

**HOUSE AMENDMENT NO. \_\_\_\_\_**  
**TO**  
**HOUSE AMENDMENT NO. \_\_\_\_\_**

**Offered By**

AMEND House Amendment No. \_\_\_\_\_ to House Committee Substitute for Senate Committee Substitute for Senate Bill No. 403, Page 2, Line 34, by inserting after all of said line the following:

"Further amend said bill, Page 10, Section 221.065, Line 12, by inserting after all of said line the following:

"334.104. 1. A physician may enter into collaborative practice arrangements with registered professional nurses. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer or dispense drugs and provide treatment as long as the delivery of such health care services is within the scope of practice of the registered professional nurse and is consistent with that nurse's skill, training and competence.

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, who has been granted a certificate of controlled substance prescriptive authority under section 335.019, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services. An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician.

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

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

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

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

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

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

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

—(a) engage in collaborative practice consistent with each professional's skill, training, education, and competence;

~~[(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~~

~~—(c) 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; and

~~(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. (1) 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~~

1 ~~and the requirements for review of services provided pursuant to collaborative practice~~  
 2 ~~arrangements including ]delegating authority to prescribe controlled substances.~~

3 (2). Any previously adopted rules regulating the use of collaborative practice arrangements  
 4 that are not limited to delegating authority to prescribe controlled substances shall be null and void  
 5 from the effective date of this subdivision.

6 (3) Any rules relating to dispensing or distribution of medications or devices by prescription  
 7 or prescription drug orders under this section shall be subject to the approval of the state board of  
 8 pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription  
 9 or prescription drug orders under this section shall be subject to the approval of the department of  
 10 health and senior services and the state board of pharmacy. In order to take effect, such rules shall  
 11 be approved by a majority vote of a quorum of each board. Neither the state board of registration  
 12 for the healing arts nor the board of nursing may separately promulgate rules relating to  
 13 collaborative practice arrangements. Such jointly promulgated rules shall be consistent with  
 14 guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not  
 15 extend to collaborative practice arrangements of hospital employees providing inpatient care within  
 16 hospitals as defined pursuant to chapter 197 or population-based public health services as defined by  
 17 20 CSR 2150-5.100 as of April 30, 2008.

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

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

42 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined  
 43 in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a  
 44 collaborative practice arrangement provided that he or she is under the supervision of an  
 45 anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed.  
 46 Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse  
 47 anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative  
 48 practice arrangement under this section, except that the collaborative practice arrangement may not  
 49 delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of

1 section 195.017, or Schedule II - hydrocodone.

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

10 9. ~~[It is the responsibility of the collaborating physician to determine and document the~~  
11 ~~completion of at least a one-month period of time during which the advanced practice registered~~  
12 ~~nurse shall practice with the collaborating physician continuously present before practicing in a~~  
13 ~~setting where the collaborating physician is not continuously present. This limitation shall not apply~~  
14 ~~to collaborative arrangements of providers of population-based public health services as defined by~~  
15 ~~20 CSR 2150-5.100 as of April 30, 2008.~~

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

21 ~~[11.]~~ 10. No contract or other agreement shall require a physician to act as a collaborating  
22 physician for an advanced practice registered nurse against the physician's will. A physician shall  
23 have the right to refuse to act as a collaborating physician, without penalty, for a particular advanced  
24 practice registered nurse. No contract or other agreement shall limit the collaborating physician's  
25 ultimate authority over any protocols or standing orders or in the delegation of the physician's  
26 authority to any advanced practice registered nurse, but this requirement shall not authorize a  
27 physician in implementing such protocols, standing orders, or delegation to violate applicable  
28 standards for safe medical practice established by hospital's medical staff.

29 ~~[12.]~~ 11. No contract or other agreement shall require any advanced practice registered  
30 nurse to serve as a collaborating advanced practice registered nurse for any collaborating physician  
31 against the advanced practice registered nurse's will. An advanced practice registered nurse shall  
32 have the right to refuse to collaborate, without penalty, with a particular physician."; and

33  
34 Further amend said bill by amending the title, enacting clause, and intersectional references  
35 accordingly.

36  
37 AMENDS 1874H04.46H