

SECOND REGULAR SESSION

# SENATE BILL NO. 700

97TH GENERAL ASSEMBLY

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INTRODUCED BY SENATOR SATER.

Read 1st time January 13, 2014, and ordered printed.

TERRY L. SPIELER, Secretary.

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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Section A. Section 334.104, RSMo, is repealed and one new section  
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 registered nurse as defined in subdivision (2) of section  
14 335.016. Collaborative practice arrangements may delegate to an advanced  
15 practice registered nurse, as defined in section 335.016, the authority to  
16 administer, dispense, or prescribe controlled substances listed in Schedules III,  
17 IV, and V of section 195.017; except that, the collaborative practice arrangement  
18 shall not delegate the authority to administer any controlled substances listed in  
19 schedules III, IV, and V of section 195.017 for the purpose of inducing sedation

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

20 or general anesthesia for therapeutic, diagnostic, or surgical  
21 procedures. Schedule III narcotic controlled substance prescriptions shall be  
22 limited to a one hundred twenty-hour supply without refill. Such collaborative  
23 practice arrangements shall be in the form of written agreements, jointly  
24 agreed-upon protocols or standing orders for the delivery of health care services.

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

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

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

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

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

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

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

45 (b) Maintain [geographic proximity, except the collaborative practice  
46 arrangement may allow for geographic proximity to be waived for a maximum of  
47 twenty-eight days per calendar year for rural health clinics as defined by P.L.  
48 95-210, as long as the collaborative practice arrangement includes alternative  
49 plans as required in paragraph (c) of this subdivision. This exception to  
50 geographic proximity shall apply only to independent rural health clinics,  
51 provider-based rural health clinics where the provider is a critical access hospital  
52 as provided in 42 U.S.C. 1395i-4, and provider-based rural health clinics where  
53 the main location of the hospital sponsor is greater than fifty miles from the  
54 clinic. The collaborating physician is required to maintain documentation related  
55 to this requirement and to present it to the state board of registration for the

56 healing arts when requested] **effective electronic communication**; and

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

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

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

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

68 (9) A description of the time and manner of the collaborating physician's  
69 review of the advanced practice registered nurse's delivery of health care services,  
70 **which may be through review of electronic medical records**. The  
71 description shall include provisions that the advanced practice registered nurse  
72 shall submit a minimum of ten percent of the charts documenting the advanced  
73 practice registered nurse's delivery of health care services to the collaborating  
74 physician for review by the collaborating physician, or any other physician  
75 designated in the collaborative practice arrangement, every fourteen days; and

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

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

92 dispensing or distribution of controlled substances by prescription or prescription  
93 drug orders under this section shall be subject to the approval of the department  
94 of health and senior services and the state board of pharmacy. In order to take  
95 effect, such rules shall be approved by a majority vote of a quorum of each  
96 board. Neither the state board of registration for the healing arts nor the board  
97 of nursing may separately promulgate rules relating to collaborative practice  
98 arrangements. Such jointly promulgated rules shall be consistent with guidelines  
99 for federally funded clinics. The rulemaking authority granted in this subsection  
100 shall not extend to collaborative practice arrangements of hospital employees  
101 providing inpatient care within hospitals as defined pursuant to chapter 197 or  
102 population-based public health services as defined by 20 CSR 2150-5.100 as of  
103 April 30, 2008. **All rules jointly promulgated by the state board of**  
104 **registration for the healing arts and the board of nursing regulating**  
105 **collaborative practice prior to August 28, 2014, except those relating to**  
106 **the authority to prescribe controlled substances, shall be null and void.**

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

127         6. Within thirty days of any change and on each renewal, the state board

128 of registration for the healing arts shall require every physician to identify  
129 whether the physician is engaged in any collaborative practice agreement,  
130 including collaborative practice agreements delegating the authority to prescribe  
131 controlled substances, or physician assistant agreement and also report to the  
132 board the name of each licensed professional with whom the physician has  
133 entered into such agreement. The board may make this information available to  
134 the public. The board shall track the reported information and may routinely  
135 conduct random reviews of such agreements to ensure that agreements are  
136 carried out for compliance under this chapter.

137         7. Notwithstanding any law to the contrary, a certified registered nurse  
138 anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to  
139 provide anesthesia services without a collaborative practice arrangement provided  
140 that he or she is under the supervision of an anesthesiologist or other physician,  
141 dentist, or podiatrist who is immediately available if needed. Nothing in this  
142 subsection shall be construed to prohibit or prevent a certified registered nurse  
143 anesthetist as defined in subdivision (8) of section 335.016 from entering into a  
144 collaborative practice arrangement under this section, except that the  
145 collaborative practice arrangement may not delegate the authority to prescribe  
146 any controlled substances listed in Schedules III, IV, and V of section 195.017.

147         8. A collaborating physician shall not enter into a collaborative practice  
148 arrangement with more than three full-time equivalent advanced practice  
149 registered nurses. This limitation shall not apply to collaborative arrangements  
150 of hospital employees providing inpatient care service in hospitals as defined in  
151 chapter 197 or population-based public health services as defined by 20 CSR  
152 2150-5.100 as of April 30, 2008.

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

160         10. No agreement made under this section shall supersede current  
161 hospital licensing regulations governing hospital medication orders under  
162 protocols or standing orders for the purpose of delivering inpatient or emergency  
163 care within a hospital as defined in section 197.020 if such protocols or standing

164 orders have been approved by the hospital's medical staff and pharmaceutical  
165 therapeutics committee.

166         11. No contract or other agreement shall require a physician to act as a  
167 collaborating physician for an advanced practice registered nurse against the  
168 physician's will. A physician shall have the right to refuse to act as a  
169 collaborating physician, without penalty, for a particular advanced practice  
170 registered nurse. No contract or other agreement shall limit the collaborating  
171 physician's ultimate authority over any protocols or standing orders or in the  
172 delegation of the physician's authority to any advanced practice registered nurse,  
173 but this requirement shall not authorize a physician in implementing such  
174 protocols, standing orders, or delegation to violate applicable standards for safe  
175 medical practice established by hospital's medical staff.

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

Bill ✓

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