

# SENATE BILL NO. 807

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR BLACK.

3665S.02I

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.

*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Section A. Section 334.104, RSMo, is repealed and one new  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. (1) Collaborative practice arrangements, which  
14 shall be in writing, may delegate to a registered  
15 professional nurse the authority to administer, dispense or  
16 prescribe drugs and provide treatment if the registered  
17 professional nurse is an advanced practice registered nurse  
18 as defined in subdivision (2) of section 335.016.

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

19 Collaborative practice arrangements may delegate to an  
20 advanced practice registered nurse, as defined in section  
21 335.016, the authority to administer, dispense, or prescribe  
22 controlled substances listed in Schedules III, IV, and V of  
23 section 195.017, and Schedule II - hydrocodone; except that,  
24 the collaborative practice arrangement shall not delegate  
25 the authority to administer any controlled substances listed  
26 in Schedules III, IV, and V of section 195.017, or Schedule  
27 II - hydrocodone for the purpose of inducing sedation or  
28 general anesthesia for therapeutic, diagnostic, or surgical  
29 procedures. Schedule III narcotic controlled substance and  
30 Schedule II - hydrocodone prescriptions shall be limited to  
31 a one hundred twenty-hour supply without refill.

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

44 (3) Such collaborative practice arrangements shall be  
45 in the form of written agreements, jointly agreed-upon  
46 protocols or standing orders for the delivery of health care  
47 services.

48 (4) An advanced practice registered nurse may  
49 prescribe buprenorphine for up to a thirty-day supply  
50 without refill for patients receiving medication-assisted

51 treatment for substance use disorders under the direction of  
52 the collaborating physician.

53 3. The written collaborative practice arrangement  
54 shall contain at least the following provisions:

55 (1) Complete names, home and business addresses, zip  
56 codes, and telephone numbers of the collaborating physician  
57 and the advanced practice registered nurse;

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

62 (3) A requirement that there shall be posted at every  
63 office where the advanced practice registered nurse is  
64 authorized to prescribe, in collaboration with a physician,  
65 a prominently displayed disclosure statement informing  
66 patients that they may be seen by an advanced practice  
67 registered nurse and have the right to see the collaborating  
68 physician;

69 (4) All specialty or board certifications of the  
70 collaborating physician and all certifications of the  
71 advanced practice registered nurse;

72 (5) The manner of collaboration between the  
73 collaborating physician and the advanced practice registered  
74 nurse, including how the collaborating physician and the  
75 advanced practice registered nurse will:

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

79 [(b) Maintain geographic proximity, except as  
80 specified in this paragraph. The following provisions shall  
81 apply with respect to this requirement:

82 a. Until August 28, 2025, an advanced practice  
83 registered nurse providing services in a correctional  
84 center, as defined in section 217.010, and his or her  
85 collaborating physician shall satisfy the geographic  
86 proximity requirement if they practice within two hundred  
87 miles by road of one another. An incarcerated patient who  
88 requests or requires a physician consultation shall be  
89 treated by a physician as soon as appropriate;

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

103 c. The collaborative practice arrangement may allow  
104 for geographic proximity to be waived when the arrangement  
105 outlines the use of telehealth, as defined in section  
106 191.1145;

107 d. In addition to the waivers and exemptions provided  
108 in this subsection, an application for a waiver for any  
109 other reason of any applicable geographic proximity shall be  
110 available if a physician is collaborating with an advanced  
111 practice registered nurse in excess of any geographic  
112 proximity limit. The board of nursing and the state board  
113 of registration for the healing arts shall review each

114 application for a waiver of geographic proximity and approve  
115 the application if the boards determine that adequate  
116 supervision exists between the collaborating physician and  
117 the advanced practice registered nurse. The boards shall  
118 have forty-five calendar days to review the completed  
119 application for the waiver of geographic proximity. If no  
120 action is taken by the boards within forty-five days after  
121 the submission of the application for a waiver, then the  
122 application shall be deemed approved. If the application is  
123 denied by the boards, the provisions of section 536.063 for  
124 contested cases shall apply and govern proceedings for  
125 appellate purposes; and

126 e. The collaborating physician is required to maintain  
127 documentation related to this requirement and to present it  
128 to the state board of registration for the healing arts when  
129 requested;] and

130 [(c)] (b) Provide coverage during absence, incapacity,  
131 infirmity, or emergency by the collaborating physician;

132 (6) A description of the advanced practice registered  
133 nurse's controlled substance prescriptive authority in  
134 collaboration with the physician, including a list of the  
135 controlled substances the physician authorizes the nurse to  
136 prescribe and documentation that it is consistent with each  
137 professional's education, knowledge, skill, and competence;

138 (7) A list of all other written practice agreements of  
139 the collaborating physician and the advanced practice  
140 registered nurse;

141 (8) The duration of the written practice agreement  
142 between the collaborating physician and the advanced  
143 practice registered nurse;

144 (9) A description of the time and manner of the  
145 collaborating physician's review of the advanced practice

146 registered nurse's delivery of health care services. The  
147 description shall include provisions that the advanced  
148 practice registered nurse shall submit a minimum of ten  
149 percent of the charts documenting the advanced practice  
150 registered nurse's delivery of health care services to the  
151 collaborating physician for review by the collaborating  
152 physician, or any other physician designated in the  
153 collaborative practice arrangement, every fourteen days;

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

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

174 4. The state board of registration for the healing  
175 arts pursuant to section 334.125 and the board of nursing  
176 pursuant to section 335.036 may jointly promulgate rules  
177 regulating the use of collaborative practice arrangements.

178 Such rules shall be limited to the methods of treatment that  
179 may be covered by collaborative practice arrangements and  
180 the requirements for review of services provided pursuant to  
181 collaborative practice arrangements including delegating  
182 authority to prescribe controlled substances. [Any rules  
183 relating to geographic proximity shall allow a collaborating  
184 physician and a collaborating advanced practice registered  
185 nurse to practice within two hundred miles by road of one  
186 another until August 28, 2025, if the nurse is providing  
187 services in a correctional center, as defined in section  
188 217.010.] **The state board of registration for the healing  
189 arts and the board of nursing shall not promulgate rules to  
190 enforce any geographic proximity requirements, including any  
191 mileage or distance restrictions for a physician or advanced  
192 practice registered nurse, on collaborative practice  
193 arrangements between physicians and registered professional  
194 nurses located in this state. Any regulations governing  
195 proximity that are in effect on August 28, 2024, shall no  
196 longer be effective. Any provision of a collaborative  
197 practice arrangement that requires geographic proximity  
198 between a physician and a registered professional nurse  
199 shall be unenforceable.** Any rules relating to dispensing or  
200 distribution of medications or devices by prescription or  
201 prescription drug orders under this section shall be subject  
202 to the approval of the state board of pharmacy. Any rules  
203 relating to dispensing or distribution of controlled  
204 substances by prescription or prescription drug orders under  
205 this section shall be subject to the approval of the  
206 department of health and senior services and the state board  
207 of pharmacy. In order to take effect, such rules shall be  
208 approved by a majority vote of a quorum of each board.  
209 Neither the state board of registration for the healing arts

210 nor the board of nursing may separately promulgate rules  
211 relating to collaborative practice arrangements. Such  
212 jointly promulgated rules shall be consistent with  
213 guidelines for federally funded clinics. The rulemaking  
214 authority granted in this subsection shall not extend to  
215 collaborative practice arrangements of hospital employees  
216 providing inpatient care within hospitals as defined  
217 pursuant to chapter 197 or population-based public health  
218 services as defined by 20 CSR 2150-5.100 as of April 30,  
219 2008.

220 5. The state board of registration for the healing  
221 arts shall not deny, revoke, suspend or otherwise take  
222 disciplinary action against a physician for health care  
223 services delegated to a registered professional nurse  
224 provided the provisions of this section and the rules  
225 promulgated thereunder are satisfied. Upon the written  
226 request of a physician subject to a disciplinary action  
227 imposed as a result of an agreement between a physician and  
228 a registered professional nurse or registered physician  
229 assistant, whether written or not, prior to August 28, 1993,  
230 all records of such disciplinary licensure action and all  
231 records pertaining to the filing, investigation or review of  
232 an alleged violation of this chapter incurred as a result of  
233 such an agreement shall be removed from the records of the  
234 state board of registration for the healing arts and the  
235 division of professional registration and shall not be  
236 disclosed to any public or private entity seeking such  
237 information from the board or the division. The state board  
238 of registration for the healing arts shall take action to  
239 correct reports of alleged violations and disciplinary  
240 actions as described in this section which have been  
241 submitted to the National Practitioner Data Bank. In



242 subsequent applications or representations relating to his  
243 or her medical practice, a physician completing forms or  
244 documents shall not be required to report any actions of the  
245 state board of registration for the healing arts for which  
246 the records are subject to removal under this section.

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

261         7. Notwithstanding any law to the contrary, a  
262 certified registered nurse anesthetist as defined in  
263 subdivision (8) of section 335.016 shall be permitted to  
264 provide anesthesia services without a collaborative practice  
265 arrangement provided that he or she is under the supervision  
266 of an anesthesiologist or other physician, dentist, or  
267 podiatrist who is immediately available if needed. Nothing  
268 in this subsection shall be construed to prohibit or prevent  
269 a certified registered nurse anesthetist as defined in  
270 subdivision (8) of section 335.016 from entering into a  
271 collaborative practice arrangement under this section,  
272 except that the collaborative practice arrangement may not  
273 delegate the authority to prescribe any controlled

274 substances listed in Schedules III, IV, and V of section  
275 195.017, or Schedule II - hydrocodone.

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

290         9. It is the responsibility of the collaborating  
291 physician to determine and document the completion of at  
292 least a one-month period of time during which the advanced  
293 practice registered nurse shall practice with the  
294 collaborating physician continuously present before  
295 practicing in a setting where the collaborating physician is  
296 not continuously present. This limitation shall not apply  
297 to collaborative arrangements of providers of population-  
298 based public health services, as defined by 20 CSR 2150-  
299 5.100 as of April 30, 2008, or to collaborative practice  
300 arrangements between a primary care physician and a primary  
301 care advanced practice registered nurse or a behavioral  
302 health physician and a behavioral health advanced practice  
303 registered nurse, where the collaborating physician is new  
304 to a patient population to which the advanced practice  
305 registered nurse is familiar.

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

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

328           12. No contract or other term of employment shall  
329       require any advanced practice registered nurse to serve as a  
330       collaborating advanced practice registered nurse for any  
331       collaborating physician against the advanced practice  
332       registered nurse's will. An advanced practice registered  
333       nurse shall have the right to refuse to collaborate, without  
334       penalty, with a particular physician.

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