

SENATE AMENDMENT NO. _____

Offered by _____ of _____

Amend SS/Senate Bill No. 1111, Page 1, Section TITLE, Line 4,

2 by striking "the regulation of child care" and inserting in
3 lieu thereof the following: "health care"; and

4 Further amend said bill, page 17, section 210.275, line
5 9, by inserting after all of said line the following:

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

18 2. (1) Collaborative practice arrangements, which
19 shall be in writing, may delegate to a registered
20 professional nurse the authority to administer, dispense or
21 prescribe drugs and provide treatment if the registered
22 professional nurse is an advanced practice registered nurse
23 as defined in subdivision (2) of section 335.016.
24 Collaborative practice arrangements may delegate to an
25 advanced practice registered nurse, as defined in section
26 335.016, the authority to administer, dispense, or prescribe

27 controlled substances listed in Schedules III, IV, and V of
28 section 195.017, and Schedule II - hydrocodone; except that,
29 the collaborative practice arrangement shall not delegate
30 the authority to administer any controlled substances listed
31 in Schedules III, IV, and V of section 195.017, or Schedule
32 II - hydrocodone for the purpose of inducing sedation or
33 general anesthesia for therapeutic, diagnostic, or surgical
34 procedures. Schedule III narcotic controlled substance and
35 Schedule II - hydrocodone prescriptions shall be limited to
36 a one hundred twenty-hour supply without refill.

37 (2) Notwithstanding any other provision of this
38 section to the contrary, a collaborative practice
39 arrangement may delegate to an advanced practice registered
40 nurse the authority to administer, dispense, or prescribe
41 Schedule II controlled substances for hospice patients;
42 provided, that the advanced practice registered nurse is
43 employed by a hospice provider certified pursuant to chapter
44 197 and the advanced practice registered nurse is providing
45 care to hospice patients pursuant to a collaborative
46 practice arrangement that designates the certified hospice
47 as a location where the advanced practice registered nurse
48 is authorized to practice and prescribe.

49 (3) Such collaborative practice arrangements shall be
50 in the form of written agreements, jointly agreed-upon
51 protocols or standing orders for the delivery of health care
52 services.

53 (4) An advanced practice registered nurse may
54 prescribe buprenorphine for up to a thirty-day supply
55 without refill for patients receiving medication-assisted
56 treatment for substance use disorders under the direction of
57 the collaborating physician.

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

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

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

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

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

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

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

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

87 a. Until August 28, 2025, an advanced practice
88 registered nurse providing services in a correctional
89 center, as defined in section 217.010, and his or her
90 collaborating physician shall satisfy the geographic
91 proximity requirement if they practice within two hundred
92 miles by road of one another. An incarcerated patient who

93 requests or requires a physician consultation shall be
94 treated by a physician as soon as appropriate;

95 b. The collaborative practice arrangement may allow
96 for geographic proximity to be waived for a maximum of
97 twenty-eight days per calendar year for rural health clinics
98 as defined by Pub.L. 95-210 (42 U.S.C. Section 1395x, as
99 amended), as long as the collaborative practice arrangement
100 includes alternative plans as required in paragraph (c) of
101 this subdivision. This exception to geographic proximity
102 shall apply only to independent rural health clinics,
103 provider-based rural health clinics where the provider is a
104 critical access hospital as provided in 42 U.S.C. Section
105 1395i-4, and provider-based rural health clinics where the
106 main location of the hospital sponsor is greater than fifty
107 miles from the clinic;

108 c. The collaborative practice arrangement may allow
109 for geographic proximity to be waived when the arrangement
110 outlines the use of telehealth, as defined in section
111 191.1145;

112 d. In addition to the waivers and exemptions provided
113 in this subsection, an application for a waiver for any
114 other reason of any applicable geographic proximity shall be
115 available if a physician is collaborating with an advanced
116 practice registered nurse in excess of any geographic
117 proximity limit. The board of nursing and the state board
118 of registration for the healing arts shall review each
119 application for a waiver of geographic proximity and approve
120 the application if the boards determine that adequate
121 supervision exists between the collaborating physician and
122 the advanced practice registered nurse. The boards shall
123 have forty-five calendar days to review the completed
124 application for the waiver of geographic proximity. If no
125 action is taken by the boards within forty-five days after

126 the submission of the application for a waiver, then the
127 application shall be deemed approved. If the application is
128 denied by the boards, the provisions of section 536.063 for
129 contested cases shall apply and govern proceedings for
130 appellate purposes; and

131 e. The collaborating physician is required to maintain
132 documentation related to this requirement and to present it
133 to the state board of registration for the healing arts when
134 requested; and

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

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

143 (7) A list of all other written practice agreements of
144 the collaborating physician and the advanced practice
145 registered nurse;

146 (8) The duration of the written practice agreement
147 between the collaborating physician and the advanced
148 practice registered nurse;

149 (9) A description of the time and manner of the
150 collaborating physician's review of the advanced practice
151 registered nurse's delivery of health care services. The
152 description shall include provisions that the advanced
153 practice registered nurse shall submit a minimum of ten
154 percent of the charts documenting the advanced practice
155 registered nurse's delivery of health care services to the
156 collaborating physician for review by the collaborating
157 physician, or any other physician designated in the
158 collaborative practice arrangement, every fourteen days;

159 (10) The collaborating physician, or any other
160 physician designated in the collaborative practice
161 arrangement, shall review every fourteen days a minimum of
162 twenty percent of the charts in which the advanced practice
163 registered nurse prescribes controlled substances. The
164 charts reviewed under this subdivision may be counted in the
165 number of charts required to be reviewed under subdivision
166 (9) of this subsection; and

167 (11) If a collaborative practice arrangement is used
168 in clinical situations where a collaborating advanced
169 practice registered nurse provides health care services that
170 include the diagnosis and initiation of treatment for
171 acutely or chronically ill or injured persons, then the
172 collaborating physician or any other physician designated in
173 the collaborative practice arrangement shall be present for
174 sufficient periods of time, at least once every two weeks,
175 except in extraordinary circumstances that shall be
176 documented, to participate in a chart review and to provide
177 necessary medical direction, medical services,
178 consultations, and supervision of the health care staff.

179 4. The state board of registration for the healing
180 arts pursuant to section 334.125 and the board of nursing
181 pursuant to section 335.036 may jointly promulgate rules
182 regulating the use of collaborative practice arrangements.
183 Such rules shall be limited to the methods of treatment that
184 may be covered by collaborative practice arrangements and
185 the requirements for review of services provided pursuant to
186 collaborative practice arrangements including delegating
187 authority to prescribe controlled substances. Any rules
188 relating to geographic proximity shall allow a collaborating
189 physician and a collaborating advanced practice registered
190 nurse to practice within two hundred miles by road of one
191 another until August 28, 2025, if the nurse is providing

192 services in a correctional center, as defined in section
193 217.010. Any rules relating to dispensing or distribution
194 of medications or devices by prescription or prescription
195 drug orders under this section shall be subject to the
196 approval of the state board of pharmacy. Any rules relating
197 to dispensing or distribution of controlled substances by
198 prescription or prescription drug orders under this section
199 shall be subject to the approval of the department of health
200 and senior services and the state board of pharmacy. In
201 order to take effect, such rules shall be approved by a
202 majority vote of a quorum of each board. Neither the state
203 board of registration for the healing arts nor the board of
204 nursing may separately promulgate rules relating to
205 collaborative practice arrangements. Such jointly
206 promulgated rules shall be consistent with guidelines for
207 federally funded clinics. The rulemaking authority granted
208 in this subsection shall not extend to collaborative
209 practice arrangements of hospital employees providing
210 inpatient care within hospitals as defined pursuant to
211 chapter 197 or population-based public health services as
212 defined by 20 CSR 2150- 5.100 as of April 30, 2008.

213 5. The state board of registration for the healing
214 arts shall not deny, revoke, suspend or otherwise take
215 disciplinary action against a physician for health care
216 services delegated to a registered professional nurse
217 provided the provisions of this section and the rules
218 promulgated thereunder are satisfied. Upon the written
219 request of a physician subject to a disciplinary action
220 imposed as a result of an agreement between a physician and
221 a registered professional nurse or registered physician
222 assistant, whether written or not, prior to August 28, 1993,
223 all records of such disciplinary licensure action and all
224 records pertaining to the filing, investigation or review of

225 an alleged violation of this chapter incurred as a result of
226 such an agreement shall be removed from the records of the
227 state board of registration for the healing arts and the
228 division of professional registration and shall not be
229 disclosed to any public or private entity seeking such
230 information from the board or the division. The state board
231 of registration for the healing arts shall take action to
232 correct reports of alleged violations and disciplinary
233 actions as described in this section which have been
234 submitted to the National Practitioner Data Bank. In
235 subsequent applications or representations relating to his
236 or her medical practice, a physician completing forms or
237 documents shall not be required to report any actions of the
238 state board of registration for the healing arts for which
239 the records are subject to removal under this section.

240 6. Within thirty days of any change and on each
241 renewal, the state board of registration for the healing
242 arts shall require every physician to identify whether the
243 physician is engaged in any collaborative practice
244 arrangement, including collaborative practice arrangements
245 delegating the authority to prescribe controlled substances,
246 or physician assistant collaborative practice arrangement
247 and also report to the board the name of each licensed
248 professional with whom the physician has entered into such
249 arrangement. The board shall make this information
250 available to the public. The board shall track the reported
251 information and may routinely conduct random reviews of such
252 arrangements to ensure that arrangements are carried out for
253 compliance under this chapter.

254 7. Notwithstanding any law to the contrary, a
255 certified registered nurse anesthetist as defined in
256 subdivision (8) of section 335.016 shall be permitted to
257 provide anesthesia services without a collaborative practice

258 arrangement provided that he or she is under the supervision
259 of an anesthesiologist or other physician, dentist, or
260 podiatrist who is immediately available if needed. Nothing
261 in this subsection shall be construed to prohibit or prevent
262 a certified registered nurse anesthetist as defined in
263 subdivision (8) of section 335.016 from entering into a
264 collaborative practice arrangement under this section,
265 except that the collaborative practice arrangement may not
266 delegate the authority to prescribe any controlled
267 substances listed in Schedules III, IV, and V of section
268 195.017, or Schedule II - hydrocodone.

269 8. A collaborating physician shall not enter into a
270 collaborative practice arrangement with more than six full-
271 time equivalent advanced practice registered nurses, full-
272 time equivalent licensed physician assistants, or full-time
273 equivalent assistant physicians, or any combination
274 thereof. This limitation shall not apply to collaborative
275 arrangements of hospital employees providing inpatient care
276 service in hospitals as defined in chapter 197 or population-
277 based public health services as defined by 20 CSR 2150-
278 5.100 as of April 30, 2008, or to a certified registered
279 nurse anesthetist providing anesthesia services under the
280 supervision of an anesthesiologist or other physician,
281 dentist, or podiatrist who is immediately available if
282 needed as set out in subsection 7 of this section.

283 9. It is the responsibility of the collaborating
284 physician to determine and document the completion of at
285 least a one-month period of time during which the advanced
286 practice registered nurse shall practice with the
287 collaborating physician continuously present before
288 practicing in a setting where the collaborating physician is
289 not continuously present. This limitation shall not apply
290 to collaborative arrangements of providers of population-

291 based public health services, as defined by 20 CSR 2150-
292 5.100 as of April 30, 2008, or to collaborative practice
293 arrangements between a primary care physician and a primary
294 care advanced practice registered nurse or a behavioral
295 health physician and a behavioral health advanced practice
296 registered nurse, where the collaborating physician is new
297 to a patient population to which the advanced practice
298 registered nurse is familiar.

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

307 11. No contract or other term of employment shall
308 require a physician to act as a collaborating physician for
309 an advanced practice registered nurse against the
310 physician's will. A physician shall have the right to
311 refuse to act as a collaborating physician, without penalty,
312 for a particular advanced practice registered nurse. No
313 contract or other agreement shall limit the collaborating
314 physician's ultimate authority over any protocols or
315 standing orders or in the delegation of the physician's
316 authority to any advanced practice registered nurse, but
317 this requirement shall not authorize a physician in
318 implementing such protocols, standing orders, or delegation
319 to violate applicable standards for safe medical practice
320 established by hospital's medical staff.

321 12. No contract or other term of employment shall
322 require any advanced practice registered nurse to serve as a
323 collaborating advanced practice registered nurse for any

324 collaborating physician against the advanced practice
325 registered nurse's will. An advanced practice registered
326 nurse shall have the right to refuse to collaborate, without
327 penalty, with a particular physician.

328 13. (1) The provisions of this section shall not
329 apply to an advanced practice registered nurse who has been
330 in a collaborative practice arrangement for a cumulative two
331 thousand documented hours with a collaborating physician and
332 whose license is in good standing. Any such advanced
333 practice registered nurse shall not be required to enter
334 into or remain in an arrangement in order to practice in
335 this state. Any other provisions of law requiring a
336 collaborative practice arrangement or delegation shall not
337 be required for an advanced practice registered nurse
338 described in this subsection.

339 (2) The provisions of this subsection shall not apply
340 to certified registered nurse anesthetists.

341 (3) Notwithstanding any provision of this section to
342 the contrary, an advanced practice registered nurse applying
343 for licensure by endorsement may demonstrate to the state
344 board of nursing completion of a cumulative two thousand
345 documented hours of practice. Such advanced practice
346 registered nurses shall not be required to enter into a
347 collaborative practice arrangement in order to practice in
348 this state.

349 335.016. As used in this chapter, unless the context
350 clearly requires otherwise, the following words and terms
351 mean:

352 (1) "Accredited", the official authorization or status
353 granted by an agency for a program through a voluntary
354 process;

355 (2) "Advanced practice registered nurse" or "APRN", a
356 person who is licensed under the provisions of this chapter

357 to engage in the practice of advanced practice nursing as a
358 certified clinical nurse specialist, certified nurse
359 midwife, certified nurse practitioner, or certified
360 registered nurse anesthetist;

361 (3) "Approval", official recognition of nursing
362 education programs which meet standards established by the
363 board of nursing;

364 (4) "Board" or "state board", the state board of
365 nursing;

366 (5) "Certified clinical nurse specialist", a
367 registered nurse who is currently certified as a clinical
368 nurse specialist by a nationally recognized certifying board
369 approved by the board of nursing;

370 (6) "Certified nurse midwife", a registered nurse who
371 is currently certified as a nurse midwife by the American
372 Midwifery Certification Board, or other nationally
373 recognized certifying body approved by the board of nursing;

374 (7) "Certified nurse practitioner", a registered nurse
375 who is currently certified as a nurse practitioner by a
376 nationally recognized certifying body approved by the board
377 of nursing;

378 (8) "Certified registered nurse anesthetist", a
379 registered nurse who is currently certified as a nurse
380 anesthetist by the Council on Certification of Nurse
381 Anesthetists, the National Board of Certification and
382 Recertification for Nurse Anesthetists, or other nationally
383 recognized certifying body approved by the board of nursing;

384 (9) "Executive director", a qualified individual
385 employed by the board as executive secretary or otherwise to
386 administer the provisions of this chapter under the board's
387 direction. Such person employed as executive director shall
388 not be a member of the board;

389 (10) "Inactive license status", as defined by rule
390 pursuant to section 335.061;

391 (11) "Lapsed license status", as defined by rule under
392 section 335.061;

393 (12) "Licensed practical nurse" or "practical nurse",
394 a person licensed pursuant to the provisions of this chapter
395 to engage in the practice of practical nursing;

396 (13) "Licensure", the issuing of a license to
397 candidates who have met the requirements specified under
398 this chapter, authorizing the person to engage in the
399 practice of advanced practice, professional, or practical
400 nursing, and the recording of the names of those persons as
401 holders of a license to practice advanced practice,
402 professional, or practical nursing;

403 (14) "Practice of advanced practice nursing", the
404 performance for compensation of activities and services
405 consistent with the required education, training,
406 certification, demonstrated competencies, and experiences of
407 an advanced practice registered nurse. In addition to the
408 practice of professional nursing and within the advanced
409 practice registered nurse role and population focus, the
410 term "practice of advanced practice nursing" shall include:

411 (a) Conducting an advanced assessment;

412 (b) Ordering and interpreting diagnostic procedures;

413 (c) Establishing primary and differential diagnoses;

414 (d) Prescribing, ordering, administering, dispensing,
415 and furnishing therapeutic measures;

416 (e) Delegating and assigning therapeutic measures to
417 assistive personnel;

418 (f) Consulting with other disciplines and providing
419 referrals to health care agencies, health care providers,
420 and community resources; and

421 (g) Other acts that require education and training
422 consistent with professional standards and commensurate with
423 the advanced practice registered nurse's education,
424 certification, demonstrated competencies, and experience;

425 (15) "Practice of practical nursing", the performance
426 for compensation of selected acts for the promotion of
427 health and in the care of persons who are ill, injured, or
428 experiencing alterations in normal health processes. Such
429 performance requires substantial specialized skill, judgment
430 and knowledge. All such nursing care shall be given under
431 the direction of a person licensed by a state regulatory
432 board to prescribe medications and treatments or under the
433 direction of a registered professional nurse. For the
434 purposes of this chapter, the term "direction" shall mean
435 guidance or supervision provided by a person licensed by a
436 state regulatory board to prescribe medications and
437 treatments or a registered professional nurse, including,
438 but not limited to, oral, written, or otherwise communicated
439 orders or directives for patient care. When practical
440 nursing care is delivered pursuant to the direction of a
441 person licensed by a state regulatory board to prescribe
442 medications and treatments or under the direction of a
443 registered professional nurse, such care may be delivered by
444 a licensed practical nurse without direct physical oversight;

445 (16) "Practice of professional nursing", the
446 performance for compensation of any act or action which
447 requires substantial specialized education, judgment and
448 skill based on knowledge and application of principles
449 derived from the biological, physical, social, behavioral,
450 and nursing sciences, including, but not limited to:

451 (a) Responsibility for the promotion and teaching of
452 health care and the prevention of illness to the patient and
453 his or her family;

454 (b) Assessment, data collection, nursing diagnosis,
455 nursing care, evaluation, and counsel of persons who are
456 ill, injured, or experiencing alterations in normal health
457 processes;

458 (c) The administration of medications and treatments
459 as prescribed by a person licensed by a state regulatory
460 board to prescribe medications and treatments;

461 (d) The coordination and assistance in the
462 determination and delivery of a plan of health care with all
463 members of a health team;

464 (e) The teaching and supervision of other persons in
465 the performance of any of the foregoing;

466 (17) "Registered professional nurse" or "registered
467 nurse", a person licensed pursuant to the provisions of this
468 chapter to engage in the practice of professional nursing;

469 (18) "Retired license status", any person licensed in
470 this state under this chapter who retires from such
471 practice. Such person shall file with the board an
472 affidavit, on a form to be furnished by the board, which
473 states the date on which the licensee retired from such
474 practice, an intent to retire from the practice for at least
475 two years, and such other facts as tend to verify the
476 retirement as the board may deem necessary; but if the
477 licensee thereafter reengages in the practice, the licensee
478 shall renew his or her license with the board as provided by
479 this chapter and by rule and regulation.

480 335.019. 1. An advanced practice registered nurse's
481 prescriptive authority shall include authority to:

482 (1) Prescribe, dispense, and administer medications
483 and nonscheduled legend drugs, as defined in section
484 338.330, and controlled substances, as provided in
485 subsection 2 of section 195.070, within such APRN's practice
486 and specialty; and

487 (2) Notwithstanding any other provision of this
488 chapter to the contrary, receive, prescribe, administer, and
489 provide nonscheduled legend drug samples from pharmaceutical
490 manufacturers to patients at no charge to the patient or any
491 other party.

492 2. In addition to advanced practice registered nurses
493 who have a collaborative practice arrangement, the
494 provisions of subsection 1 of this section shall apply to an
495 advanced practice registered nurse who meets the
496 requirements described in subsection 13 of section 334.104
497 and is no longer required to hold a collaborative practice
498 arrangement.

499 3. The board of nursing may grant a certificate of
500 controlled substance prescriptive authority to an advanced
501 practice registered nurse who:

502 (1) Submits proof of successful completion of an
503 advanced pharmacology course that shall include preceptorial
504 experience in the prescription of drugs, medicines, and
505 therapeutic devices; and

506 (2) Provides documentation of a minimum of three
507 hundred clock hours preceptorial experience in the
508 prescription of drugs, medicines, and therapeutic devices
509 with a qualified preceptor; and

510 (3) Provides evidence of a minimum of one thousand
511 hours of practice in an advanced practice nursing category
512 prior to application for a certificate of prescriptive
513 authority. The one thousand hours shall not include
514 clinical hours obtained in the advanced practice nursing
515 education program. The one thousand hours of practice in an
516 advanced practice nursing category may include transmitting
517 a prescription order orally or telephonically or to an
518 inpatient medical record from protocols developed in
519 collaboration with and signed by a licensed physician; and

520 **[(4)]** (a) Has a controlled substance prescribing
521 authority delegated in the collaborative practice
522 arrangement under section 334.104 with a physician who has
523 an unrestricted federal Drug Enforcement Administration
524 registration number and who is actively engaged in a
525 practice comparable in scope, specialty, or expertise to
526 that of the advanced practice registered nurse; or
527 (b) Provides documentation of a minimum of two
528 thousand hours of practice in advanced practice nursing, as
529 provided in subsection 13 of section 334.104."; and
530 Further amend the title and enacting clause accordingly.