FIRST REGULAR SESSION

SENATE BILL NO. 27

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR BROWN (16).

0532S.02I KRISTINA MARTIN, Secretary

AN ACT

To repeal sections 195.070, 334.037, 334.104, 334.735, and 335.019, RSMo, and to enact in lieu thereof six new sections relating to certified registered nurse anesthetists.

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

Section A. Sections 195.070, 334.037, 334.104, 334.735,

- 2 and 335.019, RSMo, are repealed and six new sections enacted in
- 3 lieu thereof, to be known as sections 195.070, 334.037, 334.104,
- 4 334.735, 335.019, and 335.038, to read as follows:

195.070. 1. A physician, podiatrist, dentist, a

- 2 registered optometrist certified to administer
- 3 pharmaceutical agents as provided in section 336.220, or an
- 4 assistant physician in accordance with section 334.037 or a
- 5 physician assistant in accordance with section 334.747 in
- 6 good faith and in the course of his or her professional
- 7 practice only, may prescribe, administer, and dispense
- 8 controlled substances or he or she may cause the same to be
- 9 administered or dispensed by an individual as authorized by
- 10 statute.
- 11 2. An advanced practice registered nurse, as defined
- in section 335.016, [but not a certified registered nurse
- anesthetist as defined in subdivision (8) of section
- 14 335.016,] who holds a certificate of controlled substance
- 15 prescriptive authority from the board of nursing under
- 16 section 335.019 and who is delegated the authority to
- 17 prescribe controlled substances under a collaborative

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

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18 practice arrangement under section 334.104 may prescribe any

- 19 controlled substances listed in Schedules III, IV, and V of
- 20 section 195.017, and may have restricted authority in
- 21 Schedule II. Prescriptions for Schedule II medications
- 22 prescribed by an advanced practice registered nurse who has
- 23 a certificate of controlled substance prescriptive authority
- 24 are restricted to only those medications containing
- 25 hydrocodone. However, no such certified advanced practice
- 26 registered nurse shall prescribe controlled substance for
- 27 his or her own self or family. Schedule III narcotic
- 28 controlled substance and Schedule II hydrocodone
- 29 prescriptions shall be limited to a one hundred twenty-hour
- 30 supply without refill.
- 31 3. (1) A certified registered nurse anesthetist, as
- 32 defined in section 335.016, may issue orders for and
- 33 administer controlled substances listed in Schedules II,
- 34 III, IV, and V of section 195.017 for and during the course
- of providing anesthesia care to a patient for a surgical,
- 36 obstetrical, therapeutic, or diagnostic procedure or
- 37 treatment in accordance with subsection 3 of section 335.019
- 38 and section 335.038.
- 39 (2) Under the provisions of subdivision (1) of this
- 40 subsection, the certified registered nurse anesthetist shall
- 41 have authority to select, order, and administer the
- 42 appropriate controlled substances, drugs, or anesthetic
- 43 agents for the anesthesia care provided and induce and
- 44 maintain anesthesia at the required level throughout the
- 45 provision of anesthesia care for the procedure or treatment.
- 46 (3) A certified registered nurse anesthetist shall not
- 47 be required to enter into a collaborative practice
- 48 arrangement under section 334.104 or obtain a certificate of
- 49 controlled substance prescriptive authority from the board

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of nursing under section 335.019 in order to exercise the authority provided in this subsection. Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse anesthetist from entering into a collaborative practice arrangement under section 334.104 or obtaining a certificate of controlled substance prescriptive authority from the board of nursing under section 335.019 for anesthesia care or services other than anesthesia care provided in the normal course and scope of the professional practice of the certified registered nurse anesthetist.

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- 4. A veterinarian, in good faith and in the course of the veterinarian's professional practice only, and not for use by a human being, may prescribe, administer, and dispense controlled substances and the veterinarian may cause them to be administered by an assistant or orderly under his or her direction and supervision.
- [4.] 5. A practitioner shall not accept any portion of a controlled substance unused by a patient, for any reason, if such practitioner did not originally dispense the drug, except:
- 70 (1) When the controlled substance is delivered to the 71 practitioner to administer to the patient for whom the 72 medication is prescribed as authorized by federal law. 73 Practitioners shall maintain records and secure the 74 medication as required by this chapter and regulations 75 promulgated pursuant to this chapter; or
 - (2) As provided in section 195.265.
- 77 [5.] 6. An individual practitioner shall not prescribe 78 or dispense a controlled substance for such practitioner's 79 personal use except in a medical emergency.
- 334.037. 1. A physician may enter into collaborative practice arrangements with assistant physicians.

- 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 an assistant physician 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 assistant
- 11 physician and is consistent with that assistant physician's
- 12 skill, training, and competence and the skill and training
- 13 of the collaborating physician.
- 14 2. The written collaborative practice arrangement
- 15 shall contain at least the following provisions:
- 16 (1) Complete names, home and business addresses, zip
- 17 codes, and telephone numbers of the collaborating physician
- 18 and the assistant physician;
- 19 (2) A list of all other offices or locations besides
- 20 those listed in subdivision (1) of this subsection where the
- 21 collaborating physician authorized the assistant physician
- 22 to prescribe;
- 23 (3) A requirement that there shall be posted at every
- 24 office where the assistant physician is authorized to
- 25 prescribe, in collaboration with a physician, a prominently
- 26 displayed disclosure statement informing patients that they
- 27 may be seen by an assistant physician and have the right to
- 28 see the collaborating physician;
- 29 (4) All specialty or board certifications of the
- 30 collaborating physician and all certifications of the
- 31 assistant physician;
- 32 (5) The manner of collaboration between the
- 33 collaborating physician and the assistant physician,

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34 including how the collaborating physician and the assistant physician shall: 35

- 36 (a) Engage in collaborative practice consistent with each professional's skill, training, education, and 37 competence; 38
- 39 Maintain geographic proximity; except, the (b) 40 collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days 41 42 per calendar year for rural health clinics as defined by 43 Pub. L. 95-210 (42 U.S.C. Section 1395x), as amended, as long as the collaborative practice arrangement includes 44 alternative plans as required in paragraph (c) of this 45 46 subdivision. Such exception to geographic proximity shall apply only to independent rural health clinics, provider-47 based rural health clinics if the provider is a critical 48 access hospital as provided in 42 U.S.C. Section 1395i-4, 49 50 and provider-based rural health clinics if the main location of the hospital sponsor is greater than fifty miles from the 51 52 clinic. The collaborating physician shall maintain documentation related to such requirement and present it to 53 the state board of registration for the healing arts when 54 requested; and 55
- (c) Provide coverage during absence, incapacity, 57 infirmity, or emergency by the collaborating physician;

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58 (6) A description of the assistant physician's 59 controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled 60 substances the physician authorizes the assistant physician 61 62 to prescribe and documentation that it is consistent with each professional's education, knowledge, skill, and 63 64 competence;

65 (7) A list of all other written practice agreements of 66 the collaborating physician and the assistant physician;

- 67 (8) The duration of the written practice agreement 68 between the collaborating physician and the assistant
- 69 physician;
- 70 (9) A description of the time and manner of the
- 71 collaborating physician's review of the assistant
- 72 physician's delivery of health care services. The
- 73 description shall include provisions that the assistant
- 74 physician shall submit a minimum of ten percent of the
- 75 charts documenting the assistant physician's delivery of
- 76 health care services to the collaborating physician for
- 77 review by the collaborating physician, or any other
- 78 physician designated in the collaborative practice
- 79 arrangement, every fourteen days; and
- 80 (10) The collaborating physician, or any other
- 81 physician designated in the collaborative practice
- 82 arrangement, shall review every fourteen days a minimum of
- 83 twenty percent of the charts in which the assistant
- 84 physician prescribes controlled substances. The charts
- 85 reviewed under this subdivision may be counted in the number
- 86 of charts required to be reviewed under subdivision (9) of
- 87 this subsection.
- 88 3. The state board of registration for the healing
- 89 arts under section 334.125 shall promulgate rules regulating
- 90 the use of collaborative practice arrangements for assistant
- 91 physicians. Such rules shall specify:
- 92 (1) Geographic areas to be covered;
- 93 (2) The methods of treatment that may be covered by
- 94 collaborative practice arrangements;
- 95 (3) In conjunction with deans of medical schools and
- 96 primary care residency program directors in the state, the

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97 development and implementation of educational methods and
98 programs undertaken during the collaborative practice
99 service which shall facilitate the advancement of the
100 assistant physician's medical knowledge and capabilities,
101 and which may lead to credit toward a future residency
102 program for programs that deem such documented educational
103 achievements acceptable; and

(4) The requirements for review of services provided under collaborative practice arrangements, including delegating authority to prescribe controlled substances.

107 Any rules relating to dispensing or distribution of 108 medications or devices by prescription or prescription drug 109 orders under this section shall be subject to the approval 110 of the state board of pharmacy. Any rules relating to 111 dispensing or distribution of controlled substances by 112 prescription or prescription drug orders under this section 113 shall be subject to the approval of the department of health and senior services and the state board of pharmacy. 114 115 state board of registration for the healing arts shall promulgate rules applicable to assistant physicians that 116 117 shall be consistent with quidelines for federally funded clinics. The rulemaking authority granted in this 118 subsection shall not extend to collaborative practice 119 120 arrangements of hospital employees providing inpatient care within hospitals as defined in chapter 197 or population-121 122 based public health services as defined by 20 CSR 2150-5.100 123 as of April 30, 2008.

4. The state board of registration for the healing arts shall not deny, revoke, suspend, or otherwise take disciplinary action against a collaborating physician for health care services delegated to an assistant physician

provided the provisions of this section and the rules promulgated thereunder are satisfied.

- 130 5. Within thirty days of any change and on each renewal, the state board of registration for the healing 131 132 arts shall require every physician to identify whether the 133 physician is engaged in any collaborative practice arrangement, including collaborative practice arrangements 134 delegating the authority to prescribe controlled substances, 135 136 and also report to the board the name of each assistant 137 physician with whom the physician has entered into such arrangement. The board may make such information available 138 to the public. The board shall track the reported 139 140 information and may routinely conduct random reviews of such 141 arrangements to ensure that arrangements are carried out for 142 compliance under this chapter.
- 143 A collaborating physician shall not enter into a 144 collaborative practice arrangement with more than six full-145 time equivalent assistant physicians, full-time equivalent 146 physician assistants, or full-time equivalent advance practice registered nurses, or any combination thereof. 147 Such limitation shall not apply to collaborative 148 arrangements of hospital employees providing inpatient care 149 service in hospitals as defined in chapter 197 or population-150 151 based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008[, or to a certified registered nurse 152 153 anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, 154 dentist, or podiatrist who is immediately available if 155 156 needed as set out in subsection 7 of section 334.104]. 157
 - 7. The collaborating physician shall determine and document the completion of at least a one-month period of time during which the assistant physician shall practice

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160 with the collaborating physician continuously present before 161 practicing in a setting where the collaborating physician is 162 not continuously present. No rule or regulation shall require the collaborating physician to review more than ten 163 164 percent of the assistant physician's patient charts or 165 records during such one-month period. Such limitation shall 166 not apply to collaborative arrangements of providers of 167 population-based public health services as defined by 20 CSR 168 2150-5.100 as of April 30, 2008.

- 8. 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.
- 177 No contract or other agreement shall require a 178 physician to act as a collaborating physician for an assistant physician against the physician's will. A 179 physician shall have the right to refuse to act as a 180 181 collaborating physician, without penalty, for a particular 182 assistant physician. No contract or other agreement shall 183 limit the collaborating physician's ultimate authority over 184 any protocols or standing orders or in the delegation of the 185 physician's authority to any assistant physician, but such 186 requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate 187 applicable standards for safe medical practice established 188 by a hospital's medical staff. 189
- 190 10. No contract or other agreement shall require any assistant physician to serve as a collaborating assistant

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physician for any collaborating physician against the assistant physician's will. An assistant physician shall have the right to refuse to collaborate, without penalty, with a particular physician.

- 11. All collaborating physicians and assistant physicians in collaborative practice arrangements shall wear identification badges while acting within the scope of their collaborative practice arrangement. The identification badges shall prominently display the licensure status of such collaborating physicians and assistant physicians.
- 201 202 (1) An assistant physician with a certificate of controlled substance prescriptive authority as provided in 203 204 this section may prescribe any controlled substance listed 205 in Schedule III, IV, or V of section 195.017, and may have 206 restricted authority in Schedule II, when delegated the 207 authority to prescribe controlled substances in a 208 collaborative practice arrangement. Prescriptions for Schedule II medications prescribed by an assistant physician 209 who has a certificate of controlled substance prescriptive 210 authority are restricted to only those medications 211 containing hydrocodone. Such authority shall be filed with 212 the state board of registration for the healing arts. 213 collaborating physician shall maintain the right to limit a 214 215 specific scheduled drug or scheduled drug category that the 216 assistant physician is permitted to prescribe. Any 217 limitations shall be listed in the collaborative practice 218 arrangement. Assistant physicians shall not prescribe controlled substances for themselves or members of their 219 families. Schedule III controlled substances and Schedule 220 221 II - hydrocodone prescriptions shall be limited to a five-222 day supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply without refill for 223

- 224 patients receiving medication-assisted treatment for
- 225 substance use disorders under the direction of the
- 226 collaborating physician. Assistant physicians who are
- 227 authorized to prescribe controlled substances under this
- 228 section shall register with the federal Drug Enforcement
- 229 Administration and the state bureau of narcotics and
- 230 dangerous drugs, and shall include the Drug Enforcement
- 231 Administration registration number on prescriptions for
- 232 controlled substances.
- 233 (2) The collaborating physician shall be responsible
- 234 to determine and document the completion of at least one
- 235 hundred twenty hours in a four-month period by the assistant
- 236 physician during which the assistant physician shall
- 237 practice with the collaborating physician on-site prior to
- 238 prescribing controlled substances when the collaborating
- 239 physician is not on-site. Such limitation shall not apply
- 240 to assistant physicians of population-based public health
- 241 services as defined in 20 CSR 2150-5.100 as of April 30,
- 242 2009, or assistant physicians providing opioid addiction
- treatment.
- 244 (3) An assistant physician shall receive a certificate
- 245 of controlled substance prescriptive authority from the
- 246 state board of registration for the healing arts upon
- verification of licensure under section 334.036.
- 248 13. Nothing in this section or section 334.036 shall
- 249 be construed to limit the authority of hospitals or hospital
- 250 medical staff to make employment or medical staff
- 251 credentialing or privileging decisions.
 - 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
- 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
- any controlled substances listed in Schedules III, IV, and V
- of section 195.017, or Schedule II hydrocodone for the
- 27 purpose of inducing sedation or general anesthesia for
- 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

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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;
- 42 (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;
 - (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

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healing arts when requested; and

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[P.L.] Pub. L. 95-210 (42 U.S.C. Section 1395x, as amended), 69 70 as long as the collaborative practice arrangement includes 71 alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall 72 apply only to independent rural health clinics, provider-73 74 based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, 75 76 and provider-based rural health clinics where the main 77 location of the hospital sponsor is greater than fifty miles 78 from the clinic. The collaborating physician is required to maintain documentation related to this requirement and to 79

82 (c) Provide coverage during absence, incapacity, 83 infirmity, or emergency by the collaborating physician;

present it to the state board of registration for the

- 84 (6) A description of the advanced practice registered 85 nurse's controlled substance prescriptive authority in 86 collaboration with the physician, including a list of the 87 controlled substances the physician authorizes the nurse to 88 prescribe and documentation that it is consistent with each 89 professional's education, knowledge, skill, and competence;
- 90 (7) A list of all other written practice agreements of 91 the collaborating physician and the advanced practice 92 registered nurse;
 - (8) The duration of the written practice agreement between the collaborating physician and the advanced practice registered nurse;
- 96 (9) A description of the time and manner of the 97 collaborating physician's review of the advanced practice 98 registered nurse's delivery of health care services. The 99 description shall include provisions that the advanced 100 practice registered nurse shall submit a minimum of ten

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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.
- 114 The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing 115 116 pursuant to section 335.036 may jointly promulgate rules 117 regulating the use of collaborative practice arrangements. Such rules shall be limited to specifying geographic areas 118 119 to be covered, the methods of treatment that may be covered 120 by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative 121 practice arrangements including delegating authority to 122 123 prescribe controlled substances. Any rules relating to 124 dispensing or distribution of medications or devices by 125 prescription or prescription drug orders under this section 126 shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution 127 of controlled substances by prescription or prescription 128 drug orders under this section shall be subject to the 129 130 approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such 131 rules shall be approved by a majority vote of a quorum of 132

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133 each board. Neither the state board of registration for the 134 healing arts nor the board of nursing may separately 135 promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be 136 137 consistent with quidelines for federally funded clinics. 138 The rulemaking authority granted in this subsection shall 139 not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals 140 141 as defined pursuant to chapter 197 or population-based 142 public health services as defined by 20 CSR 2150-5.100 as of 143 April 30, 2008. The state board of registration for the healing 144 145 arts shall not deny, revoke, suspend or otherwise take 146 disciplinary action against a physician for health care 147 services delegated to a registered professional nurse 148 provided the provisions of this section and the rules 149 promulgated thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action 150 151 imposed as a result of an agreement between a physician and a registered professional nurse or registered physician 152 assistant, whether written or not, prior to August 28, 1993, 153 154 all records of such disciplinary licensure action and all records pertaining to the filing, investigation or review of 155 156 an alleged violation of this chapter incurred as a result of 157 such an agreement shall be removed from the records of the 158 state board of registration for the healing arts and the division of professional registration and shall not be 159

162 of registration for the healing arts shall take action to correct reports of alleged violations and disciplinary 163

disclosed to any public or private entity seeking such

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information from the board or the division.

actions as described in this section which have been

submitted to the National Practitioner Data Bank. In subsequent applications or representations relating to his or her medical practice, a physician completing forms or documents shall not be required to report any actions of the state board of registration for the healing arts for which the records are subject to removal under this section.

- 6. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances, or physician assistant agreement and also report to the board the name of each licensed professional with whom the physician has entered into such agreement. The board may make this information available to the public. The board shall track the reported information and may routinely conduct random reviews of such agreements to ensure that agreements are carried out for compliance under this chapter.
- 7. [Notwithstanding any law to the contrary,] (1) A certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 shall [be permitted to provide anesthesia services without a collaborative practice arrangement provided that he or she is under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed.] not be required to:
- (a) Enter into a collaborative practice arrangement for the provision of anesthesia care to a patient for a surgical, obstetrical, therapeutic, or diagnostic procedure or treatment in accordance with subsection 3 of section 335.019 and section 335.038; or

- (b) Obtain a certificate of controlled substance prescriptive authority from the board of nursing under section 335.019 for ordering and administering the appropriate controlled substances, drugs, or anesthetic agents for providing anesthesia care.
- (2) Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative practice arrangement under this section[, except that the collaborative practice arrangement may not delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II hydrocodone] or obtaining a certificate of controlled substance prescriptive authority from the board of nursing under section 335.019.
- 8. A collaborating physician shall not enter into a collaborative practice arrangement with more than six full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008[, or to a certified registered nurse anesthetist 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

- 229 practice registered nurse shall practice with the
- 230 collaborating physician continuously present before
- 231 practicing in a setting where the collaborating physician is
- 232 not continuously present. This limitation shall not apply
- 233 to collaborative arrangements of providers of population-
- based public health services as defined by 20 CSR 2150-5.100
- 235 as of April 30, 2008.
- 10. No agreement made under this section shall
- 237 supersede current hospital licensing regulations governing
- 238 hospital medication orders under protocols or standing
- 239 orders for the purpose of delivering inpatient or emergency
- care within a hospital as defined in section 197.020 if such
- 241 protocols or standing orders have been approved by the
- 242 hospital's medical staff and pharmaceutical therapeutics
- 243 committee.
- 244 11. No contract or other agreement shall require a
- 245 physician to act as a collaborating physician for an
- 246 advanced practice registered nurse against the physician's
- 247 will. A physician shall have the right to refuse to act as
- 248 a collaborating physician, without penalty, for a particular
- 249 advanced practice registered nurse. No contract or other
- 250 agreement shall limit the collaborating physician's ultimate
- 251 authority over any protocols or standing orders or in the
- 252 delegation of the physician's authority to any advanced
- 253 practice registered nurse, but this requirement shall not
- 254 authorize a physician in implementing such protocols,
- 255 standing orders, or delegation to violate applicable
- 256 standards for safe medical practice established by
- 257 hospital's medical staff.
- 258 12. No contract or other agreement shall require any
- 259 advanced practice registered nurse to serve as a
- 260 collaborating advanced practice registered nurse for any

- 261 collaborating physician against the advanced practice
- 262 registered nurse's will. An advanced practice registered
- 263 nurse shall have the right to refuse to collaborate, without
- 264 penalty, with a particular physician.
 - 334.735. 1. As used in sections 334.735 to 334.749,
 - 2 the following terms mean:
 - 3 (1) "Applicant", any individual who seeks to become
 - 4 licensed as a physician assistant;
 - 5 (2) "Certification" or "registration", a process by a
 - 6 certifying entity that grants recognition to applicants
 - 7 meeting predetermined qualifications specified by such
 - 8 certifying entity;
 - 9 (3) "Certifying entity", the nongovernmental agency or
- 10 association which certifies or registers individuals who
- 11 have completed academic and training requirements;
- 12 (4) "Collaborative practice arrangement", written
- 13 agreements, jointly agreed upon protocols, or standing
- 14 orders, all of which shall be in writing, for the delivery
- 15 of health care services;
- 16 (5) "Department", the department of commerce and
- insurance or a designated agency thereof;
- 18 (6) "License", a document issued to an applicant by
- 19 the board acknowledging that the applicant is entitled to
- 20 practice as a physician assistant;
- 21 (7) "Physician assistant", a person who has graduated
- 22 from a physician assistant program accredited by the
- 23 Accreditation Review Commission on Education for the
- 24 Physician Assistant or its successor agency, prior to 2001,
- 25 or the Committee on Allied Health Education and
- 26 Accreditation or the Commission on Accreditation of Allied
- 27 Health Education Programs, who has passed the certifying
- 28 examination administered by the National Commission on

- 29 Certification of Physician Assistants and has active
- 30 certification by the National Commission on Certification of
- 31 Physician Assistants who provides health care services
- 32 delegated by a licensed physician. A person who has been
- 33 employed as a physician assistant for three years prior to
- 34 August 28, 1989, who has passed the National Commission on
- 35 Certification of Physician Assistants examination, and has
- 36 active certification of the National Commission on
- 37 Certification of Physician Assistants;
- 38 (8) "Recognition", the formal process of becoming a
- 39 certifying entity as required by the provisions of sections
- 40 334.735 to 334.749.
- 41 2. The scope of practice of a physician assistant
- 42 shall consist only of the following services and procedures:
- 43 (1) Taking patient histories;
- 44 (2) Performing physical examinations of a patient;
- 45 (3) Performing or assisting in the performance of
- 46 routine office laboratory and patient screening procedures;
- 47 (4) Performing routine therapeutic procedures;
- 48 (5) Recording diagnostic impressions and evaluating
- 49 situations calling for attention of a physician to institute
- 50 treatment procedures;
- 51 (6) Instructing and counseling patients regarding
- 52 mental and physical health using procedures reviewed and
- 53 approved by a collaborating physician;
- 54 (7) Assisting the supervising physician in
- 55 institutional settings, including reviewing of treatment
- 56 plans, ordering of tests and diagnostic laboratory and
- 57 radiological services, and ordering of therapies, using
- 58 procedures reviewed and approved by a licensed physician;
- 59 (8) Assisting in surgery; and

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- 60 (9) Performing such other tasks not prohibited by law
 61 under the collaborative practice arrangement with a licensed
 62 physician as the physician assistant has been trained and is
 63 proficient to perform.
- 3. Physician assistants shall not perform or prescribe abortions.
- Physician assistants shall not prescribe any drug, 66 4. 67 medicine, device or therapy unless pursuant to a collaborative practice arrangement in accordance with the 68 69 law, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the measurement of 70 visual power or visual efficiency of the human eye, nor 71 administer or monitor general or regional block anesthesia 72 during diagnostic tests, surgery or obstetric procedures. 73 74 Prescribing of drugs, medications, devices or therapies by a 75 physician assistant shall be pursuant to a collaborative practice arrangement which is specific to the clinical 76 conditions treated by the supervising physician and the 77 physician assistant shall be subject to the following: 78
 - (1) A physician assistant shall only prescribe controlled substances in accordance with section 334.747;
- 81 (2) The types of drugs, medications, devices or 82 therapies prescribed by a physician assistant shall be 83 consistent with the scopes of practice of the physician 84 assistant and the collaborating physician;
 - (3) All prescriptions shall conform with state and federal laws and regulations and shall include the name, address and telephone number of the physician assistant and the supervising physician;
- 89 (4) A physician assistant, or advanced practice90 registered nurse as defined in section 335.016 may request,

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91 receive and sign for noncontrolled professional samples and 92 may distribute professional samples to patients; and

- (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the collaborating physician is not qualified or authorized to prescribe.
- 96 A physician assistant shall clearly identify himself or herself as a physician assistant and shall not 97 98 use or permit to be used in the physician assistant's behalf 99 the terms "doctor", "Dr." or "doc" nor hold himself or 100 herself out in any way to be a physician or surgeon. No 101 physician assistant shall practice or attempt to practice 102 without physician collaboration or in any location where the 103 collaborating physician is not immediately available for 104 consultation, assistance and intervention, except as 105 otherwise provided in this section, and in an emergency 106 situation, nor shall any physician assistant bill a patient 107 independently or directly for any services or procedure by the physician assistant; except that, nothing in this 108 109 subsection shall be construed to prohibit a physician assistant from enrolling with a third-party plan or the 110 department of social services as a MO HealthNet or Medicaid 111 provider while acting under a collaborative practice 112 arrangement between the physician and physician assistant. 113
- 114 The licensing of physician assistants shall take 115 place within processes established by the state board of 116 registration for the healing arts through rule and regulation. The board of healing arts is authorized to 117 establish rules pursuant to chapter 536 establishing 118 licensing and renewal procedures, collaboration, 119 120 collaborative practice arrangements, fees, and addressing 121 such other matters as are necessary to protect the public and discipline the profession. An application for licensing 122

123 may be denied or the license of a physician assistant may be 124 suspended or revoked by the board in the same manner and for 125 violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule 126 127 or regulation. Persons licensed pursuant to the provisions 128 of chapter 335 shall not be required to be licensed as physician assistants. All applicants for physician 129 130 assistant licensure who complete a physician assistant 131 training program after January 1, 2008, shall have a 132 master's degree from a physician assistant program. 133 7. At all times the physician is responsible for the oversight of the activities of, and accepts responsibility 134 135 for, health care services rendered by the physician 136 assistant. 137 A physician may enter into collaborative practice 138 arrangements with physician assistants. Collaborative 139 practice arrangements, which shall be in writing, may delegate to a physician assistant the authority to 140 141 prescribe, administer, or dispense drugs and provide

treatment which is within the skill, training, and 142 competence of the physician assistant. Collaborative 143 practice arrangements may delegate to a physician assistant, 144 as defined in section 334.735, the authority to administer, 145 146 dispense, or prescribe controlled substances listed in 147 Schedules III, IV, and V of section 195.017, and Schedule 148 II - hydrocodone. Schedule III narcotic controlled substances and Schedule II - hydrocodone prescriptions shall 149 be limited to a one hundred twenty-hour supply without 150 151 refill. Such collaborative practice arrangements shall be 152 in the form of a written arrangement, jointly agreed-upon protocols, or standing orders for the delivery of health 153

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care services.

- 9. The written collaborative practice arrangement shall contain at least the following provisions:
- 157 (1) Complete names, home and business addresses, zip 158 codes, and telephone numbers of the collaborating physician
- 159 and the physician assistant;
- 160 (2) A list of all other offices or locations, other
- 161 than those listed in subdivision (1) of this subsection,
- 162 where the collaborating physician has authorized the
- 163 physician assistant to prescribe;
- 164 (3) A requirement that there shall be posted at every
- 165 office where the physician assistant is authorized to
- 166 prescribe, in collaboration with a physician, a prominently
- 167 displayed disclosure statement informing patients that they
- 168 may be seen by a physician assistant and have the right to
- 169 see the collaborating physician;
- 170 (4) All specialty or board certifications of the
- 171 collaborating physician and all certifications of the
- 172 physician assistant;
- 173 (5) The manner of collaboration between the
- 174 collaborating physician and the physician assistant,
- 175 including how the collaborating physician and the physician
- 176 assistant will:
- 177 (a) Engage in collaborative practice consistent with
- 178 each professional's skill, training, education, and
- 179 competence;
- 180 (b) Maintain geographic proximity, as determined by
- 181 the board of registration for the healing arts; and
- 182 (c) Provide coverage during absence, incapacity,
- infirmity, or emergency of the collaborating physician;
- 184 (6) A list of all other written collaborative practice
- 185 arrangements of the collaborating physician and the
- 186 physician assistant;

187 (7) The duration of the written practice arrangement 188 between the collaborating physician and the physician 189 assistant:

- (8) A description of the time and manner of the 190 191 collaborating physician's review of the physician 192 assistant's delivery of health care services. The description shall include provisions that the physician 193 194 assistant shall submit a minimum of ten percent of the 195 charts documenting the physician assistant's delivery of 196 health care services to the collaborating physician for review by the collaborating physician, or any other 197 physician designated in the collaborative practice 198 arrangement, every fourteen days. Reviews may be conducted 199 200 electronically;
- 201 The collaborating physician, or any other 202 physician designated in the collaborative practice 203 arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the physician 204 205 assistant prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number 206 207 of charts required to be reviewed under subdivision (8) of this subsection; and 208
- 209 (10) A statement that no collaboration requirements in 210 addition to the federal law shall be required for a 211 physician-physician assistant team working in a certified 212 community behavioral health clinic as defined by Pub.L. 113-93, or a rural health clinic under the federal Rural Health 213 Services Act, Pub.L. 95-210, as amended, or a federally 214 qualified health center as defined in 42 U.S.C. Section 215 [1395 of the Public Health Service Act] 1395x, as amended. 216

217 10. The state board of registration for the healing 218 arts under section 334.125 may promulgate rules regulating

219 the use of collaborative practice arrangements.

220 11. The state board of registration for the healing 221 arts shall not deny, revoke, suspend, or otherwise take 222 disciplinary action against a collaborating physician for 223 health care services delegated to a physician assistant, 224 provided that the provisions of this section and the rules

promulgated thereunder are satisfied.

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226 Within thirty days of any change and on each 227 renewal, the state board of registration for the healing arts shall require every physician to identify whether the 228 229 physician is engaged in any collaborative practice 230 arrangement, including collaborative practice arrangements 231 delegating the authority to prescribe controlled substances, 232 and also report to the board the name of each physician 233 assistant with whom the physician has entered into such arrangement. The board may make such information available 234 235 to the public. The board shall track the reported information and may routinely conduct random reviews of such 236 arrangements to ensure that the arrangements are carried out 237 in compliance with this chapter. 238

13. The collaborating physician shall determine and document the completion of a period of time during which the physician assistant 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, 2009.

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248 14. No contract or other arrangement shall require a 249 physician to act as a collaborating physician for a 250 physician assistant against the physician's will. A 251 physician shall have the right to refuse to act as a 252 supervising physician, without penalty, for a particular 253 physician assistant. No contract or other agreement shall limit the collaborating physician's ultimate authority over 254 any protocols or standing orders or in the delegation of the 255 256 physician's authority to any physician assistant. No 257 contract or other arrangement shall require any physician 258 assistant to collaborate with any physician against the 259 physician assistant's will. A physician assistant shall have the right to refuse to collaborate, without penalty, 260 261 with a particular physician. 262 Physician assistants shall file with the board a 263 copy of their collaborating physician form. 264 16. No physician shall be designated to serve as a collaborating physician for more than six full-time 265 266 equivalent licensed physician assistants, full-time equivalent advanced practice registered nurses, or full-time 267 equivalent assistant physicians, or any combination 268 269 thereof. This limitation shall not apply to physician 270 assistant collaborative practice arrangements of hospital 271 employees providing inpatient care service in hospitals as defined in chapter 197[, or to a certified registered nurse 272 anesthetist providing anesthesia services under the 273 274 supervision of an anesthesiologist or other physician, 275 dentist, or podiatrist who is immediately available if 276 needed as set out in subsection 7 of section 334.104]. 277 No arrangement made under this section shall 278 supercede 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.

- 335.019. **1.** The board of nursing may grant a certificate of controlled substance prescriptive authority to an advanced practice registered nurse who:
- 4 (1) Submits proof of successful completion of an
 5 advanced pharmacology course that shall include preceptorial
 6 experience in the prescription of drugs, medicines and
 7 therapeutic devices; and
- 8 (2) Provides documentation of a minimum of three 9 hundred clock hours preceptorial experience in the 10 prescription of drugs, medicines, and therapeutic devices 11 with a qualified preceptor; and
- 12 Provides evidence of a minimum of one thousand hours of practice in an advanced practice nursing category 13 prior to application for a certificate of prescriptive 14 authority. The one thousand hours shall not include 15 clinical hours obtained in the advanced practice nursing 16 education program. The one thousand hours of practice in an 17 advanced practice nursing category may include transmitting 18 19 a prescription order orally or telephonically or to an 20 inpatient medical record from protocols developed in 21 collaboration with and signed by a licensed physician; and
 - (4) Has a controlled substance prescribing authority delegated in the collaborative practice arrangement under section 334.104 with a physician who has an unrestricted federal Drug Enforcement Administration registration number and who is actively engaged in a practice comparable in

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27 scope, specialty, or expertise to that of the advanced

- 28 practice registered nurse.
- 2. A certified registered nurse anesthetist, as
- 30 defined in section 335.016, shall not be required to obtain
- 31 a certificate of controlled substance prescriptive authority
- 32 from the board of nursing for the provision of anesthesia
- 33 care to a patient for a surgical, obstetrical, therapeutic,
- 34 or diagnostic procedure or treatment in accordance with
- 35 subsection 3 of this section.
- 36 3. Under the provisions of this subsection, a
- 37 certified registered nurse anesthetist, as defined in
- 38 section 335.016, may issue orders for and administer
- 39 controlled substances listed in Schedules II, III, IV, and V
- 40 of section 195.017 or other drugs or anesthetic agents for
- 41 and during the course of providing anesthesia care to a
- 42 patient for a surgical, obstetrical, therapeutic, or
- 43 diagnostic procedure or treatment, provided that:
- 44 (1) A physician, dentist, or podiatrist has requested
- 45 anesthesia care for a surgical, obstetrical, therapeutic, or
- 46 diagnostic procedure or treatment;
- 47 (2) The anesthesia care is provided in accordance with
- 48 a plan of anesthesia care developed by the certified
- 49 registered nurse anesthetist; and
- 50 (3) The anesthesia care is provided as set forth in
- 51 **section 335.038.**
 - 335.038. 1. A certified registered nurse anesthetist,
- 2 as defined in section 335.016, shall be authorized to
- 3 provide anesthesia care for a surgical, obstetrical,
- 4 therapeutic, or diagnostic procedure or treatment under this
- 5 section including, but not limited to, the authority to do
- 6 the following during the provision of such services:

7 (1) Provide pre-anesthesia and post-anesthesia care 8 assessment;

- 9 (2) Develop a plan of anesthesia care for the 10 procedure or treatment;
- 11 (3) Notify the physician, dentist, or podiatrist
 12 involved with the procedure or treatment for which
 13 anesthesia care is provided regarding the plan of anesthesia
 14 care for the procedure or treatment developed by the
 15 certified registered nurse anesthetist;
- 16 (4) Order the method for and administer anesthesia
 17 care;
- 18 (5) Initiate and perform patient-specific anesthesia 19 care in accordance with the plan of anesthesia care for the 20 procedure or treatment;
- 21 Issue orders for and administer controlled 22 substances listed in Schedules II, III, IV, and V of section 23 195.017 or other medications or anesthetic agents during the 24 period anesthesia care is provided for the procedure or 25 treatment based on patient assessment and response to interventions or cause such controlled substances, 26 27 medications, or anesthetic agents to be administered or 28 dispensed during the period anesthesia care is provided for 29 the procedure or treatment by a registered professional 30 nurse or licensed practical nurse as long as the services provided are within the scope of practice of the registered 31 32 professional nurse or licensed practical nurse and 33 consistent with that nurse's skill, training, and competence;
 - (7) Order necessary tests, interpret diagnostic procedures, and apply medical devices in the period anesthesia care is provided for the procedure or treatment based on patient assessment and response to interventions;

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38 (8) Support life functions during the period 39 anesthesia care is provided for the procedure or treatment;

- (9) Monitor, assess, evaluate, and take appropriate action to patient responses to the anesthesia care provided for the procedure or treatment;
- 43 (10) Manage the patient's emergence from anesthesia 44 care for the procedure or treatment; and
 - (11) Participate in the life support of the patient.
 - 2. Nothing in this section shall be construed as a designation of the entirety of a certified registered nurse anesthetist's scope of practice. In addition to the functions listed in subsection 1 of this section, a certified registered nurse anesthetist may:
 - (1) Function clinically and perform such health care services as are within the scope of practice and standards of the certified registered nurse anesthetist role and consistent with the certified registered nurse anesthetist's licensure, education, training, knowledge, skill, and competence as a certified registered nurse anesthetist; and
 - (2) Function clinically and perform such other health care services described in chapter 335 and all other applicable rules and regulations.

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