

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403,
2 Page 10, Section 221.065, Line 12, 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 An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply
25 without refill for patients receiving medication-assisted treatment for substance use disorders under
26 the direction of the collaborating physician.

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

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

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

34 (3) A requirement that there shall be posted at every office where the advanced practice
35 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently
36 displayed disclosure statement informing patients that they may be seen by an advanced practice

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1 registered nurse and have the right to see the collaborating physician;

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

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

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

9 (b) ~~[Maintain geographic proximity, except the collaborative practice arrangement may
10 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year
11 for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement
12 includes alternative plans as required in paragraph (c) of this subdivision. This exception to
13 geographic proximity shall apply only to independent rural health clinics, provider-based rural
14 health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-
15 4, and provider-based rural health clinics where the main location of the hospital sponsor is greater
16 than fifty miles from the clinic. The collaborating physician is required to maintain documentation
17 related to this requirement and to present it to the state board of registration for the healing arts
18 when requested; and~~

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

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

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

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

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

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

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

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

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

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

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

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

1 9. It is the responsibility of the collaborating physician to determine and document the
 2 completion of at least a one-month period of time during which the advanced practice registered
 3 nurse shall practice with the collaborating physician continuously present before practicing in a
 4 setting where the collaborating physician is not continuously present. This limitation shall not apply
 5 to collaborative arrangements of providers of population-based public health services as defined by
 6 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

24 335.175. 1. No later than January 1, 2014, there is hereby established within the state board
 25 of registration for the healing arts and the state board of nursing the "Utilization of Telehealth by
 26 Nurses". ~~[An advanced practice registered nurse (APRN) providing nursing services under a~~
 27 ~~collaborative practice arrangement under section 334.104 may provide such services outside the~~
 28 ~~geographic proximity requirements of section 334.104 if the collaborating physician and advanced~~
 29 ~~practice registered nurse utilize telehealth in the care of the patient and if the services are provided~~
 30 ~~in a rural area of need.]~~ Telehealth providers shall be required to obtain patient consent before
 31 telehealth services are initiated and ensure confidentiality of medical information.

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

34 3. (1) The boards shall jointly promulgate rules governing the practice of telehealth under
 35 this section. Such rules shall address, but not be limited to, appropriate standards for the use of
 36 telehealth.

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

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

46
 47 Further amend said bill by amending the title, enacting clause, and intersectional references
 48 accordingly.