

SENATE BILL NO. 1279

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR MAY.

4814S.01H

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Section A. Section 334.104, RSMo, is repealed and one new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 specified
80 in this paragraph. The following provisions shall apply
81 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.] P.L. 95-210 (42 U.S.C. Section 1395x,
94 as amended), as long as the collaborative practice
95 arrangement includes alternative plans as required in
96 paragraph (c) of this subdivision. This exception to
97 geographic proximity shall apply only to independent rural
98 health clinics, provider-based rural health clinics where
99 the provider is a critical access hospital as provided in 42
100 U.S.C. Section 1395i-4, and provider-based rural health
101 clinics where the main location of the hospital sponsor is
102 greater than fifty miles from the clinic;

103 c. The collaborative practice arrangement [may allow
104 for] **shall be exempt from the** geographic proximity [to be
105 waived] **requirement** when the **written collaborative practice**
106 arrangement outlines the use of telehealth, as defined in
107 section 191.1145;

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

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

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

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

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

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

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

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

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

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

176 4. The state board of registration for the healing
177 arts pursuant to section 334.125 and the board of nursing
178 pursuant to section 335.036 may jointly promulgate rules
179 regulating the use of collaborative practice arrangements.
180 Such rules shall be limited to the methods of treatment that
181 may be covered by collaborative practice arrangements and
182 the requirements for review of services provided pursuant to
183 collaborative practice arrangements including delegating
184 authority to prescribe controlled substances. Any rules
185 relating to geographic proximity shall allow a collaborating
186 physician and a collaborating advanced practice registered
187 nurse to practice within two hundred miles by road of one
188 another until August 28, 2025, if the nurse is providing
189 services in a correctional center, as defined in section
190 217.010, **and any such rules shall be consistent with and not**
191 **more restrictive than the standards set forth in paragraph**
192 **(b) of subdivision (5) of subsection 3 of this section.** Any
193 rules relating to dispensing or distribution of medications
194 or devices by prescription or prescription drug orders under
195 this section shall be subject to the approval of the state
196 board of pharmacy. Any rules relating to dispensing or
197 distribution of controlled substances by prescription or
198 prescription drug orders under this section shall be subject
199 to the approval of the department of health and senior
200 services and the state board of pharmacy. In order to take
201 effect, such rules shall be approved by a majority vote of a
202 quorum of each board. Neither the state board of
203 registration for the healing arts nor the board of nursing
204 may separately promulgate rules relating to collaborative
205 practice arrangements. Such jointly promulgated rules shall
206 be consistent with guidelines for federally funded clinics.
207 The rulemaking authority granted in this subsection shall

208 not extend to collaborative practice arrangements of
209 hospital employees providing inpatient care within hospitals
210 as defined pursuant to chapter 197 or population-based
211 public health services as defined by 20 CSR 2150-5.100 as of
212 April 30, 2008.

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

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

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

269 8. A collaborating physician shall not enter into a
270 collaborative practice arrangement with more than six full-
271 time equivalent advanced practice registered nurses, full-

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

283 9. It is the responsibility of the collaborating
284 physician to determine and document the completion of at
285 least a one-month period of time during which the [advanced
286 practice registered nurse shall practice with the]
287 collaborating physician [continuously present before
288 practicing in a setting where] **shall review thirty percent**
289 **of the charts documenting the advanced practice registered**
290 **nurse's delivery of health care services to the**
291 collaborating physician [is not continuously present] **for**
292 **review by the collaborating physician, or any other**
293 **physician designated in the collaborative practice**
294 **arrangement.** This limitation shall not apply to
295 collaborative arrangements of providers of population-based
296 public health services, as defined by 20 CSR 2150-5.100 as
297 of April 30, 2008, or to collaborative practice arrangements
298 between a primary care physician and a primary care advanced
299 practice registered nurse or a behavioral health physician
300 and a behavioral health advanced practice registered nurse,
301 where the collaborating physician is new to a patient
302 population to which the advanced practice registered nurse
303 is familiar.

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

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

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

✓