advanced practice

164 registered nurse to serve as a collaborating advanced practice registered nurse  
165 for any collaborating physician against the advanced practice registered nurse's  
166 will. An advanced practice registered nurse shall have the right to refuse to  
167 collaborate, without penalty, with a particular physician.

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