

SECOND REGULAR SESSION

SENATE BILL NO. 592

97TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SATER.

Pre-filed December 3, 2013, and ordered printed.

TERRY L. SPIELER, Secretary.

4507S.011

AN ACT

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

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Section A. Section 334.104, RSMo, is repealed and one new section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

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

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

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

20 or general anesthesia for therapeutic, diagnostic, or surgical
21 procedures. Schedule III narcotic controlled substance prescriptions shall be
22 limited to a one hundred twenty-hour supply without refill. Such collaborative
23 practice arrangements shall be in the form of written agreements, jointly
24 agreed-upon protocols or standing orders for the delivery of health care services.

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

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

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

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

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

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

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

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

56 healing arts when requested; and

57 (c)] Provide coverage during absence, incapacity, infirmity, or emergency
58 by the collaborating physician;

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

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

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

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

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

82 4. The state board of registration for the healing arts pursuant to section
83 334.125 and the board of nursing pursuant to section 335.036 may jointly
84 promulgate rules regulating the use of collaborative practice arrangements. Such
85 rules shall be limited to [specifying geographic areas to be covered,] the methods
86 of treatment that may be covered by collaborative practice arrangements and the
87 requirements for review of services provided pursuant to collaborative practice
88 arrangements including delegating authority to prescribe controlled
89 substances. Any rules relating to dispensing or distribution of medications or
90 devices by prescription or prescription drug orders under this section shall be
91 subject to the approval of the state board of pharmacy. Any rules relating to

92 dispensing or distribution of controlled substances by prescription or prescription
93 drug orders under this section shall be subject to the approval of the department
94 of health and senior services and the state board of pharmacy. In order to take
95 effect, such rules shall be approved by a majority vote of a quorum of each
96 board. Neither the state board of registration for the healing arts nor the board
97 of nursing may separately promulgate rules relating to collaborative practice
98 arrangements. Such jointly promulgated rules shall be consistent with guidelines
99 for federally funded clinics. The rulemaking authority granted in this subsection
100 shall not extend to collaborative practice arrangements of hospital employees
101 providing inpatient care within hospitals as defined pursuant to chapter 197 or
102 population-based public health services as defined by 20 CSR 2150-5.100 as of
103 April 30, 2008.

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

124 6. Within thirty days of any change and on each renewal, the state board
125 of registration for the healing arts shall require every physician to identify
126 whether the physician is engaged in any collaborative practice agreement,
127 including collaborative practice agreements delegating the authority to prescribe

128 controlled substances, or physician assistant agreement and also report to the
129 board the name of each licensed professional with whom the physician has
130 entered into such agreement. The board may make this information available to
131 the public. The board shall track the reported information and may routinely
132 conduct random reviews of such agreements to ensure that agreements are
133 carried out for compliance under this chapter.

134 7. Notwithstanding any law to the contrary, a certified registered nurse
135 anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to
136 provide anesthesia services without a collaborative practice arrangement provided
137 that he or she is under the supervision of an anesthesiologist or other physician,
138 dentist, or podiatrist who is immediately available if needed. Nothing in this
139 subsection shall be construed to prohibit or prevent a certified registered nurse
140 anesthetist as defined in subdivision (8) of section 335.016 from entering into a
141 collaborative practice arrangement under this section, except that the
142 collaborative practice arrangement may not delegate the authority to prescribe
143 any controlled substances listed in Schedules III, IV, and V of section 195.017.

144 8. A collaborating physician shall not enter into a collaborative practice
145 arrangement with more than [three] five full-time equivalent advanced practice
146 registered nurses. This limitation shall not apply to collaborative arrangements
147 of hospital employees providing inpatient care service in hospitals as defined in
148 chapter 197 or population-based public health services as defined by 20 CSR
149 2150-5.100 as of April 30, 2008.

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

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

163 11. No contract or other agreement shall require a physician to act as a

164 collaborating physician for an advanced practice registered nurse against the
165 physician's will. A physician shall have the right to refuse to act as a
166 collaborating physician, without penalty, for a particular advanced practice
167 registered nurse. No contract or other agreement shall limit the collaborating
168 physician's ultimate authority over any protocols or standing orders or in the
169 delegation of the physician's authority to any advanced practice registered nurse,
170 but this requirement shall not authorize a physician in implementing such
171 protocols, standing orders, or delegation to violate applicable standards for safe
172 medical practice established by hospital's medical staff.

173 12. No contract or other agreement shall require any advanced practice
174 registered nurse to serve as a collaborating advanced practice registered nurse
175 for any collaborating physician against the advanced practice registered nurse's
176 will. An advanced practice registered nurse shall have the right to refuse to
177 collaborate, without penalty, with a particular physician.

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