

HB 1842 -- ASSISTANT PHYSICIANS

SPONSOR: Frederick

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 18-month period immediately preceding application for licensure as an assistant physician, has not entered into postgraduate residency training prescribed by rule of the board under Section 334.035, RSMo, 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 334.104, 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 and physician assistants to those health professionals who may enter into a collaborative practice arrangement with a physician. A collaborative practice arrangement may delegate an assistant physician or physician assistant the authority to dispense or prescribe drugs and provide treatment to the extent permitted within the physician assistant's or assistant physician's scope of practice and licensure.

The State Board of Registration for the Healing Arts, in consultation with the Board of Nursing, must promulgate rules regulating the use of collaborative practice arrangements for assistant physicians, physician assistants, and nurses, including the development and implementation of proficiency benchmarks and period skills assessment. All rules promulgated by the State Board of Registration for the Healing Arts under these provisions must apply to assistant physicians, physician assistants, and advanced practice registered nurses.

The bill requires all assistant physicians, physician assistants, and advanced practice registered nurses 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 assistant physicians, physician assistants, and advanced practice registered nurses.

The bill changes the provisions of Section 334.735 regarding physician assistants to include assistant physicians and their participation in collaborative practice arrangements.