

FIRST REGULAR SESSION

HOUSE BILL NO. 1224

101ST GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE STEPHENS (128).

2490H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 334.104 and 335.175, RSMo, and to enact in lieu thereof two new sections relating to advanced practice registered nurses.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 334.104 and 335.175, RSMo, are repealed and two new sections
2 enacted in lieu thereof, to be known as sections 334.104 and 335.175, to read as follows:

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

9 2. Collaborative practice arrangements, which shall be in writing, may delegate to a
10 registered professional nurse the authority to administer, dispense or prescribe drugs and provide
11 treatment if the registered professional nurse is an advanced practice registered nurse as defined
12 in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
13 advanced practice registered nurse, as defined in section 335.016, the authority to administer,
14 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,
15 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not
16 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V
17 of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled
19 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred
20 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form
21 of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health
22 care services. An advanced practice registered nurse may prescribe buprenorphine for up to a
23 thirty-day supply without refill for patients receiving medication-assisted treatment for substance
24 use disorders under the direction of the collaborating physician.

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

27 (1) Complete names, home and business addresses, zip codes, and telephone numbers
28 of the 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
30 subsection where the collaborating physician authorized the advanced practice registered nurse
31 to prescribe;

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

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

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

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

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

54 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the
55 collaborating physician;

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

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

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

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

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

75 4. The state board of registration for the healing arts pursuant to section 334.125 and the
76 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
77 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas
78 to be covered, the methods of treatment that may be covered by collaborative practice
79 arrangements and the requirements for review of services provided pursuant to collaborative
80 practice arrangements including delegating authority to prescribe controlled substances. Any
81 rules relating to dispensing or distribution of medications or devices by prescription or
82 prescription drug orders under this section shall be subject to the approval of the state board of
83 pharmacy. Any rules relating to dispensing or distribution of controlled substances by
84 prescription or prescription drug orders under this section shall be subject to the approval of the
85 department of health and senior services and the state board of pharmacy. In order to take effect,
86 such rules shall be approved by a majority vote of a quorum of each board. Neither the state
87 board of registration for the healing arts nor the board of nursing may separately promulgate rules
88 relating to collaborative practice arrangements. Such jointly promulgated rules shall be
89 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this

90 subsection shall not extend to collaborative practice arrangements of hospital employees
91 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based
92 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

93 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
94 otherwise take disciplinary action against a physician for health care services delegated to a
95 registered professional nurse provided the provisions of this section and the rules promulgated
96 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
97 imposed as a result of an agreement between a physician and a registered professional nurse or
98 registered physician assistant, whether written or not, prior to August 28, 1993, all records of
99 such disciplinary licensure action and all records pertaining to the filing, investigation or review
100 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed
101 from the records of the state board of registration for the healing arts and the division of
102 professional registration and shall not be disclosed to any public or private entity seeking such
103 information from the board or the division. The state board of registration for the healing arts
104 shall take action to correct reports of alleged violations and disciplinary actions as described in
105 this section which have been submitted to the National Practitioner Data Bank. In subsequent
106 applications or representations relating to his **or her** medical practice, a physician completing
107 forms or documents shall not be required to report any actions of the state board of registration
108 for the healing arts for which the records are subject to removal under this section.

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

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

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

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

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

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

154 12. No contract or other agreement shall require any advanced practice registered nurse
155 to serve as a collaborating advanced practice registered nurse for any collaborating physician
156 against the advanced practice registered nurse's will. An advanced practice registered nurse shall
157 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
2 board of registration for the healing arts and the state board of nursing the "Utilization of
3 Telehealth by Nurses". An advanced practice registered nurse (APRN) providing nursing
4 services under a collaborative practice arrangement under section 334.104 may provide such

5 services outside the geographic proximity requirements of section 334.104 if the collaborating
6 physician and advanced practice registered nurse utilize telehealth in the care of the patient [~~and~~
7 ~~if the services are provided in a rural area of need~~]. Telehealth providers shall be required to
8 obtain patient consent before telehealth services are initiated and ensure confidentiality of
9 medical information.

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

12 3. (1) The boards shall jointly promulgate rules governing the practice of telehealth
13 under this section. Such rules shall address, but not be limited to, appropriate standards for the
14 use of telehealth.

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

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

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