

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for House Bill No. 301, Page 1, Section A, Line 3, by
2 inserting after all of said section and line the following:

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

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

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

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

18 (3) A requirement that there shall be posted at every office where the assistant physician is
19 authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure
20 statement informing patients that they may be seen by an assistant physician and have the right to
21 see the collaborating physician;

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

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

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

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

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1 for the healing arts when requested; and

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

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

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

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

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

18 (10) The collaborating physician, or any other physician designated in the collaborative
19 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in
20 which the assistant physician prescribes controlled substances. The charts reviewed under this
21 subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of
22 this subsection.

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

26 (1) Geographic areas to be covered;

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

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

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

36
37 Any rules relating to dispensing or distribution of medications or devices by prescription or
38 prescription drug orders under this section shall be subject to the approval of the state board of
39 pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription
40 or prescription drug orders under this section shall be subject to the approval of the department of
41 health and senior services and the state board of pharmacy. The state board of registration for the
42 healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with
43 guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not
44 extend to collaborative practice arrangements of hospital employees providing inpatient care within
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 4. The state board of registration for the healing arts shall not deny, revoke, suspend, or
48 otherwise take disciplinary action against a collaborating physician for health care services
49 delegated to an assistant physician provided the provisions of this section and the rules promulgated

1 thereunder are satisfied.

2 5. Within thirty days of any change and on each renewal, the state board of registration for
3 the healing arts shall require every physician to identify whether the physician is engaged in any
4 collaborative practice arrangement, including collaborative practice arrangements delegating the
5 authority to prescribe controlled substances, and also report to the board the name of each assistant
6 physician with whom the physician has entered into such arrangement. The board may make such
7 information available to the public. The board shall track the reported information and may
8 routinely conduct random reviews of such arrangements to ensure that arrangements are carried out
9 for compliance under this chapter.

10 6. A collaborating physician or supervising physician shall not enter into a collaborative
11 practice arrangement or supervision agreement with more than ~~six~~ nine full-time equivalent
12 assistant physicians, full-time equivalent physician assistants, full-time equivalent paramedic
13 practitioners, or full-time equivalent advance practice registered nurses, or any combination thereof.
14 Such limitation shall not apply to collaborative arrangements of hospital employees providing
15 inpatient care service in hospitals as defined in chapter 197 or population-based public health
16 services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered nurse
17 anesthetist providing anesthesia services under the supervision of an anesthesiologist or other
18 physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of
19 section 334.104.

20 7. The collaborating physician shall determine and document the completion of at least a
21 one-month period of time during which the assistant physician shall practice with the collaborating
22 physician continuously present before practicing in a setting where the collaborating physician is not
23 continuously present. No rule or regulation shall require the collaborating physician to review more
24 than ten percent of the assistant physician's patient charts or records during such one-month period.
25 Such limitation shall not apply to collaborative arrangements of providers of population-based
26 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

32 9. No contract or other agreement shall require a physician to act as a collaborating
33 physician for an assistant physician against the physician's will. A physician shall have the right to
34 refuse to act as a collaborating physician, without penalty, for a particular assistant physician. No
35 contract or other agreement shall limit the collaborating physician's ultimate authority over any
36 protocols or standing orders or in the delegation of the physician's authority to any assistant
37 physician, but such requirement shall not authorize a physician in implementing such protocols,
38 standing orders, or delegation to violate applicable standards for safe medical practice established
39 by a hospital's medical staff.

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

44 11. All collaborating physicians and assistant physicians in collaborative practice
45 arrangements shall wear identification badges while acting within the scope of their collaborative
46 practice arrangement. The identification badges shall prominently display the licensure status of
47 such collaborating physicians and assistant physicians.

48 12. (1) An assistant physician with a certificate of controlled substance prescriptive
49 authority as provided in this section may prescribe any controlled substance listed in Schedule III,

IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the authority to prescribe controlled substances in a collaborative practice arrangement. Prescriptions for Schedule II medications prescribed by an assistant physician who has a certificate of controlled substance prescriptive authority are restricted to only those medications containing hydrocodone. Such authority shall be filed with the state board of registration for the healing arts. The collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the assistant physician is permitted to prescribe. Any limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall not prescribe controlled substances for themselves or members of their families. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. Assistant physicians who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

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

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

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

334.104. 1. A physician may enter into collaborative practice arrangements with registered professional nurses. 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 a registered professional nurse 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 registered professional nurse and is consistent with that nurse's skill, training and competence.

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such 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. An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply

1 without refill for patients receiving medication-assisted treatment for substance use disorders under
2 the direction of the collaborating physician.

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

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

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

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

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

16 (5) The manner of collaboration between the collaborating physician and the advanced
17 practice registered nurse, including how the collaborating physician and the advanced practice
18 registered nurse will:

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

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

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

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

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

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

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

47 (10) The collaborating physician, or any other physician designated in the collaborative
48 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in
49 which the advanced practice registered nurse prescribes controlled substances. The charts reviewed

1 under this subdivision may be counted in the number of charts required to be reviewed under
2 subdivision (9) of this subsection.

3 4. The state board of registration for the healing arts pursuant to section 334.125 and the
4 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
5 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to be
6 covered, the methods of treatment that may be covered by collaborative practice arrangements and
7 the requirements for review of services provided pursuant to collaborative practice arrangements
8 including delegating authority to prescribe controlled substances. Any rules relating to dispensing
9 or distribution of medications or devices by prescription or prescription drug orders under this
10 section shall be subject to the approval of the state board of pharmacy. Any rules relating to
11 dispensing or distribution of controlled substances by prescription or prescription drug orders under
12 this section shall be subject to the approval of the department of health and senior services and the
13 state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a
14 quorum of each board. Neither the state board of registration for the healing arts nor the board of
15 nursing may separately promulgate rules relating to collaborative practice arrangements. Such
16 jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The
17 rulemaking authority granted in this subsection shall not extend to collaborative practice
18 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to
19 chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April
20 30, 2008.

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

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

45 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined
46 in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a
47 collaborative practice arrangement provided that he or she is under the supervision of an
48 anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed.
49 Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse

1 anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative
 2 practice arrangement under this section, except that the collaborative practice arrangement may not
 3 delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of
 4 section 195.017, or Schedule II - hydrocodone.

5 8. A collaborating physician or supervising physician shall not enter into a collaborative
 6 practice arrangement or supervision agreement with more than ~~six~~ nine full-time equivalent
 7 advanced practice registered nurses, full-time equivalent licensed physician assistants, full-time
 8 equivalent paramedic practitioners, or full-time equivalent assistant physicians, or any combination
 9 thereof. This limitation shall not apply to collaborative arrangements of hospital employees
 10 providing inpatient care service in hospitals as defined in chapter 197 or population-based public
 11 health services as defined by 20 CSR 2150- 5.100 as of April 30, 2008, or to a certified registered
 12 nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other
 13 physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of
 14 this section.

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

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

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

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

38 334.270 Beginning August 28, 2019, all regulation and oversight of advanced practice
 39 registered nurses shall be transferred from the board of nursing to the board of registration for the
 40 healing arts.

41 334.300. 1. As used in sections 334.300 to 334.312, the following terms mean:

42 (1) "Applicant", any individual who seeks to become licensed as a paramedic practitioner;

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

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

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

49 (5) "License", a document issued to an applicant by the board acknowledging that the

1 applicant is entitled to practice as a paramedic practitioner;

2 (6) "Paramedic practitioner", a person who has graduated from a paramedic practitioner
3 program accredited by the American Medical Association's Committee on Allied Health Education
4 and Accreditation, or by its successor agency, who provides health care services delegated by a
5 licensed physician;

6 (7) "Recognition", the formal process of becoming a certifying entity as required by the
7 provisions of sections 334.300 to 334.312;

8 (8) "Supervision", control exercised over a paramedic practitioner working with a
9 supervising physician and oversight of the activities of and accepting responsibility for the
10 paramedic practitioner's delivery of care. The supervising physician must be immediately available
11 in person or via telecommunication during the time the paramedic practitioner is providing patient
12 care. Prior to commencing practice, the supervising physician and paramedic practitioner shall
13 attest, on a form provided by the board, that the physician shall provide supervision appropriate to
14 the paramedic practitioner's training and that the paramedic practitioner shall not practice beyond
15 the paramedic practitioner's training and experience. Appropriate supervision shall require the
16 supervising physician to be working within the same location as the paramedic practitioner for at
17 least four hours within one calendar day for every fourteen days on which the paramedic practitioner
18 provides patient care as described in subsection 3 of this section. Only days on which the paramedic
19 practitioner provides patient care as described in subsection 3 of this section shall be counted toward
20 the fourteen-day period. The requirement of appropriate supervision shall be applied so that no
21 more than thirteen calendar days in which a paramedic practitioner provides patient care shall pass
22 between the physician's four hours' working within the same location. The board shall promulgate
23 rules under chapter 536 for documentation of the joint review of the paramedic practitioner's activity
24 by the supervising physician and the paramedic practitioner.

25 2. An applicant for a paramedic practitioner's license under sections 334.300 to 334.312
26 shall be licensed and in good standing as an emergency medical technician-paramedic under chapter
27 190.

28 3. A supervision agreement shall limit the paramedic practitioner to practice only at
29 locations described in subdivision (8) of subsection 1 of this section, within a geographic proximity
30 to be determined by the board of registration for the healing arts.

31 4. The scope of practice of a paramedic practitioner shall consist only of the following
32 services and procedures:

33 (1) Taking patient histories;

34 (2) Performing physical examinations of a patient;

35 (3) Performing or assisting in the performance of routine laboratory and patient screening
36 procedures;

37 (4) Performing routine therapeutic procedures;

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

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

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

45 (8) Assisting in surgery;

46 (9) Performing such other tasks not prohibited by law under the supervision of a licensed
47 physician as the paramedic practitioner has been trained and is proficient to perform; and

48 (10) Paramedic practitioners shall not perform or prescribe abortions.

49 5. Paramedic practitioners shall not prescribe any drug, medicine, device, or therapy unless

1 pursuant to a physician supervision agreement in accordance with the law; prescribe lenses, prisms,
2 or contact lenses for the aid, relief, or correction of vision or the measurement of visual power or
3 visual efficiency of the human eye; or administer or monitor general or regional block anesthesia
4 during diagnostic tests, surgery, or obstetric procedures. Prescribing of drugs, medications, devices,
5 or therapies by a paramedic practitioner shall be pursuant to a paramedic practitioner supervision
6 agreement which is specific to the clinical conditions treated by the supervising physician, and the
7 paramedic practitioner shall be subject to the following:

8 (1) A paramedic practitioner shall only prescribe controlled substances in accordance with
9 section 334.310;

10 (2) The types of drugs, medications, devices, or therapies prescribed by a paramedic
11 practitioner shall be consistent with the scope of practice of the paramedic practitioner and the
12 supervising physician;

13 (3) All prescriptions shall conform with state and federal laws and regulations and shall
14 include the name, address, and telephone number of the paramedic practitioner and the supervising
15 physician;

16 (4) A paramedic practitioner may request, receive, and sign for noncontrolled professional
17 samples and may distribute professional samples to patients; and

18 (5) A paramedic practitioner shall not prescribe any drugs, medicines, devices, or therapies
19 the supervising physician is not qualified or authorized to prescribe.

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

31 7. For purposes of this section, the licensing of paramedic practitioners shall take place
32 within processes established by the state board of registration for the healing arts through rule and
33 regulation. The board of healing arts is authorized to establish rules under chapter 536 establishing
34 licensing and renewal procedures, supervision, supervision agreements, fees, and addressing such
35 other matters as are necessary to protect the public and discipline the profession. An application for
36 licensing may be denied or the license of a paramedic practitioner may be suspended or revoked by
37 the board in the same manner and for violation of the standards as set forth by section 334.100, or
38 such other standards of conduct set by the board by rule or regulation. Persons licensed under
39 chapter 190 shall not be required to be licensed as paramedic practitioners.

40 8. "Paramedic practitioner supervision agreement" means a written agreement, jointly
41 agreed upon protocol, or standing order between a supervising physician and a paramedic
42 practitioner that provides for the delegation of health care services from a supervising physician to a
43 paramedic practitioner and the review of such services. The agreement shall contain at least the
44 following provisions:

45 (1) Complete names, home and business addresses, zip codes, telephone numbers, and state
46 license numbers of the supervising physician and the paramedic practitioner;

47 (2) A list of all offices or locations where the physician routinely provides patient care, and
48 in which such offices or locations the supervising physician has authorized the paramedic
49 practitioner to practice;

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

2 (4) The manner of supervision between the supervising physician and the paramedic
3 practitioner, including how the supervising physician and the paramedic practitioner shall:

4 (a) Attest, on a form provided by the board, that the physician shall provide supervision
5 appropriate to the paramedic practitioner's training and experience and that the paramedic
6 practitioner shall not practice beyond the scope of the paramedic practitioner's training and
7 experience nor the supervising physician's capabilities and training; and

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

10 (5) The duration of the supervision agreement between the supervising physician and
11 paramedic practitioner; and

12 (6) A description of the time and manner of the supervising physician's review of the
13 paramedic practitioner's delivery of health care services. Such description shall include provisions
14 that the supervising physician, or a designated supervising physician listed in the supervision
15 agreement, review a minimum of ten percent of the charts of the paramedic practitioner's delivery of
16 health care services every fourteen days.

17 9. When a paramedic practitioner supervision agreement is utilized to provide health care
18 services for conditions other than acute self-limited or well-defined problems, the supervising
19 physician or other physician designated in the supervision agreement shall see the patient for
20 evaluation and approve or formulate the plan of treatment for new or significantly changed
21 conditions as soon as practicable, but in no case more than two weeks after the patient has been seen
22 by the paramedic practitioner.

23 10. At all times the physician shall be responsible for the oversight of the activities of, and
24 accept responsibility for, health care services rendered by the paramedic practitioner.

25 11. It shall be the responsibility of the supervising physician to determine and document the
26 completion of, at least, a one-month period of time during which the licensed paramedic practitioner
27 shall practice with a supervising physician continuously present before practicing in a setting where
28 a supervising physician is not continuously present.

29 12. No contract or other agreement shall require a physician to act as a supervising
30 physician for a paramedic practitioner against the physician's will. A physician shall have the right
31 to refuse to act as a supervising physician, without penalty, for a particular paramedic practitioner.
32 No contract or other agreement shall limit the supervising physician's ultimate authority over any
33 protocols or standing orders or in the delegation of the physician's authority to any paramedic
34 practitioner; however, this requirement shall not authorize a physician in implementing such
35 protocols, standing orders, or delegation, to violate applicable standards for safe medical practice
36 established by the hospital's medical staff.

37 13. Paramedic practitioners shall file with the board a copy of their supervising physician
38 form.

39 14. No physician shall be designated to serve as supervising physician or collaborating
40 physician for more than nine full-time equivalent assistant physicians, full-time equivalent physician
41 assistants, full-time equivalent paramedic practitioners, or full-time equivalent advance practice
42 registered nurses, or any combination thereof.

43 334.301. Notwithstanding any other provision of sections 334.300 to 334.312, the board
44 may issue without examination a temporary license to practice as a paramedic practitioner. Upon
45 the applicant paying a temporary-license fee and the submitting of all necessary documents as
46 determined by the board, the board may grant a temporary license to any person who meets the
47 qualifications provided in section 334.300, which shall be valid until the results of the next
48 examination are announced. The temporary license may be renewed at the discretion of the board
49 and upon payment of the temporary-license fee.

1 334.302. 1. Any certifying entity desiring recognition shall register with the department the
 2 following information:

3 (1) The standards governing such certification or registration, which shall include
 4 requirements for a baccalaureate or postbaccalaureate degree, with a major course of study
 5 recognized by the certifying entity, from a recognized educational institution accredited by the
 6 Council on Post-Secondary Accreditation and the United States Department of Education or a
 7 program accredited by the Committee on Allied Health Education and Accreditation of the
 8 American Medical Association;

9 (2) The nature and duration of any education including, but not limited to, whether the
 10 education included a substantial amount of supervised field experience; whether education programs
 11 exist in this state; if there is an experience requirement and what the requirement entails; whether
 12 the experience shall be acquired under the direction or supervision of another certified or registered
 13 person; whether there is an alternative method of receiving certification or registration; whether all
 14 applicants will be required to pass an examination for certification or registration; and, if an
 15 examination is required, by whom the examination was developed;

16 (3) The term of certification or registration;

17 (4) The manner in which certified or registered personnel shall demonstrate continuing
 18 maintenance of competence;

19 (5) Procedures for renewal of certification or registration including fees, reexamination, and
 20 all other requirements;

21 (6) The code of ethics for certified or registered personnel, if any;

22 (7) Grounds for suspension or revocation of certification or registration, whether temporary
 23 or permanent, and justification for reinstatement, if any;

24 (8) A description of the certifying entity, the service or practice being evaluated, and a list of
 25 associations, organizations, or other groups representing the service or practice; and

26 (9) Other information which may be required by the department.

27 2. The department shall determine a fee to be charged to certifying entities that register their
 28 certification or registration procedures. The fee shall cover the cost of filing such applications for
 29 recognition.

30 3. The certifying entity, as a condition for recognition under sections 334.300 to 334.312,
 31 shall certify compliance with its standards to the department for all applicants seeking a certificate
 32 of registration under sections 334.300 to 334.312 and may be required to recertify compliance to the
 33 department upon request by the department.

34 4. The department shall approve or disapprove certifying entities for any of the professions
 35 included in the scope of sections 334.300 to 334.312 following review of the application submitted
 36 and following a public hearing on the application for recognition of such certifying entity.

37 5. The department may terminate its recognition of any certifying entity for any of the
 38 professions included in the scope of sections 334.300 to 334.312 following a subsequent review of
 39 the certification or registration procedures of the certifying entity and following a public hearing.

40 334.303. 1. Each person desiring a license under sections 334.300 to 334.312 shall make an
 41 application to the department upon such forms and in such manner as may be prescribed by the
 42 department and shall pay the required application fee as set by the department. The application fee
 43 shall cover the cost of issuing the license and shall not be refundable. Each application shall contain
 44 a statement that it is made under oath or affirmation and that its representations are true and correct
 45 to the best knowledge and belief of the person signing the same, subject to the penalties of making a
 46 false declaration or affidavit. Such application shall include proof of certification or registration by
 47 a certifying entity, the date the certification or registration process was completed with the certifying
 48 entity, the name of the certifying entity, any identification numbers, and any other information
 49 necessary for the department to verify the certification or registration.

1 2. The department, upon approval of the application from an applicant, shall issue a license
2 to such applicant.

3 3. A license is valid for two years from the date it is issued and may be renewed annually by
4 filing an application for renewal with the department and paying the required renewal fee as set by
5 the department. The department shall notify each licensee in writing of the expiration date of the
6 person's license at least thirty days before that date, and shall issue a license to any registrant who
7 returns a completed application form and pays a renewal fee before the person's license expires.

8 4. A new license to replace any license lost, destroyed, or mutilated may be issued to any
9 applicant, subject to rules and regulations issued by the department and upon the payment of a
10 reasonable fee.

11 334.304. 1. No person shall hold himself or herself out to the public by any title or
12 description including the words "licensed paramedic practitioner" or "paramedic practitioner", as
13 defined in section 334.300, unless the person is duly licensed under the provisions of sections
14 334.300 to 334.312, if a certifying entity has been recognized by the department.

15 2. Nothing in sections 334.300 to 334.312 shall be construed as prohibiting any individual,
16 whether licensed under sections 334.300 to 334.312 or not, from providing the services of
17 paramedic practitioner.

18 3. Any person found guilty of violating any provision of subsections 1 and 2 of this section
19 is guilty of an infraction and upon conviction thereof shall be punished as provided by law. For
20 purposes of this subsection, the maximum fine for a violation of this section shall be one thousand
21 dollars.

22 334.305. 1. Certifying entities shall notify the department of any temporary or permanent
23 revocation or suspension imposed by them.

24 2. The department, upon receipt of notification by a certifying entity of any temporary or
25 permanent revocation or suspension imposed by that entity, shall notify the licensee within thirty
26 days that such license is revoked. The licensee shall immediately surrender his or her license to the
27 department.

28 3. The department shall maintain a list of individuals who hold a valid license for the
29 provision of a given service or practice for public inspection and shall respond to public inquiries
30 concerning licensees who have received a license.

31 334.306. Any nonresident of Missouri who enters the state and intends to provide a service
32 or practice for which a license is required under sections 334.300 to 334.312 may apply for a
33 license, provided that the applicant meets the requirements imposed by the certifying entity.

34 334.307. Any rule or portion of a rule, as that term is defined in section 536.010, that is
35 promulgated to administer and enforce sections 334.300 to 334.312, shall become effective only if
36 the agency has fully complied with all of the requirements of chapter 536 including, but not limited
37 to, section 536.028, if applicable, after August 28, 2019. All rulemaking authority delegated prior to
38 August 28, 2019, is of no force and effect and repealed as of August 28, 2019; however, nothing in
39 this section shall be interpreted to repeal or affect the validity of any rule adopted and promulgated
40 prior to August 28, 2019. If the provisions of section 536.028 apply, the provisions of this section
41 are nonseverable and if any of the powers vested with the general assembly pursuant to section
42 536.028 to review, to delay the effective date, or to disapprove and annul a rule or portion of a rule
43 are held unconstitutional or invalid, the purported grant of rulemaking authority and any rule so
44 proposed and contained in the order of rulemaking shall be invalid and void, except that nothing in
45 this act shall affect the validity of any rule adopted and promulgated prior to August 28, 2019.

46 334.308. 1. All fees payable under the provisions of sections 334.300 to 334.312 shall be
47 collected by the division of professional registration, which shall transmit the moneys to the
48 department of revenue for deposit in the state treasury to the credit of the board of registration for
49 the healing arts fund.

2. Upon appropriation by the general assembly, the moneys in the fund shall be used to administer the provisions of sections 334.300 to 334.312.

334.310. 1. A paramedic practitioner with a certificate of controlled substance prescriptive authority, as provided in this section, may prescribe any controlled substance listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II when delegated the authority to prescribe controlled substances in a supervision agreement. Such authority shall be listed on the supervision verification form on file with the state board of healing arts. The supervising physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the paramedic practitioner is permitted to prescribe. Any limitations shall be listed on the supervision agreement. Prescriptions for Schedule II medications prescribed by a paramedic practitioner with authority to prescribe delegated in a supervision agreement are restricted to only those medications containing hydrocodone. Paramedic practitioners shall not prescribe controlled substances for themselves or members of their family. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the supervising physician. Paramedic practitioners who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

2. The supervising physician shall be responsible for determining and documenting the completion of at least one hundred twenty hours in a four-month period by the paramedic practitioner during which the paramedic practitioner shall practice with the supervising physician on-site prior to prescribing controlled substances when the supervising physician is not on-site.

3. A paramedic practitioner shall receive a certificate of controlled substance prescriptive authority from the board of healing arts upon verification of completion of the following educational requirements:

(1) Successful completion of an advanced pharmacology course that includes clinical training in the prescription of drugs, medicines, and therapeutic devices;

(2) Completion of a minimum of three hundred clock hours of clinical training by the supervising physician in the prescription of drugs, medicines, and therapeutic devices;

(3) Completion of a minimum of one year of supervised clinical practice or supervised clinical rotations. Proof of such training shall serve to document experience in the prescribing of drugs, medicines, and therapeutic devices; and

(4) A paramedic practitioner previously licensed in a jurisdiction where paramedic practitioners are authorized to prescribe controlled substances may obtain a state bureau of narcotics and dangerous drugs registration if a supervising physician attests that the paramedic practitioner has met the requirements of subdivisions (1) to (3) of this subsection and provides documentation of existing federal Drug Enforcement Agency registration.

334.311. 1. No paramedic practitioner shall be used in any location unless a notice stating that a paramedic practitioner is utilized is posted in a prominent place in such location.

2. Notwithstanding the provisions of sections 334.300 to 334.312 or the rules of the Missouri state board of registration for the healing arts, the governing body of each hospital shall have full authority to limit the functions and activities of any paramedic practitioner that are performed in such hospital.

334.312. 1. There is hereby established an "Advisory Commission for Paramedic Practitioners" which shall guide, advise, and make recommendations to the board of registration for the healing arts. The commission shall also be responsible for the ongoing examination of the scope of practice and promoting the continuing role of paramedic practitioners in the delivery of health

care services. The commission shall assist the board in carrying out the provisions of sections 334.300 to 334.312.

2. The commission shall be appointed no later than October 1, 2019, and shall consist of five members: one member of the board, two licensed paramedic practitioners, one physician, and one lay member. The two licensed paramedic practitioner members, the physician member, and the lay member shall be appointed by the director of the division of professional registration. Each licensed paramedic practitioner member shall be a United States citizen, a resident of this state, and shall be licensed as a paramedic practitioner in this state. The physician member shall be a United States citizen, a resident of this state, have an active Missouri license to practice medicine in this state, and shall be a supervising physician, at the time of appointment, to a licensed paramedic practitioner. The lay member shall be a United States citizen and a resident of this state. The licensed paramedic practitioner members shall be appointed to serve three-year terms, except that the first commission appointed shall consist of one member whose term shall be for one year and one member whose term shall be for two years. The physician member and lay member shall each be appointed to serve a three-year term. No paramedic practitioner member or the physician member shall be appointed for more than two consecutive three-year terms.

3. Notwithstanding any other provision of law to the contrary, any appointed member of the commission shall receive as compensation an amount established by the director of the division of professional registration, not to exceed seventy dollars per day for commission business plus actual and necessary expenses. The director of the division of professional registration shall establish by rule guidelines for payment. All staff for the commission shall be provided by the board.

4. The commission shall hold an open annual meeting, at which time it shall elect from its membership a chair and secretary. The commission may hold such additional meetings as may be required in the performance of its duties, provided that notice of every meeting shall be given to each member at least ten days prior to the date of the meeting. A quorum of the commission shall consist of a majority of its members.

5. On August 28, 2020, all members of the advisory commission for registered paramedic practitioners shall become members of the advisory commission for paramedic practitioners, and their successors shall be appointed in the same manner and at the time their terms would have expired as members of the advisory commission for registered paramedic practitioners.

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

- (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
- (2) "Certification" or "registration", a process by a certifying entity that grants recognition to applicants meeting predetermined qualifications specified by such certifying entity;
- (3) "Certifying entity", the nongovernmental agency or association which certifies or registers individuals who have completed academic and training requirements;
- (4) "Department", the department of insurance, financial institutions and professional registration or a designated agency thereof;
- (5) "License", a document issued to an applicant by the board acknowledging that the applicant is entitled to practice as a physician assistant;
- (6) "Physician assistant", a person who has graduated from a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician assistant for three years prior to August 28, 1989, who has passed the National Commission on Certification of Physician Assistants examination, and has active certification of the National Commission on Certification of Physician Assistants;

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

3 (8) "Supervision", control exercised over a physician assistant working with a supervising
4 physician and oversight of the activities of and accepting responsibility for the physician assistant's
5 delivery of care. The physician assistant shall only practice at a location where the physician
6 routinely provides patient care, except existing patients of the supervising physician in the patient's
7 home and correctional facilities. The supervising physician must be immediately available in
8 person or via telecommunication during the time the physician assistant is providing patient care.
9 Prior to commencing practice, the supervising physician and physician assistant shall attest on a
10 form provided by the board that the physician shall provide supervision appropriate to the physician
11 assistant's training and that the physician assistant shall not practice beyond the physician assistant's
12 training and experience. Appropriate supervision shall require the supervising physician to be
13 working within the same facility as the physician assistant for at least four hours within one calendar
14 day for every fourteen days on which the physician assistant provides patient care as described in
15 subsection 3 of this section. Only days in which the physician assistant provides patient care as
16 described in subsection 3 of this section shall be counted toward the fourteen-day period. The
17 requirement of appropriate supervision shall be applied so that no more than thirteen calendar days
18 in which a physician assistant provides patient care shall pass between the physician's four hours
19 working within the same facility. The board shall promulgate rules pursuant to chapter 536 for
20 documentation of joint review of the physician assistant activity by the supervising physician and
21 the physician assistant.

22 2. (1) A supervision agreement shall limit the physician assistant to practice only at
23 locations described in subdivision (8) of subsection 1 of this section, within a geographic proximity
24 to be determined by the board of registration for the healing arts.

25 (2) For a physician-physician assistant team working in a certified community behavioral
26 health clinic as defined by P.L. 113-93 and a rural health clinic under the federal Rural Health Clinic
27 Services Act, P.L. 95-210, as amended, or a federally qualified health center as defined in 42 U.S.C.
28 Section 1395 of the Public Health Service Act, as amended, no supervision requirements in addition
29 to the minimum federal law shall be required.

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

- 32 (1) Taking patient histories;
33 (2) Performing physical examinations of a patient;
34 (3) Performing or assisting in the performance of routine office laboratory and patient
35 screening procedures;
36 (4) Performing routine therapeutic procedures;
37 (5) Recording diagnostic impressions and evaluating situations calling for attention of a
38 physician to institute treatment procedures;
39 (6) Instructing and counseling patients regarding mental and physical health using
40 procedures reviewed and approved by a licensed physician;
41 (7) Assisting the supervising physician in institutional settings, including reviewing of
42 treatment plans, ordering of tests and diagnostic laboratory and radiological services, and ordering
43 of therapies, using procedures reviewed and approved by a licensed physician;
44 (8) Assisting in surgery;
45 (9) Performing such other tasks not prohibited by law under the supervision of a licensed
46 physician as the physician's assistant has been trained and is proficient to perform; and
47 (10) Physician assistants shall not perform or prescribe abortions.

48 4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless
49 pursuant to a physician supervision agreement in accordance with the law, nor prescribe lenses,

1 prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power
2 or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia
3 during diagnostic tests, surgery or obstetric procedures. Prescribing of drugs, medications, devices
4 or therapies by a physician assistant shall be pursuant to a physician assistant supervision agreement
5 which is specific to the clinical conditions treated by the supervising physician and the physician
6 assistant shall be subject to the following:

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

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

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

15 (4) A physician assistant, or advanced practice registered nurse as defined in section
16 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
17 professional samples to patients; and

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

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

30 6. For purposes of this section, the licensing of physician assistants shall take place within
31 processes established by the state board of registration for the healing arts through rule and
32 regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536
33 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and
34 addressing such other matters as are necessary to protect the public and discipline the profession.
35 An application for licensing may be denied or the license of a physician assistant may be suspended
36 or revoked by the board in the same manner and for violation of the standards as set forth by section
37 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed
38 pursuant to the provisions of chapter 335 shall not be required to be licensed as physician assistants.
39 All applicants for physician assistant licensure who complete a physician assistant training program
40 after January 1, 2008, shall have a master's degree from a physician assistant program.

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

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

48 (2) A list of all offices or locations where the physician routinely provides patient care, and
49 in which of such offices or locations the supervising physician has authorized the physician assistant

1 to practice;

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

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

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

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

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

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

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

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

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

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

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

39 13. No physician shall be designated to serve as supervising physician or collaborating
40 physician for more than ~~six~~ nine full-time equivalent licensed physician assistants, full-time
41 equivalent advanced practice registered nurses, full-time equivalent paramedic practitioners, or full-
42 time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to
43 physician assistant agreements of hospital employees providing inpatient care service in hospitals as
44 defined in chapter 197, or to a certified registered nurse anesthetist providing anesthesia services
45 under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is
46 immediately available if needed as set out in subsection 7 of section 334.104."; and

47
48 Further amend said bill, Page 2, Section 335.046, Lines 39, 42, and 47, by inserting after all
49 instances of the word "board" the words "of registration for the healing arts"; and

1
2 Further amend said bill and section, Page 3, Line 61, by deleting the words "of nursing" and
3 inserting in lieu thereof the words "of registration for the healing arts"; and
4

5 Further amend said bill, page, and section, Lines 68, 71, and 72, by inserting after all instances of
6 the word "board" the words "of registration for the healing arts"; and
7

8 Further amend said bill, page, and section, Line 76, by deleting said line and inserting in lieu thereof
9 the following:
10

11 [~~be,~~] or upon refusal of the board of registration for the healing arts to issue an advanced practice
12 registered nurse license, the board of nursing and the board of registration for the healing arts shall;
13 and
14

15 Further amend said bill, page, and section, Line 80, by inserting after the word "board" the words
16 "of nursing and the board of registration for the healing arts"; and
17

18 Further amend said bill and page, Section 335.047, Line 2 and Lines 2 to 3, by deleting each
19 instance of the words "of nursing" and inserting in lieu thereof the words "of registration for the
20 healing arts"; and
21

22 Further amend said bill and section, Page 4, Lines 8 and 9, by inserting after all instances of the
23 word "board" the words "of registration for the healing arts"; and
24

25 Further amend said bill, page, and section, Line 22, by deleting the words "of nursing" and inserting
26 in lieu thereof the words "of registration for the healing arts"; and
27

28 Further amend said bill, Page 5, Section 335.051, Lines 20 and 21, by inserting after all instances of
29 the word "board" the words "of registration for the healing arts"; and
30

31 Further amend said bill and page, Section 335.056, Lines 4 and 5, by inserting after all instances of
32 the word "board" the words "of nursing or of registration for the healing arts"; and
33

34 Further amend said bill, page, and section, Line 18, by inserting after the word "board" the words
35 "of registration for the healing arts"; and
36

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