

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 88, Page
2 5, Section 197.100, Line 31, by inserting immediately after said line the following:

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

11 2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered
12 professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if
13 the registered professional nurse is an advanced practice nurse as defined in subdivision (2) of
14 section 335.016. Collaborative practice arrangements may delegate to an advanced practice
15 registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe
16 controlled substances listed in Schedules III, IV, and V of section 195.017; except that, the
17 collaborative practice arrangement shall not delegate the authority to administer any controlled
18 substances listed in schedules III, IV, and V of section 195.017 for the purpose of inducing sedation
19 or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic
20 controlled substance prescriptions shall be limited to a one hundred twenty-hour supply without
21 refill. Such collaborative practice arrangements shall be in the form of written agreements, jointly
22 agreed-upon protocols or standing orders for the delivery of health care services.

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

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

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

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

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

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

37 (a) Engage in collaborative practice consistent with each professional's skill, training, education,

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1 and competence;

2 (b) Maintain a geographic proximity in collaboration with a physician, but not limited to a
3 mileage requirement, other than what is defined in the collaborative agreement; and

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

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

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

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

14 (9) A description of the time and manner of the collaborating physician's review of the advanced
15 practice registered nurse's delivery of health care services. The description shall include provisions
16 that the advanced practice registered nurse shall submit a minimum of ten percent of the charts
17 documenting the advanced practice registered nurse's delivery of health care services to the
18 collaborating physician for review by the collaborating physician, or any other physician designated
19 in the collaborative practice arrangement, every fourteen days; and

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

25 4. The state board of registration for the healing arts pursuant to section 334.125 and the board of
26 nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative
27 practice arrangements. Such rules shall be limited to specifying geographic areas to be covered, the
28 methods of treatment that may be covered by collaborative practice arrangements and the
29 requirements for review of services provided pursuant to collaborative practice arrangements
30 including delegating authority to prescribe controlled substances. Any rules relating to dispensing or
31 distribution of medications or devices by prescription or prescription drug orders under this section
32 shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or
33 distribution of controlled substances by prescription or prescription drug orders under this section
34 shall be subject to the approval of the department of health and senior services and the state board of
35 pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of
36 each board. Neither the state board of registration for the healing arts nor the board of nursing may
37 separately promulgate rules relating to collaborative practice arrangements. Such jointly
38 promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking
39 authority granted in this subsection shall not extend to collaborative practice arrangements of
40 hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or
41 population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

42 5. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise
43 take disciplinary action against a physician for health care services delegated to a registered
44 professional nurse provided the provisions of this section and the rules promulgated thereunder are
45 satisfied. Upon the written request of a physician subject to a disciplinary action imposed as a result
46 of an agreement between a physician and a registered professional nurse or registered physician
47 assistant, whether written or not, prior to August 28, 1993, all records of such disciplinary licensure
48 action and all records pertaining to the filing, investigation or review of an alleged violation of this

chapter incurred as a result of such an agreement shall be removed from the records of the state board of registration for the healing arts and the division of professional registration and shall not be disclosed to any public or private entity seeking such information from the board or the division. The state board of registration for the healing arts shall take action to correct reports of alleged violations and disciplinary actions as described in this section which have been submitted to the National Practitioner Data Bank. In subsequent applications or representations relating to his 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, 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. 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.

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 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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. 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, 2008.

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 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

1 implementing such protocols, standing orders, or delegation to violate applicable standards for safe
2 medical practice established by hospital's medical staff.

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

7
8 Further amend said bill by amending the title, enacting clause, and intersectional references
9 accordingly.