

SECOND REGULAR SESSION

HOUSE BILL NO. 2217

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE KEATHLEY.

4845H.011

DANA RADEMAN MILLER, Chief Clerk

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Section A. Section 334.104, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 334.104, to read as follows: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 arrangements with registered professional nurses. Collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer or dispense drugs and provide treatment as long as the delivery of such health care services is within the scope of practice of the registered professional nurse and is consistent with that nurse's skill, training and competence.

2. (1) Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of

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.

18 inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures.
19 Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall
20 be limited to a one hundred twenty-hour supply without refill.

21 (2) Notwithstanding any other provision of this section to the contrary, a collaborative
22 practice arrangement may delegate to an advanced practice registered nurse the authority to
23 administer, dispense, or prescribe Schedule II controlled substances for hospice patients;
24 provided, that the advanced practice registered nurse is employed by a hospice provider
25 certified pursuant to chapter 197 and the advanced practice registered nurse is providing care
26 to hospice patients pursuant to a collaborative practice arrangement that designates the
27 certified hospice as a location where the advanced practice registered nurse is authorized to
28 practice and prescribe.

29 (3) Such collaborative practice arrangements shall be in the form of written
30 agreements, jointly agreed-upon protocols or standing orders for the delivery of health care
31 services.

32 (4) An advanced practice registered nurse may prescribe buprenorphine for up to a
33 thirty-day supply without refill for patients receiving medication-assisted treatment for
34 substance use disorders under the direction of the collaborating physician.

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

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

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

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

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

48 (5) The manner of collaboration between the collaborating physician and the
49 advanced practice registered nurse, including how the collaborating physician and the
50 advanced practice registered nurse will:

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

53 (b) ~~[Maintain geographic proximity, except as specified in this paragraph. The~~
54 ~~following provisions shall apply with respect to this requirement:~~

55 ~~a. Until August 28, 2025, an advanced practice registered nurse providing services in~~
56 ~~a correctional center, as defined in section 217.010, and his or her collaborating physician~~
57 ~~shall satisfy the geographic proximity requirement if they practice within two hundred miles~~
58 ~~by road of one another. An incarcerated patient who requests or requires a physician~~
59 ~~consultation shall be treated by a physician as soon as appropriate;~~

60 ~~b. The collaborative practice arrangement may allow for geographic proximity to be~~
61 ~~waived for a maximum of twenty eight days per calendar year for rural health clinics as~~
62 ~~defined by Pub.L. 95-210 (42 U.S.C. Section 1395x, as amended), as long as the collaborative~~
63 ~~practice arrangement includes alternative plans as required in paragraph (c) of this~~
64 ~~subdivision. This exception to geographic proximity shall apply only to independent rural~~
65 ~~health clinics, provider-based rural health clinics where the provider is a critical access~~
66 ~~hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics~~
67 ~~where the main location of the hospital sponsor is greater than fifty miles from the clinic;~~

68 ~~c. The collaborative practice arrangement may allow for geographic proximity to be~~
69 ~~waived when the arrangement outlines the use of telehealth, as defined in section 191.1145;~~

70 ~~d. In addition to the waivers and exemptions provided in this subsection, an~~
71 ~~application for a waiver for any other reason of any applicable geographic proximity shall be~~
72 ~~available if a physician is collaborating with an advanced practice registered nurse in excess~~
73 ~~of any geographic proximity limit. The board of nursing and the state board of registration~~
74 ~~for the healing arts shall review each application for a waiver of geographic proximity and~~
75 ~~approve the application if the boards determine that adequate supervision exists between the~~
76 ~~collaborating physician and the advanced practice registered nurse. The boards shall have~~
77 ~~forty five calendar days to review the completed application for the waiver of geographic~~
78 ~~proximity. If no action is taken by the boards within forty five days after the submission of~~
79 ~~the application for a waiver, then the application shall be deemed approved. If the application~~
80 ~~is denied by the boards, the provisions of section 536.063 for contested cases shall apply and~~
81 ~~govern proceedings for appellate purposes; and~~

82 ~~e. The collaborating physician is required to maintain documentation related to this~~
83 ~~requirement and to present it to the state board of registration for the healing arts when~~
84 ~~requested; and~~

85 ~~(e)] Provide coverage during absence, incapacity, infirmity, or emergency by the~~
86 ~~collaborating physician;~~

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

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

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

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

101 (10) The collaborating physician, or any other physician designated in the
102 collaborative practice arrangement, shall review every fourteen days a minimum of twenty
103 percent of the charts in which the advanced practice registered nurse prescribes controlled
104 substances. The charts reviewed under this subdivision may be counted in the number of
105 charts required to be reviewed under subdivision (9) of this subsection; and

106 (11) If a collaborative practice arrangement is used in clinical situations where a
107 collaborating advanced practice registered nurse provides health care services that include the
108 diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the
109 collaborating physician or any other physician designated in the collaborative practice
110 arrangement shall be present for sufficient periods of time, at least once every two weeks,
111 except in extraordinary circumstances that shall be documented, to participate in a chart
112 review and to provide necessary medical direction, medical services, consultations, and
113 supervision of the health care staff.

114 4. The state board of registration for the healing arts pursuant to section 334.125 and
115 the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the
116 use of collaborative practice arrangements. Such rules shall be limited to the methods of
117 treatment that may be covered by collaborative practice arrangements and the requirements
118 for review of services provided pursuant to collaborative practice arrangements including
119 delegating authority to prescribe controlled substances. ~~[Any rules relating to geographic
120 proximity shall allow a collaborating physician and a collaborating advanced practice
121 registered nurse to practice within two hundred miles by road of one another until August 28,
122 2025, if the nurse is providing services in a correctional center, as defined in section 217.010.]~~
123 **The state board of registration for the healing arts and the board of nursing shall not**
124 **promulgate rules to enforce any geographic proximity requirements, including any**
125 **mileage or distance restrictions for a physician or advanced practice registered nurse,**
126 **on collaborative practice arrangements between physicians and registered professional**
127 **nurses located in this state. Any regulations governing proximity that are in effect on**

128 **August 28, 2024, shall no longer be effective. Any provision of a collaborative practice**
129 **arrangement that requires geographic proximity between a physician and a registered**
130 **professional nurse shall be unenforceable.** Any rules relating to dispensing or distribution
131 of medications or devices by prescription or prescription drug orders under this section shall
132 be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or
133 distribution of controlled substances by prescription or prescription drug orders under this
134 section shall be subject to the approval of the department of health and senior services and the
135 state board of pharmacy. In order to take effect, such rules shall be approved by a majority
136 vote of a quorum of each board. Neither the state board of registration for the healing arts nor
137 the board of nursing may separately promulgate rules relating to collaborative practice
138 arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally
139 funded clinics. The rulemaking authority granted in this subsection shall not extend to
140 collaborative practice arrangements of hospital employees providing inpatient care within
141 hospitals as defined pursuant to chapter 197 or population-based public health services as
142 defined by 20 CSR 2150- 5.100 as of April 30, 2008.

143 5. The state board of registration for the healing arts shall not deny, revoke, suspend
144 or otherwise take disciplinary action against a physician for health care services delegated to a
145 registered professional nurse provided the provisions of this section and the rules
146 promulgated thereunder are satisfied. Upon the written request of a physician subject to a
147 disciplinary action imposed as a result of an agreement between a physician and a registered
148 professional nurse or registered physician assistant, whether written or not, prior to August
149 28, 1993, all records of such disciplinary licensure action and all records pertaining to the
150 filing, investigation or review of an alleged violation of this chapter incurred as a result of
151 such an agreement shall be removed from the records of the state board of registration for the
152 healing arts and the division of professional registration and shall not be disclosed to any
153 public or private entity seeking such information from the board or the division. The state
154 board of registration for the healing arts shall take action to correct reports of alleged
155 violations and disciplinary actions as described in this section which have been submitted to
156 the National Practitioner Data Bank. In subsequent applications or representations relating to
157 his or her medical practice, a physician completing forms or documents shall not be required
158 to report any actions of the state board of registration for the healing arts for which the
159 records are subject to removal under this section.

160 6. Within thirty days of any change and on each renewal, the state board of
161 registration for the healing arts shall require every physician to identify whether the physician
162 is engaged in any collaborative practice arrangement, including collaborative practice
163 arrangements delegating the authority to prescribe controlled substances, or physician
164 assistant collaborative practice arrangement and also report to the board the name of each

165 licensed professional with whom the physician has entered into such arrangement. The board
166 shall make this information available to the public. The board shall track the reported
167 information and may routinely conduct random reviews of such arrangements to ensure that
168 arrangements are carried out for compliance under this chapter.

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

178 8. A collaborating physician shall not enter into a collaborative practice arrangement
179 with more than six full-time equivalent advanced practice registered nurses, full-time
180 equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any
181 combination thereof. This limitation shall not apply to collaborative arrangements of hospital
182 employees providing inpatient care service in hospitals as defined in chapter 197 or
183 population-based public health services as defined by 20 CSR 2150- 5.100 as of April 30,
184 2008, or to a certified registered nurse anesthetist providing anesthesia services under the
185 supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately
186 available if needed as set out in subsection 7 of this section.

187 9. It is the responsibility of the collaborating physician to determine and document
188 the completion of at least a one-month period of time during which the advanced practice
189 registered nurse shall practice with the collaborating physician continuously present before
190 practicing in a setting where the collaborating physician is not continuously present. This
191 limitation shall not apply to collaborative arrangements of providers of population-based
192 public health services, as defined by 20 CSR 2150- 5.100 as of April 30, 2008, or to
193 collaborative practice arrangements between a primary care physician and a primary care
194 advanced practice registered nurse or a behavioral health physician and a behavioral health
195 advanced practice registered nurse, where the collaborating physician is new to a patient
196 population to which the advanced practice registered nurse is familiar.

197 10. No agreement made under this section shall supersede current hospital licensing
198 regulations governing hospital medication orders under protocols or standing orders for the
199 purpose of delivering inpatient or emergency care within a hospital as defined in section
200 197.020 if such protocols or standing orders have been approved by the hospital's medical
201 staff and pharmaceutical therapeutics committee.

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

211 12. No contract or other term of employment shall require any advanced practice
212 registered nurse to serve as a collaborating advanced practice registered nurse for any
213 collaborating physician against the advanced practice registered nurse's will. An advanced
214 practice registered nurse shall have the right to refuse to collaborate, without penalty, with a
215 particular physician.

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