

SENATE AMENDMENT NO. _____

Offered by _____ of _____

Amend SS/House Bill No. 596, Page 1, Section A, Line 4,

2 by inserting after all of said line the following:

3 "195.070. 1. A physician, podiatrist, dentist, a
4 registered optometrist certified to administer
5 pharmaceutical agents as provided in section 336.220, or an
6 assistant physician in accordance with section 334.037 or a
7 physician assistant in accordance with section 334.747 in
8 good faith and in the course of his or her professional
9 practice only, may prescribe, administer, and dispense
10 controlled substances or he or she may cause the same to be
11 administered or dispensed by an individual as authorized by
12 statute.

13 2. An advanced practice registered nurse, as defined
14 in section 335.016, but not a certified registered nurse
15 anesthetist as defined in subdivision (8) of section
16 335.016, who holds a certificate of controlled substance
17 prescriptive authority from the board of nursing under
18 section 335.019 and who is delegated the authority to
19 prescribe controlled substances under a collaborative
20 practice arrangement under section 334.104 may prescribe any
21 controlled substances listed in Schedules III, IV, and V of
22 section 195.017, and may have restricted authority in
23 Schedule II. Prescriptions for Schedule II medications
24 prescribed by an advanced practice registered nurse who has
25 a certificate of controlled substance prescriptive authority
26 are restricted to only those medications containing

hydrocodone [and], Schedule II controlled substances for hospice patients, and Schedule II stimulants for behavioral health patients pursuant to the provisions of section 334.104. However, no such certified advanced practice registered nurse shall prescribe controlled substance for his or her own self or family. Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill.

3. A veterinarian, in good faith and in the course of the veterinarian's professional practice only, and not for use by a human being, may prescribe, administer, and dispense controlled substances and the veterinarian may cause them to be administered by an assistant or orderly under his or her direction and supervision.

4. A practitioner shall not accept any portion of a controlled substance unused by a patient, for any reason, if such practitioner did not originally dispense the drug, except:

(1) When the controlled substance is delivered to the practitioner to administer to the patient for whom the medication is prescribed as authorized by federal law. Practitioners shall maintain records and secure the medication as required by this chapter and regulations promulgated pursuant to this chapter; or

(2) As provided in section 195.265.

5. An individual practitioner shall not prescribe or dispense a controlled substance for such practitioner's personal use except in a medical emergency."; and

Further amend said bill, page 3, section 334.031, line 59 by inserting after all of said line the following:

"334.104. 1. A physician may enter into collaborative practice arrangements with registered professional nurses.

60 Collaborative practice arrangements shall be in the form of
61 written agreements, jointly agreed-upon protocols, or
62 standing orders for the delivery of health care services.
63 Collaborative practice arrangements, which shall be in
64 writing, may delegate to a registered professional nurse the
65 authority to administer or dispense drugs and provide
66 treatment as long as the delivery of such health care
67 services is within the scope of practice of the registered
68 professional nurse and is consistent with that nurse's
69 skill, training and competence.

70 2. (1) Collaborative practice arrangements, which
71 shall be in writing, may delegate to a registered
72 professional nurse the authority to administer, dispense or
73 prescribe drugs and provide treatment if the registered
74 professional nurse is an advanced practice registered nurse
75 as defined in subdivision (2) of section 335.016.
76 Collaborative practice arrangements may delegate to an
77 advanced practice registered nurse, as defined in section
78 335.016, the authority to administer, dispense, or prescribe
79 controlled substances listed in Schedules III, IV, and V of
80 section 195.017, [and] Schedule II - hydrocodone, and for
81 behavioral health patients, Schedule II stimulants; except
82 that, the collaborative practice arrangement shall not
83 delegate the authority to administer any controlled
84 substances listed in Schedules III, IV, and V of section
85 195.017, or Schedule II - hydrocodone for the purpose of
86 inducing sedation or general anesthesia for therapeutic,
87 diagnostic, or surgical procedures. Schedule III narcotic
88 controlled substance and Schedule II - hydrocodone
89 prescriptions shall be limited to a one hundred twenty-hour
90 supply without refill.

91 (2) Notwithstanding any other provision of this
92 section to the contrary, a collaborative practice

93 arrangement may delegate to an advanced practice registered
94 nurse the authority to administer, dispense, or prescribe
95 Schedule II controlled substances for hospice patients;
96 provided, that the advanced practice registered nurse is
97 employed by a hospice provider certified pursuant to chapter
98 197 and the advanced practice registered nurse is providing
99 care to hospice patients pursuant to a collaborative
100 practice arrangement that designates the certified hospice
101 as a location where the advanced practice registered nurse
102 is authorized to practice and prescribe.

103 (3) Such collaborative practice arrangements shall be
104 in the form of written agreements, jointly agreed-upon
105 protocols or standing orders for the delivery of health care
106 services.

107 (4) An advanced practice registered nurse may
108 prescribe buprenorphine for up to a thirty-day supply
109 without refill for patients receiving medication-assisted
110 treatment for substance use disorders under the direction of
111 the collaborating physician.

112 3. The written collaborative practice arrangement
113 shall contain at least the following provisions:

114 (1) Complete names, home and business addresses, zip
115 codes, and telephone numbers of the collaborating physician
116 and the advanced practice registered nurse;

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

121 (3) A requirement that there shall be posted at every
122 office where the advanced practice registered nurse is
123 authorized to prescribe, in collaboration with a physician,
124 a prominently displayed disclosure statement informing
125 patients that they may be seen by an advanced practice

registered nurse and have the right to see the collaborating physician;

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

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

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

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

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

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

1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic;

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

d. In addition to the waivers and exemptions provided in this subsection, an application for a waiver for any other reason of any applicable geographic proximity shall be available if a physician is collaborating with an advanced practice registered nurse in excess of any geographic proximity limit. The board of nursing and the state board of registration for the healing arts shall review each application for a waiver of geographic proximity and approve the application if the boards determine that adequate supervision exists between the collaborating physician and the advanced practice registered nurse. The boards shall have forty-five calendar days to review the completed application for the waiver of geographic proximity. If no action is taken by the boards within forty-five days after the submission of the application for a waiver, then the application shall be deemed approved. If the application is denied by the boards, the provisions of section 536.063 for contested cases shall apply and govern proceedings for appellate purposes; and

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

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

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

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

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

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

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

(11) If a collaborative practice arrangement is used in clinical situations where a collaborating advanced practice registered nurse provides health care services that

include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician or any other physician designated in the collaborative practice arrangement shall be present for sufficient periods of time, at least once every two weeks, except in extraordinary circumstances that shall be documented, to participate in a chart review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff.

4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements including delegating authority to prescribe controlled substances. Any rules relating to geographic proximity shall allow a collaborating physician and a collaborating advanced practice registered nurse to practice within two hundred miles by road of one another until August 28, 2025, if the nurse is providing services in a correctional center, as defined in section 217.010. Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state

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

5. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise take disciplinary action against a physician for health care services delegated to a registered professional nurse provided the provisions of this section and the rules promulgated thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action imposed as a result of an agreement between a physician and a registered professional nurse or registered physician assistant, whether written or not, prior to August 28, 1993, all records of such disciplinary licensure action and all records pertaining to the filing, investigation or review of an alleged violation of this chapter incurred as a result of such an agreement shall be removed from the records of the state board of registration for the healing arts and the division of professional registration and shall not be disclosed to any public or private entity seeking such information from the board or the division. The state board of registration for the healing arts shall take action to correct reports of alleged violations and disciplinary actions as described in this section which have been submitted to the National Practitioner Data Bank. In subsequent applications or representations relating to his

290 or her medical practice, a physician completing forms or
291 documents shall not be required to report any actions of the
292 state board of registration for the healing arts for which
293 the records are subject to removal under this section.

294 6. Within thirty days of any change and on each
295 renewal, the state board of registration for the healing
296 arts shall require every physician to identify whether the
297 physician is engaged in any collaborative practice
298 arrangement, including collaborative practice arrangements
299 delegating the authority to prescribe controlled substances,
300 or physician assistant collaborative practice arrangement
301 and also report to the board the name of each licensed
302 professional with whom the physician has entered into such
303 arrangement. The board shall make this information
304 available to the public. The board shall track the reported
305 information and may routinely conduct random reviews of such
306 arrangements to ensure that arrangements are carried out for
307 compliance under this chapter.

308 7. Notwithstanding any law to the contrary, a
309 certified registered nurse anesthetist as defined in
310 subdivision (8) of section 335.016 shall be permitted to
311 provide anesthesia services without a collaborative practice
312 arrangement provided that he or she is under the supervision
313 of an anesthesiologist or other physician, dentist, or
314 podiatrist who is immediately available if needed. Nothing
315 in this subsection shall be construed to prohibit or prevent
316 a certified registered nurse anesthetist as defined in
317 subdivision (8) of section 335.016 from entering into a
318 collaborative practice arrangement under this section,
319 except that the collaborative practice arrangement may not
320 delegate the authority to prescribe any controlled
321 substances listed in Schedules III, IV, and V of section
322 195.017, or Schedule II - hydrocodone.

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

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

10. No agreement made under this section shall supersede current hospital licensing regulations governing hospital medication orders under protocols or standing

orders for the purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

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

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

13. (1) The provisions of this section shall not apply to an advanced practice registered nurse who has been in a collaborative practice arrangement for a cumulative two thousand documented hours with a collaborating physician and whose license is in good standing. Any such advanced practice registered nurse shall not be required to enter into or remain in an arrangement in order to practice in

389 this state. Any other provisions of law requiring a
390 collaborative practice arrangement or delegation shall not
391 be required for an advanced practice registered nurse
392 described in this subsection.

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

395 (3) Notwithstanding any provision of this section to
396 the contrary, an advanced practice registered nurse applying
397 for licensure by endorsement may demonstrate to the state
398 board of nursing completion of a cumulative two thousand
399 documented hours of practice. Such advanced practice
400 registered nurses shall not be required to enter into a
401 collaborative practice arrangement in order to practice in
402 this state.

403 335.019. 1. An advanced practice registered nurse's
404 prescriptive authority shall include authority to:

405 (1) Prescribe, dispense, and administer medications
406 and nonscheduled legend drugs, as defined in section
407 338.330, and controlled substances, as provided in
408 subsection 2 of section 195.070, within such APRN's practice
409 and specialty; and

410 (2) Notwithstanding any other provision of this
411 chapter to the contrary, receive, prescribe, administer, and
412 provide nonscheduled legend drug samples from pharmaceutical
413 manufacturers to patients at no charge to the patient or any
414 other party.

415 2. In addition to advanced practice registered nurses
416 who have a collaborative practice arrangement, the
417 provisions of subsection 1 of this section shall apply to an
418 advanced practice registered nurse who meets the
419 requirements described in subsection 13 of section 334.104
420 and is no longer required to hold a collaborative practice
421 arrangement.

422 3. The board of nursing may grant a certificate of
423 controlled substance prescriptive authority to an advanced
424 practice registered nurse who:

425 (1) Submits proof of successful completion of an
426 advanced pharmacology course that shall include preceptorial
427 experience in the prescription of drugs, medicines, and
428 therapeutic devices; and

429 (2) Provides documentation of a minimum of three
430 hundred clock hours preceptorial experience in the
431 prescription of drugs, medicines, and therapeutic devices
432 with a qualified preceptor; and

433 (3) Provides evidence of a minimum of one thousand
434 hours of practice in an advanced practice nursing category
435 prior to application for a certificate of prescriptive
436 authority. The one thousand hours shall not include
437 clinical hours obtained in the advanced practice nursing
438 education program. The one thousand hours of practice in an
439 advanced practice nursing category may include transmitting
440 a prescription order orally or telephonically or to an
441 inpatient medical record from protocols developed in
442 collaboration with and signed by a licensed physician; and

443 [(4)] (a) Has a controlled substance prescribing
444 authority delegated in the collaborative practice
445 arrangement under section 334.104 with a physician who has
446 an unrestricted federal Drug Enforcement Administration
447 registration number and who is actively engaged in a
448 practice comparable in scope, specialty, or expertise to
449 that of the advanced practice registered nurse; or

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

453 Further amend the title and enacting clause accordingly.