

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for
2 Senate Bill No. 43, Page 51, Section 287.243, Line 157, by inserting after all of said section and line
3 the following:
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5 "334.104. 1. A physician may enter into collaborative practice arrangements with registered
6 professional nurses. Collaborative practice arrangements shall be in the form of written agreements,
7 jointly agreed-upon protocols, or standing orders for the delivery of health care services.
8 Collaborative practice arrangements, which shall be in writing, may delegate to a registered
9 professional nurse the authority to administer or dispense drugs and provide treatment as long as the
10 delivery of such health care services is within the scope of practice of the registered professional
11 nurse and is consistent with that nurse's skill, training and competence.

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

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

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

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

35 (3) A requirement that there shall be posted at every office where the advanced practice
36 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently

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

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

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~~
15 ~~health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-~~
16 ~~4, and provider-based rural health clinics where the main location of the hospital sponsor is greater~~
17 ~~than 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~~
19 ~~when requested; and~~

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

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

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

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

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

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

41 4. The state board of registration for the healing arts pursuant to section 334.125 and the
42 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
43 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to be
44 covered, the methods of treatment that may be covered by collaborative practice arrangements and
45 the requirements for review of services provided pursuant to collaborative practice arrangements
46 including delegating authority to prescribe controlled substances. Any rules relating to dispensing
47 or distribution of medications or devices by prescription or prescription drug orders under this
48 section shall be subject to the approval of the state board of pharmacy. Any rules relating to
49 dispensing or distribution of controlled substances by prescription or prescription drug orders under

1 this section shall be subject to the approval of the department of health and senior services and the
2 state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a
3 quorum of each board. Neither the state board of registration for the healing arts nor the board of
4 nursing may separately promulgate rules relating to collaborative practice arrangements. Such
5 jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The
6 rulemaking authority granted in this subsection shall not extend to collaborative practice
7 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to
8 chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April
9 30, 2008.

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

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

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

43 8. A collaborating physician shall not enter into a collaborative practice arrangement with
44 more than six full-time equivalent advanced practice registered nurses, full-time equivalent licensed
45 physician assistants, or full-time equivalent assistant physicians, or any combination thereof. This
46 limitation shall not apply to collaborative arrangements of hospital employees providing inpatient
47 care service in hospitals as defined in chapter 197 or population-based public health services as
48 defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered nurse anesthetist
49 providing anesthesia services under the supervision of an anesthesiologist or other physician,

dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of this section.

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

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

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

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

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

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

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

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

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

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