

SECOND REGULAR SESSION

# HOUSE BILL NO. 2275

## 98TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE FREDERICK.

5207H.021

D. ADAM CRUMBLISS, Chief Clerk

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### AN ACT

To repeal sections 334.037, 334.104, and 334.735, RSMo, and to enact in lieu thereof three new sections relating to physician supervision.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Sections 334.037, 334.104, and 334.735, RSMo, are repealed and three new sections enacted in lieu thereof, to be known as sections 334.037, 334.104, and 334.735, to read as follows:

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

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

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

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

(3) A requirement that there shall be posted at every office where the assistant physician is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 statement informing patients that they may be seen by an assistant physician and have the right  
18 to see the collaborating physician;

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

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

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

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

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

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

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

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

45 (9) A description of the time and manner of the collaborating physician's review of the  
46 assistant physician's delivery of health care services. The description shall include provisions  
47 that the assistant physician shall submit a minimum of ten percent of the charts documenting the  
48 assistant physician's delivery of health care services to the collaborating physician for review by  
49 the collaborating physician, or any other physician designated in the collaborative practice  
50 arrangement, every fourteen days; and

51 (10) The collaborating physician, or any other physician designated in the collaborative  
52 practice arrangement, shall review every fourteen days a minimum of twenty percent of the

53 charts in which the assistant physician prescribes controlled substances. The charts reviewed  
54 under this subdivision may be counted in the number of charts required to be reviewed under  
55 subdivision (9) of this subsection.

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

59 (1) Geographic areas to be covered;

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

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

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

70

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

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

86 5. Within thirty days of any change and on each renewal, the state board of registration  
87 for the healing arts shall require every physician to identify whether the physician is engaged in  
88 any collaborative practice arrangement, including collaborative practice arrangements delegating  
the authority to prescribe controlled substances, and also report to the board the name of each

89 assistant physician with whom the physician has entered into such arrangement. The board may  
90 make such information available to the public. The board shall track the reported information  
91 and may routinely conduct random reviews of such arrangements to ensure that arrangements  
92 are carried out for compliance under this chapter.

93         6. [A collaborating physician shall not enter into a collaborative practice arrangement  
94 with more than three full-time equivalent assistant physicians] **No physician shall enter into**  
95 **a collaborative practice arrangement with or serve as supervising physician for more than**  
96 **three persons, who may be any of the following: an advanced practice registered nurse,**  
97 **assistant physician, or physician assistant.** Such limitation shall not apply to collaborative  
98 arrangements of hospital employees providing inpatient care service in hospitals as defined in  
99 chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of  
100 April 30, 2008.

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

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

112         9. No contract or other agreement shall require a physician to act as a collaborating  
113 physician for an assistant physician against the physician's will. A physician shall have the right  
114 to refuse to act as a collaborating physician, without penalty, for a particular assistant physician.  
115 No contract or other agreement shall limit the collaborating physician's ultimate authority over  
116 any protocols or standing orders or in the delegation of the physician's authority to any assistant  
117 physician, but such requirement shall not authorize a physician in implementing such protocols,  
118 standing orders, or delegation to violate applicable standards for safe medical practice  
119 established by a hospital's medical staff.

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

124 11. All collaborating physicians and assistant physicians in collaborative practice  
125 arrangements shall wear identification badges while acting within the scope of their collaborative  
126 practice arrangement. The identification badges shall prominently display the licensure status  
127 of such collaborating physicians and assistant physicians.

128 12. (1) An assistant physician with a certificate of controlled substance prescriptive  
129 authority as provided in this section may prescribe any controlled substance listed in Schedule  
130 III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated  
131 the authority to prescribe controlled substances in a collaborative practice arrangement.  
132 Prescriptions for Schedule II medications prescribed by an assistant physician who has a  
133 certificate of controlled substance prescriptive authority are restricted to only those medications  
134 containing hydrocodone. Such authority shall be filed with the state board of registration for the  
135 healing arts. The collaborating physician shall maintain the right to limit a specific scheduled  
136 drug or scheduled drug category that the assistant physician is permitted to prescribe. Any  
137 limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall  
138 not prescribe controlled substances for themselves or members of their families. Schedule III  
139 controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day  
140 supply without refill. Assistant physicians who are authorized to prescribe controlled substances  
141 under this section shall register with the federal Drug Enforcement Administration and the state  
142 bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration  
143 registration number on prescriptions for controlled substances.

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

150 (3) An assistant physician shall receive a certificate of controlled substance prescriptive  
151 authority from the state board of registration for the healing arts upon verification of licensure  
152 under section 334.036.

334.104. 1. A physician may enter into collaborative practice arrangements with  
2 registered professional nurses. Collaborative practice arrangements shall be in the form of  
3 written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health  
4 care services. Collaborative practice arrangements, which shall be in writing, may delegate to  
5 a registered professional nurse the authority to administer or dispense drugs and provide  
6 treatment as long as the delivery of such health care services is within the scope of practice of

7 the registered professional nurse and is consistent with that nurse's skill, training and  
8 competence.

9         2. Collaborative practice arrangements, which shall be in writing, may delegate to a  
10 registered professional nurse the authority to administer, dispense or prescribe drugs and provide  
11 treatment if the registered professional nurse is an advanced practice registered nurse as defined  
12 in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an  
13 advanced practice registered nurse, as defined in section 335.016, the authority to administer,  
14 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,  
15 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not  
16 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V  
17 of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general  
18 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled  
19 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred  
20 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form  
21 of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health  
22 care services.

23         3. The written collaborative practice arrangement shall contain at least the following  
24 provisions:

25             (1) Complete names, home and business addresses, zip codes, and telephone numbers  
26 of the collaborating physician and the advanced practice registered nurse;

27             (2) A list of all other offices or locations besides those listed in subdivision (1) of this  
28 subsection where the collaborating physician authorized the advanced practice registered nurse  
29 to prescribe;

30             (3) A requirement that there shall be posted at every office where the advanced practice  
31 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently  
32 displayed disclosure statement informing patients that they may be seen by an advanced practice  
33 registered nurse and have the right to see the collaborating physician;

34             (4) All specialty or board certifications of the collaborating physician and all  
35 certifications of the advanced practice registered nurse;

36             (5) The manner of collaboration between the collaborating physician and the advanced  
37 practice registered nurse, including how the collaborating physician and the advanced practice  
38 registered nurse will:

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

41                 (b) Maintain geographic proximity, except the collaborative practice arrangement may  
42 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar

43 year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice  
44 arrangement includes alternative plans as required in paragraph (c) of this subdivision. This  
45 exception to geographic proximity shall apply only to independent rural health clinics,  
46 provider-based rural health clinics where the provider is a critical access hospital as provided in  
47 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of  
48 the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is  
49 required to maintain documentation related to this requirement and to present it to the state board  
50 of registration for the healing arts when requested; and

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

53 (6) A description of the advanced practice registered nurse's controlled substance  
54 prescriptive authority in collaboration with the physician, including a list of the controlled  
55 substances the physician authorizes the nurse to prescribe and documentation that it is consistent  
56 with each professional's education, knowledge, skill, and competence;

57 (7) A list of all other written practice agreements of the collaborating physician and the  
58 advanced practice registered nurse;

59 (8) The duration of the written practice agreement between the collaborating physician  
60 and the advanced practice registered nurse;

61 (9) A description of the time and manner of the collaborating physician's review of the  
62 advanced practice registered nurse's delivery of health care services. The description shall  
63 include provisions that the advanced practice registered nurse shall submit a minimum of ten  
64 percent of the charts documenting the advanced practice registered nurse's delivery of health care  
65 services to the collaborating physician for review by the collaborating physician, or any other  
66 physician designated in the collaborative practice arrangement, every fourteen days; and

67 (10) The collaborating physician, or any other physician designated in the collaborative  
68 practice arrangement, shall review every fourteen days a minimum of twenty percent of the  
69 charts in which the advanced practice registered nurse prescribes controlled substances. The  
70 charts reviewed under this subdivision may be counted in the number of charts required to be  
71 reviewed under subdivision (9) of this subsection.

72 4. The state board of registration for the healing arts pursuant to section 334.125 and the  
73 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of  
74 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas  
75 to be covered, the methods of treatment that may be covered by collaborative practice  
76 arrangements and the requirements for review of services provided pursuant to collaborative  
77 practice arrangements including delegating authority to prescribe controlled substances. Any  
78 rules relating to dispensing or distribution of medications or devices by prescription or

79 prescription drug orders under this section shall be subject to the approval of the state board of  
80 pharmacy. Any rules relating to dispensing or distribution of controlled substances by  
81 prescription or prescription drug orders under this section shall be subject to the approval of the  
82 department of health and senior services and the state board of pharmacy. In order to take effect,  
83 such rules shall be approved by a majority vote of a quorum of each board. Neither the state  
84 board of registration for the healing arts nor the board of nursing may separately promulgate rules  
85 relating to collaborative practice arrangements. Such jointly promulgated rules shall be  
86 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this  
87 subsection shall not extend to collaborative practice arrangements of hospital employees  
88 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based  
89 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

90         5. The state board of registration for the healing arts shall not deny, revoke, suspend or  
91 otherwise take disciplinary action against a physician for health care services delegated to a  
92 registered professional nurse provided the provisions of this section and the rules promulgated  
93 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action  
94 imposed as a result of an agreement between a physician and a registered professional nurse or  
95 registered physician assistant, whether written or not, prior to August 28, 1993, all records of  
96 such disciplinary licensure action and all records pertaining to the filing, investigation or review  
97 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed  
98 from the records of the state board of registration for the healing arts and the division of  
99 professional registration and shall not be disclosed to any public or private entity seeking such  
100 information from the board or the division. The state board of registration for the healing arts  
101 shall take action to correct reports of alleged violations and disciplinary actions as described in  
102 this section which have been submitted to the National Practitioner Data Bank. In subsequent  
103 applications or representations relating to his medical practice, a physician completing forms or  
104 documents shall not be required to report any actions of the state board of registration for the  
105 healing arts for which the records are subject to removal under this section.

106         6. Within thirty days of any change and on each renewal, the state board of registration  
107 for the healing arts shall require every physician to identify whether the physician is engaged in  
108 any collaborative practice agreement, including collaborative practice agreements delegating the  
109 authority to prescribe controlled substances, or physician assistant agreement and also report to  
110 the board the name of each licensed professional with whom the physician has entered into such  
111 agreement. The board may make this information available to the public. The board shall track  
112 the reported information and may routinely conduct random reviews of such agreements to  
113 ensure that agreements are carried out for compliance under this chapter.

114 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as  
115 defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services  
116 without a collaborative practice arrangement provided that he or she is under the supervision of  
117 an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if  
118 needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered  
119 nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a  
120 collaborative practice arrangement under this section, except that the collaborative practice  
121 arrangement may not delegate the authority to prescribe any controlled substances listed in  
122 Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

123 8. [A collaborating physician shall not enter into a collaborative practice arrangement  
124 with more than three full-time equivalent advanced practice registered nurses] **No physician**  
125 **shall enter into a collaborative practice arrangement with or serve as supervising physician**  
126 **for more than three persons, who may be any of the following: an advanced practice**  
127 **registered nurse, assistant physician, or physician assistant.** This limitation shall not apply  
128 to collaborative arrangements of hospital employees providing inpatient care service in hospitals  
129 as defined in chapter 197 or population-based public health services as defined by 20 CSR  
130 2150-5.100 as of April 30, 2008.

131 9. It is the responsibility of the collaborating physician to determine and document the  
132 completion of at least a one-month period of time during which the advanced practice registered  
133 nurse shall practice with the collaborating physician continuously present before practicing in  
134 a setting where the collaborating physician is not continuously present. This limitation shall not  
135 apply to collaborative arrangements of providers of population-based public health services as  
136 defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

11. No contract or other agreement shall require  
142 a physician to act as a collaborating physician for an advanced practice registered nurse against  
143 the physician's will. A physician shall have the right to refuse to act as a collaborating physician,  
144 without penalty, for a particular advanced practice registered nurse. No contract or other  
145 agreement shall limit the collaborating physician's ultimate authority over any protocols or  
146 standing orders or in the delegation of the physician's authority to any advanced practice  
147 registered nurse, but this requirement shall not authorize a physician in implementing such  
148 protocols, standing orders, or delegation to violate applicable standards for safe medical practice  
149 established by hospital's medical staff.

150 12. No contract or other agreement shall require any advanced practice registered nurse  
151 to serve as a collaborating advanced practice registered nurse for any collaborating physician  
152 against the advanced practice registered nurse's will. An advanced practice registered nurse shall  
153 have the right to refuse to collaborate, without penalty, with a particular physician.

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

- 2 (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
- 3 (2) "Certification" or "registration", a process by a certifying entity that grants  
4 recognition to applicants meeting predetermined qualifications specified by such certifying  
5 entity;
- 6 (3) "Certifying entity", the nongovernmental agency or association which certifies or  
7 registers individuals who have completed academic and training requirements;
- 8 (4) "Department", the department of insurance, financial institutions and professional  
9 registration or a designated agency thereof;
- 10 (5) "License", a document issued to an applicant by the board acknowledging that the  
11 applicant is entitled to practice as a physician assistant;
- 12 (6) "Physician assistant", a person who has graduated from a physician assistant program  
13 accredited by the American Medical Association's Committee on Allied Health Education and  
14 Accreditation or by its successor agency, who has passed the certifying examination administered  
15 by the National Commission on Certification of Physician Assistants and has active certification  
16 by the National Commission on Certification of Physician Assistants who provides health care  
17 services delegated by a licensed physician. A person who has been employed as a physician  
18 assistant for three years prior to August 28, 1989, who has passed the National Commission on  
19 Certification of Physician Assistants examination, and has active certification of the National  
20 Commission on Certification of Physician Assistants;
- 21 (7) "Recognition", the formal process of becoming a certifying entity as required by the  
22 provisions of sections 334.735 to 334.749;
- 23 (8) "Supervision", control exercised over a physician assistant working with a  
24 supervising physician and oversight of the activities of and accepting responsibility for the  
25 physician assistant's delivery of care. The physician assistant shall only practice at a location  
26 where the physician routinely provides patient care, except existing patients of the supervising  
27 physician in the patient's home and correctional facilities. The supervising physician must be  
28 immediately available in person or via telecommunication during the time the physician assistant  
29 is providing patient care. Prior to commencing practice, the supervising physician and physician  
30 assistant shall attest on a form provided by the board that the physician shall provide supervision  
31 appropriate to the physician assistant's training and that the physician assistant shall not practice  
32 beyond the physician assistant's training and experience. Appropriate supervision shall require

33 the supervising physician to be working within the same facility as the physician assistant for at  
34 least four hours within one calendar day for every fourteen days on which the physician assistant  
35 provides patient care as described in subsection 3 of this section. Only days in which the  
36 physician assistant provides patient care as described in subsection 3 of this section shall be  
37 counted toward the fourteen-day period. The requirement of appropriate supervision shall be  
38 applied so that no more than thirteen calendar days in which a physician assistant provides  
39 patient care shall pass between the physician's four hours working within the same facility. The  
40 board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the  
41 physician assistant activity by the supervising physician and the physician assistant.

42 2. (1) A supervision agreement shall limit the physician assistant to practice only at  
43 locations described in subdivision (8) of subsection 1 of this section, where the supervising  
44 physician is no further than fifty miles by road using the most direct route available and where  
45 the location is not so situated as to create an impediment to effective intervention and  
46 supervision of patient care or adequate review of services.

47 (2) For a physician-physician assistant team working in a rural health clinic under the  
48 federal Rural Health Clinic Services Act, P.L. 95-210, as amended, no supervision requirements  
49 in addition to the minimum federal law shall be required.

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

52 (1) Taking patient histories;

53 (2) Performing physical examinations of a patient;

54 (3) Performing or assisting in the performance of routine office laboratory and patient  
55 screening procedures;

56 (4) Performing routine therapeutic procedures;

57 (5) Recording diagnostic impressions and evaluating situations calling for attention of  
58 a physician to institute treatment procedures;

59 (6) Instructing and counseling patients regarding mental and physical health using  
60 procedures reviewed and approved by a licensed physician;

61 (7) Assisting the supervising physician in institutional settings, including reviewing of  
62 treatment plans, ordering of tests and diagnostic laboratory and radiological services, and  
63 ordering of therapies, using procedures reviewed and approved by a licensed physician;

64 (8) Assisting in surgery;

65 (9) Performing such other tasks not prohibited by law under the supervision of a licensed  
66 physician as the physician's assistant has been trained and is proficient to perform; and

67 (10) Physician assistants shall not perform or prescribe abortions.

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

77           (1) A physician assistant shall only prescribe controlled substances in accordance with  
78 section 334.747;

79           (2) The types of drugs, medications, devices or therapies prescribed or dispensed by a  
80 physician assistant shall be consistent with the scopes of practice of the physician assistant and  
81 the supervising physician;

82           (3) All prescriptions shall conform with state and federal laws and regulations and shall  
83 include the name, address and telephone number of the physician assistant and the supervising  
84 physician;

85           (4) A physician assistant, or advanced practice registered nurse as defined in section  
86 335.016 may request, receive and sign for noncontrolled professional samples and may distribute  
87 professional samples to patients;

88           (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies  
89 the supervising physician is not qualified or authorized to prescribe; and

90           (6) A physician assistant may only dispense starter doses of medication to cover a period  
91 of time for seventy-two hours or less.

92           5. A physician assistant shall clearly identify himself or herself as a physician assistant  
93 and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr."  
94 or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician  
95 assistant shall practice or attempt to practice without physician supervision or in any location  
96 where the supervising physician is not immediately available for consultation, assistance and  
97 intervention, except as otherwise provided in this section, and in an emergency situation, nor  
98 shall any physician assistant bill a patient independently or directly for any services or procedure  
99 by the physician assistant; except that, nothing in this subsection shall be construed to prohibit  
100 a physician assistant from enrolling with the department of social services as a MO HealthNet  
101 or Medicaid provider while acting under a supervision agreement between the physician and  
102 physician assistant.

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

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

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

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

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

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

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

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

134           (5) The duration of the supervision agreement between the supervising physician and  
135 physician assistant; and

136           (6) A description of the time and manner of the supervising physician's review of the  
137 physician assistant's delivery of health care services. Such description shall include provisions  
138 that the supervising physician, or a designated supervising physician listed in the supervision

139 agreement review a minimum of ten percent of the charts of the physician assistant's delivery of  
140 health care services every fourteen days.

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

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

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

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

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

163 13. [No physician shall be designated to serve as supervising physician for more than  
164 three full-time equivalent licensed physician assistants] **No physician shall enter into a  
165 collaborative practice arrangement with or serve as supervising physician for more than  
166 three persons, who may be any of the following: an advanced practice registered nurse,  
167 assistant physician, or physician assistant.** This limitation shall not apply to physician  
168 assistant agreements of hospital employees providing inpatient care service in hospitals as  
169 defined in chapter 197.

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