

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

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

1 AMEND House Committee Substitute for Senate Bill No. 501, Page 10, Section 334.036, Line 64,  
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 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not  
18 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of  
19 section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general  
20 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled  
21 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-  
22 hour supply without refill. Such collaborative practice arrangements shall be in the form of written  
23 agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.

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

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

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

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

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

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

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

12 (b) Maintain geographic proximity, except the collaborative practice arrangement may allow  
13 for geographic proximity to be waived [~~for a maximum of twenty-eight days per calendar year for~~  
14 ~~rural health clinics as defined by P.L. 95-210,~~] as long as the collaborative practice arrangement  
15 includes alternative plans as required in paragraph (c) of this subdivision[~~.—This exception to~~  
16 ~~geographic proximity shall apply only to independent rural health clinics, provider-based rural~~  
17 ~~health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-~~  
18 ~~4, and provider-based rural health clinics where the main location of the hospital sponsor is greater~~  
19 ~~than fifty miles from the clinic. The collaborating physician is required to maintain documentation~~  
20 ~~related to this requirement and to present it to the state board of registration for the healing arts~~  
21 ~~when requested]; 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. The description shall include  
34 provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the  
35 charts documenting the advanced practice registered nurse's delivery of health care services to the  
36 collaborating physician for review by the collaborating physician, or any other physician designated  
37 in the collaborative practice arrangement, every fourteen days; and

38 (10) The collaborating physician, or any other physician designated in the collaborative  
39 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in  
40 which the advanced practice registered nurse prescribes controlled substances. The charts reviewed  
41 under this subdivision may be counted in the number of charts required to be reviewed under

1 subdivision (9) of this subsection.

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

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

36 6. Within thirty days of any change and on each renewal, the state board of registration for  
37 the healing arts shall require every physician to identify whether the physician is engaged in any  
38 collaborative practice agreement, including collaborative practice agreements delegating the  
39 authority to prescribe controlled substances, or physician assistant agreement and also report to the  
40 board the name of each licensed professional with whom the physician has entered into such  
41 agreement. The board may make this information available to the public. The board shall track the

1 reported information and may routinely conduct random reviews of such agreements to ensure that  
2 agreements are carried out for compliance under this chapter.

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

12 8. A collaborating physician shall not enter into a collaborative practice arrangement with  
13 more than [~~three~~] five full-time equivalent advanced practice registered nurses. This limitation shall  
14 not apply to collaborative arrangements of hospital employees providing inpatient care service in  
15 hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR  
16 2150-5.100 as of April 30, 2008.

17 9. It is the responsibility of the collaborating physician to determine and document the  
18 completion of at least a one-month period of time during which the advanced practice registered  
19 nurse shall practice with the collaborating physician continuously present before practicing in a  
20 setting where the collaborating physician is not continuously present. This limitation shall not apply  
21 to collaborative arrangements of providers of population-based public health services as defined by  
22 20 CSR 2150-5.100 as of April 30, 2008.

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

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

36 12. No contract or other agreement shall require any advanced practice registered nurse to  
37 serve as a collaborating advanced practice registered nurse for any collaborating physician against  
38 the advanced practice registered nurse's will. An advanced practice registered nurse shall have the  
39 right to refuse to collaborate, without penalty, with a particular physician."; and

40 Further amend said bill by amending the title, enacting clause, and intersectional references  
41 accordingly.