

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 621, Page 20,
2 Section 208.686, Line 55, by inserting immediately after said line the following:

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

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

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

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

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

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

36 (5) The manner of collaboration between the collaborating physician and the advanced

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1 practice registered nurse, including how the collaborating physician and the advanced practice
2 registered nurse will:

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

5 (b) Maintain geographic proximity, except the collaborative practice arrangement may allow
6 for geographic proximity to be waived [for a maximum of twenty-eight days per calendar year for
7 rural health clinics as defined by P.L. 95-210,] as long as the collaborative practice arrangement
8 includes alternative plans as required in paragraph (c) of this subdivision. [This exception to
9 geographic proximity shall apply only to independent rural health clinics, provider-based rural
10 health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-
11 4, and provider-based rural health clinics where the main location of the hospital sponsor is greater
12 than fifty miles from the clinic. The collaborating physician is required to maintain documentation
13 related to this requirement and to present it to the state board of registration for the healing arts
14 when requested]; and

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

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

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

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

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

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

36 4. The state board of registration for the healing arts pursuant to section 334.125 and the
37 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
38 collaborative practice arrangements. Such rules shall be limited to [specifying geographic areas to
39 be covered,] the methods of treatment that may be covered by collaborative practice arrangements
40 and the requirements for review of services provided pursuant to collaborative practice
41 arrangements including delegating authority to prescribe controlled substances. Any rules relating
42 to dispensing or distribution of medications or devices by prescription or prescription drug orders
43 under this section shall be subject to the approval of the state board of pharmacy. Any rules relating
44 to dispensing or distribution of controlled substances by prescription or prescription drug orders
45 under this section shall be subject to the approval of the department of health and senior services
46 and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority
47 vote of a quorum of each board. Neither the state board of registration for the healing arts nor the
48 board of nursing may separately promulgate rules relating to collaborative practice arrangements.

1 Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The
2 rulemaking authority granted in this subsection shall not extend to collaborative practice
3 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to
4 chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April
5 30, 2008.

6 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
7 otherwise take disciplinary action against a physician for health care services delegated to a
8 registered professional nurse provided the provisions of this section and the rules promulgated
9 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
10 imposed as a result of an agreement between a physician and a registered professional nurse or
11 registered physician assistant, whether written or not, prior to August 28, 1993, all records of such
12 disciplinary licensure action and all records pertaining to the filing, investigation or review of an
13 alleged violation of this chapter incurred as a result of such an agreement shall be removed from the
14 records of the state board of registration for the healing arts and the division of professional
15 registration and shall not be disclosed to any public or private entity seeking such information from
16 the board or the division. The state board of registration for the healing arts shall take action to
17 correct reports of alleged violations and disciplinary actions as described in this section which have
18 been submitted to the National Practitioner Data Bank. In subsequent applications or
19 representations relating to his medical practice, a physician completing forms or documents shall
20 not be required to report any actions of the state board of registration for the healing arts for which
21 the records are subject to removal under this section.

22 6. Within thirty days of any change and on each renewal, the state board of registration for
23 the healing arts shall require every physician to identify whether the physician is engaged in any
24 collaborative practice agreement, including collaborative practice agreements delegating the
25 authority to prescribe controlled substances, or physician assistant agreement and also report to the
26 board the name of each licensed professional with whom the physician has entered into such
27 agreement. The board may make this information available to the public. The board shall track the
28 reported information and may routinely conduct random reviews of such agreements to ensure that
29 agreements are carried out for compliance under this chapter.

30 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined
31 in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a
32 collaborative practice arrangement provided that he or she is under the supervision of an
33 anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed.
34 Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse
35 anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative
36 practice arrangement under this section, except that the collaborative practice arrangement may not
37 delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of
38 section 195.017, or Schedule II - hydrocodone.

39 8. A collaborating physician shall not enter into a collaborative practice arrangement with
40 more than ~~[three]~~ five full-time equivalent advanced practice registered nurses. This limitation shall
41 not apply to collaborative arrangements of hospital employees providing inpatient care service in
42 hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR
43 2150-5.100 as of April 30, 2008.

44 9. It is the responsibility of the collaborating physician to determine and document the
45 completion of at least a one-month period of time during which the advanced practice registered
46 nurse shall practice with the collaborating physician continuously present before practicing in a
47 setting where the collaborating physician is not continuously present. This limitation shall not apply
48 to collaborative arrangements of providers of population-based public health services as defined by

1 20 CSR 2150-5.100 as of April 30, 2008.

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

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

15 12. No contract or other agreement shall require any advanced practice registered nurse to
16 serve as a collaborating advanced practice registered nurse for any collaborating physician against
17 the advanced practice registered nurse's will. An advanced practice registered nurse shall have the
18 right to refuse to collaborate, without penalty, with a particular physician."; and
19

20 Further amend said bill by amending the title, enacting clause, and intersectional references
21 accordingly.