SECOND REGULAR SESSION

HOUSE COMMITTEE SUBSTITUTE FOR

HOUSE BILL NO. 2233

99TH GENERAL ASSEMBLY

5731H.02C D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 334.104 and 334.735, RSMo, and to enact in lieu thereof two new sections relating to advanced practice registered nurses.

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

Section A. Sections 334.104 and 334.735, RSMo, are repealed and two new sections
2 enacted in lieu thereof, to be known as sections 334.104 and 334.735, to read as follows:

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 registered nurse as defined
12 in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
13 advanced practice registered nurse, as defined in section 335.016, the authority to administer,
14 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,
15 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not
16 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V
17 of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general
18 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled

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.

19 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred
20 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form
21 of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health
22 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
26 of the 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
29 to 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
35 certifications of the advanced practice registered nurse;
36 (5) The manner of collaboration between the collaborating physician and the advanced
37 practice registered nurse, including how the collaborating physician and the advanced practice
38 registered nurse will:
39 (a) Engage in collaborative practice consistent with each professional's skill, training,
40 education, and competence;
41 (b) Maintain geographic proximity, except the collaborative practice arrangement may
42 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar
43 year for **certified community behavioral health clinics as defined by P.L. 113-93 and** rural
44 health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement
45 includes alternative plans as required in paragraph (c) of this subdivision. This exception to
46 geographic proximity shall apply only to **certified community behavioral health clinics,**
47 independent rural health clinics, provider-based rural health clinics where the provider is a
48 critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health
49 clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic.
50 The collaborating physician is required to maintain documentation related to this requirement
51 and to present it to the state board of registration for the healing arts when requested; and
52 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the
53 collaborating physician;

54 (6) A description of the advanced practice registered nurse's controlled substance
55 prescriptive authority in collaboration with the physician, including a list of the controlled
56 substances the physician authorizes the nurse to prescribe and documentation that it is consistent
57 with each professional's education, knowledge, skill, and competence;
58 (7) A list of all other written practice agreements of the collaborating physician and the
59 advanced practice registered nurse;
60 (8) The duration of the written practice agreement between the collaborating physician
61 and the advanced practice registered nurse;
62 (9) A description of the time and manner of the collaborating physician's review of the
63 advanced practice registered nurse's delivery of health care services. The description shall
64 include provisions that the advanced practice registered nurse shall submit a minimum of ten
65 percent of the charts documenting the advanced practice registered nurse's delivery of health care
66 services to the collaborating physician for review by the collaborating physician, or any other
67 physician designated in the collaborative practice arrangement, every fourteen days; and
68 (10) The collaborating physician, or any other physician designated in the collaborative
69 practice arrangement, shall review every fourteen days a minimum of twenty percent of the
70 charts in which the advanced practice registered nurse prescribes controlled substances. The
71 charts reviewed under this subdivision may be counted in the number of charts required to be
72 reviewed under subdivision (9) of this subsection.
73 4. The state board of registration for the healing arts pursuant to section 334.125 and the
74 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
75 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas
76 to be covered, the methods of treatment that may be covered by collaborative practice
77 arrangements and the requirements for review of services provided pursuant to collaborative
78 practice arrangements including delegating authority to prescribe controlled substances. Any
79 rules relating to dispensing or distribution of medications or devices by prescription or
80 prescription drug orders under this section shall be subject to the approval of the state board of
81 pharmacy. Any rules relating to dispensing or distribution of controlled substances by
82 prescription or prescription drug orders under this section shall be subject to the approval of the
83 department of health and senior services and the state board of pharmacy. In order to take effect,
84 such rules shall be approved by a majority vote of a quorum of each board. Neither the state
85 board of registration for the healing arts nor the board of nursing may separately promulgate rules
86 relating to collaborative practice arrangements. Such jointly promulgated rules shall be
87 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this
88 subsection shall not extend to collaborative practice arrangements of hospital employees

89 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based
90 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.
91 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
92 otherwise take disciplinary action against a physician for health care services delegated to a
93 registered professional nurse provided the provisions of this section and the rules promulgated
94 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
95 imposed as a result of an agreement between a physician and a registered professional nurse or
96 registered physician assistant, whether written or not, prior to August 28, 1993, all records of
97 such disciplinary licensure action and all records pertaining to the filing, investigation or review
98 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed
99 from the records of the state board of registration for the healing arts and the division of
100 professional registration and shall not be disclosed to any public or private entity seeking such
101 information from the board or the division. The state board of registration for the healing arts
102 shall take action to correct reports of alleged violations and disciplinary actions as described in
103 this section which have been submitted to the National Practitioner Data Bank. In subsequent
104 applications or representations relating to his medical practice, a physician completing forms or
105 documents shall not be required to report any actions of the state board of registration for the
106 healing arts for which the records are subject to removal under this section.
107 6. Within thirty days of any change and on each renewal, the state board of registration
108 for the healing arts shall require every physician to identify whether the physician is engaged in
109 any collaborative practice agreement, including collaborative practice agreements delegating the
110 authority to prescribe controlled substances, or physician assistant agreement and also report to
111 the board the name of each licensed professional with whom the physician has entered into such
112 agreement. The board may make this information available to the public. The board shall track
113 the reported information and may routinely conduct random reviews of such agreements to
114 ensure that agreements are carried out for compliance under this chapter.
115 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as
116 defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services
117 without a collaborative practice arrangement provided that he or she is under the supervision of
118 an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if
119 needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered
120 nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a
121 collaborative practice arrangement under this section, except that the collaborative practice
122 arrangement may not delegate the authority to prescribe any controlled substances listed in
123 Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

124 8. A collaborating physician shall not enter into **[**~~a~~**]** collaborative practice **[**~~arrangement~~**]**
125 **arrangements or supervision agreements** with more than **[**~~three~~**] any combination of six** full-
126 time equivalent advanced practice registered nurses **or physician assistants**. This limitation
127 shall not apply to collaborative arrangements **or supervision agreements** of hospital employees
128 providing inpatient care service in hospitals as defined in chapter 197 or population-based public
129 health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.
130 9. It is the responsibility of the collaborating physician to determine and document the
131 completion of at least a one-month period of time during which the advanced practice registered
132 nurse shall practice with the collaborating physician continuously present before practicing in
133 a setting where the collaborating physician is not continuously present. This limitation shall not
134 apply to collaborative arrangements of providers of population-based public health services as
135 defined by 20 CSR 2150-5.100 as of April 30, 2008.
136 10. No agreement made under this section shall supersede current hospital licensing
137 regulations governing hospital medication orders under protocols or standing orders for the
138 purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020
139 if such protocols or standing orders have been approved by the hospital's medical staff and
140 pharmaceutical therapeutics committee.
141 11. No contract or other agreement shall require a physician to act as a collaborating
142 physician for an advanced practice registered nurse against the physician's will. A physician
143 shall have the right to refuse to act as a collaborating physician, without penalty, for a particular
144 advanced practice registered nurse. No contract or other agreement shall limit the collaborating
145 physician's ultimate authority over any protocols or standing orders or in the delegation of the
146 physician's authority to any advanced practice registered nurse, but this requirement shall not
147 authorize a physician in implementing such protocols, standing orders, or delegation to violate
148 applicable standards for safe medical practice established by hospital's medical staff.
149 12. No contract or other agreement shall require any advanced practice registered nurse
150 to serve as a collaborating advanced practice registered nurse for any collaborating physician
151 against the advanced practice registered nurse's will. An advanced practice registered nurse shall
152 have the right to refuse to collaborate, without penalty, with a particular physician.
334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:
2 (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
3 (2) "Certification" or "registration", a process by a certifying entity that grants
4 recognition to applicants meeting predetermined qualifications specified by such certifying
5 entity;
6 (3) "Certifying entity", the nongovernmental agency or association which certifies or
7 registers individuals who have completed academic and training requirements;

8 (4) "Department", the department of insurance, financial institutions and professional
9 registration or a designated agency thereof;
10 (5) "License", a document issued to an applicant by the board acknowledging that the
11 applicant is entitled to practice as a physician assistant;
12 (6) "Physician assistant", a person who has graduated from a physician assistant program
13 accredited by the American Medical Association's Committee on Allied Health Education and
14 Accreditation or by its successor agency, who has passed the certifying examination administered
15 by the National Commission on Certification of Physician Assistants and has active certification
16 by the National Commission on Certification of Physician Assistants who provides health care
17 services delegated by a licensed physician. A person who has been employed as a physician
18 assistant for three years prior to August 28, 1989, who has passed the National Commission on
19 Certification of Physician Assistants examination, and has active certification of the National
20 Commission on Certification of Physician Assistants;
21 (7) "Recognition", the formal process of becoming a certifying entity as required by the
22 provisions of sections 334.735 to 334.749;
23 (8) "Supervision", control exercised over a physician assistant working with a
24 supervising physician and oversight of the activities of and accepting responsibility for the
25 physician assistant's delivery of care. The physician assistant shall only practice at a location
26 where the physician routinely provides patient care, except existing patients of the supervising
27 physician in the patient's home and correctional facilities. The supervising physician must be
28 immediately available in person or via telecommunication during the time the physician assistant
29 is providing patient care. Prior to commencing practice, the supervising physician and physician
30 assistant shall attest on a form provided by the board that the physician shall provide supervision
31 appropriate to the physician assistant's training and that the physician assistant shall not practice
32 beyond the physician assistant's training and experience. Appropriate supervision shall require
33 the supervising physician to be working within the same facility as the physician assistant for at
34 least four hours within one calendar day for every fourteen days on which the physician assistant
35 provides patient care as described in subsection 3 of this section. Only days in which the
36 physician assistant provides patient care as described in subsection 3 of this section shall be
37 counted toward the fourteen-day period. The requirement of appropriate supervision shall be
38 applied so that no more than thirteen calendar days in which a physician assistant provides
39 patient care shall pass between the physician's four hours working within the same facility. The
40 board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the
41 physician assistant activity by the supervising physician and the physician assistant.
42 2. (1) A supervision agreement shall limit the physician assistant to practice only at
43 locations described in subdivision (8) of subsection 1 of this section, where the supervising

44 physician is no further than fifty miles by road using the most direct route available and where
45 the location is not so situated as to create an impediment to effective intervention and
46 supervision of patient care or adequate review of services.

47 (2) For a physician-physician assistant team working in a rural health clinic under the
48 federal Rural Health Clinic Services Act, P.L. 95-210, as amended, no supervision requirements
49 in addition to the minimum federal law shall be required.

50 3. The scope of practice of a physician assistant shall consist only of the following
51 services and procedures:

52 (1) Taking patient histories;

53 (2) Performing physical examinations of a patient;

54 (3) Performing or assisting in the performance of routine office laboratory and patient
55 screening procedures;

56 (4) Performing routine therapeutic procedures;

57 (5) Recording diagnostic impressions and evaluating situations calling for attention of
58 a physician to institute treatment procedures;

59 (6) Instructing and counseling patients regarding mental and physical health using
60 procedures reviewed and approved by a licensed physician;

61 (7) Assisting the supervising physician in institutional settings, including reviewing of
62 treatment plans, ordering of tests and diagnostic laboratory and radiological services, and
63 ordering of therapies, using procedures reviewed and approved by a licensed physician;

64 (8) Assisting in surgery;

65 (9) Performing such other tasks not prohibited by law under the supervision of a licensed
66 physician as the physician's assistant has been trained and is proficient to perform; and

67 (10) Physician assistants shall not perform or prescribe abortions.

68 4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless
69 pursuant to a physician supervision agreement in accordance with the law, nor prescribe lenses,
70 prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual
71 power or visual efficiency of the human eye, nor administer or monitor general or regional block
72 anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing of drugs,
73 medications, devices or therapies by a physician assistant shall be pursuant to a physician
74 assistant supervision agreement which is specific to the clinical conditions treated by the
75 supervising physician and the physician assistant shall be subject to the following:

76 (1) A physician assistant shall only prescribe controlled substances in accordance with
77 section 334.747;

78 (2) The types of drugs, medications, devices or therapies prescribed by a physician
79 assistant shall be consistent with the scopes of practice of the physician assistant and the
80 supervising physician;
81 (3) All prescriptions shall conform with state and federal laws and regulations and shall
82 include the name, address and telephone number of the physician assistant and the supervising
83 physician;
84 (4) A physician assistant, or advanced practice registered nurse as defined in section
85 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
86 professional samples to patients; and
87 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies
88 the supervising physician is not qualified or authorized to prescribe.
89 5. A physician assistant shall clearly identify himself or herself as a physician assistant
90 and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr."
91 or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician
92 assistant shall practice or attempt to practice without physician supervision or in any location
93 where the supervising physician is not immediately available for consultation, assistance and
94 intervention, except as otherwise provided in this section, and in an emergency situation, nor
95 shall any physician assistant bill a patient independently or directly for any services or procedure
96 by the physician assistant; except that, nothing in this subsection shall be construed to prohibit
97 a physician assistant from enrolling with the department of social services as a MO HealthNet
98 or Medicaid provider while acting under a supervision agreement between the physician and
99 physician assistant.
100 6. For purposes of this section, the licensing of physician assistants shall take place
101 within processes established by the state board of registration for the healing arts through rule
102 and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536
103 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and
104 addressing such other matters as are necessary to protect the public and discipline the profession.
105 An application for licensing may be denied or the license of a physician assistant may be
106 suspended or revoked by the board in the same manner and for violation of the standards as set
107 forth by section 334.100, or such other standards of conduct set by the board by rule or
108 regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be required to
109 be licensed as physician assistants. All applicants for physician assistant licensure who complete
110 a physician assistant training program after January 1, 2008, shall have a master's degree from
111 a physician assistant program.
112 7. "Physician assistant supervision agreement" means a written agreement, jointly
113 agreed-upon protocols or standing order between a supervising physician and a physician

114 assistant, which provides for the delegation of health care services from a supervising physician
115 to a physician assistant and the review of such services. The agreement shall contain at least the
116 following provisions:
117 (1) Complete names, home and business addresses, zip codes, telephone numbers, and
118 state license numbers of the supervising physician and the physician assistant;
119 (2) A list of all offices or locations where the physician routinely provides patient care,
120 and in which of such offices or locations the supervising physician has authorized the physician
121 assistant to practice;
122 (3) All specialty or board certifications of the supervising physician;
123 (4) The manner of supervision between the supervising physician and the physician
124 assistant, including how the supervising physician and the physician assistant shall:
125 (a) Attest on a form provided by the board that the physician shall provide supervision
126 appropriate to the physician assistant's training and experience and that the physician assistant
127 shall not practice beyond the scope of the physician assistant's training and experience nor the
128 supervising physician's capabilities and training; and
129 (b) Provide coverage during absence, incapacity, infirmity, or emergency by the
130 supervising physician;
131 (5) The duration of the supervision agreement between the supervising physician and
132 physician assistant; and
133 (6) A description of the time and manner of the supervising physician's review of the
134 physician assistant's delivery of health care services. Such description shall include provisions
135 that the supervising physician, or a designated supervising physician listed in the supervision
136 agreement review a minimum of ten percent of the charts of the physician assistant's delivery
137 of health care services every fourteen days.
138 8. When a physician assistant supervision agreement is utilized to provide health care
139 services for conditions other than acute self-limited or well-defined problems, the supervising
140 physician or other physician designated in the supervision agreement shall see the patient for
141 evaluation and approve or formulate the plan of treatment for new or significantly changed
142 conditions as soon as practical, but in no case more than two weeks after the patient has been
143 seen by the physician assistant.
144 9. At all times the physician is responsible for the oversight of the activities of, and
145 accepts responsibility for, health care services rendered by the physician assistant.
146 10. It is the responsibility of the supervising physician to determine and document the
147 completion of at least a one-month period of time during which the licensed physician assistant
148 shall practice with a supervising physician continuously present before practicing in a setting
149 where a supervising physician is not continuously present.

150 11. No contract or other agreement shall require a physician to act as a supervising
151 physician for a physician assistant against the physician's will. A physician shall have the right
152 to refuse to act as a supervising physician, without penalty, for a particular physician assistant.
153 No contract or other agreement shall limit the supervising physician's ultimate authority over any
154 protocols or standing orders or in the delegation of the physician's authority to any physician
155 assistant, but this requirement shall not authorize a physician in implementing such protocols,
156 standing orders, or delegation to violate applicable standards for safe medical practice
157 established by the hospital's medical staff.
158 12. Physician assistants shall file with the board a copy of their supervising physician
159 form.
160 13. No physician shall be designated to serve as supervising physician **or a**
161 **collaborating physician** for more than **[**~~three~~**] six** full-time equivalent licensed physician
162 assistants **or advanced practice registered nurses**. This limitation shall not apply to physician
163 assistant agreements **or collaborative practice arrangements** of hospital employees providing
164 inpatient care service in hospitals as defined in chapter 197.

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