ATTACHMENT E

State and federal regulations about APRN/ NP roles and definitions of “physician”, medical director, and “physician designee” in hospices:

Code of State Regulations (CSR) –

- At 20 CSR 2200-4.100 (1) (E) (F) (G) it says the APRN “as defined in 35.016, RSMo” (rules of the state of Missouri) is an “Advanced practice nursing clinical specialty” who can apply for a “Certificate of controlled substance prescriptive authority” and must meet eligibility to prescribe controlled substances “granted by the Missouri State Board of Nursing (MSBN)” to “...prescribe controlled substances from Schedules III-V as delegated in a collaborative practice arrangement between a collaborating physician and a collaborating APRN”.....

- At Chapter 335 of the Missouri Revised Statutes, Section 335.016.1 the definition of “Advanced practice registered nurse” says “a nurse who has education beyond the basic nursing education and is certified by a nationally recognized professional organization as a certified nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, or a certified clinical nurse specialist...”

- Also at 20 CSR 2200-4.100 (2)(B) (7) the MSBN describes a list of requirements for an APRN who seeks to obtain a controlled substance prescriptive authority, such as taking an advanced pharmacology course and completion of a minimum of 300 hours of preceptorial experience with a qualified preceptor’s oversight, prescribing medications, or use of therapeutic devices.

- APRN practice is further described at 20 CSR 2200-4.200 (Collaborative Practice) where it details how the APRN has to have a written agreement with “jointly agreed upon protocols, or standing orders” with a physician, for the “delivery of health care services.”- Per 20 CSR 2200-4.200 (1) (c).

- The partial state rules (above) are just a few excerpts of APRN requirements, and it is up to each APRN and hospice agency to be aware of all the requirements that apply to each APRN. Missouri State Board of Nursing is the best resource to answer any questions of how those rules apply in various practice situations. MSBN told us in recent consultation these rules are not black and white, as the roles and practice situations differ widely for use of APRNs.

Code of Federal Regulations (CFR) --

- Federal regulations regarding hospices, at 418.3 (Definitions) says an “Attending physician” means a (1) (i) “Doctor of medicine or osteopathy legally authorized to practice medicine and surgery in the State...” but also says “or (ii) Nurse practitioner who meets the training, education, and experience requirements as described in 410.75 (b) of this chapter.”
At CFR 410.75 (a) it says: “Definition: As used in this section, the term “physician means a doctor of medicine or osteopathy, as set forth in section 1861 (r) (1) of the Act.” (Social Security Act) 410.75 (b)(3)(c)(1) says: “Medicare Part B covers nurse practitioners’ services in all settings in both rural and urban areas, only if the services would be covered if furnished by a physician and the nurse practitioner is legally authorized to perform them in the State in which they are performed.”

Hospice federal regulations continued: CFR 418.13 Definitions also included the following: “Physician means an individual who meets the qualifications and conditions as defined in Section 1861 (r) of the Act and implemented at 410.20 of this chapter.” And “Physician designee means a doctor of medicine or osteopathy designated by the hospice who assumes the same responsibilities and obligations as the medical director when the medical director is not available.”

At the hospice condition of participation (CoP) on Medical Director at 418.102 “The hospice must designate a physician to serve as medical director. The medical director or “physician designee” must be a doctor of medicine or osteopathy who is an employee, or is under contract...When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the medical director.”

CFR 418.64 (b)(2), at hospice regulatory tag L592, it says: “If State law permits registered nurses to see, treat, and write orders for patients, then registered nurses may provide services to beneficiaries receiving hospice care.” In the Guidance to Surveyors (L592) it says: “If an R.N., including a nurse practitioner, advanced practice nurse, etc., is permitted by State law and regulations to see, treat, and write orders, then the R.N. may perform this function while providing nursing services for hospice patients.”

NOTE: In Missouri, it is up to each hospice, according to the type of care/services they would want an APRN/ NP to provide, to understand how/ if hospice would be able to utilize those services by a NP/ APRN. Missouri still has some restrictions on APRN practice in any setting (including hospice). Generally, the APRN/ NP who would see hospice patients to diagnose/treat or write orders for medications, would need to have a written collaborative agreement with a qualifying physician (The doctor must have the same specialty as the one the APRN was certified to practice in an advanced practice role). An APRN/ NP in Missouri cannot write unlimited orders for Schedule II (hydrocodone product) controlled substances. By current state rules/regulations, an APRN with a certificate of controlled substance prescriptive authority, granted by the Missouri State Board of Nursing, could be able to write a prescription for schedule III-V medications (schedule III limited to 120 hours of narcotics), as delegated in a collaborative practice arrangement between a collaborating physician and a collaborating APRN; and the APRN could only prescribe a limited supply of schedule II controlled substances.
Per consultation with Missouri State Board of Nursing (MSBN) in May 2017: If the APRN is only performing assessments/collecting data about the patient status, but is not diagnosing/writing orders/treating a new condition of a patient, they would not necessarily need a collaborative practice agreement with a physician. MSBN said the majority of APRNs in Missouri are nationally certified in a specialty area (such as Certified Nurse Anesthetist, Certified Hospice and Palliative Care).

Per hospice federal regulations: APRN can serve as an attending doctor for hospice patients. By Missouri rules regarding use of APRNs, an advanced practice nurse could serve as an attending doctor for hospice patients (diagnose, treat, write orders) IF they have a collaborative practice agreement with a doctor(s). APRNs who have a collaborative practice agreement, and meet the MSBN requirements for certification to prescribe medications, could see, treat, and write orders for hospice patients, per their collaborative agreements. They would be limited in prescription of schedule III narcotic prescriptions to 120 hours, and could write orders for 120 hours of schedule II (hydrocodone) prescriptions.

An excellent article can be found regarding Missouri’s restriction regarding Advanced Practice Nurses (APRN) writing medication prescriptions. The Missouri State Board of Nursing Newsletter (Volume 19-No. 2, May/June/July 2017), contained a “Message from the President” which discusses House Bill 709, that amended Section 334.104.2 RSMo (rules of State of Missouri) regarding the controlled substance prescriptive authority of an APRN to prescribe controlled substances. It shows the APRN prescriptive authority to include “restricted schedule II authority.”