

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By  
\_\_\_\_\_

1 AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 758, Page 8, Section  
2 192.769, Line 18, by inserting after all of said section and line the following:

3  
4 "195.070. 1. A physician, podiatrist, dentist, a registered optometrist certified to administer  
5 pharmaceutical agents as provided in section 336.220, or an assistant physician in accordance with  
6 section 334.037 or a physician assistant in accordance with section 334.747 in good faith and in the  
7 course of his or her professional practice only, may prescribe, administer, and dispense controlled  
8 substances or he or she may cause the same to be administered or dispensed by an individual as  
9 authorized by statute.

10 2. An advanced practice registered nurse, as defined in section 335.016, but not a certified  
11 registered nurse anesthetist as defined in subdivision (8) of section 335.016, who holds a certificate  
12 of controlled substance prescriptive authority from the board of nursing under section 335.019 and  
13 who is delegated the authority to prescribe controlled substances under a collaborative practice  
14 arrangement under section 334.104 may prescribe any controlled substances listed in Schedules III,  
15 IV, and V of section 195.017. However, no such certified advanced practice registered nurse shall  
16 prescribe controlled substance for his or her own self or family. Schedule III narcotic controlled  
17 substance prescriptions shall be limited to a one hundred twenty-hour supply without refill.

18 3. A veterinarian, in good faith and in the course of the veterinarian's professional practice  
19 only, and not for use by a human being, may prescribe, administer, and dispense controlled  
20 substances and the veterinarian may cause them to be administered by an assistant or orderly under  
21 his or her direction and supervision.

22 4. A practitioner shall not accept any portion of a controlled substance unused by a patient,  
23 for any reason, if such practitioner did not originally dispense the drug.

24 5. An individual practitioner shall not prescribe or dispense a controlled substance for such  
25 practitioner's personal use except in a medical emergency."; and

26  
27 Further amend said bill and page, Section 208.141, Line 27, by inserting after all of said line  
28 the following:

29  
30 "334.035. Except as otherwise provided in section 334.036, every applicant for a permanent  
31 license as a physician and surgeon shall provide the board with satisfactory evidence of having  
32 successfully completed such postgraduate training in hospitals or medical or osteopathic colleges as  
33 the board may prescribe by rule.

34 334.036. 1. For purposes of this section, the following terms shall mean:

35 (1) "Assistant physician", any medical school graduate who:

36 (a) Is a resident and citizen of the United States or is a legal resident alien;

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1           (b) Has successfully completed Step 1 and Step 2 of the United States Medical Licensing  
2 Examination or the equivalent of such steps of any other board-approved medical licensing  
3 examination within the two-year period immediately preceding application for licensure as an  
4 assistant physician, but in no event more than three years after graduation from a medical college or  
5 osteopathic medical college;

6           (c) Has not completed an approved postgraduate residency and has successfully completed  
7 Step 2 of the United States Medical Licensing Examination or the equivalent of such step of any  
8 other board-approved medical licensing examination within the immediately preceding two-year  
9 period unless when such two-year anniversary occurs he or she was serving as a resident physician in  
10 an accredited residency in the United States and continued to do so within thirty days prior to  
11 application for licensure as an assistant physician; and

12           (d) Has proficiency in the English language;

13           (2) "Assistant physician collaborative practice arrangement", an agreement between a  
14 physician and an assistant physician that meets the requirements of this section and section 334.037;

15           (3) "Medical school graduate", any person who has graduated from a medical college or  
16 osteopathic medical college described in section 334.031.

17           2. (1) An assistant physician collaborative practice arrangement shall limit the assistant  
18 physician to providing only primary care services and only in medically underserved rural or urban  
19 areas of this state or in any pilot project areas established in which assistant physicians may practice.

20           (2) For a physician-assistant physician team working in a rural health clinic under the federal  
21 Rural Health Clinic Services Act, P.L. 95-210, as amended:

22           (a) An assistant physician shall be considered a physician assistant for purposes of  
23 regulations of the Centers for Medicare and Medicaid Services (CMS); and

24           (b) No supervision requirements in addition to the minimum federal law shall be required.

25           3. (1) For purposes of this section, the licensure of assistant physicians shall take place  
26 within processes established by rules of the state board of registration for the healing arts. The board  
27 of healing arts is authorized to establish rules under chapter 536 establishing licensure and renewal  
28 procedures, supervision, collaborative practice arrangements, fees, and addressing such other matters  
29 as are necessary to protect the public and discipline the profession. An application for licensure may  
30 be denied or the licensure of an assistant physician may be suspended or revoked by the board in the  
31 same manner and for violation of the standards as set forth by section 334.100, or such other  
32 standards of conduct set by the board by rule.

33           (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created  
34 under the authority delegated in this section shall become effective only if it complies with and is  
35 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and  
36 chapter 536 are nonseverable and if any of the powers vested with the general assembly under  
37 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently  
38 held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after  
39 August 28, 2014, shall be invalid and void.

40           4. An assistant physician shall clearly identify himself or herself as an assistant physician  
41 and shall be permitted to use the terms "doctor", "Dr.", or "doc". No assistant physician shall  
42 practice or attempt to practice without an assistant physician collaborative practice arrangement,  
43 except as otherwise provided in this section and in an emergency situation.

44           5. The collaborating physician is responsible at all times for the oversight of the activities of  
45 and accepts responsibility for primary care services rendered by the assistant physician.

46           6. The provisions of section 334.037 shall apply to all assistant physician collaborative  
47 practice arrangements. To be eligible to practice as an assistant physician, a licensed assistant  
48 physician shall enter into an assistant physician collaborative practice arrangement within six months

1 of his or her initial licensure and shall not have more than a six-month time period between  
2 collaborative practice arrangements during his or her licensure period. Any renewal of licensure  
3 under this section shall include verification of actual practice under a collaborative practice  
4 arrangement in accordance with this subsection during the immediately preceding licensure period.

5 334.037. 1. A physician may enter into collaborative practice arrangements with assistant  
6 physicians. Collaborative practice arrangements shall be in the form of written agreements, jointly  
7 agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative  
8 practice arrangements, which shall be in writing, may delegate to an assistant physician the authority  
9 to administer or dispense drugs and provide treatment as long as the delivery of such health care  
10 services is within the scope of practice of the assistant physician and is consistent with that assistant  
11 physician's skill, training, and competence and the skill and training of the collaborating physician.

12 2. The written collaborative practice arrangement shall contain at least the following  
13 provisions:

14 (1) Complete names, home and business addresses, zip codes, and telephone numbers of the  
15 collaborating physician and the assistant physician;

16 (2) A list of all other offices or locations besides those listed in subdivision (1) of this  
17 subsection where the collaborating physician authorized the assistant physician to prescribe;

18 (3) A requirement that there shall be posted at every office where the assistant physician is  
19 authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure  
20 statement informing patients that they may be seen by an assistant physician and have the right to see  
21 the collaborating physician;

22 (4) All specialty or board certifications of the collaborating physician and all certifications of  
23 the assistant physician;

24 (5) The manner of collaboration between the collaborating physician and the assistant  
25 physician, including how the collaborating physician and the assistant physician shall:

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

28 (b) Maintain geographic proximity; except, the collaborative practice arrangement may  
29 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year  
30 for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement  
31 includes alternative plans as required in paragraph (c) of this subdivision. Such exception to  
32 geographic proximity shall apply only to independent rural health clinics, provider-based rural health  
33 clinics if the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and  
34 provider-based rural health clinics if the main location of the hospital sponsor is greater than fifty  
35 miles from the clinic. The collaborating physician shall maintain documentation related to such  
36 requirement and present it to the state board of registration for the healing arts when requested; and

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

39 (6) A description of the assistant physician's controlled substance prescriptive authority in  
40 collaboration with the physician, including a list of the controlled substances the physician  
41 authorizes the assistant physician to prescribe and documentation that it is consistent with each  
42 professional's education, knowledge, skill, and competence;

43 (7) A list of all other written practice agreements of the collaborating physician and the  
44 assistant physician;

45 (8) The duration of the written practice agreement between the collaborating physician and  
46 the assistant physician;

47 (9) A description of the time and manner of the collaborating physician's review of the  
48 assistant physician's delivery of health care services. The description shall include provisions that

1 the assistant physician shall submit a minimum of ten percent of the charts documenting the assistant  
2 physician's delivery of health care services to the collaborating physician for review by the  
3 collaborating physician, or any other physician designated in the collaborative practice arrangement,  
4 every fourteen days; and

5 (10) The collaborating physician, or any other physician designated in the collaborative  
6 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in  
7 which the assistant physician prescribes controlled substances. The charts reviewed under this  
8 subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of  
9 this subsection.

10 3. The state board of registration for the healing arts under section 334.125 shall promulgate  
11 rules regulating the use of collaborative practice arrangements for assistant physicians. Such rules  
12 shall specify:

13 (1) Geographic areas to be covered;

14 (2) The methods of treatment that may be covered by collaborative practice arrangements;

15 (3) In conjunction with deans of medical schools and primary care residency program  
16 directors in the state, the development and implementation of educational methods and programs  
17 undertaken during the collaborative practice service which shall facilitate the advancement of the  
18 assistant physician's medical knowledge and capabilities, and which may lead to credit toward a  
19 future residency program for programs that deem such documented educational achievements  
20 acceptable; and

21 (4) The requirements for review of services provided under collaborative practice  
22 arrangements, including delegating authority to prescribe controlled substances.

23  
24 Any rules relating to dispensing or distribution of medications or devices by prescription or  
25 prescription drug orders under this section shall be subject to the approval of the state board of  
26 pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription  
27 or prescription drug orders under this section shall be subject to the approval of the department of  
28 health and senior services and the state board of pharmacy. The state board of registration for the  
29 healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with  
30 guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not  
31 extend to collaborative practice arrangements of hospital employees providing inpatient care within  
32 hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR  
33 2150-5.100 as of April 30, 2008.

34 4. The state board of registration for the healing arts shall not deny, revoke, suspend, or  
35 otherwise take disciplinary action against a collaborating physician for health care services delegated  
36 to an assistant physician provided the provisions of this section and the rules promulgated thereunder  
37 are satisfied.

38 5. Within thirty days of any change and on each renewal, the state board of registration for  
39 the healing arts shall require every physician to identify whether the physician is engaged in any  
40 collaborative practice arrangement, including collaborative practice arrangements delegating the  
41 authority to prescribe controlled substances, and also report to the board the name of each assistant  
42 physician with whom the physician has entered into such arrangement. The board may make such  
43 information available to the public. The board shall track the reported information and may  
44 routinely conduct random reviews of such arrangements to ensure that arrangements are carried out  
45 for compliance under this chapter.

46 6. A collaborating physician shall not enter into a collaborative practice arrangement with  
47 more than three full-time equivalent assistant physicians. Such limitation shall not apply to  
48 collaborative arrangements of hospital employees providing inpatient care service in hospitals as

1 defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100  
2 as of April 30, 2008.

3 7. The collaborating physician shall determine and document the completion of at least a  
4 one-month period of time during which the assistant physician shall practice with the collaborating  
5 physician continuously present before practicing in a setting where the collaborating physician is not  
6 continuously present. Such limitation shall not apply to collaborative arrangements of providers of  
7 population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

13 9. No contract or other agreement shall require a physician to act as a collaborating physician  
14 for an assistant physician against the physician's will. A physician shall have the right to refuse to  
15 act as a collaborating physician, without penalty, for a particular assistant physician. No contract or  
16 other agreement shall limit the collaborating physician's ultimate authority over any protocols or  
17 standing orders or in the delegation of the physician's authority to any assistant physician, but such  
18 requirement shall not authorize a physician in implementing such protocols, standing orders, or  
19 delegation to violate applicable standards for safe medical practice established by a hospital's  
20 medical staff.

21 10. No contract or other agreement shall require any assistant physician to serve as a  
22 collaborating assistant physician for any collaborating physician against the assistant physician's  
23 will. An assistant physician shall have the right to refuse to collaborate, without penalty, with a  
24 particular physician.

25 11. All collaborating physicians and assistant physicians in collaborative practice  
26 arrangements shall wear identification badges while acting within the scope of their collaborative  
27 practice arrangement. The identification badges shall prominently display the licensure status of  
28 such collaborating physicians and assistant physicians.

29 12. (1) An assistant physician assistant with a certificate of controlled substance prescriptive  
30 authority as provided in this section may prescribe any controlled substance listed in schedule III, IV,  
31 or V of section 195.017 when delegated the authority to prescribe controlled substances in a  
32 collaborative practice arrangement. Such authority shall be filed with the state board of registration  
33 for the healing arts. The collaborating physician shall maintain the right to limit a specific scheduled  
34 drug or scheduled drug category that the assistant physician is permitted to prescribe. Any  
35 limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall not  
36 prescribe controlled substances for themselves or members of their families. Schedule III controlled  
37 substances shall be limited to a five-day supply without refill. Assistant physicians who are  
38 authorized to prescribe controlled substances under this section shall register with the federal Drug  
39 Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include  
40 the Drug Enforcement Administration registration number on prescriptions for controlled  
41 substances.

42 (2) The collaborating physician shall be responsible to determine and document the  
43 completion of at least one hundred twenty hours in a four-month period by the assistant physician  
44 during which the assistant physician shall practice with the collaborating physician on-site prior to  
45 prescribing controlled substances when the collaborating physician is not on-site. Such limitation  
46 shall not apply to assistant physicians of population-based public health services as defined in 20  
47 CSR 2150-5.100 as of April 30, 2009.

48 (3) An assistant physician shall receive a certificate of controlled substance prescriptive

1 authority from the state board of registration for the healing arts upon verification of licensure under  
2 section 334.036.

3 334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

4 (1) "Applicant", any individual who seeks to become licensed as a physician assistant;

5 (2) "Certification" or "registration", a process by a certifying entity that grants recognition to  
6 applicants meeting predetermined qualifications specified by such certifying entity;

7 (3) "Certifying entity", the nongovernmental agency or association which certifies or  
8 registers individuals who have completed academic and training requirements;

9 (4) "Department", the department of insurance, financial institutions and professional  
10 registration or a designated agency thereof;

11 (5) "License", a document issued to an applicant by the board acknowledging that the  
12 applicant is entitled to practice as a physician assistant;

13 (6) "Physician assistant", a person who has graduated from a physician assistant program  
14 accredited by the American Medical Association's Committee on Allied Health Education and  
15 Accreditation or by its successor agency, who has passed the certifying examination administered by  
16 the National Commission on Certification of Physician Assistants and has active certification by the  
17 National Commission on Certification of Physician Assistants who provides health care services  
18 delegated by a licensed physician. A person who has been employed as a physician assistant for  
19 three years prior to August 28, 1989, who has passed the National Commission on Certification of  
20 Physician Assistants examination, and has active certification of the National Commission on  
21 Certification of Physician Assistants;

22 (7) "Recognition", the formal process of becoming a certifying entity as required by the  
23 provisions of sections 334.735 to 334.749;

24 (8) "Supervision", control exercised over a physician assistant working with a supervising  
25 physician and oversight of the activities of and accepting responsibility for the physician assistant's  
26 delivery of care. The physician assistant shall only practice at a location where the physician  
27 routinely provides patient care, except existing patients of the supervising physician in the patient's  
28 home and correctional facilities. The supervising physician must be immediately available in person  
29 or via telecommunication during the time the physician assistant is providing patient care. Prior to  
30 commencing practice, the supervising physician and physician assistant shall attest on a form  
31 provided by the board that the physician shall provide supervision appropriate to the physician  
32 assistant's training and that the physician assistant shall not practice beyond the physician assistant's  
33 training and experience. Appropriate supervision shall require the supervising physician to be  
34 working within the same facility as the physician assistant for at least four hours within one calendar  
35 day for every fourteen days on which the physician assistant provides patient care as described in  
36 subsection 3 of this section. Only days in which the physician assistant provides patient care as  
37 described in subsection 3 of this section shall be counted toward the fourteen-day period. The  
38 requirement of appropriate supervision shall be applied so that no more than thirteen calendar days  
39 in which a physician assistant provides patient care shall pass between the physician's four hours  
40 working within the same facility. The board shall promulgate rules pursuant to chapter 536 for  
41 documentation of joint review of the physician assistant activity by the supervising physician and the  
42 physician assistant.

43 2. (1) A supervision agreement shall limit the physician assistant to practice only at  
44 locations described in subdivision (8) of subsection 1 of this section, where the supervising physician  
45 is no further than fifty miles by road using the most direct route available and where the location is  
46 not so situated as to create an impediment to effective intervention and supervision of patient care or  
47 adequate review of services.

48 (2) For a physician-physician assistant team working in a rural health clinic under the federal

1 Rural Health Clinic Services Act, P.L. 95-210, as amended, no supervision requirements in addition  
2 to the minimum federal law shall be required.

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

- 5 (1) Taking patient histories;
- 6 (2) Performing physical examinations of a patient;
- 7 (3) Performing or assisting in the performance of routine office laboratory and patient  
8 screening procedures;
- 9 (4) Performing routine therapeutic procedures;
- 10 (5) Recording diagnostic impressions and evaluating situations calling for attention of a  
11 physician to institute treatment procedures;
- 12 (6) Instructing and counseling patients regarding mental and physical health using  
13 procedures reviewed and approved by a licensed physician;
- 14 (7) Assisting the supervising physician in institutional settings, including reviewing of  
15 treatment plans, ordering of tests and diagnostic laboratory and radiological services, and ordering of  
16 therapies, using procedures reviewed and approved by a licensed physician;
- 17 (8) Assisting in surgery;
- 18 (9) Performing such other tasks not prohibited by law under the supervision of a licensed  
19 physician as the physician's assistant has been trained and is proficient to perform; and
- 20 (10) Physician assistants shall not perform or prescribe abortions.

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

- 29 (1) A physician assistant shall only prescribe controlled substances in accordance with  
30 section 334.747;
- 31 (2) The types of drugs, medications, devices or therapies prescribed or dispensed by a  
32 physician assistant shall be consistent with the scopes of practice of the physician assistant and the  
33 supervising physician;
- 34 (3) All prescriptions shall conform with state and federal laws and regulations and shall  
35 include the name, address and telephone number of the physician assistant and the supervising  
36 physician;
- 37 (4) A physician assistant, or advanced practice registered nurse as defined in section 335.016  
38 may request, receive and sign for noncontrolled professional samples and may distribute professional  
39 samples to patients;
- 40 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the  
41 supervising physician is not qualified or authorized to prescribe; and
- 42 (6) A physician assistant may only dispense starter doses of medication to cover a period of  
43 time for seventy-two hours or less.

44 5. A physician assistant shall clearly identify himself or herself as a physician assistant and  
45 shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr." or "doc"  
46 nor hold himself or herself out in any way to be a physician or surgeon. No physician assistant shall  
47 practice or attempt to practice without physician supervision or in any location where the supervising  
48 physician is not immediately available for consultation, assistance and intervention, except as

1 otherwise provided in this section, and in an emergency situation, nor shall any physician assistant  
2 bill a patient independently or directly for any services or procedure by the physician assistant;  
3 except that, nothing in this subsection shall be construed to prohibit a physician assistant from  
4 enrolling with the department of social services as a MO HealthNet provider while acting under a  
5 supervision agreement between the physician and physician assistant.

6 6. For purposes of this section, the licensing of physician assistants shall take place within  
7 processes established by the state board of registration for the healing arts through rule and  
8 regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536  
9 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and  
10 addressing such other matters as are necessary to protect the public and discipline the profession. An  
11 application for licensing may be denied or the license of a physician assistant may be suspended or  
12 revoked by the board in the same manner and for violation of the standards as set forth by section  
13 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed  
14 pursuant to the provisions of chapter 335 shall not be required to be licensed as physician assistants.  
15 All applicants for physician assistant licensure who complete a physician assistant training program  
16 after January 1, 2008, shall have a master's degree from a physician assistant program.

17 7. "Physician assistant supervision agreement" means a written agreement, jointly  
18 agreed-upon protocols or standing order between a supervising physician and a physician assistant,  
19 which provides for the delegation of health care services from a supervising physician to a physician  
20 assistant and the review of such services. The agreement shall contain at least the following  
21 provisions:

22 (1) Complete names, home and business addresses, zip codes, telephone numbers, and state  
23 license numbers of the supervising physician and the physician assistant;

24 (2) A list of all offices or locations where the physician routinely provides patient care, and  
25 in which of such offices or locations the supervising physician has authorized the physician assistant  
26 to practice;

27 (3) All specialty or board certifications of the supervising physician;

28 (4) The manner of supervision between the supervising physician and the physician assistant,  
29 including how the supervising physician and the physician assistant shall:

30 (a) Attest on a form provided by the board that the physician shall provide supervision  
31 appropriate to the physician assistant's training and experience and that the physician assistant shall  
32 not practice beyond the scope of the physician assistant's training and experience nor the supervising  
33 physician's capabilities and training; and

34 (b) Provide coverage during absence, incapacity, infirmity, or emergency by the supervising  
35 physician;

36 (5) The duration of the supervision agreement between the supervising physician and  
37 physician assistant; and

38 (6) A description of the time and manner of the supervising physician's review of the  
39 physician assistant's delivery of health care services. Such description shall include provisions that  
40 the supervising physician, or a designated supervising physician listed in the supervision agreement  
41 review a minimum of ten percent of the charts of the physician assistant's delivery of health care  
42 services every fourteen days.

43 8. When a physician assistant supervision agreement is utilized to provide health care  
44 services for conditions other than acute self-limited or well-defined problems, the supervising  
45 physician or other physician designated in the supervision agreement shall see the patient for  
46 evaluation and approve or formulate the plan of treatment for new or significantly changed  
47 conditions as soon as practical, but in no case more than two weeks after the patient has been seen by  
48 the physician assistant.

1           9. At all times the physician is responsible for the oversight of the activities of, and accepts  
2 responsibility for, health care services rendered by the physician assistant.

3           10. It is the responsibility of the supervising physician to determine and document the  
4 completion of at least a one-month period of time during which the licensed physician assistant shall  
5 practice with a supervising physician continuously present before practicing in a setting where a  
6 supervising physician is not continuously present.

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

14           12. Physician assistants shall file with the board a copy of their supervising physician form.

15           13. No physician shall be designated to serve as supervising physician for more than three  
16 full-time equivalent licensed physician assistants. This limitation shall not apply to physician  
17 assistant agreements of hospital employees providing inpatient care service in hospitals as defined in  
18 chapter 197.

19  
20           Section 1. 1. As used in this section, the following terms shall mean:

21           (1) "Assistant physician", a person licensed to practice under section 334.036 in a  
22 collaborative practice arrangement under section 334.037;

23           (2) "Department", the department of health and senior services;

24           (3) "Medically underserved area":

25           (a) An area in this state with a medically underserved population;

26           (b) An area in this state designated by the United States secretary of health and human  
27 services as an area with a shortage of personal health services;

28           (c) A population group designated by the United States secretary of health and human  
29 services as having a shortage of personal health services;

30           (d) An area designated under state or federal law as a medically underserved community; or

31           (e) An area that the department considers to be medically underserved based on relevant  
32 demographic, geographic, and environmental factors;

33           (4) "Primary care", physician services in family practice, general practice, internal medicine,  
34 pediatrics, obstetrics, or gynecology;

35           (5) "Start-up money", a payment made by a county or municipality in this state which  
36 includes a medically underserved area for reasonable costs incurred for the establishment of a  
37 medical clinic, ancillary facilities for diagnosing and treating patients, and payment of physicians,  
38 assistant physicians, and any support staff.

39           2. (1) The department shall establish and administer a program under this section to increase  
40 the number of medical clinics in medically underserved areas. A county or municipality in this state  
41 that includes a medically underserved area may establish a medical clinic in the medically  
42 underserved area by contributing start-up money for the medical clinic and having such contribution  
43 matched wholly or partly by grant moneys from the medical clinics in medically underserved areas  
44 fund established in subsection 3 of this section. The department shall seek all available moneys from  
45 any source whatsoever, including, but not limited to, moneys from health care foundations to assist  
46 in funding the program.

47           (2) A participating county or municipality that includes a medically underserved area may  
48 provide start-up money for a medical clinic over a two-year period. The department shall not

1 provide more than one hundred thousand dollars to such county or municipality in a fiscal year  
2 unless the department makes a specific finding of need in the medically underserved area.

3 (3) The department shall establish priorities so that the counties or municipalities which  
4 include the neediest medically underserved areas eligible for assistance under this section are assured  
5 the receipt of a grant.

6 3. (1) There is hereby created in the state treasury the "Medical Clinics in Medically  
7 Underserved Areas Fund", which shall consist of any state moneys appropriated, gifts, grants,  
8 donations, or any other contribution from any source for such purpose. The state treasurer shall be  
9 custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may  
10 approve disbursements. The fund shall be a dedicated fund and, upon appropriation, money in the  
11 fund shall be used solely for the administration of this section.

12 (2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining  
13 in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.

14 (3) The state treasurer shall invest moneys in the fund in the same manner as other funds are  
15 invested. Any interest and moneys earned on such investments shall be credited to the fund.

16 4. To be eligible to receive a matching grant from the department, a county or municipality  
17 that includes a medically underserved area shall:

18 (1) Apply for the matching grant; and

19 (2) Provide evidence satisfactory to the department that it has entered into an agreement or  
20 combination of agreements with a collaborating physician or physicians for the collaborating  
21 physician or physicians and assistant physician or assistant physicians in accordance with a  
22 collaborative practice arrangement under section 334.037 to provide primary care in the medically  
23 underserved area for at least two years.

24 5. The department shall promulgate rules necessary for the implementation of this section,  
25 including rules addressing:

26 (1) Eligibility criteria for a medically underserved area;

27 (2) A requirement that a medical clinic utilize an assistant physician in a collaborative  
28 practice arrangement under section 334.037;

29 (3) Minimum and maximum county or municipality contributions to the start-up money for a  
30 medical clinic to be matched with grant moneys from the state;

31 (4) Conditions under which grant moneys shall be repaid by a county or municipality for  
32 failure to comply with the requirements for receipt of such grant moneys;

33 (5) Procedures for disbursement of grant moneys by the department;

34 (6) The form and manner in which a county or municipality shall make its contribution to the  
35 start-up money; and

36 (7) Requirements for the county or municipality to retain interest in any property,  
37 equipment, or durable goods for seven years including, but not limited to, the criteria for a county or  
38 municipality to be excused from such retention requirement."; and

39  
40 Further amend said bill by amending the title, enacting clause, and intersectional references  
41 accordingly.