

SENATE BILL NO. 157

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR BLACK.

0779S.01I

KRISTINA MARTIN, Secretary

AN ACT

To repeal section 334.104, RSMo, and to enact in lieu thereof one new section relating to collaborative practice arrangements with nurses.

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Section A. Section 334.104, RSMo, is repealed and one new
2 section enacted in lieu thereof, to be known as section 334.104,
3 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
18 (2) of section 335.016. Collaborative practice arrangements

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

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;

65 (b) Maintain geographic proximity, except **as specified**
66 **in this paragraph. The following provisions shall apply**
67 **with respect to this requirement:**

68 **a. An advanced practice registered nurse providing**
69 **services in a correctional center, as defined in section**
70 **217.010, and his or her collaborating physician shall**
71 **satisfy the geographic proximity requirement if they**
72 **practice within two hundred miles by road of one another;**

73 **b.** the collaborative practice arrangement may allow
74 for geographic proximity to be waived for a maximum of
75 twenty-eight days per calendar year for rural health clinics
76 as defined by P.L. 95-210 (**42 U.S.C. Section 1395x, as**
77 **amended**), as long as the collaborative practice arrangement
78 includes alternative plans as required in paragraph (c) of
79 this subdivision. This exception to geographic proximity
80 shall apply only to independent rural health clinics,
81 provider-based rural health clinics where the provider is a
82 critical access hospital as provided in 42 U.S.C. Section

83 1395i-4, and provider-based rural health clinics where the
84 main location of the hospital sponsor is greater than fifty
85 miles from the clinic[.]; **and**

86 **c.** The collaborating physician is required to maintain
87 documentation related to this requirement and to present it
88 to the state board of registration for the healing arts when
89 requested; and

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

92 (6) A description of the advanced practice registered
93 nurse's controlled substance prescriptive authority in
94 collaboration with the physician, including a list of the
95 controlled substances the physician authorizes the nurse to
96 prescribe and documentation that it is consistent with each
97 professional's education, knowledge, skill, and competence;

98 (7) A list of all other written practice agreements of
99 the collaborating physician and the advanced practice
100 registered nurse;

101 (8) The duration of the written practice agreement
102 between the collaborating physician and the advanced
103 practice registered nurse;

104 (9) A description of the time and manner of the
105 collaborating physician's review of the advanced practice
106 registered nurse's delivery of health care services. The
107 description shall include provisions that the advanced
108 practice registered nurse shall submit a minimum of ten
109 percent of the charts documenting the advanced practice
110 registered nurse's delivery of health care services to the
111 collaborating physician for review by the collaborating
112 physician, or any other physician designated in the
113 collaborative practice arrangement, every fourteen days; and

114 (10) The collaborating physician, or any other
115 physician designated in the collaborative practice
116 arrangement, shall review every fourteen days a minimum of
117 twenty percent of the charts in which the advanced practice
118 registered nurse prescribes controlled substances. The
119 charts reviewed under this subdivision may be counted in the
120 number of charts required to be reviewed under subdivision
121 (9) of this subsection.

122 4. The state board of registration for the healing
123 arts pursuant to section 334.125 and the board of nursing
124 pursuant to section 335.036 may jointly promulgate rules
125 regulating the use of collaborative practice arrangements.
126 Such rules shall be limited to specifying geographic areas
127 to be covered, the methods of treatment that may be covered
128 by collaborative practice arrangements and the requirements
129 for review of services provided pursuant to collaborative
130 practice arrangements including delegating authority to
131 prescribe controlled substances. **Any rules relating to**
132 **geographic proximity shall allow a collaborating physician**
133 **and a collaborating advanced practice registered nurse to**
134 **practice within two hundred miles by road of one another if**
135 **the nurse is providing services in a correctional center, as**
136 **defined in section 217.010.** Any rules relating to
137 dispensing or distribution of medications or devices by
138 prescription or prescription drug orders under this section
139 shall be subject to the approval of the state board of
140 pharmacy. Any rules relating to dispensing or distribution
141 of controlled substances by prescription or prescription
142 drug orders under this section shall be subject to the
143 approval of the department of health and senior services and
144 the state board of pharmacy. In order to take effect, such
145 rules shall be approved by a majority vote of a quorum of

146 each board. Neither the state board of registration for the
147 healing arts nor the board of nursing may separately
148 promulgate rules relating to collaborative practice
149 arrangements. Such jointly promulgated rules shall be
150 consistent with guidelines for federally funded clinics.
151 The rulemaking authority granted in this subsection shall
152 not extend to collaborative practice arrangements of
153 hospital employees providing inpatient care within hospitals
154 as defined pursuant to chapter 197 or population-based
155 public health services as defined by 20 CSR 2150-5.100 as of
156 April 30, 2008.

157 5. The state board of registration for the healing
158 arts shall not deny, revoke, suspend or otherwise take
159 disciplinary action against a physician for health care
160 services delegated to a registered professional nurse
161 provided the provisions of this section and the rules
162 promulgated thereunder are satisfied. Upon the written
163 request of a physician subject to a disciplinary action
164 imposed as a result of an agreement between a physician and
165 a registered professional nurse or registered physician
166 assistant, whether written or not, prior to August 28, 1993,
167 all records of such disciplinary licensure action and all
168 records pertaining to the filing, investigation or review of
169 an alleged violation of this chapter incurred as a result of
170 such an agreement shall be removed from the records of the
171 state board of registration for the healing arts and the
172 division of professional registration and shall not be
173 disclosed to any public or private entity seeking such
174 information from the board or the division. The state board
175 of registration for the healing arts shall take action to
176 correct reports of alleged violations and disciplinary
177 actions as described in this section which have been

178 submitted to the National Practitioner Data Bank. In
179 subsequent applications or representations relating to his
180 **or her** medical practice, a physician completing forms or
181 documents shall not be required to report any actions of the
182 state board of registration for the healing arts for which
183 the records are subject to removal under this section.

184 6. Within thirty days of any change and on each
185 renewal, the state board of registration for the healing
186 arts shall require every physician to identify whether the
187 physician is engaged in any collaborative practice
188 agreement, including collaborative practice agreements
189 delegating the authority to prescribe controlled substances,
190 or physician assistant agreement and also report to the
191 board the name of each licensed professional with whom the
192 physician has entered into such agreement. The board may
193 make this information available to the public. The board
194 shall track the reported information and may routinely
195 conduct random reviews of such agreements to ensure that
196 agreements are carried out for compliance under this chapter.

197 7. Notwithstanding any law to the contrary, a
198 certified registered nurse anesthetist as defined in
199 subdivision (8) of section 335.016 shall be permitted to
200 provide anesthesia services without a collaborative practice
201 arrangement provided that he or she is under the supervision
202 of an anesthesiologist or other physician, dentist, or
203 podiatrist who is immediately available if needed. Nothing
204 in this subsection shall be construed to prohibit or prevent
205 a certified registered nurse anesthetist as defined in
206 subdivision (8) of section 335.016 from entering into a
207 collaborative practice arrangement under this section,
208 except that the collaborative practice arrangement may not
209 delegate the authority to prescribe any controlled

210 substances listed in Schedules III, IV, and V of section
211 195.017, or Schedule II - hydrocodone.

212 8. A collaborating physician shall not enter into a
213 collaborative practice arrangement with more than six full-
214 time equivalent advanced practice registered nurses, full-
215 time equivalent licensed physician assistants, or full-time
216 equivalent assistant physicians, or any combination
217 thereof. This limitation shall not apply to collaborative
218 arrangements of hospital employees providing inpatient care
219 service in hospitals as defined in chapter 197 or population-
220 based public health services as defined by 20 CSR 2150-5.100
221 as of April 30, 2008, or to a certified registered nurse
222 anesthetist providing anesthesia services under the
223 supervision of an anesthesiologist or other physician,
224 dentist, or podiatrist who is immediately available if
225 needed as set out in subsection 7 of this section.

226 9. It is the responsibility of the collaborating
227 physician to determine and document the completion of at
228 least a one-month period of time during which the advanced
229 practice registered nurse shall practice with the
230 collaborating physician continuously present before
231 practicing in a setting where the collaborating physician is
232 not continuously present. This limitation shall not apply
233 to collaborative arrangements of providers of population-
234 based public health services as defined by 20 CSR 2150-5.100
235 as of April 30, 2008.

236 10. No agreement made under this section shall
237 supersede current hospital licensing regulations governing
238 hospital medication orders under protocols or standing
239 orders for the purpose of delivering inpatient or emergency
240 care within a hospital as defined in section 197.020 if such
241 protocols or standing orders have been approved by the

242 hospital's medical staff and pharmaceutical therapeutics
243 committee.

244 11. No contract or other agreement shall require a
245 physician to act as a collaborating physician for an
246 advanced practice registered nurse against the physician's
247 will. A physician shall have the right to refuse to act as
248 a collaborating physician, without penalty, for a particular
249 advanced practice registered nurse. No contract or other
250 agreement shall limit the collaborating physician's ultimate
251 authority over any protocols or standing orders or in the
252 delegation of the physician's authority to any advanced
253 practice registered nurse, but this requirement shall not
254 authorize a physician in implementing such protocols,
255 standing orders, or delegation to violate applicable
256 standards for safe medical practice established by
257 hospital's medical staff.

258 12. No contract or other agreement shall require any
259 advanced practice registered nurse to serve as a
260 collaborating advanced practice registered nurse for any
261 collaborating physician against the advanced practice
262 registered nurse's will. An advanced practice registered
263 nurse shall have the right to refuse to collaborate, without
264 penalty, with a particular physician.

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