

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

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

1 AMEND House Committee Substitute for Senate Bill No. 9, Page 53, Section 334.036, Line 75, by inserting  
2 after all of said line and section 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, jointly  
6 agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice  
7 arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to  
8 administer or dispense drugs and provide treatment as long as the delivery of such health care services is  
9 within the scope of practice of the registered professional nurse and is consistent with that nurse's skill,  
10 training and competence.

11 2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered  
12 professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the  
13 registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section  
14 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as  
15 defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in  
16 Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative  
17 practice arrangement shall not delegate the authority to administer any controlled substances listed in  
18 Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing  
19 sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic  
20 controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-  
21 hour supply without refill. Such collaborative practice arrangements shall be in the form of written  
22 agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services. An  
23 advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply without refill  
24 for patients receiving medication-assisted treatment for substance use disorders under the direction of the  
25 collaborating physician.

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

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

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

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

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

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

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

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

(b) ~~[Maintain geographic proximity, except the collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested; and~~

~~——(e)]~~ Provide coverage during absence, incapacity, infirmity, or emergency by the collaborating physician;

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

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

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

(9) A description of the time and manner of the collaborating physician's review of the advanced practice registered nurse's delivery of health care services. The description shall include provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the charts documenting the advanced practice registered nurse's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days; and

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

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

5. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise take disciplinary action against a physician for health care services delegated to a registered professional nurse provided the provisions of this section and the rules promulgated thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action imposed as a result of an agreement between a physician and a registered professional nurse or registered physician assistant, whether written or not, prior to August 28, 1993, all records of such disciplinary licensure action and all records pertaining to the filing, investigation or review of an alleged violation of this chapter incurred as a result of such an agreement shall

1 be removed from the records of the state board of registration for the healing arts and the division of  
 2 professional registration and shall not be disclosed to any public or private entity seeking such information  
 3 from the board or the division. The state board of registration for the healing arts shall take action to correct  
 4 reports of alleged violations and disciplinary actions as described in this section which have been submitted  
 5 to the National Practitioner Data Bank. In subsequent applications or representations relating to his medical  
 6 practice, a physician completing forms or documents shall not be required to report any actions of the state  
 7 board of registration for the healing arts for which the records are subject to removal under this section.

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

16 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined in  
 17 subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a collaborative  
 18 practice arrangement provided that he or she is under the supervision of an anesthesiologist or other  
 19 physician, dentist, or podiatrist who is immediately available if needed. Nothing in this subsection shall be  
 20 construed to prohibit or prevent a certified registered nurse anesthetist as defined in subdivision (8) of section  
 21 335.016 from entering into a collaborative practice arrangement under this section, except that the  
 22 collaborative practice arrangement may not delegate the authority to prescribe any controlled substances  
 23 listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

24 8. A collaborating physician shall not enter into a collaborative practice arrangement with more than  
 25 six full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician  
 26 assistants, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not  
 27 apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as  
 28 defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of  
 29 April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under the  
 30 supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if  
 31 needed as set out in subsection 7 of this section.

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

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

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

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

52 Further amend said bill, Page 66, Section 334.655, Line 43, by inserting after all of said line and section the

1 following:

2  
3 "335.175. 1. No later than January 1, 2014, there is hereby established within the state board of  
4 registration for the healing arts and the state board of nursing the "Utilization of Telehealth by Nurses". ~~[An~~  
5 ~~advanced practice registered nurse (APRN) providing nursing services under a collaborative practice~~  
6 ~~arrangement under section 334.104 may provide such services outside the geographic proximity requirements~~  
7 ~~of section 334.104 if the collaborating physician and advanced practice registered nurse utilize telehealth in~~  
8 ~~the care of the patient and if the services are provided in a rural area of need.]~~ Telehealth providers shall be  
9 required to obtain patient consent before telehealth services are initiated and ensure confidentiality of medical  
10 information.

11 2. As used in this section, "telehealth" shall have the same meaning as such term is defined in section  
12 191.1145.

13 3. (1) The boards shall jointly promulgate rules governing the practice of telehealth under this  
14 section. Such rules shall address, but not be limited to, appropriate standards for the use of telehealth.

15 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the  
16 authority delegated in this section shall become effective only if it complies with and is subject to all of the  
17 provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable  
18 and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the  
19 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of  
20 rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

21 ~~[4. For purposes of this section, "rural area of need" means any rural area of this state which is~~  
22 ~~located in a health professional shortage area as defined in section 354.650.]~~"; and

23  
24 Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.