

SECOND REGULAR SESSION

HOUSE BILL NO. 2684

98TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE SWAN.

6702H.011

D. ADAM CRUMBLISS, Chief Clerk

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Section A. Section 334.104, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 334.104, to read as follows:

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

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled
19 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred
20 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form
21 of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health
22 care services.

23 3. The written collaborative practice arrangement shall contain at least the following
24 provisions:

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

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

30 (3) A requirement that there shall be posted at every office where the advanced practice
31 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently
32 displayed disclosure statement informing patients that they may be seen by an advanced practice
33 registered nurse and have the right to see the collaborating physician; **and**

34 (4) All specialty or board certifications of the collaborating physician and all
35 certifications of the advanced practice registered nurse[;] .

36 [(5)] **4.** The manner of collaboration between the collaborating physician and the
37 advanced practice registered nurse[, including how the collaborating physician and the advanced
38 practice registered nurse will] **shall be determined by the collaborators and shall address:**

39 [(a) Engage in collaborative practice consistent with each professional's skill, training,
40 education, and competence] **(1) Referral guidelines for newly diagnosed conditions;**

41 **(2) Treatment and referral guidelines for established conditions;**

42 [(b) Maintain] **(3) Geographic proximity**[, except the collaborative practice arrangement
43 may allow for geographic proximity to be waived for a maximum of twenty-eight days per
44 calendar year for rural health clinics as defined by P.L. 95-210, as long as the collaborative
45 practice arrangement includes alternative plans as required in paragraph (c) of this subdivision.
46 This exception to geographic proximity shall apply only to independent rural health clinics,
47 provider-based rural health clinics where the provider is a critical access hospital as provided in
48 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of
49 the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is
50 required to maintain documentation related to this requirement and to present it to the state board
51 of registration for the healing arts when requested; and] **of the collaborators;**

52 [(c) Provide] **(4) Coverage during absence, incapacity, infirmity, or emergency by the**
53 collaborating physician;

54 [(6) A description of the] **(5)** Advanced practice registered nurse's controlled substance
55 prescriptive authority in collaboration with the physician, including a list of the controlled
56 substances the physician authorizes the nurse to prescribe and documentation that it is consistent
57 with each professional's education, knowledge, skill, and competence;

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

60 **(8)] (6)** The duration of the written practice agreement between the collaborating
61 physician and the advanced practice registered nurse;

62 [(9) A description of] **(7)** The time and manner of the collaborating physician's review
63 of the advanced practice registered nurse's delivery of health care services[. The description shall
64 include provisions that the advanced practice registered nurse shall submit a minimum of ten
65 percent of the charts documenting the advanced practice registered nurse's delivery of health care
66 services to the collaborating physician for] , **including** review by the collaborating physician, or
67 any other physician designated in the collaborative practice arrangement, [every fourteen days]
68 **of the charts documenting the advanced practice registered nurse's delivery of health care**
69 **services;** and

70 **(8) Specific methods for telehealth communications.**

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

76 4.] **5.** The state board of registration for the healing arts pursuant to section 334.125 and
77 the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use
78 of collaborative practice arrangements. Such rules shall be limited to specifying [geographic
79 areas to be covered,] the methods of treatment that may be covered by collaborative practice
80 arrangements and the requirements for review of [services provided pursuant to] collaborative
81 practice arrangements including [delegating authority to prescribe controlled substances]
82 **random reviews of such arrangements to ensure that arrangements are carried out for**
83 **compliance under this chapter.** Any rules relating to dispensing or distribution of medications
84 or devices by prescription or prescription drug orders under this section shall be subject to the
85 approval of the state board of pharmacy. Any rules relating to dispensing or distribution of
86 controlled substances by prescription or prescription drug orders under this section shall be
87 subject to the approval of the department of health and senior services and the state board of
88 pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum
89 of each board. Neither the state board of registration for the healing arts nor the board of nursing

90 may separately promulgate rules relating to collaborative practice arrangements. Such jointly
91 promulgated rules shall be consistent with guidelines for federally funded clinics. The
92 rulemaking authority granted in this subsection shall not extend to collaborative practice
93 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant
94 to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as
95 of April 30, 2008.

96 [5.] 6. The state board of registration for the healing arts shall not deny, revoke, suspend
97 or otherwise take disciplinary action against a physician for health care services delegated to a
98 registered professional nurse provided the provisions of this section and the rules promulgated
99 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
100 imposed as a result of an agreement between a physician and a registered professional nurse or
101 registered physician assistant, whether written or not, prior to August 28, 1993, all records of
102 such disciplinary licensure action and all records pertaining to the filing, investigation or review
103 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed
104 from the records of the state board of registration for the healing arts and the division of
105 professional registration and shall not be disclosed to any public or private entity seeking such
106 information from the board or the division. The state board of registration for the healing arts
107 shall take action to correct reports of alleged violations and disciplinary actions as described in
108 this section which have been submitted to the National Practitioner Data Bank. In subsequent
109 applications or representations relating to his medical practice, a physician completing forms or
110 documents shall not be required to report any actions of the state board of registration for the
111 healing arts for which the records are subject to removal under this section.

112 [6.] 7. Within thirty days of any change and on each renewal, the state board of
113 registration for the healing arts shall require every physician to identify whether the physician
114 is engaged in any collaborative practice agreement, including collaborative practice agreements
115 delegating the authority to prescribe controlled substances, or physician assistant agreement and
116 also report to the board the name of each licensed professional with whom the physician has
117 entered into such agreement. The board may make this information available to the public. The
118 board shall track the reported information and may routinely conduct random reviews of such
119 agreements to ensure that agreements are carried out for compliance under this chapter.

120 [7.] 8. Notwithstanding any law to the contrary, a certified registered nurse anesthetist
121 as defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services
122 without a collaborative practice arrangement provided that he or she is under the supervision of
123 an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if
124 needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered
125 nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a

126 collaborative practice arrangement under this section, except that the collaborative practice
127 arrangement may not delegate the authority to prescribe any controlled substances listed in
128 Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

129 [8.] **9.** A collaborating physician shall not enter into a collaborative practice arrangement
130 with more than three full-time equivalent advanced practice registered nurses. This limitation
131 shall not apply to collaborative arrangements of hospital employees providing inpatient care
132 service in hospitals as defined in chapter 197 or population-based public health services as
133 defined by 20 CSR 2150-5.100 as of April 30, 2008.

134 [9.] **10.** It is the responsibility of the collaborating physician to determine and document
135 the completion of at least a one-month period of time during which the advanced practice
136 registered nurse shall practice with the collaborating physician continuously present before
137 practicing in a setting where the collaborating physician is not continuously present. This
138 limitation shall not apply to collaborative arrangements of providers of population-based public
139 health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

140 [10.] **11.** No agreement made under this section shall supersede current hospital licensing
141 regulations governing hospital medication orders under protocols or standing orders for the
142 purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020
143 if such protocols or standing orders have been approved by the hospital's medical staff and
144 pharmaceutical therapeutics committee.

145 [11.] **12.** No contract or other agreement shall require a physician to act as a
146 collaborating physician for an advanced practice registered nurse against the physician's will.
147 A physician shall have the right to refuse to act as a collaborating physician, without penalty, for
148 a particular advanced practice registered nurse. No contract or other agreement shall limit the
149 collaborating physician's ultimate authority over any protocols or standing orders or in the
150 delegation of the physician's authority to any advanced practice registered nurse, but this
151 requirement shall not authorize a physician in implementing such protocols, standing orders, or
152 delegation to violate applicable standards for safe medical practice established by hospital's
153 medical staff.

154 [12.] **13.** No contract or other agreement shall require any advanced practice registered
155 nurse to serve as a collaborating advanced practice registered nurse for any collaborating
156 physician against the advanced practice registered nurse's will. An advanced practice registered
157 nurse shall have the right to refuse to collaborate, without penalty, with a particular physician.

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