

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By  
\_\_\_\_\_

1 AMEND House Committee Substitute for House Bill No. 1842, Page 17, Section 334.037, Line 129,  
2 by inserting after all of said section and line the following:

3  
4 " 334.104. 1. A physician may enter into collaborative practice arrangements with registered  
5 professional nurses. Collaborative practice arrangements shall be in the form of written agreements,  
6 jointly agreed-upon protocols, or standing orders for the delivery of health care services.

7 Collaborative practice arrangements, which shall be in writing, may delegate to a registered  
8 professional nurse the authority to administer or dispense drugs and provide treatment as long as the  
9 delivery of such health care services is within the scope of practice of the registered professional  
10 nurse and is consistent with that nurse's skill, training and competence.

11 2. Collaborative practice arrangements, which shall be in writing, may delegate to a  
12 registered professional nurse the authority to administer, dispense or prescribe drugs and provide  
13 treatment if the registered professional nurse is an advanced practice registered nurse as defined in  
14 subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an  
15 advanced practice registered nurse, as defined in section 335.016, the authority to administer,  
16 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017;  
17 except that, the collaborative practice arrangement shall not delegate the authority to administer any  
18 controlled substances listed in schedules III, IV, and V of section 195.017 for the purpose of  
19 inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule  
20 III narcotic controlled substance prescriptions shall be limited to a one hundred twenty-hour supply  
21 without refill. Such collaborative practice arrangements shall be in the form of written agreements,  
22 jointly agreed-upon protocols or standing orders for the delivery of health 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 of the  
26 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 to  
29 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 displayed

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1 disclosure statement informing patients that they may be seen by an advanced practice registered  
2 nurse and have the right to see the collaborating physician;

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

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

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

10 (b) Maintain [geographic proximity, except the collaborative practice arrangement may  
11 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year  
12 for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement  
13 includes alternative plans as required in paragraph (c) of this subdivision. This exception to  
14 geographic proximity shall apply only to independent rural health clinics, provider-based rural health  
15 clinics where the provider is a critical access hospital as provided in 42 U.S.C. 1395i-4, and  
16 provider-based rural health clinics where the main location of the hospital sponsor is greater than  
17 fifty miles from the clinic. The collaborating physician is required to maintain documentation  
18 related to this requirement and to present it to the state board of registration for the healing arts when  
19 requested] a mechanism for consultation, coordination, and referral. Nothing in this section will  
20 require onsite presence or geographic proximity, and mechanisms may include, but are not limited  
21 to, electronic and telephone communication; and

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

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

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

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

32 (9) A description of the time and manner of the collaborating physician's review of the  
33 advanced practice registered nurse's delivery of health care services, which may be through review  
34 of electronic medical records. In reviewing the advanced practice registered nurse's delivery of  
35 health care services, the physician is not required to examine the patient or formulate a plan of  
36 treatment. Chart reviews are subject to applicable federal Health Insurance Portability and  
37 Accountability Act of 1996 and patient privacy protection requirements. [The description shall  
38 include provisions that the advanced practice registered nurse shall submit a minimum of ten percent  
39 of the charts documenting the advanced practice registered nurse's delivery of health care services to  
40 the collaborating physician for review by the collaborating physician, or any other physician  
41 designated in the collaborative practice arrangement, every fourteen days; and

1 (10) The collaborating physician, or any other physician designated in the collaborative  
2 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in  
3 which the advanced practice registered nurse prescribes controlled substances. The charts reviewed  
4 under this subdivision may be counted in the number of charts required to be reviewed under  
5 subdivision (9) of this subsection.] The collaborating physician or any other physician designated in  
6 the collaborative practice arrangement may participate in a peer chart review every fourteen days, a  
7 minimum of ten percent of the charts in which the advanced practice registered nurse prescribes  
8 controlled substances.

9 4. The state board of registration for the healing arts pursuant to section 334.125 and the  
10 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the [use of  
11 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to be  
12 covered, the methods of treatment that may be covered by collaborative practice arrangements and  
13 the requirements for review of services provided pursuant to collaborative practice arrangements  
14 including delegating] authority to prescribe controlled substances. Any rules relating to dispensing or  
15 distribution of medications or devices by prescription or prescription drug orders under this section  
16 shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or  
17 distribution of controlled substances by prescription or prescription drug orders under this section  
18 shall be subject to the approval of the department of health and senior services and the state board of  
19 pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of  
20 each board. Neither the state board of registration for the healing arts nor the board of nursing may  
21 separately promulgate rules relating to collaborative practice arrangements. Such jointly  
22 promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking  
23 authority granted in this subsection shall not extend to collaborative practice arrangements of  
24 hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or  
25 population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

9           7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined  
10 in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a  
11 collaborative practice arrangement provided that he or she is under the supervision of an  
12 anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed.  
13 Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse  
14 anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative  
15 practice arrangement under this section, except that the collaborative practice arrangement may not  
16 delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of  
17 section 195.017.

18           8. A collaborating physician shall not enter into a collaborative practice arrangement with  
19 more than [three] five full-time equivalent advanced practice registered nurses. This limitation shall  
20 not apply to collaborative arrangements of hospital employees providing inpatient care service in  
21 hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR  
22 2150-5.100 as of April 30, 2008.

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

29           10. No agreement made under this section shall supersede current hospital licensing  
30 regulations governing hospital medication orders under protocols or standing orders for the purpose  
31 of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such  
32 protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical  
33 therapeutics committee.

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

1           12. No contract or other agreement shall require any advanced practice registered nurse to  
2     serve as a collaborating advanced practice registered nurse for any collaborating physician against  
3     the advanced practice registered nurse's will. An advanced practice registered nurse shall have the  
4     right to refuse to collaborate, without penalty, with a particular physician."; and  
5  
6     Further amend said bill by amending the title, enacting clause, and intersectional references  
7     accordingly.