

SENATE SUBSTITUTE
FOR
SENATE COMMITTEE SUBSTITUTE
FOR
SENATE BILL NO. 157
AN ACT

To repeal section 334.104, RSMo, and to enact in lieu thereof one new section relating to collaborative practice arrangements with nurses.

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

Section A. Section 334.104, RSMo, is repealed and one new
2 section enacted in lieu thereof, to be known as section 334.104,
3 to read as follows:

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

13 2. Collaborative practice arrangements, which shall be
14 in writing, may delegate to a registered professional nurse
15 the authority to administer, dispense or prescribe drugs and
16 provide treatment if the registered professional nurse is an
17 advanced practice registered nurse as defined in subdivision
18 (2) of section 335.016. Collaborative practice arrangements
19 may delegate to an advanced practice registered nurse, as

20 defined in section 335.016, the authority to administer,
21 dispense, or prescribe controlled substances listed in
22 Schedules III, IV, and V of section 195.017, and Schedule
23 II - hydrocodone; except that, the collaborative practice
24 arrangement shall not delegate the authority to administer
25 any controlled substances listed in Schedules III, IV, and V
26 of section 195.017, or Schedule II - hydrocodone for the
27 purpose of inducing sedation or general anesthesia for
28 therapeutic, diagnostic, or surgical procedures. Schedule
29 III narcotic controlled substance and Schedule II -
30 hydrocodone prescriptions shall be limited to a one hundred
31 twenty-hour supply without refill. Such collaborative
32 practice arrangements shall be in the form of written
33 agreements, jointly agreed-upon protocols or standing orders
34 for the delivery of health care services. An advanced
35 practice registered nurse may prescribe buprenorphine for up
36 to a thirty-day supply without refill for patients receiving
37 medication-assisted treatment for substance use disorders
38 under the direction of the collaborating physician.

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

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

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

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

53 registered nurse and have the right to see the collaborating
54 physician;

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

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

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

65 (b) Maintain geographic proximity, except as specified
66 in this paragraph. The following provisions shall apply
67 with respect to this requirement:

68 a. Until August 28, 2025, an advanced practice
69 registered nurse providing services in a correctional
70 center, as defined in section 217.010, and his or her
71 collaborating physician shall satisfy the geographic
72 proximity requirement if they practice within two hundred
73 miles by road of one another. An incarcerated patient who
74 requests or requires a physician consultation shall be
75 treated by a physician as soon as appropriate;

76 b. The collaborative practice arrangement may allow
77 for geographic proximity to be waived for a maximum of
78 twenty-eight days per calendar year for rural health clinics
79 as defined by P.L. 95-210 (42 U.S.C. Section 1395x, as
80 amended), as long as the collaborative practice arrangement
81 includes alternative plans as required in paragraph (c) of
82 this subdivision. This exception to geographic proximity
83 shall apply only to independent rural health clinics,
84 provider-based rural health clinics where the provider is a
85 critical access hospital as provided in 42 U.S.C. Section

86 1395i-4, and provider-based rural health clinics where the
87 main location of the hospital sponsor is greater than fifty
88 miles from the clinic[.]; and

89 c. The collaborating physician is required to maintain
90 documentation related to this requirement and to present it
91 to the state board of registration for the healing arts when
92 requested; and

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

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

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

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

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

117 (10) The collaborating physician, or any other
118 physician designated in the collaborative practice

119 arrangement, shall review every fourteen days a minimum of
120 twenty percent of the charts in which the advanced practice
121 registered nurse prescribes controlled substances. The
122 charts reviewed under this subdivision may be counted in the
123 number of charts required to be reviewed under subdivision
124 (9) of this subsection.

125 4. The state board of registration for the healing
126 arts pursuant to section 334.125 and the board of nursing
127 pursuant to section 335.036 may jointly promulgate rules
128 regulating the use of collaborative practice arrangements.
129 Such rules shall be limited to specifying geographic areas
130 to be covered, the methods of treatment that may be covered
131 by collaborative practice arrangements and the requirements
132 for review of services provided pursuant to collaborative
133 practice arrangements including delegating authority to
134 prescribe controlled substances. Any rules relating to
135 geographic proximity shall allow a collaborating physician
136 and a collaborating advanced practice registered nurse to
137 practice within two hundred miles by road of one another
138 until August 28, 2025, if the nurse is providing services in
139 a correctional center, as defined in section 217.010. Any
140 rules relating to dispensing or distribution of medications
141 or devices by prescription or prescription drug orders under
142 this section shall be subject to the approval of the state
143 board of pharmacy. Any rules relating to dispensing or
144 distribution of controlled substances by prescription or
145 prescription drug orders under this section shall be subject
146 to the approval of the department of health and senior
147 services and the state board of pharmacy. In order to take
148 effect, such rules shall be approved by a majority vote of a
149 quorum of each board. Neither the state board of
150 registration for the healing arts nor the board of nursing
151 may separately promulgate rules relating to collaborative

152 practice arrangements. Such jointly promulgated rules shall
153 be consistent with guidelines for federally funded clinics.
154 The rulemaking authority granted in this subsection shall
155 not extend to collaborative practice arrangements of
156 hospital employees providing inpatient care within hospitals
157 as defined pursuant to chapter 197 or population-based
158 public health services as defined by 20 CSR 2150-5.100 as of
159 April 30, 2008.

160 5. The state board of registration for the healing
161 arts shall not deny, revoke, suspend or otherwise take
162 disciplinary action against a physician for health care
163 services delegated to a registered professional nurse
164 provided the provisions of this section and the rules
165 promulgated thereunder are satisfied. Upon the written
166 request of a physician subject to a disciplinary action
167 imposed as a result of an agreement between a physician and
168 a registered professional nurse or registered physician
169 assistant, whether written or not, prior to August 28, 1993,
170 all records of such disciplinary licensure action and all
171 records pertaining to the filing, investigation or review of
172 an alleged violation of this chapter incurred as a result of
173 such an agreement shall be removed from the records of the
174 state board of registration for the healing arts and the
175 division of professional registration and shall not be
176 disclosed to any public or private entity seeking such
177 information from the board or the division. The state board
178 of registration for the healing arts shall take action to
179 correct reports of alleged violations and disciplinary
180 actions as described in this section which have been
181 submitted to the National Practitioner Data Bank. In
182 subsequent applications or representations relating to his
183 or her medical practice, a physician completing forms or
184 documents shall not be required to report any actions of the

185 state board of registration for the healing arts for which
186 the records are subject to removal under this section.

187 6. Within thirty days of any change and on each
188 renewal, the state board of registration for the healing
189 arts shall require every physician to identify whether the
190 physician is engaged in any collaborative practice
191 agreement, including collaborative practice agreements
192 delegating the authority to prescribe controlled substances,
193 or physician assistant agreement and also report to the
194 board the name of each licensed professional with whom the
195 physician has entered into such agreement. The board may
196 make this information available to the public. The board
197 shall track the reported information and may routinely
198 conduct random reviews of such agreements to ensure that
199 agreements are carried out for compliance under this chapter.

200 7. Notwithstanding any law to the contrary, a
201 certified registered nurse anesthetist as defined in
202 subdivision (8) of section 335.016 shall be permitted to
203 provide anesthesia services without a collaborative practice
204 arrangement provided that he or she is under the supervision
205 of an anesthesiologist or other physician, dentist, or
206 podiatrist who is immediately available if needed. Nothing
207 in this subsection shall be construed to prohibit or prevent
208 a certified registered nurse anesthetist as defined in
209 subdivision (8) of section 335.016 from entering into a
210 collaborative practice arrangement under this section,
211 except that the collaborative practice arrangement may not
212 delegate the authority to prescribe any controlled
213 substances listed in Schedules III, IV, and V of section
214 195.017, or Schedule II - hydrocodone.

215 8. A collaborating physician shall not enter into a
216 collaborative practice arrangement with more than six full-
217 time equivalent advanced practice registered nurses, full-

218 time equivalent licensed physician assistants, or full-time
219 equivalent assistant physicians, or any combination
220 thereof. This limitation shall not apply to collaborative
221 arrangements of hospital employees providing inpatient care
222 service in hospitals as defined in chapter 197 or population-
223 based public health services as defined by 20 CSR 2150-5.100
224 as of April 30, 2008, or to a certified registered nurse
225 anesthetist providing anesthesia services under the
226 supervision of an anesthesiologist or other physician,
227 dentist, or podiatrist who is immediately available if
228 needed as set out in subsection 7 of this section.

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

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

247 11. No contract or other agreement shall require a
248 physician to act as a collaborating physician for an
249 advanced practice registered nurse against the physician's
250 will. A physician shall have the right to refuse to act as

251 a collaborating physician, without penalty, for a particular
252 advanced practice registered nurse. No contract or other
253 agreement shall limit the collaborating physician's ultimate
254 authority over any protocols or standing orders or in the
255 delegation of the physician's authority to any advanced
256 practice registered nurse, but this requirement shall not
257 authorize a physician in implementing such protocols,
258 standing orders, or delegation to violate applicable
259 standards for safe medical practice established by
260 hospital's medical staff.

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