

FIRST REGULAR SESSION

SENATE BILL NO. 193

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR ONDER.

0320S.01I

ADRIANE D. CROUSE, Secretary

AN ACT

To repeal sections 334.104 and 335.175, RSMo, and to enact in lieu thereof two new sections relating to geographic proximity requirements in collaborative practice arrangements between physicians and advanced practice registered nurses.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Sections 334.104 and 335.175, RSMo, are
2 repealed and two new sections enacted in lieu thereof, to be
3 known as sections 334.104 and 335.175, to read as follows:

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

13 2. Collaborative practice arrangements, which shall be
14 in writing, may delegate to a registered professional nurse
15 the authority to administer, dispense or prescribe drugs and
16 provide treatment if the registered professional nurse is an
17 advanced practice registered nurse as defined in subdivision

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

18 (2) of section 335.016. Collaborative practice arrangements
19 may delegate to an advanced practice registered nurse, as
20 defined in section 335.016, the authority to administer,
21 dispense, or prescribe controlled substances listed in
22 Schedules III, IV, and V of section 195.017, and Schedule
23 II - hydrocodone; except that, the collaborative practice
24 arrangement shall not delegate the authority to administer
25 any controlled substances listed in Schedules III, IV, and V
26 of section 195.017, or Schedule II - hydrocodone for the
27 purpose of inducing sedation or general anesthesia for
28 therapeutic, diagnostic, or surgical procedures. Schedule
29 III narcotic controlled substance and Schedule II -
30 hydrocodone prescriptions shall be limited to a one hundred
31 twenty-hour supply without refill. Such collaborative
32 practice arrangements shall be in the form of written
33 agreements, jointly agreed-upon protocols or standing orders
34 for the delivery of health care services. An advanced
35 practice registered nurse may prescribe buprenorphine for up
36 to a thirty-day supply without refill for patients receiving
37 medication-assisted treatment for substance use disorders
38 under the direction of the collaborating physician.

39 3. The written collaborative practice arrangement
40 shall contain at least the following provisions:

41 (1) Complete names, home and business addresses, zip
42 codes, and telephone numbers of the collaborating physician
43 and the advanced practice registered nurse;

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

48 (3) A requirement that there shall be posted at every
49 office where the advanced practice registered nurse is

50 authorized to prescribe, in collaboration with a physician,
51 a prominently displayed disclosure statement informing
52 patients that they may be seen by an advanced practice
53 registered nurse and have the right to see the collaborating
54 physician;

55 (4) All specialty or board certifications of the
56 collaborating physician and all certifications of the
57 advanced practice registered nurse;

58 (5) The manner of collaboration between the
59 collaborating physician and the advanced practice registered
60 nurse, including how the collaborating physician and the
61 advanced practice registered nurse will:

62 (a) Engage in collaborative practice consistent with
63 each professional's skill, training, education, and
64 competence; **and**

65 (b) [Maintain geographic proximity, except the
66 collaborative practice arrangement may allow for geographic
67 proximity to be waived for a maximum of twenty-eight days
68 per calendar year for rural health clinics as defined by
69 P.L. 95-210, as long as the collaborative practice
70 arrangement includes alternative plans as required in
71 paragraph (c) of this subdivision. This exception to
72 geographic proximity shall apply only to independent rural
73 health clinics, provider-based rural health clinics where
74 the provider is a critical access hospital as provided in 42
75 U.S.C. Section 1395i-4, and provider-based rural health
76 clinics where the main location of the hospital sponsor is
77 greater than fifty miles from the clinic. The collaborating
78 physician is required to maintain documentation related to
79 this requirement and to present it to the state board of
80 registration for the healing arts when requested; and

81 (c)] Provide coverage during absence, incapacity,
82 infirmity, or emergency by the collaborating physician;

83 (6) A description of the advanced practice registered
84 nurse's controlled substance prescriptive authority in
85 collaboration with the physician, including a list of the
86 controlled substances the physician authorizes the nurse to
87 prescribe and documentation that it is consistent with each
88 professional's education, knowledge, skill, and competence;

89 (7) A list of all other written practice agreements of
90 the collaborating physician and the advanced practice
91 registered nurse;

92 (8) The duration of the written practice agreement
93 between the collaborating physician and the advanced
94 practice registered nurse;

95 (9) A description of the time and manner of the
96 collaborating physician's review of the advanced practice
97 registered nurse's delivery of health care services. The
98 description shall include provisions that the advanced
99 practice registered nurse shall submit a minimum of ten
100 percent of the charts documenting the advanced practice
101 registered nurse's delivery of health care services to the
102 collaborating physician for review by the collaborating
103 physician, or any other physician designated in the
104 collaborative practice arrangement, every fourteen days; and

105 (10) The collaborating physician, or any other
106 physician designated in the collaborative practice
107 arrangement, shall review every fourteen days a minimum of
108 twenty percent of the charts in which the advanced practice
109 registered nurse prescribes controlled substances. The
110 charts reviewed under this subdivision may be counted in the
111 number of charts required to be reviewed under subdivision
112 (9) of this subsection.

113 4. The state board of registration for the healing
114 arts pursuant to section 334.125 and the board of nursing
115 pursuant to section 335.036 may jointly promulgate rules
116 regulating the use of collaborative practice arrangements.
117 Such rules shall be limited to specifying geographic areas
118 to be covered, the methods of treatment that may be covered
119 by collaborative practice arrangements and the requirements
120 for review of services provided pursuant to collaborative
121 practice arrangements including delegating authority to
122 prescribe controlled substances. Any rules relating to
123 dispensing or distribution of medications or devices by
124 prescription or prescription drug orders under this section
125 shall be subject to the approval of the state board of
126 pharmacy. Any rules relating to dispensing or distribution
127 of controlled substances by prescription or prescription
128 drug orders under this section shall be subject to the
129 approval of the department of health and senior services and
130 the state board of pharmacy. In order to take effect, such
131 rules shall be approved by a majority vote of a quorum of
132 each board. Neither the state board of registration for the
133 healing arts nor the board of nursing may separately
134 promulgate rules relating to collaborative practice
135 arrangements. Such jointly promulgated rules shall be
136 consistent with guidelines for federally funded clinics.
137 The rulemaking authority granted in this subsection shall
138 not extend to collaborative practice arrangements of
139 hospital employees providing inpatient care within hospitals
140 as defined pursuant to chapter 197 or population-based
141 public health services as defined by 20 CSR 2150-5.100 as of
142 April 30, 2008.

143 5. The state board of registration for the healing
144 arts shall not deny, revoke, suspend or otherwise take

145 disciplinary action against a physician for health care
146 services delegated to a registered professional nurse
147 provided the provisions of this section and the rules
148 promulgated thereunder are satisfied. Upon the written
149 request of a physician subject to a disciplinary action
150 imposed as a result of an agreement between a physician and
151 a registered professional nurse or registered physician
152 assistant, whether written or not, prior to August 28, 1993,
153 all records of such disciplinary licensure action and all
154 records pertaining to the filing, investigation or review of
155 an alleged violation of this chapter incurred as a result of
156 such an agreement shall be removed from the records of the
157 state board of registration for the healing arts and the
158 division of professional registration and shall not be
159 disclosed to any public or private entity seeking such
160 information from the board or the division. The state board
161 of registration for the healing arts shall take action to
162 correct reports of alleged violations and disciplinary
163 actions as described in this section which have been
164 submitted to the National Practitioner Data Bank. In
165 subsequent applications or representations relating to his
166 medical practice, a physician completing forms or documents
167 shall not be required to report any actions of the state
168 board of registration for the healing arts for which the
169 records are subject to removal under this section.

170 6. Within thirty days of any change and on each
171 renewal, the state board of registration for the healing
172 arts shall require every physician to identify whether the
173 physician is engaged in any collaborative practice
174 agreement, including collaborative practice agreements
175 delegating the authority to prescribe controlled substances,
176 or physician assistant agreement and also report to the

177 board the name of each licensed professional with whom the
178 physician has entered into such agreement. The board may
179 make this information available to the public. The board
180 shall track the reported information and may routinely
181 conduct random reviews of such agreements to ensure that
182 agreements are carried out for compliance under this chapter.

183 7. Notwithstanding any law to the contrary, a
184 certified registered nurse anesthetist as defined in
185 subdivision (8) of section 335.016 shall be permitted to
186 provide anesthesia services without a collaborative practice
187 arrangement provided that he or she is under the supervision
188 of an anesthesiologist or other physician, dentist, or
189 podiatrist who is immediately available if needed. Nothing
190 in this subsection shall be construed to prohibit or prevent
191 a certified registered nurse anesthetist as defined in
192 subdivision (8) of section 335.016 from entering into a
193 collaborative practice arrangement under this section,
194 except that the collaborative practice arrangement may not
195 delegate the authority to prescribe any controlled
196 substances listed in Schedules III, IV, and V of section
197 195.017, or Schedule II - hydrocodone.

198 8. A collaborating physician shall not enter into a
199 collaborative practice arrangement with more than six full-
200 time equivalent advanced practice registered nurses, full-
201 time equivalent licensed physician assistants, or full-time
202 equivalent assistant physicians, or any combination
203 thereof. This limitation shall not apply to collaborative
204 arrangements of hospital employees providing inpatient care
205 service in hospitals as defined in chapter 197 or population-
206 based public health services as defined by 20 CSR 2150-5.100
207 as of April 30, 2008, or to a certified registered nurse
208 anesthetist providing anesthesia services under the

209 supervision of an anesthesiologist or other physician,
210 dentist, or podiatrist who is immediately available if
211 needed as set out in subsection 7 of this section.

212 9. It is the responsibility of the collaborating
213 physician to determine and document the completion of at
214 least a one-month period of time during which the advanced
215 practice registered nurse shall practice with the
216 collaborating physician continuously present before
217 practicing in a setting where the collaborating physician is
218 not continuously present. This limitation shall not apply
219 to collaborative arrangements of providers of population-
220 based public health services as defined by 20 CSR 2150-5.100
221 as of April 30, 2008.

222 10. No agreement made under this section shall
223 supersede current hospital licensing regulations governing
224 hospital medication orders under protocols or standing
225 orders for the purpose of delivering inpatient or emergency
226 care within a hospital as defined in section 197.020 if such
227 protocols or standing orders have been approved by the
228 hospital's medical staff and pharmaceutical therapeutics
229 committee.

230 11. No contract or other agreement shall require a
231 physician to act as a collaborating physician for an
232 advanced practice registered nurse against the physician's
233 will. A physician shall have the right to refuse to act as
234 a collaborating physician, without penalty, for a particular
235 advanced practice registered nurse. No contract or other
236 agreement shall limit the collaborating physician's ultimate
237 authority over any protocols or standing orders or in the
238 delegation of the physician's authority to any advanced
239 practice registered nurse, but this requirement shall not
240 authorize a physician in implementing such protocols,

241 standing orders, or delegation to violate applicable
242 standards for safe medical practice established by
243 hospital's medical staff.

244 12. No contract or other agreement shall require any
245 advanced practice registered nurse to serve as a
246 collaborating advanced practice registered nurse for any
247 collaborating physician against the advanced practice
248 registered nurse's will. An advanced practice registered
249 nurse shall have the right to refuse to collaborate, without
250 penalty, with a particular physician.

335.175. 1. No later than January 1, 2014, there is
2 hereby established within the state board of registration
3 for the healing arts and the state board of nursing the
4 "Utilization of Telehealth by Nurses". [An advanced
5 practice registered nurse (APRN) providing nursing services
6 under a collaborative practice arrangement under section
7 334.104 may provide such services outside the geographic
8 proximity requirements of section 334.104 if the
9 collaborating physician and advanced practice registered
10 nurse utilize telehealth in the care of the patient and if
11 the services are provided in a rural area of need.]
12 Telehealth providers shall be required to obtain patient
13 consent before telehealth services are initiated and ensure
14 confidentiality of medical information.

15 2. As used in this section, "telehealth" shall have
16 the same meaning as such term is defined in section 191.1145.

17 3. (1) The boards shall jointly promulgate rules
18 governing the practice of telehealth under this section.
19 Such rules shall address, but not be limited to, appropriate
20 standards for the use of telehealth.

21 (2) Any rule or portion of a rule, as that term is
22 defined in section 536.010, that is created under the

23 authority delegated in this section shall become effective
24 only if it complies with and is subject to all of the
25 provisions of chapter 536 and, if applicable, section
26 536.028. This section and chapter 536 are nonseverable and
27 if any of the powers vested with the general assembly
28 pursuant to chapter 536 to review, to delay the effective
29 date, or to disapprove and annul a rule are subsequently
30 held unconstitutional, then the grant of rulemaking
31 authority and any rule proposed or adopted after August 28,
32 2013, shall be invalid and void.

33 [4. For purposes of this section, "rural area of need"
34 means any rural area of this state which is located in a
35 health professional shortage area as defined in section
36 354.650.]

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