

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 724
94TH GENERAL ASSEMBLY

Reported from the Special Committee on Professional Registration and Licensing April 17, 2008 with recommendation that House Committee Substitute for Senate Committee Substitute for Senate Bill No. 724 Do Pass. Referred to the Committee on Rules pursuant to Rule 25(21)(f).

D. ADAM CRUMBLISS, Chief Clerk

3351L.05C

AN ACT

To repeal sections 195.070, 195.100, 334.104, and 335.016, RSMo, and to enact in lieu thereof five new sections relating to nurses.

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

Section A. Sections 195.070, 195.100, 334.104, and 335.016, RSMo, are repealed and
2 five new sections enacted in lieu thereof, to be known as sections 195.070, 195.100, 334.104,
3 335.016, and 335.019, to read as follows:

195.070. 1. A physician, podiatrist, dentist, or a registered optometrist certified to
2 administer pharmaceutical agents as provided in section 336.220, RSMo, in good faith and in
3 the course of his or her professional practice only, may prescribe, administer, and dispense
4 controlled substances or he or she may cause the same to be administered or dispensed by an
5 individual as authorized by statute.

6 2. **An advanced practice registered nurse, as defined in section 335.016, RSMo, but**
7 **not a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016,**
8 **RSMo, who holds a certificate of controlled substance prescriptive authority from the**
9 **board of nursing under section 335.019, RSMo, and who is delegated the authority to**
10 **prescribe controlled substances under a collaborative practice arrangement under section**
11 **334.104, RSMo, may prescribe any controlled substances listed in Schedules III, IV, and**

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

12 **V of section 195.017. However, no such certified advanced practice registered nurse shall**
13 **prescribe controlled substance for his or her own self or family. Schedule III narcotic**
14 **controlled substance prescriptions shall be limited to a one hundred twenty hour supply**
15 **without refill.**

16 **3.** A veterinarian, in good faith and in the course of his professional practice only, and
17 not for use by a human being, may prescribe, administer, and dispense controlled substances and
18 he may cause them to be administered by an assistant or orderly under his direction and
19 supervision.

20 **[3.] 4.** A practitioner shall not accept any portion of a controlled substance unused by a
21 patient, for any reason, if such practitioner did not originally dispense the drug.

22 **[4.] 5.** An individual practitioner may not prescribe or dispense a controlled substance
23 for such practitioner's personal use except in a medical emergency.

195.100. 1. It shall be unlawful to distribute any controlled substance in a commercial
2 container unless such container bears a label containing an identifying symbol for such substance
3 in accordance with federal laws.

4 2. It shall be unlawful for any manufacturer of any controlled substance to distribute such
5 substance unless the labeling thereof conforms to the requirements of federal law and contains
6 the identifying symbol required in subsection 1 of this section.

7 3. The label of a controlled substance in Schedule II, III or IV shall, when dispensed to
8 or for a patient, contain a clear, concise warning that it is a criminal offense to transfer such
9 narcotic or dangerous drug to any person other than the patient.

10 4. Whenever a manufacturer sells or dispenses a controlled substance and whenever a
11 wholesaler sells or dispenses a controlled substance in a package prepared by him, he shall
12 securely affix to each package in which that drug is contained, a label showing in legible English
13 the name and address of the vendor and the quantity, kind, and form of controlled substance
14 contained therein. No person except a pharmacist for the purpose of filling a prescription under
15 sections 195.005 to 195.425, shall alter, deface, or remove any label so affixed.

16 5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on
17 a prescription issued by a physician, dentist, podiatrist [or] , veterinarian, **or advanced practice**
18 **registered nurse**, he shall affix to the container in which such drug is sold or dispensed, a label
19 showing his own name and address of the pharmacy or practitioner for whom he is lawfully
20 acting; the name of the patient or, if the patient is an animal, the name of the owner of the animal
21 and the species of the animal; the name of the physician, dentist, podiatrist [or] , **advanced**
22 **practice registered nurse, or** veterinarian by whom the prescription was written; **the name of**
23 **the collaborating physician if the prescription is written by an advanced practice registered**

24 **nurse**, and such directions as may be stated on the prescription. No person shall alter, deface,
25 or remove any label so affixed.

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

9 2. Collaborative practice arrangements, which shall be in writing, may delegate to a
10 registered professional nurse the authority to administer, dispense or prescribe drugs and provide
11 treatment if the registered professional nurse is an advanced practice nurse as defined in
12 subdivision (2) of section 335.016, RSMo. **Collaborative practice arrangements may**
13 **delegate to an advanced practice registered nurse, as defined in section 335.016, RSMo, the**
14 **authority to administer, dispense, or prescribe controlled substances listed in Schedules III,**
15 **IV, and V of section 195.017, RSMo. Schedule III narcotic controlled substance**
16 **prescriptions shall be limited to a one hundred twenty hour supply without refill.** Such
17 collaborative practice arrangements shall be in the form of written agreements, jointly
18 agreed-upon protocols or standing orders for the delivery of health care services.

19 3. **The written collaborative practice arrangement shall contain at least the**
20 **following provisions:**

21 (1) **Complete names, home and business addresses, zip codes, and telephone**
22 **numbers of the collaborating physician and the advanced practice registered nurse;**

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

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

31 (4) **All specialty or board certifications of the collaborating physician and all**
32 **certifications of the advanced practice registered nurse;**

33 **(5) The manner of collaboration between the collaborating physician and the**
34 **advanced practice registered nurse, including how the collaborating physician and the**
35 **advanced practice registered nurse will:**

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

38 **(b) Maintain geographic proximity; and**

39 **(c) Provide coverage during absence, incapacity, infirmity, or emergency by the**
40 **collaborating physician;**

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

45 **(7) A list of all other written practice agreements of the collaborating physician and**
46 **the advanced practice registered nurse;**

47 **(8) The duration of the written practice agreement between the collaborating**
48 **physician and the advanced practice registered nurse; and**

49 **(9) A description of the time and manner of the collaborating physician's review**
50 **of the advanced practice registered nurse's prescribing practices. The description shall**
51 **include provisions that the advanced practice registered nurse shall submit documentation**
52 **of the advanced practice registered nurse's prescribing practices to the collaborating**
53 **physician within fourteen days. The documentation shall include, but not be limited to, a**
54 **random sample review by the collaborating physician of at least twenty percent of the**
55 **charts and medications prescribed.**

56 **4.** The state board of registration for the healing arts pursuant to section 334.125 and the
57 board of nursing pursuant to section 335.036, RSMo, may jointly promulgate rules regulating
58 the use of collaborative practice arrangements. Such rules shall be limited to specifying
59 geographic areas to be covered, the methods of treatment that may be covered by collaborative
60 practice arrangements and the requirements for review of services provided pursuant to
61 collaborative practice arrangements **including delegating authority to prescribe controlled**
62 **substances.** Any rules relating to dispensing or distribution of medications or devices by
63 prescription or prescription drug orders under this section shall be subject to the approval of the
64 state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote
65 of a quorum of each board. Neither the state board of registration for the healing arts nor the
66 board of nursing may separately promulgate rules relating to collaborative practice arrangements.
67 Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics.
68 The rulemaking authority granted in this subsection shall not extend to collaborative practice

69 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant
70 to chapter 197, RSMo.

71 [4.] **5.** The state board of registration for the healing arts shall not deny, revoke, suspend
72 or otherwise take disciplinary action against a physician for health care services delegated to a
73 registered professional nurse provided the provisions of this section and the rules promulgated
74 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
75 imposed as a result of an agreement between a physician and a registered professional nurse or
76 registered physician assistant, whether written or not, prior to August 28, 1993, all records of
77 such disciplinary licensure action and all records pertaining to the filing, investigation or review
78 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed
79 from the records of the state board of registration for the healing arts and the division of
80 professional registration and shall not be disclosed to any public or private entity seeking such
81 information from the board or the division. The state board of registration for the healing arts
82 shall take action to correct reports of alleged violations and disciplinary actions as described in
83 this section which have been submitted to the National Practitioner Data Bank. In subsequent
84 applications or representations relating to his medical practice, a physician completing forms or
85 documents shall not be required to report any actions of the state board of registration for the
86 healing arts for which the records are subject to removal under this section.

87 [5.] **6.** Within thirty days of any change and on each renewal, the state board of
88 registration for the healing arts shall require every physician to identify whether the physician
89 is engaged in any collaborative practice agreement, **including collaborative practice**
90 **agreements delegating the authority to prescribe controlled substances**, or physician
91 assistant agreement and also report to the board the name of each licensed professional with
92 whom the physician has entered into such agreement. The board may make this information
93 available to the public. The board shall track the reported information and may routinely conduct
94 random reviews of such agreements to ensure that agreements are carried out for compliance
95 under this chapter.

96 [6. Notwithstanding anything to the contrary in this section, a registered nurse who has
97 graduated from a school of nurse anesthesia accredited by the Council on Accreditation of
98 Educational Programs of Nurse Anesthesia or its predecessor and has been certified or is eligible
99 for certification as a nurse anesthetist by the Council on Certification of Nurse Anesthetists shall
100 be permitted to provide anesthesia services without a collaborative practice arrangement
101 provided that he or she is under the supervision of an anesthesiologist or other physician, dentist,
102 or podiatrist who is immediately available if needed.]

103 **7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist**
104 **as defined in subdivision (8) of section 335.016, RSMo, 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. 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, RSMo, 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, RSMo.

8. A collaborating physician shall not enter into a collaborative practice arrangement with more than three full-time equivalent advanced practice registered nurses. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197, RSMo.

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 practice registered nurse shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present.

10. 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, RSMo, if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

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

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

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

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

(2) "Advanced practice **registered** nurse", a nurse who has [had] education beyond the basic nursing education and is certified by a nationally recognized professional organization [as having a nursing specialty, or who meets criteria for advanced practice nurses established by the board of nursing. The board of nursing may promulgate rules specifying which professional nursing organization certifications are to be recognized as advanced practice nurses, and may set standards for education, training and experience required for those without such specialty certification to become advanced practice nurses] **as a certified nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or a certified clinical nurse specialist. The board shall promulgate rules specifying which nationally recognized professional organization certifications are to be recognized for the purposes of this section.** Advanced practice nurses and only such individuals may use the title "Advanced Practice Registered Nurse" and the abbreviation "APRN";

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

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

(5) **"Certified nurse practitioner", a registered nurse who is currently certified as a nurse practitioner by a nationally recognized certifying body approved by the board of nursing;**

(6) **"Certified clinical nurse specialist", a registered nurse who is currently certified as a clinical nurse specialist by a nationally recognized certifying board approved by the board of nursing;**

(7) **"Certified nurse midwife", a registered nurse who is currently certified as a nurse midwife by the American College of Nurse Midwives, or other nationally recognized certifying body approved by the board of nursing;**

(8) **"Certified registered nurse anesthetist", a registered nurse who is currently certified as a nurse anesthetist by the Council on Certification of Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists, or other nationally recognized certifying body approved by the board of nursing;**

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

[(6)] (10) "Inactive nurse", as defined by rule pursuant to section 335.061;

37 [(7)] (11) "Lapsed license status", as defined by rule under section 335.061;

38 [(8)] (12) "Licensed practical nurse" or "practical nurse", a person licensed pursuant to
39 the provisions of this chapter to engage in the practice of practical nursing;

40 [(9)] (13) "Licensure", the issuing of a license to practice professional or practical
41 nursing to candidates who have met the specified requirements and the recording of the names
42 of those persons as holders of a license to practice professional or practical nursing;

43 [(10)] (14) "Practical nursing", the performance for compensation of selected acts for the
44 promotion of health and in the care of persons who are ill, injured, or experiencing alterations
45 in normal health processes. Such performance requires substantial specialized skill, judgment
46 and knowledge. All such nursing care shall be given under the direction of a person licensed by
47 a state regulatory board to prescribe medications and treatments or under the direction of a
48 registered professional nurse. For the purposes of this chapter, the term "direction" shall mean
49 guidance or supervision provided by a person licensed by a state regulatory board to prescribe
50 medications and treatments or a registered professional nurse, including, but not limited to, oral,
51 written, or otherwise communicated orders or directives for patient care. When practical nursing
52 care is delivered pursuant to the direction of a person licensed by a state regulatory board to
53 prescribe medications and treatments or under the direction of a registered professional nurse,
54 such care may be delivered by a licensed practical nurse without direct physical oversight;

55 [(11)] (15) "Professional nursing", the performance for compensation of any act which
56 requires substantial specialized education, judgment and skill based on knowledge and
57 application of principles derived from the biological, physical, social and nursing sciences,
58 including, but not limited to:

59 (a) Responsibility for the teaching of health care and the prevention of illness to the
60 patient and his or her family;

61 (b) Assessment, nursing diagnosis, nursing care, and counsel of persons who are ill,
62 injured or experiencing alterations in normal health processes;

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

65 (d) The coordination and assistance in the delivery of a plan of health care with all
66 members of a health team;

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

69 [(12)] (16) A "registered professional nurse" or "registered nurse", a person licensed
70 pursuant to the provisions of this chapter to engage in the practice of professional nursing;

71 [(13)] (17) "Retired license status", any person licensed in this state under this chapter
72 who retires from such practice. Such person shall file with the board an affidavit, on a form to

73 be furnished by the board, which states the date on which the licensee retired from such practice,
74 an intent to retire from the practice for at least two years, and such other facts as tend to verify
75 the retirement as the board may deem necessary; but if the licensee thereafter reengages in the
76 practice, the licensee shall renew his or her license with the board as provided by this chapter and
77 by rule and regulation.

**335.019. The board of nursing may grant a certificate of controlled substance
2 prescriptive authority to an advanced practice registered nurse who:**

3 **(1) Submits proof of successful completion of an advanced pharmacology course**
4 **that shall include preceptorial experience in the prescription of drugs, medicines and**
5 **therapeutic devices; and**

6 **(2) Provides documentation of a minimum of three hundred clock hours**
7 **preceptorial experience in the prescription of drugs, medicines, and therapeutic devices**
8 **with a qualified preceptor; and**

9 **(3) Provides evidence of a minimum of one thousand hours of practice in an**
10 **advanced practice nursing category prior to application for a certificate of prescriptive**
11 **authority. The one thousand hours shall not include clinical hours obtained in the**
12 **advanced practice nursing education program. The one thousand hours of practice in an**
13 **advanced practice nursing category may include transmitting a prescription order orally**
14 **or telephonically or to an inpatient medical record from protocols developed in**
15 **collaboration with and signed by a licensed physician; and**

16 **(4) Has a controlled substance prescribing authority delegated in the collaborative**
17 **practice arrangement under section 334.104, RSMo, with a physician who has an**
18 **unrestricted federal Drug Enforcement Administration registration number and who is**
19 **actively engaged in a practice comparable in scope, specialty, or expertise to that of the**
20 **advanced practice registered nurse.**

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