

SECOND REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
**HOUSE BILL NO. 2127**  
**99TH GENERAL ASSEMBLY**

4569H.08C

D. ADAM CRUMBLISS, Chief Clerk

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**AN ACT**

To repeal sections 334.036 and 334.037, RSMo, and to enact in lieu thereof two new sections relating to assistant physicians.

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

Section A. Sections 334.036 and 334.037, RSMo, are repealed and two new sections  
2 enacted in lieu thereof, to be known as sections 334.036 and 334.037, to read as follows:

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

2 (1) “Assistant physician”, any medical school graduate who:

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

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

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

17 (d) Has proficiency in the English language.  
18

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.

19 Any medical school graduate who could have applied for licensure and complied with the  
20 provisions of this subdivision at any time between August 28, 2014, and August 28, 2017, may  
21 apply for licensure and shall be deemed in compliance with the provisions of this subdivision;

22 (2) “Assistant physician collaborative practice arrangement”, an agreement between a  
23 physician and an assistant physician that meets the requirements of this section and section  
24 334.037;

25 (3) “Medical school graduate”, any person who has graduated from a medical college  
26 or osteopathic medical college described in section 334.031.

27 2. (1) An assistant physician collaborative practice arrangement shall limit the assistant  
28 physician to providing [~~only primary care~~] services [~~and only~~] in medically underserved rural or  
29 urban areas of this state; **in health care facilities with internship or residency training**  
30 **programs**; or in any pilot project areas established in which assistant physicians may practice.

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

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

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

37 (3) **An assistant physician shall be considered a physician assistant for**  
38 **reimbursement purposes. The department of social services shall seek any necessary**  
39 **waivers or state plan amendments to implement the reimbursement provisions of this**  
40 **subdivision.**

41 3. (1) For purposes of this section, the licensure of assistant physicians shall take place  
42 within processes established by rules of the state board of registration for the healing arts. The  
43 board of healing arts is authorized to establish rules under chapter 536 establishing licensure and  
44 renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such  
45 other matters as are necessary to protect the public and discipline the profession. **No licensure**  
46 **fee for an assistant physician shall exceed the amount of any licensure fee for a physician**  
47 **assistant.** An application for licensure may be denied or the licensure of an assistant physician  
48 may be suspended or revoked by the board in the same manner and for violation of the standards  
49 as set forth by section 334.100, or such other standards of conduct set by the board by rule. **No**  
50 **rule or regulation shall require an assistant physician to complete more hours of**  
51 **continuing medical education than that of a licensed physician.**

52 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created  
53 under the authority delegated in this section shall become effective only if it complies with and  
54 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section

55 and chapter 536 are nonseverable and if any of the powers vested with the general assembly  
56 under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are  
57 subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed  
58 or adopted after August 28, 2014, shall be invalid and void.

59 **(3) Any rules or regulations regarding assistant physicians in effect as of the**  
60 **effective date of this section that conflict with the provisions of this section and section**  
61 **334.037 shall be null and void as of the effective date of this section.**

62 4. An assistant physician shall clearly identify himself or herself as an assistant physician  
63 and shall be permitted to use the terms “doctor”, “Dr.”, or “doc”. No assistant physician shall  
64 practice or attempt to practice without an assistant physician collaborative practice arrangement,  
65 except as otherwise provided in this section and in an emergency situation.

66 5. The collaborating physician is responsible at all times for the oversight of the  
67 activities of and accepts responsibility for ~~[primary care]~~ services rendered by the assistant  
68 physician.

69 6. The provisions of section 334.037 shall apply to all assistant physician collaborative  
70 practice arrangements. ~~[To be eligible to practice as an assistant physician, a licensed assistant~~  
71 ~~physician shall enter into an assistant physician collaborative practice arrangement within six~~  
72 ~~months of his or her initial licensure and shall not have more than a six-month time period~~  
73 ~~between collaborative practice arrangements during his or her licensure period. Any renewal of~~  
74 ~~licensure under this section shall include verification of actual practice under a collaborative~~  
75 ~~practice arrangement in accordance with this subsection during the immediately preceding~~  
76 ~~licensure period.]~~

77 **7. Each health carrier or health benefit plan that offers or issues health benefit**  
78 **plans that are delivered, issued for delivery, continued, or renewed in this state shall**  
79 **reimburse an assistant physician for the diagnosis, consultation, or treatment of an insured**  
80 **or enrollee on the same basis that the health carrier or health benefit plan covers the**  
81 **service when it is delivered by another comparable mid-level health care provider**  
82 **including, but not limited to, a physician assistant.**

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

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

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

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

15           (3) A requirement that there shall be posted at every office where the assistant physician  
16 is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure  
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.~~ **Pub. L. 95-210 [;] (42 U.S.C. Section 1395x),**  
28 **as amended**, as long as the collaborative practice arrangement includes alternative plans as  
29 required in paragraph (c) of this subdivision. Such exception to geographic proximity shall apply  
30 only to independent rural health clinics, provider-based rural health clinics if the provider is a  
31 critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health  
32 clinics if the main location of the hospital sponsor is greater than fifty miles from the clinic. The  
33 collaborating physician shall maintain documentation related to such requirement and present  
34 it to the state board of 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.

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

85 5. Within thirty days of any change and on each renewal, the state board of registration  
86 for the healing arts shall require every physician to identify whether the physician is engaged in  
87 any collaborative practice arrangement, including collaborative practice arrangements delegating  
88 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. Such limitation shall not apply  
95 to collaborative arrangements of hospital employees providing inpatient care service in hospitals  
96 as defined in chapter 197 or population-based public health services as defined by 20 CSR  
97 2150-5.100 as of April 30, 2008.

98 7. The collaborating physician shall determine and document the completion of at least  
99 a one-month period of time during which the assistant physician shall practice with the  
100 collaborating physician continuously present before practicing in a setting where the  
101 collaborating physician is not continuously present. **For purposes of this subsection,**  
102 **“continuously present” shall mean the collaborating physician and assistant physician are**  
103 **practicing at the same location, but shall not require the collaborating physician to be**  
104 **physically present with the assistant physician while the assistant physician is seeing or**  
105 **treating patients. No rule or regulation shall require the collaborating physician to review**  
106 **more than ten percent of the assistant physician’s patient charts or records during such**  
107 **one-month period.** Such limitation shall not apply to collaborative arrangements of providers  
108 of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30,  
109 2008.

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

115 9. No contract or other agreement shall require a physician to act as a collaborating  
116 physician for an assistant physician against the physician's will. A physician shall have the right

117 to refuse to act as a collaborating physician, without penalty, for a particular assistant physician.  
118 No contract or other agreement shall limit the collaborating physician's ultimate authority over  
119 any protocols or standing orders or in the delegation of the physician's authority to any assistant  
120 physician, but such requirement shall not authorize a physician in implementing such protocols,  
121 standing orders, or delegation to violate applicable standards for safe medical practice  
122 established by a hospital's medical staff.

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

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

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

148         (2) The collaborating physician shall be responsible to determine and document the  
149 completion of at least one hundred twenty hours in a four-month period by the assistant physician  
150 during which the assistant physician shall practice with the collaborating physician on-site prior  
151 to prescribing controlled substances when the collaborating physician is not on-site. Such

152 limitation shall not apply to assistant physicians of population-based public health services as  
153 defined in 20 CSR 2150-5.100 as of April 30, 2009.

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

157 **13. Nothing in this section or section 334.036 shall be construed to limit the**  
158 **authority of hospitals or hospital medical staff to make employment or medical staff**  
159 **credentialing or privileging decisions.**

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