

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for House Bill No. 2131, Page 41, Section 334.613, Line 237,
2 by inserting immediately after said 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.