

Subcommittee on Scope of Practice

Representative Chrissy Sommer served as the chair of the subcommittee. Other members of the subcommittee included Representatives Diane Franklin, Hannah Kelly, Jim Neely, Joshua Peters, and Clem Smith.

Current Practice of Advanced Practice Registered Nurses

In Missouri an advanced practice registered nurse (APRN) can practice in collaboration with a physician. The APRN and physician must first enter into a collaborative practice arrangement which requires a written agreement that specifies what services within the APRN's scope of practice the doctor authorizes the APRN to provide to patients, including, but not limited to, the ability to prescribe medication. The Board of Healing Arts and the Board of Nursing jointly promulgate the rules for collaborative practice. A physician can enter into collaborative practice agreements with up to three APRNs at a time. However, that limit does not apply to APRNs that are hospital employees providing inpatient care services in hospitals or population-based public health services, which are health services provided to well patients or to those with narrowly circumscribed conditions in public health clinics or community health settings that are limited to immunizations, well child care, HIV and sexually transmitted disease care, family planning, tuberculosis control, cancer and other chronic disease, well screenings, services related to epidemiologic investigations, and prenatal care. When first entering into a collaborative practice arrangement, the APRN must practice with the collaborating physician continuously present for a full month before the APRN can practice on his or her own. Providers of population-based public health services are exempt from this requirement. After that initial month of practicing at the same location, the APRN can practice separately from his or her collaborating physician, performing the services specified in the collaborative practice agreement within certain parameters.

An APRN and his or her collaborating physician are still required to work within a specific geographic proximity, even after the initial thirty days. This is because the collaborating physician, or another physician specifically designated in the collaborative practice arrangement, must be immediately available to the collaborating APRN for consultation at all times, either personally or via telecommunications. Under most circumstances, the APRN must practice within thirty miles by road, using the most direct route available, of the collaborating physician. If the APRN is practicing in a federally-designated health professional shortage area, the practice location of the collaborating physician can be as far as fifty miles. The geographic proximity requirement can be waived for a maximum of twenty-eight days each year for services provided in certain rural health clinics. Under Mo. Rev. Stat. § 335.175 (2016), an APRN working under a collaborative practice arrangement can provide services outside the geographic proximity requirements if the collaborating physician and the APRN utilize telehealth in the care of the patient and if the services are provided in a rural area of need. However, telehealth providers are required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical information.

In all collaborative practice arrangements, the collaborating physician is required to oversee the care provided by the APRN. When a collaborative practice arrangement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the collaborating physician has to examine and evaluate the patient and approve or formulate the plan of treatment for new or significantly changed conditions as soon as is practical but not more than two weeks after the patient has been seen by the collaborating APRN. If the APRN is providing telehealth services, the collaborating physician may conduct the required examination and evaluation via live, interactive video or in person. In all cases, the collaborating APRN is required to submit at least ten percent of the charts documenting the APRN's delivery of health care services to his or her collaborating physician for review by the physician every fourteen days.

Collaborative practice agreements can delegate to the APRN the authority to administer or dispense drugs in addition to providing treatment. If the agreement so delegates, the APRN can administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of Mo. Rev. Stat. §195.017 and Schedule II – hydrocodone, except for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. But the agreement has to specifically list all controlled substances the physician authorizes the APRN to prescribe. An APRN is limited to prescribing a 120-hour supply without refill. An APRN prescribing controlled substances must also have a certificate of controlled substance prescriptive authority from the Board of Nursing. Utilizing telehealth, an APRN in a collaborative practice arrangement can prescribe any drug, controlled substance, or other treatment that is within his or her scope of practice to a patient based solely on a telephone evaluation so long as a previously established and ongoing physician-patient relationship exists between the collaborating physician and the patient being treated.

To be recognized as an APRN in Missouri the individual must first hold a current, unencumbered license to practice as a registered nurse. All APRNs recognized after July 1, 1998, are required to complete a graduate degree from an accredited college or university which includes advanced nursing theory and clinical nursing practice, as well as a concentration in an advanced practice nursing clinical specialty area. For APRNs recognized after January 1, 2009, the program must also include at least five hundred faculty-supervised clinical hours. APRN applicants are currently required to submit an application and application fee to the Board of Nursing and pass a certification exam administered by a nationally recognized certifying body. To be eligible for prescription authority an APRN has to submit evidence of completion of an advanced pharmacology course that includes preceptorial experience in the prescription of drugs, medicines and therapeutic devices with a qualified preceptor. The APRN has to have completed at least three hundred clock hours of preceptorial experience and one thousand hours practice in an advanced practice nursing category, not including clinical hours obtained in the advanced practice nursing education program.

Public Testimony

The Subcommittee on Scope of Practice met on February 28, 2017 and heard public testimony from Representative Tila Hubrecht; Lila Pennington, Association of Missouri Nurse Practitioners; Marcia Flesner, Better Access Better Care Coalition; Misty Snodgrass, Missouri

Coalition of Community Mental Health Centers; Rebecca McClanahan, MO Nurses Association; Francis Atkins, PhD FPMH NP-BC; Jessica Christen; Emma Spencer; William Shoehigh, United Healthcare Services, Inc.; Representative Keith Frederick; Jeff Howell, Missouri State Medical Association; and David Jackson, Missouri Society of Anesthesiologists. Witnesses testified that:

- Expanding the scope of practice for APRNs in Missouri could lead to better access, better costs, and better outcomes. If patients in Missouri had better access to regular health care it would ultimately reduce health care cost and save the state money. In fact, a recent study showed that APRNs working in nursing homes reduced unnecessary hospitalizations for nursing home patients and thereby reduced state medical costs. Other studies have shown that APRNs have equal outcomes to physicians in the same specialty and that APRNs even have better patient satisfaction.
- There are not enough physicians in this state to meet our health care needs. APRNs can help fill that gap. Loosening the current collaborative practice restrictions would allow more APRNs to treat patients who may not otherwise have access to health care. Addiction agencies are struggling to combat the opioid crisis and often find they can only get mental health APRNs and not psychiatrists to work in rural locations. The collaborative practice mileage requirement has proven to be a substantial barrier as there aren't enough doctors willing or available to supervise APRNs in certain areas of the state.
- Missouri could allow APRNs to practice without a collaborative practice arrangement. A number of other states and the District of Columbia don't require collaborative practice arrangements. But Missouri would need to clearly define the APRN scope of practice. Current law focuses only on what an APRN has to do within the confines of a collaborative practice arrangement.
- APRNs and physicians do not receive the same training. Some people have expressed concerns about APRNs diagnosing patients without any oversight from a physician. The health care provider has to be able to diagnose not just the simple, common conditions but complex conditions as well. Patient satisfaction is not the same as quality care
- The current system is working. Patient health care needs are best served by a model that is overseen by a physician. The collaborative practice requirements may feel burdensome but they are a safety net for patients. If we remove the collaborative practice requirements then APRNs are in effect practicing family medicine but APRNs are not physicians and should not be practicing as such.
- If we do allow APRNs to practice with fewer restrictions or oversight, there is no guarantee that they will practice in the areas the need health care providers the most, especially when they might have the opportunity to earn more money in a metropolitan area.

Committee Recommendations

The Subcommittee on Scope of Practice recommends that the Committee on Professional Registration and Licensing consider transferring all APRN oversight to the sole authority of the Board of Healing Arts should it be agreed that APRNs may practice without a collaborative relationship. Otherwise the subcommittee recommends that the collaborative relationship between physicians and APRNs be maintained but with an additional focus on how such

collaboration can better meet the needs of patients. The subcommittee also recommends continued investigation into how the new telehealth statutes will affect the future of health care in Missouri.