

SENATE AMENDMENT NO. _____

Offered by _____ of _____

Amend SS/Senate Bill No. 778, Page 1, Section TITLE, Line 4,

2 by striking "dentists and dental hygienists" and inserting
 3 in lieu thereof the following: "health care professionals";
 4 and

5 Further amend said bill, page 41, section 332.700, line
 6 1115, by inserting after all of said line the following:

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

19 2. (1) Collaborative practice arrangements, which
 20 shall be in writing, may delegate to a registered
 21 professional nurse the authority to administer, dispense or
 22 prescribe drugs and provide treatment if the registered
 23 professional nurse is an advanced practice registered nurse
 24 as defined in subdivision (2) of section 335.016.
 25 Collaborative practice arrangements may delegate to an
 26 advanced practice registered nurse, as defined in section

27 335.016, the authority to administer, dispense, or prescribe
28 controlled substances listed in Schedules III, IV, and V of
29 section 195.017, and Schedule II - hydrocodone; except that,
30 the collaborative practice arrangement shall not delegate
31 the authority to administer any controlled substances listed
32 in Schedules III, IV, and V of section 195.017, or Schedule
33 II - hydrocodone for the purpose of inducing sedation or
34 general anesthesia for therapeutic, diagnostic, or surgical
35 procedures. Schedule III narcotic controlled substance and
36 Schedule II - hydrocodone prescriptions shall be limited to
37 a one hundred twenty-hour supply without refill.

38 (2) Notwithstanding any other provision of this
39 section to the contrary, a collaborative practice
40 arrangement may delegate to an advanced practice registered
41 nurse the authority to administer, dispense, or prescribe
42 Schedule II controlled substances for hospice patients;
43 provided, that the advanced practice registered nurse is
44 employed by a hospice provider certified pursuant to chapter
45 197 and the advanced practice registered nurse is providing
46 care to hospice patients pursuant to a collaborative
47 practice arrangement that designates the certified hospice
48 as a location where the advanced practice registered nurse
49 is authorized to practice and prescribe.

50 (3) Such collaborative practice arrangements shall be
51 in the form of written agreements, jointly agreed-upon
52 protocols or standing orders for the delivery of health care
53 services.

54 (4) An advanced practice registered nurse may
55 prescribe buprenorphine for up to a thirty-day supply
56 without refill for patients receiving medication-assisted
57 treatment for substance use disorders under the direction of
58 the collaborating physician.

59 3. The written collaborative practice arrangement
60 shall contain at least the following provisions:

61 (1) Complete names, home and business addresses, zip
62 codes, and telephone numbers of the collaborating physician
63 and the advanced practice registered nurse;

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

68 (3) A requirement that there shall be posted at every
69 office where the advanced practice registered nurse is
70 authorized to prescribe, in collaboration with a physician,
71 a prominently displayed disclosure statement informing
72 patients that they may be seen by an advanced practice
73 registered nurse and have the right to see the collaborating
74 physician;

75 (4) All specialty or board certifications of the
76 collaborating physician and all certifications of the
77 advanced practice registered nurse;

78 (5) The manner of collaboration between the
79 collaborating physician and the advanced practice registered
80 nurse, including how the collaborating physician and the
81 advanced practice registered nurse will:

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

85 (b) Maintain geographic proximity, except as specified
86 in this paragraph. The following provisions shall apply
87 with respect to this requirement:

88 a. Until August 28, 2025, an advanced practice
89 registered nurse providing services in a correctional
90 center, as defined in section 217.010, and his or her
91 collaborating physician shall satisfy the geographic

92 proximity requirement if they practice within two hundred
93 miles by road of one another. An incarcerated patient who
94 requests or requires a physician consultation shall be
95 treated by a physician as soon as appropriate;

96 b. The collaborative practice arrangement may allow
97 for geographic proximity to be waived for a maximum of
98 twenty-eight days per calendar year for rural health clinics
99 as defined by Pub.L. 95-210 (42 U.S.C. Section 1395x, as
100 amended), as long as the collaborative practice arrangement
101 includes alternative plans as required in paragraph (c) of
102 this subdivision. This exception to geographic proximity
103 shall apply only to independent rural health clinics,
104 provider-based rural health clinics where the provider is a
105 critical access hospital as provided in 42 U.S.C. Section
106 1395i-4, and provider-based rural health clinics where the
107 main location of the hospital sponsor is greater than fifty
108 miles from the clinic;

109 c. The collaborative practice arrangement may allow
110 for geographic proximity to be waived when the arrangement
111 outlines the use of telehealth, as defined in section
112 191.1145;

113 d. In addition to the waivers and exemptions provided
114 in this subsection, an application for a waiver for any
115 other reason of any applicable geographic proximity shall be
116 available if a physician is collaborating with an advanced
117 practice registered nurse in excess of any geographic
118 proximity limit. The board of nursing and the state board
119 of registration for the healing arts shall review each
120 application for a waiver of geographic proximity and approve
121 the application if the boards determine that adequate
122 supervision exists between the collaborating physician and
123 the advanced practice registered nurse. The boards shall
124 have forty-five calendar days to review the completed

125 application for the waiver of geographic proximity. If no
126 action is taken by the boards within forty-five days after
127 the submission of the application for a waiver, then the
128 application shall be deemed approved. If the application is
129 denied by the boards, the provisions of section 536.063 for
130 contested cases shall apply and govern proceedings for
131 appellate purposes; and

132 e. The collaborating physician is required to maintain
133 documentation related to this requirement and to present it
134 to the state board of registration for the healing arts when
135 requested; and

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

138 (6) A description of the advanced practice registered
139 nurse's controlled substance prescriptive authority in
140 collaboration with the physician, including a list of the
141 controlled substances the physician authorizes the nurse to
142 prescribe and documentation that it is consistent with each
143 professional's education, knowledge, skill, and competence;

144 (7) A list of all other written practice agreements of
145 the collaborating physician and the advanced practice
146 registered nurse;

147 (8) The duration of the written practice agreement
148 between the collaborating physician and the advanced
149 practice registered nurse;

150 (9) A description of the time and manner of the
151 collaborating physician's review of the advanced practice
152 registered nurse's delivery of health care services. The
153 description shall include provisions that the advanced
154 practice registered nurse shall submit a minimum of ten
155 percent of the charts documenting the advanced practice
156 registered nurse's delivery of health care services to the
157 collaborating physician for review by the collaborating

158 physician, or any other physician designated in the
159 collaborative practice arrangement, every fourteen days;

160 (10) The collaborating physician, or any other
161 physician designated in the collaborative practice
162 arrangement, shall review every fourteen days a minimum of
163 twenty percent of the charts in which the advanced practice
164 registered nurse prescribes controlled substances. The
165 charts reviewed under this subdivision may be counted in the
166 number of charts required to be reviewed under subdivision
167 (9) of this subsection; and

168 (11) If a collaborative practice arrangement is used
169 in clinical situations where a collaborating advanced
170 practice registered nurse provides health care services that
171 include the diagnosis and initiation of treatment for
172 acutely or chronically ill or injured persons, then the
173 collaborating physician or any other physician designated in
174 the collaborative practice arrangement shall be present for
175 sufficient periods of time, at least once every two weeks,
176 except in extraordinary circumstances that shall be
177 documented, to participate in a chart review and to provide
178 necessary medical direction, medical services,
179 consultations, and supervision of the health care staff.

180 4. The state board of registration for the healing
181 arts pursuant to section 334.125 and the board of nursing
182 pursuant to section 335.036 may jointly promulgate rules
183 regulating the use of collaborative practice arrangements.
184 Such rules shall be limited to the methods of treatment that
185 may be covered by collaborative practice arrangements and
186 the requirements for review of services provided pursuant to
187 collaborative practice arrangements including delegating
188 authority to prescribe controlled substances. Any rules
189 relating to geographic proximity shall allow a collaborating
190 physician and a collaborating advanced practice registered

191 nurse to practice within two hundred miles by road of one
192 another until August 28, 2025, if the nurse is providing
193 services in a correctional center, as defined in section
194 217.010. Any rules relating to dispensing or distribution
195 of medications or devices by prescription or prescription
196 drug orders under this section shall be subject to the
197 approval of the state board of pharmacy. Any rules relating
198 to dispensing or distribution of controlled substances by
199 prescription or prescription drug orders under this section
200 shall be subject to the approval of the department of health
201 and senior services and the state board of pharmacy. In
202 order to take effect, such rules shall be approved by a
203 majority vote of a quorum of each board. Neither the state
204 board of registration for the healing arts nor the board of
205 nursing may separately promulgate rules relating to
206 collaborative practice arrangements. Such jointly
207 promulgated rules shall be consistent with guidelines for
208 federally funded clinics. The rulemaking authority granted
209 in this subsection shall not extend to collaborative
210 practice arrangements of hospital employees providing
211 inpatient care within hospitals as defined pursuant to
212 chapter 197 or population-based public health services as
213 defined by 20 CSR 2150- 5.100 as of April 30, 2008.

214 5. The state board of registration for the healing
215 arts shall not deny, revoke, suspend or otherwise take
216 disciplinary action against a physician for health care
217 services delegated to a registered professional nurse
218 provided the provisions of this section and the rules
219 promulgated thereunder are satisfied. Upon the written
220 request of a physician subject to a disciplinary action
221 imposed as a result of an agreement between a physician and
222 a registered professional nurse or registered physician
223 assistant, whether written or not, prior to August 28, 1993,

224 all records of such disciplinary licensure action and all
225 records pertaining to the filing, investigation or review of
226 an alleged violation of this chapter incurred as a result of
227 such an agreement shall be removed from the records of the
228 state board of registration for the healing arts and the
229 division of professional registration and shall not be
230 disclosed to any public or private entity seeking such
231 information from the board or the division. The state board
232 of registration for the healing arts shall take action to
233 correct reports of alleged violations and disciplinary
234 actions as described in this section which have been
235 submitted to the National Practitioner Data Bank. In
236 subsequent applications or representations relating to his
237 or her medical practice, a physician completing forms or
238 documents shall not be required to report any actions of the
239 state board of registration for the healing arts for which
240 the records are subject to removal under this section.

241 6. Within thirty days of any change and on each
242 renewal, the state board of registration for the healing
243 arts shall require every physician to identify whether the
244 physician is engaged in any collaborative practice
245 arrangement, including collaborative practice arrangements
246 delegating the authority to prescribe controlled substances,
247 or physician assistant collaborative practice arrangement
248 and also report to the board the name of each licensed
249 professional with whom the physician has entered into such
250 arrangement. The board shall make this information
251 available to the public. The board shall track the reported
252 information and may routinely conduct random reviews of such
253 arrangements to ensure that arrangements are carried out for
254 compliance under this chapter.

255 7. Notwithstanding any law to the contrary, a
256 certified registered nurse anesthetist as defined in

257 subdivision (8) of section 335.016 shall be permitted to
258 provide anesthesia services without a collaborative practice
259 arrangement provided that he or she is under the supervision
260 of an anesthesiologist or other physician, dentist, or
261 podiatrist who is immediately available if needed. Nothing
262 in this subsection shall be construed to prohibit or prevent
263 a certified registered nurse anesthetist as defined in
264 subdivision (8) of section 335.016 from entering into a
265 collaborative practice arrangement under this section,
266 except that the collaborative practice arrangement may not
267 delegate the authority to prescribe any controlled
268 substances listed in Schedules III, IV, and V of section
269 195.017, or Schedule II - hydrocodone.

270 8. A collaborating physician shall not enter into a
271 collaborative practice arrangement with more than six full-
272 time equivalent advanced practice registered nurses, full-
273 time equivalent licensed physician assistants, or full-time
274 equivalent assistant physicians, or any combination
275 thereof. This limitation shall not apply to collaborative
276 arrangements of hospital employees providing inpatient care
277 service in hospitals as defined in chapter 197 or population-
278 based public health services as defined by 20 CSR 2150-
279 5.100 as of April 30, 2008, or to a certified registered
280 nurse anesthetist providing anesthesia services under the
281 supervision of an anesthesiologist or other physician,
282 dentist, or podiatrist who is immediately available if
283 needed as set out in subsection 7 of this section.

284 9. It is the responsibility of the collaborating
285 physician to determine and document the completion of at
286 least a one-month period of time during which the advanced
287 practice registered nurse shall practice with the
288 collaborating physician continuously present before
289 practicing in a setting where the collaborating physician is

290 not continuously present. This limitation shall not apply
291 to collaborative arrangements of providers of population-
292 based public health services, as defined by 20 CSR 2150-
293 5.100 as of April 30, 2008, or to collaborative practice
294 arrangements between a primary care physician and a primary
295 care advanced practice registered nurse or a behavioral
296 health physician and a behavioral health advanced practice
297 registered nurse, where the collaborating physician is new
298 to a patient population to which the advanced practice
299 registered nurse is familiar.

300 10. No agreement made under this section shall
301 supersede current hospital licensing regulations governing
302 hospital medication orders under protocols or standing
303 orders for the purpose of delivering inpatient or emergency
304 care within a hospital as defined in section 197.020 if such
305 protocols or standing orders have been approved by the
306 hospital's medical staff and pharmaceutical therapeutics
307 committee.

308 11. No contract or other term of employment shall
309 require a physician to act as a collaborating physician for
310 an advanced practice registered nurse against the
311 physician's will. A physician shall have the right to
312 refuse to act as a collaborating physician, without penalty,
313 for a particular advanced practice registered nurse. No
314 contract or other agreement shall limit the collaborating
315 physician's ultimate authority over any protocols or
316 standing orders or in the delegation of the physician's
317 authority to any advanced practice registered nurse, but
318 this requirement shall not authorize a physician in
319 implementing such protocols, standing orders, or delegation
320 to violate applicable standards for safe medical practice
321 established by hospital's medical staff.

322 12. No contract or other term of employment shall
323 require any advanced practice registered nurse to serve as a
324 collaborating advanced practice registered nurse for any
325 collaborating physician against the advanced practice
326 registered nurse's will. An advanced practice registered
327 nurse shall have the right to refuse to collaborate, without
328 penalty, with a particular physician.

329 13. (1) The provisions of this section shall not
330 apply to an advanced practice registered nurse who has been
331 in a collaborative practice arrangement for a cumulative two
332 thousand documented hours with a collaborating physician and
333 whose license is in good standing. Any such advanced
334 practice registered nurse shall not be required to enter
335 into or remain in an arrangement in order to practice in
336 this state. Any other provisions of law requiring a
337 collaborative practice arrangement or delegation shall not
338 be required for an advanced practice registered nurse
339 described in this subsection.

340 (2) The provisions of this subsection shall not apply
341 to certified registered nurse anesthetists.

342 (3) Notwithstanding any provision of this section to
343 the contrary, an advanced practice registered nurse applying
344 for licensure by endorsement may demonstrate to the state
345 board of nursing completion of a cumulative two thousand
346 documented hours of practice. Such advanced practice
347 registered nurses shall not be required to enter into a
348 collaborative practice arrangement in order to practice in
349 this state.

350 335.016. As used in this chapter, unless the context
351 clearly requires otherwise, the following words and terms
352 mean:

353 (1) "Accredited", the official authorization or status
354 granted by an agency for a program through a voluntary
355 process;

356 (2) "Advanced practice registered nurse" or "APRN", a
357 person who is licensed under the provisions of this chapter
358 to engage in the practice of advanced practice nursing as a
359 certified clinical nurse specialist, certified nurse
360 midwife, certified nurse practitioner, or certified
361 registered nurse anesthetist;

362 (3) "Approval", official recognition of nursing
363 education programs which meet standards established by the
364 board of nursing;

365 (4) "Board" or "state board", the state board of
366 nursing;

367 (5) "Certified clinical nurse specialist", a
368 registered nurse who is currently certified as a clinical
369 nurse specialist by a nationally recognized certifying board
370 approved by the board of nursing;

371 (6) "Certified nurse midwife", a registered nurse who
372 is currently certified as a nurse midwife by the American
373 Midwifery Certification Board, or other nationally
374 recognized certifying body approved by the board of nursing;

375 (7) "Certified nurse practitioner", a registered nurse
376 who is currently certified as a nurse practitioner by a
377 nationally recognized certifying body approved by the board
378 of nursing;

379 (8) "Certified registered nurse anesthetist", a
380 registered nurse who is currently certified as a nurse
381 anesthetist by the Council on Certification of Nurse
382 Anesthetists, the National Board of Certification and
383 Recertification for Nurse Anesthetists, or other nationally
384 recognized certifying body approved by the board of nursing;

385 (9) "Executive director", a qualified individual
386 employed by the board as executive secretary or otherwise to
387 administer the provisions of this chapter under the board's
388 direction. Such person employed as executive director shall
389 not be a member of the board;

390 (10) "Inactive license status", as defined by rule
391 pursuant to section 335.061;

392 (11) "Lapsed license status", as defined by rule under
393 section 335.061;

394 (12) "Licensed practical nurse" or "practical nurse",
395 a person licensed pursuant to the provisions of this chapter
396 to engage in the practice of practical nursing;

397 (13) "Licensure", the issuing of a license to
398 candidates who have met the requirements specified under
399 this chapter, authorizing the person to engage in the
400 practice of advanced practice, professional, or practical
401 nursing, and the recording of the names of those persons as
402 holders of a license to practice advanced practice,
403 professional, or practical nursing;

404 (14) "Practice of advanced practice nursing", the
405 performance for compensation of activities and services
406 consistent with the required education, training,
407 certification, demonstrated competencies, and experiences of
408 an advanced practice registered nurse. In addition to the
409 practice of professional nursing and within the advanced
410 practice registered nurse role and population focus, the
411 term "practice of advanced practice nursing" shall include:

412 (a) Conducting an advanced assessment;
413 (b) Ordering and interpreting diagnostic procedures;
414 (c) Establishing primary and differential diagnoses;
415 (d) Prescribing, ordering, administering, dispensing,
416 and furnishing therapeutic measures;

417 (e) Delegating and assigning therapeutic measures to
418 assistive personnel;

419 (f) Consulting with other disciplines and providing
420 referrals to health care agencies, health care providers,
421 and community resources; and

422 (g) Other acts that require education and training
423 consistent with professional standards and commensurate with
424 the advanced practice registered nurse's education,
425 certification, demonstrated competencies, and experience;

426 (15) "Practice of practical nursing", the performance
427 for compensation of selected acts for the promotion of
428 health and in the care of persons who are ill, injured, or
429 experiencing alterations in normal health processes. Such
430 performance requires substantial specialized skill, judgment
431 and knowledge. All such nursing care shall be given under
432 the direction of a person licensed by a state regulatory
433 board to prescribe medications and treatments or under the
434 direction of a registered professional nurse. For the
435 purposes of this chapter, the term "direction" shall mean
436 guidance or supervision provided by a person licensed by a
437 state regulatory board to prescribe medications and
438 treatments or a registered professional nurse, including,
439 but not limited to, oral, written, or otherwise communicated
440 orders or directives for patient care. When practical
441 nursing care is delivered pursuant to the direction of a
442 person licensed by a state regulatory board to prescribe
443 medications and treatments or under the direction of a
444 registered professional nurse, such care may be delivered by
445 a licensed practical nurse without direct physical oversight;

446 (16) "Practice of professional nursing", the
447 performance for compensation of any act or action which
448 requires substantial specialized education, judgment and
449 skill based on knowledge and application of principles

450 derived from the biological, physical, social, behavioral,
451 and nursing sciences, including, but not limited to:

452 (a) Responsibility for the promotion and teaching of
453 health care and the prevention of illness to the patient and
454 his or her family;

455 (b) Assessment, data collection, nursing diagnosis,
456 nursing care, evaluation, and counsel of persons who are
457 ill, injured, or experiencing alterations in normal health
458 processes;

459 (c) The administration of medications and treatments
460 as prescribed by a person licensed by a state regulatory
461 board to prescribe medications and treatments;

462 (d) The coordination and assistance in the
463 determination and delivery of a plan of health care with all
464 members of a health team;

465 (e) The teaching and supervision of other persons in
466 the performance of any of the foregoing;

467 (17) "Registered professional nurse" or "registered
468 nurse", a person licensed pursuant to the provisions of this
469 chapter to engage in the practice of professional nursing;

470 (18) "Retired license status", any person licensed in
471 this state under this chapter who retires from such
472 practice. Such person shall file with the board an
473 affidavit, on a form to be furnished by the board, which
474 states the date on which the licensee retired from such
475 practice, an intent to retire from the practice for at least
476 two years, and such other facts as tend to verify the
477 retirement as the board may deem necessary; but if the
478 licensee thereafter reengages in the practice, the licensee
479 shall renew his or her license with the board as provided by
480 this chapter and by rule and regulation.

481 335.019. 1. An advanced practice registered nurse's
482 prescriptive authority shall include authority to:

483 (1) Prescribe, dispense, and administer medications
484 and nonscheduled legend drugs, as defined in section
485 338.330, and controlled substances, as provided in
486 subsection 2 of section 195.070, within such APRN's practice
487 and specialty; and

488 (2) Notwithstanding any other provision of this
489 chapter to the contrary, receive, prescribe, administer, and
490 provide nonscheduled legend drug samples from pharmaceutical
491 manufacturers to patients at no charge to the patient or any
492 other party.

493 2. In addition to advanced practice registered nurses
494 who have a collaborative practice arrangement, the
495 provisions of subsection 1 of this section shall apply to an
496 advanced practice registered nurse who meets the
497 requirements described in subsection 13 of section 334.104
498 and is no longer required to hold a collaborative practice
499 arrangement.

500 3. The board of nursing may grant a certificate of
501 controlled substance prescriptive authority to an advanced
502 practice registered nurse who:

503 (1) Submits proof of successful completion of an
504 advanced pharmacology course that shall include preceptorial
505 experience in the prescription of drugs, medicines, and
506 therapeutic devices; and

507 (2) Provides documentation of a minimum of three
508 hundred clock hours preceptorial experience in the
509 prescription of drugs, medicines, and therapeutic devices
510 with a qualified preceptor; and

511 (3) Provides evidence of a minimum of one thousand
512 hours of practice in an advanced practice nursing category
513 prior to application for a certificate of prescriptive
514 authority. The one thousand hours shall not include
515 clinical hours obtained in the advanced practice nursing

516 education program. The one thousand hours of practice in an
517 advanced practice nursing category may include transmitting
518 a prescription order orally or telephonically or to an
519 inpatient medical record from protocols developed in
520 collaboration with and signed by a licensed physician; and

521 ~~[(4)]~~ (a) Has a controlled substance prescribing
522 authority delegated in the collaborative practice
523 arrangement under section 334.104 with a physician who has
524 an unrestricted federal Drug Enforcement Administration
525 registration number and who is actively engaged in a
526 practice comparable in scope, specialty, or expertise to
527 that of the advanced practice registered nurse; or

528 (b) Provides documentation of a minimum of two
529 thousand hours of practice in advanced practice nursing, as
530 provided in subsection 13 of section 334.104."; and

531 Further amend the title and enacting clause accordingly.