HCS HB 1842 -- DIVISION OF PROFESSIONAL REGISTRATION AND ASSISTANT PHYSICIANS

SPONSOR: Frederick

COMMITTEE ACTION: Voted "Do Pass" by the Committee on Professional Registration and Licensing by a vote of 19 to 5.

This bill establishes guidelines for the regulation of occupations and professions not regulated by the Division of Professional Registration within the Department of Insurance, Financial Institutions and Professional Registration prior to January 1, 2015, and those regulated professions that seek to substantially increase their scope of practice. The bill specifies that an individual may engage in the occupation of his or her choice, free from unreasonable government regulation. The state may not impose a substantial burden on an individual's pursuit of his or her occupation or profession unless there is a compelling interest for the state to protect the general welfare. Where an interest exists, the regulation adopted by the state should be the least restrictive type of regulation consistent with the public interest to be protected.

The bill specifies that it is the intent of Chapter 324, RSMo, that any regulation must not be imposed, after January 1, 2014, upon any occupation or profession except for the exclusive purpose of protecting the general welfare. All bills introduced in the General Assembly to regulate an occupation or profession for the first time should be reviewed to specified criteria. After January 1, 2014, an applicant group must submit a written report explaining specified factors to the legislative committee of reference. Any legislative proposal that contains a continuing education requirement must be accompanied by evidence that the requirement has been proven effective for the profession addressed in the legislation. These provisions cannot be construed to create a right of action against a private party or to require a private party to do business with an individual who is not licensed, certified, or registered with the government or to create a right of action against the state, county, municipal, or other level of government in the state.

This bill establishes provisions for licensing of an assistant physician. An assistant physician is any medical school graduate who is a resident and citizen of the United States or is a legal resident alien, has successfully completed Step 1 and Step 2 of the United States Medical Licensing Examination or the equivalent of the steps of any other board-approved medical licensing examination within the two-year period immediately preceding application for licensure as an assistant physician, has not completed an approved

postgraduate residency and has successfully completed Step 2 of the United States Medical Licensing Examination or the equivalent of such step of any other board-approved medical licensing examination within the immediately preceding two-year period, and has proficiency in the English language.

The bill requires an assistant physician collaborative practice arrangement to limit the assistant physician to providing only primary care services and only in medically underserved rural or urban areas of this state. For a physician-assistant physician team working in a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as amended, an assistant physician must be considered a physician assistant for purposes of regulations of the Centers for Medicare and Medicaid Services (CMS) and no supervision requirements in addition to the minimum federal law must be required.

For purposes of these provisions, the licensure of assistant physicians must take place within processes established by rules of the State Board of Registration for the Healing Arts within the Department of Insurance, Financial Institutions and Professional Registration. An application for licensure may be denied or the licensure of an assistant physician may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by Section 334.100, or the other standards of conduct set by the board by rule.

An assistant physician must clearly identify himself or herself as an assistant physician and must be permitted to use the terms "doctor," "Dr.," or "doc." An assistant physician is prohibited from practicing or attempting to practice without an assistant physician collaborative practice arrangement, except as otherwise provided in these provisions and in an emergency situation. The collaborating physician is responsible at all times for the oversight of the activities of, and accepts responsibility for, primary care services rendered by the assistant physician.

The provisions of Section 334.037, RSMo, governing collaborative practice agreements, must apply to all assistant physician collaborative practice arrangements. To be eligible to practice as an assistant physician, a licensed assistant physician must enter into an assistant physician collaborative practice arrangement within six months of his or her initial licensure and must not have more than a six-month time period between collaborative practice arrangements during his or her licensure period. Any renewal of licensure under these provisions must include verification of actual practice under a collaborative practice arrangement during the immediately preceding licensure period.

The bill adds assistant physicians to those health professionals who may enter into a collaborative practice arrangement with a physician. A collaborative practice arrangement may delegate an assistant physician the authority to dispense or prescribe drugs and provide treatment to the extent permitted within the physician assistant's scope of practice and licensure.

The State Board of Registration for the Healing Arts must promulgate rules regulating the use of collaborative practice arrangements for assistant physicians including geographic areas to be covered, methods of treatment that is covered by collaborative practice arrangements, development and implement educational methods and programs in conjunction with deans of medical schools and primary care residency program directors in the state, and requirements for the review of services, including delegating authority to prescribe controlled substances.

The bill requires all assistant physicians in collaborative practice arrangements to wear identification badges while acting within the scope of their collaborative practice agreement. The identification badges must prominently display the licensure status of the collaborating physician and assistant physicians.

The bill limits the number of assistant physicians a physician may collaborative with to three.

The bill further requires the Department of Health and Senior Services to establish a program assisting counties and municipalities to increase the number of medical clinics in medically underserved areas. The Medical Clinics in Medically Underserved Areas Fund is created, money appropriated and grants, gifts, and donations will be placed in the fund solely for the purposes of establishing and maintaining medical clinics in underserved areas.

PROPONENTS: Supporters say that there are not enough residency positions offered for medical school graduates and they are forced to leave the state or not continue with their medical training. This bill would allow for these medical school graduates to enter into a collabortive agreement with a licensed physician and continue their training until they can gain a residency position.

Testifying for the bill were Representative Frederick; John Dougherty, Kansas City University of Medicine and Biosciences; Bruce Hillis; Dr. Edmond Cabbabe, Missouri State Medical Association; Priyank Shah; and the Missouri Association of Osteopathic Physicians and Surgeons.

OPPONENTS: Opponents of the bill say the bill creates a problem

with the rules by limiting the number of nurse practitioners a physician may collaborate with.

Testifying against the bill were Cheryl Thurman; Jill Kliethermes, Missouri Nurses Association; and Carol Kemna, Missouri Association of Nurse Anesthetists.