

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for House Bill No. 2127, Page 8, Section 334.037, Line 159,
2 by inserting immediately after said section and line the following:

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

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

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

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

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

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

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

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1 (5) The manner of collaboration between the collaborating physician and the advanced
2 practice registered nurse, including how the collaborating physician and the advanced practice
3 registered nurse will:

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

6 (b) Maintain geographic proximity, except the collaborative practice arrangement may allow
7 for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for
8 rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement
9 includes alternative plans as required in paragraph (c) of this subdivision. This exception to
10 geographic proximity shall apply only to independent rural health clinics, provider-based rural
11 health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-
12 4, and provider-based rural health clinics where the main location of the hospital sponsor is greater
13 than fifty miles from the clinic. The collaborating physician is required to maintain documentation
14 related to this requirement and to present it to the state board of registration for the healing arts
15 when requested; and

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

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

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

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

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

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

37 4. The state board of registration for the healing arts pursuant to section 334.125 and the
38 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
39 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to
40 be covered, the methods of treatment that may be covered by collaborative practice arrangements
41 and the requirements for review of services provided pursuant to collaborative practice
42 arrangements including delegating authority to prescribe controlled substances. Any rules relating
43 to dispensing or distribution of medications or devices by prescription or prescription drug orders
44 under this section shall be subject to the approval of the state board of pharmacy. Any rules relating
45 to dispensing or distribution of controlled substances by prescription or prescription drug orders
46 under this section shall be subject to the approval of the department of health and senior services
47 and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority
48 vote of a quorum of each board. Neither the state board of registration for the healing arts nor the

1 board of nursing may separately promulgate rules relating to collaborative practice arrangements.
2 Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The
3 rulemaking authority granted in this subsection shall not extend to collaborative practice
4 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to
5 chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April
6 30, 2008.

7 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
8 otherwise take disciplinary action against a physician for health care services delegated to a
9 registered professional nurse provided the provisions of this section and the rules promulgated
10 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
11 imposed as a result of an agreement between a physician and a registered professional nurse or
12 registered physician assistant, whether written or not, prior to August 28, 1993, all records of such
13 disciplinary licensure action and all records pertaining to the filing, investigation or review of an
14 alleged violation of this chapter incurred as a result of such an agreement shall be removed from the
15 records of the state board of registration for the healing arts and the division of professional
16 registration and shall not be disclosed to any public or private entity seeking such information from
17 the board or the division. The state board of registration for the healing arts shall take action to
18 correct reports of alleged violations and disciplinary actions as described in this section which have
19 been submitted to the National Practitioner Data Bank. In subsequent applications or
20 representations relating to his medical practice, a physician completing forms or documents shall
21 not be required to report any actions of the state board of registration for the healing arts for which
22 the records are subject to removal under this section.

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

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

40 8. A collaborating physician shall not enter into a collaborative practice arrangement or
41 supervision agreement with more than ~~three~~ six full-time equivalent advanced practice registered
42 nurses, full-time equivalent licensed physician assistants, or full-time equivalent licensed assistant
43 physicians, or any combination thereof. This limitation shall not apply to collaborative
44 arrangements or supervision agreements of hospital employees providing inpatient care service in
45 hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR
46 2150-5.100 as of April 30, 2008.

47 9. It is the responsibility of the collaborating physician to determine and document the
48 completion of at least a one-month period of time during which the advanced practice registered

1 nurse shall practice with the collaborating physician continuously present before practicing in a
2 setting where the collaborating physician is not continuously present. This limitation shall not apply
3 to collaborative arrangements of providers of population-based public health services as defined by
4 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

22 334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

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

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

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

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

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

32 (6) "Physician assistant", a person who has graduated from a physician assistant program
33 accredited by the American Medical Association's Committee on Allied Health Education and
34 Accreditation or by its successor agency, who has passed the certifying examination administered by
35 the National Commission on Certification of Physician Assistants and has active certification by the
36 National Commission on Certification of Physician Assistants who provides health care services
37 delegated by a licensed physician. A person who has been employed as a physician assistant for
38 three years prior to August 28, 1989, who has passed the National Commission on Certification of
39 Physician Assistants examination, and has active certification of the National Commission on
40 Certification of Physician Assistants;

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

43 (8) "Supervision", control exercised over a physician assistant working with a supervising
44 physician and oversight of the activities of and accepting responsibility for the physician assistant's
45 delivery of care. The physician assistant shall only practice at a location where the physician
46 routinely provides patient care, except existing patients of the supervising physician in the patient's
47 home and correctional facilities. The supervising physician must be immediately available in
48 person or via telecommunication during the time the physician assistant is providing patient care.

1 Prior to commencing practice, the supervising physician and physician assistant shall attest on a
2 form provided by the board that the physician shall provide supervision appropriate to the physician
3 assistant's training and that the physician assistant shall not practice beyond the physician assistant's
4 training and experience. Appropriate supervision shall require the supervising physician to be
5 working within the same facility as the physician assistant for at least four hours within one calendar
6 day for every fourteen days on which the physician assistant provides patient care as described in
7 subsection 3 of this section. Only days in which the physician assistant provides patient care as
8 described in subsection 3 of this section shall be counted toward the fourteen-day period. The
9 requirement of appropriate supervision shall be applied so that no more than thirteen calendar days
10 in which a physician assistant provides patient care shall pass between the physician's four hours
11 working within the same facility. The board shall promulgate rules pursuant to chapter 536 for
12 documentation of joint review of the physician assistant activity by the supervising physician and
13 the physician assistant.

14 2. (1) A supervision agreement shall limit the physician assistant to practice only at
15 locations described in subdivision (8) of subsection 1 of this section, where the supervising
16 physician is no further than fifty miles by road using the most direct route available and where the
17 location is not so situated as to create an impediment to effective intervention and supervision of
18 patient care or adequate review of services.

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

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

24 (1) Taking patient histories;

25 (2) Performing physical examinations of a patient;

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

28 (4) Performing routine therapeutic procedures;

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

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

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

36 (8) Assisting in surgery;

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

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

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

48 (1) A physician assistant shall only prescribe controlled substances in accordance with

1 section 334.747;

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

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

8 (4) A physician assistant, or advanced practice registered nurse as defined in section
9 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
10 professional samples to patients; and

11 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the
12 supervising physician is not qualified or authorized to prescribe.

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

23 6. For purposes of this section, the licensing of physician assistants shall take place within
24 processes established by the state board of registration for the healing arts through rule and
25 regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536
26 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and
27 addressing such other matters as are necessary to protect the public and discipline the profession.
28 An application for licensing may be denied or the license of a physician assistant may be suspended
29 or revoked by the board in the same manner and for violation of the standards as set forth by section
30 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed
31 pursuant to the provisions of chapter 335 shall not be required to be licensed as physician assistants.
32 All applicants for physician assistant licensure who complete a physician assistant training program
33 after January 1, 2008, shall have a master's degree from a physician assistant program.

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

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

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

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

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

47 (a) Attest on a form provided by the board that the physician shall provide supervision
48 appropriate to the physician assistant's training and experience and that the physician assistant shall

1 not practice beyond the scope of the physician assistant's training and experience nor the
2 supervising physician's capabilities and training; and

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

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

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

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

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

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

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

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

33 13. No physician shall be designated to serve as supervising physician or collaborating
34 physician for more than [~~three~~] six full-time equivalent licensed physician assistants, full-time
35 equivalent advanced practice registered nurses, or full-time equivalent assistant physicians, or any
36 combination thereof. This limitation shall not apply to physician assistant agreements or
37 collaborative practice arrangements of hospital employees providing inpatient care service in
38 hospitals as defined in chapter 197."; and

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