

Open Conference Call Meeting Minutes
Missouri State Board of Registration for the Healing Arts
February 9, 2014 – 7:00 p.m.

The members of the Missouri State Board of Registration for the Healing Arts convened at 7:00 p.m. on Sunday, February 9, 2014, via a conference call, which originated from the Board office located at 3605 Missouri Boulevard in Jefferson City, Missouri.

Board Members Present:

Kevin F. O'Malley, President
Benjamin Lampert, MD, Secretary
Jeffrey D. Carter, MD, Member
James A. DiRenna, DO, Member
Bradley D. Freeman, MD, Member
David Poggemeier, MD, Member

Staff Present:

Connie Clarkston, Executive Director
James Leggett, Executive I
Sarah Schappe, General Counsel

To better track the order in which items were taken up on the agenda, each item in the minutes will be listed in the order it was discussed in the meeting.

MOTIONS TO CLOSE

1. I move that this meeting be closed, and that all records and votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed, under Section 610.021 Subsection (14) and Chapters 324.001.8 and 324.001.9, RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to a licensee or applicant.
2. I move that this meeting be closed, and that all records and votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed, under Section 610.021 subsection (1), RSMo for the purpose of discussing general legal actions, causes of action or litigation and any confidential or privileged communications between this agency and its attorney.
3. I move that this meeting be closed, and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed, under Section 610.021 Subsection (1), RSMo for the purpose of deliberation on discipline.
4. I move that this meeting be closed, and that all records and votes, to the extent permitted by law, pertaining to and/or resulting from this closed

meeting be closed, under Section 610.021 Subsection (3), RSMo for the purpose of discussing hiring, firing, disciplining or promoting employee of this agency.

5. I move that this meeting be closed and that all records and votes, pertaining to and/or resulting from this closed meeting be closed, under Section 610.021 Subsection (14) and Chapters 324.001.8 and 324.001.9, RSMo for the purpose of discussing applicants for licensure.
6. I move that this meeting be closed and that all records and votes pertaining to and/or resulting from this closed meeting be closed under Section 610.021 Subsection (13), RSMo for the purpose of making performance ratings pertaining to individual employees.
7. I move that this meeting be closed, and that all records and votes pertaining to and/or resulting from this closed meeting be closed, under Section 610.021 Subsection (7), RSMo for the purpose of discussing and/or reviewing testing and examination records.
8. I move that this meeting be closed, and that all records and votes pertaining to and/or resulting from this closed meeting be closed, under Section 610.021 Subsection (5), RSMo for proceedings required pursuant to a disciplinary order concerning medical, psychiatric, psychological, or alcoholism or drug dependency diagnosis or treatment of specific licensees.
9. I move that this meeting be closed, and that all records and votes pertaining to and/or resulting from this closed meeting be closed, for the purpose of reviewing and approving the closed minutes of one or more previous meetings under Subsection of 610.021, RSMo which authorized this agency to go into closed session during those meetings.

Proposed Amendment to 20 CSR 2150-5.100 - Collaborative Practice Rule

At their January 2014 board meeting, the Board vote to have staff draft a document representing the consensus language as discussed with the Board of Nursing during the meeting to include the following points:

- 20 CSR 2150-5.100 (3)(H) sets the standard for the use of telehealth in those follow-up examinations by physicians. The board believes that in order for a sufficient medical examination to be performed by a physician, an in person visit or live interactive video is necessary. It is important to note that this change does not affect the scope of practice of a nurse or dictate standard of care for a nurse. It only sets the requirements for the exam conducted by physicians.
- 20 CSR 2150-5.100 (4)(F) sets the standard for participation in review of medical records, providing medical direction, medical services, consultations, and supervision of staff. The proposed change should dictate how a physician can be “present” for purposes of participating in review, providing medical direction, medical services, consultations, and supervision of staff by being present in person or via telehealth. It does not limit what a nurse can or can’t do, but prescribes the minimum standards that a physician must follow to be part of the collaborative practice agreement.

In response to the board’s directive, the following language was provided to the board for consideration during this conference call:

(2) Geographic Areas.

(B) The **following shall apply in the** use of a collaborative practice arrangement by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons *[shall be limited to]*:

- 1. If the APRN is providing services pursuant to section 335.175, RSMO, no mileage limitation shall apply.**
- 2. If the APRN not providing services pursuant to section 335.175, RSMO and is practicing in a federally-designated health professional shortage area (HPSA),** the practice locations where the collaborating physician, or other physician designated in the collaborative practice arrangement, is no further than fifty (50) miles by road, using the most direct route available, from the collaborating APRN. *[if the APRN is practicing in federally-designated health professional shortage areas (HPSAs). Otherwise,]*
- 3. If the APRN not providing services pursuant to section 335.175, RSMO and is practicing in a non-HPSA[s],** the collaborating physician and collaborating APRN shall practice within thirty (30) miles by road of one another.

(3) Methods of Treatment.

(H) When a collaborative practice arrangement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the collaborating physician, or other physician designated in the collaborative

practice arrangement, shall examine and evaluate the patient and approve or formulate the plan of treatment for new or significantly changed conditions as soon as is practical, but in no case more than two (2) weeks after the patient has been seen by the collaborating APRN or RN. **If the APRN or RN is providing services pursuant to section 335.175, the collaborating physician, or other physician designated in the collaborative practice arrangement may conduct the examination and evaluation required by this section via live, interactive video or in person. Telehealth providers shall obtain patient or the patient's guardian's consent before telehealth services are initiated and shall document the patient's or the patient's guardian's consent in the patient's file or chart. All telehealth activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, as amended and all other**

(4) Review of Services.

(F) If a collaborative practice arrangement is used in clinical situations where a collaborating APRN provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician shall be present for sufficient periods of time, at least once every two (2) weeks, except in extraordinary circumstances that shall be documented, to participate in such review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff. In such settings, the use of a collaborative practice arrangement shall be limited to only an APRN. **If the APRN is providing services pursuant to section 335.175, the collaborating physician must be in person or may be present via real-time, synchronous video in order to meet the requirements of this section. The use of telehealth, for all purposes other than the physician's bi-weekly review, pursuant to section 335.175, RSMo, may fulfill the requirement to participate in such review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff for acutely or chronically ill or injured persons. Telehealth providers shall obtain patient or the patient's guardian's consent before telehealth services are initiated and shall document the patient's or the patient's guardian's consent in the patient's file or chat¹. All telehealth activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, as amended and all other applicable state and federal laws and regulations.**

Following board deliberations during this conference call and input from the public, which included members of Board of Nursing and Missouri Association of Osteopathic Physicians Association, the following language was agreed upon by consensus of the board and the public present. A motion was made by Dr. Lampert and seconded by Dr. Carter to:

- Amend the language in section (2) to correct grammatical errors to read (underlining represents amended language):

(2) Geographic Areas.

(B) The **following shall apply in the** use of a collaborative practice arrangement by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons *[shall be limited to]:*

1. **If the APRN is providing services pursuant to section 335.175, RSMo, no mileage limitation shall apply.**
2. **If the APRN is not providing services pursuant to section 335.175, RSMo and is practicing in a federally-designated health professional shortage area (HPSA),** the practice locations where the collaborating physician, or other physician designated in the collaborative practice arrangement, is no further than fifty (50) miles by road, using the most direct route available, from the collaborating APRN. *[if the APRN is practicing in federally-designated health professional shortage areas (HPSAs). Otherwise,]*
3. **If the APRN is not providing services pursuant to section 335.175, RSMo and is practicing in a non-HPSA[s],** the collaborating physician and collaborating APRN shall practice within thirty (30) miles by road of one another.

- Amend section (3) to remove reference to the RN in the new language to read as follows:

(3) Methods of Treatment.

(H) When a collaborative practice arrangement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall examine and evaluate the patient and approve or formulate the plan of treatment for new or significantly changed conditions as soon as is practical, but in no case more than two (2) weeks after the patient has been seen by the collaborating APRN or RN. **If the APRN is providing services pursuant to section 335.175, RSMo the collaborating physician, or other physician designated in the collaborative practice arrangement, may conduct the examination and evaluation required by this section via live, interactive video or in person. Telehealth providers shall obtain patient or the patient's guardian's consent before telehealth services are initiated and shall document the patient's or the patient's guardian's consent in the patient's file or chart. All telehealth activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, as**

amended and all other applicable state and federal laws and regulations.

- Amend section (4) to amend the language to allow the collaboration to occur in person or via telehealth to meet the requirements of this section and to read as follows:

(4) Review of Services.

(F) If a collaborative practice arrangement is used in clinical situations where a collaborating APRN provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician shall be present for sufficient periods of time, at least once every two (2) weeks, except in extraordinary circumstances that shall be documented, to participate in such review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff. In such settings, the use of a collaborative practice arrangement shall be limited to only an APRN. **If the APRN is providing services pursuant to section 335.175, RSMo the collaborating physician may be present in person or the collaboration may occur via telehealth in order to meet the requirements of this section. Telehealth providers shall obtain patient or the patient's guardian's consent before telehealth services are initiated and shall document the patient's or the patient's guardian's consent in the patient's file or chart. All telehealth activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, as amended and all other applicable state and federal laws and regulations.**

The motion carried unanimously.

Adjournment

Motion made by Dr. Lampert and seconded by Dr. Poggemeier to adjourn the meeting.
The motion carried unanimously.