

FIRST REGULAR SESSION

HOUSE BILL NO. 420

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE KELLY (141).

1025H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 334.037, 334.104, and 334.735, RSMo, and to enact in lieu thereof three new sections relating to certain collaborative practice arrangements.

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

Section A. Sections 334.037, 334.104, and 334.735, RSMo, are repealed and three new sections enacted in lieu thereof, to be known as sections 334.037, 334.104, and 334.735, to read as follows:

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

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

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

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

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

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

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

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

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

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

25 (b) Maintain geographic proximity; except[;] **as follows:**

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

36 **b. The collaborative practice arrangement shall allow for geographic proximity to**
37 **be waived when an assistant physician is providing care to a client of an alternatives to**
38 **abortion agency as defined in section 188.125; and**

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

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

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

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

49 (9) A description of the time and manner of the collaborating physician's review of the
50 assistant physician's delivery of health care services. The description shall include provisions
51 that the assistant physician shall submit a minimum of ten percent of the charts documenting the
52 assistant physician's delivery of health care services to the collaborating physician for review by

53 the collaborating physician, or any other physician designated in the collaborative practice
54 arrangement, every fourteen days; and

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

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

63 (1) Geographic areas to be covered;

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

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

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

74

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

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

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

97 6. A collaborating physician or supervising physician shall not enter into a collaborative
98 practice arrangement or supervision agreement with more than six full-time equivalent assistant
99 physicians, full-time equivalent physician assistants, or full-time equivalent advance practice
100 registered nurses, or any combination thereof. Such limitation shall not apply to collaborative
101 arrangements of hospital employees providing inpatient care service in hospitals as defined in
102 chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of
103 April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under
104 the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is
105 immediately available if needed as set out in subsection 7 of section 334.104.

106 7. The collaborating physician shall determine and document the completion of at least
107 a one-month period of time during which the assistant physician shall practice with the
108 collaborating physician continuously present before practicing in a setting where the
109 collaborating physician is not continuously present. No rule or regulation shall require the
110 collaborating physician to review more than ten percent of the assistant physician's patient charts
111 or records during such one-month period. Such limitation shall not apply to collaborative
112 arrangements of providers of population-based public health services as defined by 20 CSR
113 2150-5.100 as of April 30, 2008.

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

119 9. No contract or other agreement shall require a physician to act as a collaborating
120 physician for an assistant physician against the physician's will. A physician shall have the right
121 to refuse to act as a collaborating physician, without penalty, for a particular assistant physician.
122 No contract or other agreement shall limit the collaborating physician's ultimate authority over
123 any protocols or standing orders or in the delegation of the physician's authority to any assistant
124 physician, but such requirement shall not authorize a physician in implementing such protocols,

125 standing orders, or delegation to violate applicable standards for safe medical practice
126 established by a hospital's medical staff.

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

131 11. All collaborating physicians and assistant physicians in collaborative practice
132 arrangements shall wear identification badges while acting within the scope of their collaborative
133 practice arrangement. The identification badges shall prominently display the licensure status
134 of such collaborating physicians and assistant physicians.

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

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

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

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

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

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

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

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

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

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

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

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

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

43 (b) Maintain geographic proximity, except **as follows:**

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

54 **b. The collaborative practice arrangement shall allow for geographic proximity to**
55 **be waived when a registered professional nurse is providing care to a client of an**
56 **alternatives to abortion agency as defined in section 188.125; and**

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

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

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

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

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

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

78 4. The state board of registration for the healing arts pursuant to section 334.125 and the
79 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
80 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas
81 to be covered, the methods of treatment that may be covered by collaborative practice
82 arrangements and the requirements for review of services provided pursuant to collaborative
83 practice arrangements including delegating authority to prescribe controlled substances. Any
84 rules relating to dispensing or distribution of medications or devices by prescription or
85 prescription drug orders under this section shall be subject to the approval of the state board of
86 pharmacy. Any rules relating to dispensing or distribution of controlled substances by
87 prescription or prescription drug orders under this section shall be subject to the approval of the
88 department of health and senior services and the state board of pharmacy. In order to take effect,
89 such rules shall be approved by a majority vote of a quorum of each board. Neither the state
90 board of registration for the healing arts nor the board of nursing may separately promulgate rules
91 relating to collaborative practice arrangements. Such jointly promulgated rules shall be
92 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this
93 subsection shall not extend to collaborative practice arrangements of hospital employees
94 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based
95 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

96 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
97 otherwise take disciplinary action against a physician for health care services delegated to a
98 registered professional nurse provided the provisions of this section and the rules promulgated
99 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
100 imposed as a result of an agreement between a physician and a registered professional nurse or

101 registered physician assistant, whether written or not, prior to August 28, 1993, all records of
102 such disciplinary licensure action and all records pertaining to the filing, investigation or review
103 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed
104 from the records of the state board of registration for the healing arts and the division of
105 professional registration and shall not be disclosed to any public or private entity seeking such
106 information from the board or the division. The state board of registration for the healing arts
107 shall take action to correct reports of alleged violations and disciplinary actions as described in
108 this section which have been submitted to the National Practitioner Data Bank. In subsequent
109 applications or representations relating to his medical practice, a physician completing forms or
110 documents shall not be required to report any actions of the state board of registration for the
111 healing arts for which the records are subject to removal under this section.

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

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

129 8. A collaborating physician or supervising physician shall not enter into a collaborative
130 practice arrangement or supervision agreement with more than six full-time equivalent advanced
131 practice registered nurses, full-time equivalent licensed physician assistants, or full-time
132 equivalent assistant physicians, or any combination thereof. This limitation shall not apply to
133 collaborative arrangements of hospital employees providing inpatient care service in hospitals
134 as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-
135 5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia

136 services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who
137 is immediately available if needed as set out in subsection 7 of this section.

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

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

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

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

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

- 2 (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
- 3 (2) "Certification" or "registration", a process by a certifying entity that grants
4 recognition to applicants meeting predetermined qualifications specified by such certifying
5 entity;
- 6 (3) "Certifying entity", the nongovernmental agency or association which certifies or
7 registers individuals who have completed academic and training requirements;
- 8 (4) "Department", the department of insurance, financial institutions and professional
9 registration or a designated agency thereof;
- 10 (5) "License", a document issued to an applicant by the board acknowledging that the
11 applicant is entitled to practice as a physician assistant;

12 (6) "Physician assistant", a person who has graduated from a physician assistant program
13 accredited by the American Medical Association's Committee on Allied Health Education and
14 Accreditation or by its successor agency, who has passed the certifying examination administered
15 by the National Commission on Certification of Physician Assistants and has active certification
16 by the National Commission on Certification of Physician Assistants who provides health care
17 services delegated by a licensed physician. A person who has been employed as a physician
18 assistant for three years prior to August 28, 1989, who has passed the National Commission on
19 Certification of Physician Assistants examination, and has active certification of the National
20 Commission on Certification of Physician Assistants;

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

23 (8) "Supervision", control exercised over a physician assistant working with a
24 supervising physician and oversight of the activities of and accepting responsibility for the
25 physician assistant's delivery of care. The physician assistant shall only practice at a location
26 where the physician routinely provides patient care, except existing patients of the supervising
27 physician in the patient's home and correctional facilities. The supervising physician must be
28 immediately available in person or via telecommunication during the time the physician assistant
29 is providing patient care. Prior to commencing practice, the supervising physician and physician
30 assistant shall attest on a form provided by the board that the physician shall provide supervision
31 appropriate to the physician assistant's training and that the physician assistant shall not practice
32 beyond the physician assistant's training and experience. Appropriate supervision shall require
33 the supervising physician to be working within the same facility as the physician assistant for at
34 least four hours within one calendar day for every fourteen days on which the physician assistant
35 provides patient care as described in subsection 3 of this section. Only days in which the
36 physician assistant provides patient care as described in subsection 3 of this section shall be
37 counted toward the fourteen-day period. The requirement of appropriate supervision shall be
38 applied so that no more than thirteen calendar days in which a physician assistant provides
39 patient care shall pass between the physician's four hours working within the same facility. The
40 board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the
41 physician assistant activity by the supervising physician and the physician assistant.

42 2. (1) A supervision agreement shall limit the physician assistant to practice only at
43 locations described in subdivision (8) of subsection 1 of this section, within a geographic
44 proximity to be determined by the board of registration for the healing arts; **except that the**
45 **geographic proximity requirement shall be waived when a physician assistant is providing**
46 **care to a client of an alternatives to abortion agency as defined in section 188.125.**

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

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

54 (1) Taking patient histories;

55 (2) Performing physical examinations of a patient;

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

58 (4) Performing routine therapeutic procedures;

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

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

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

66 (8) Assisting in surgery;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

152 11. No contract or other agreement shall require a physician to act as a supervising
153 physician for a physician assistant against the physician's will. A physician shall have the right
154 to refuse to act as a supervising physician, without penalty, for a particular physician assistant.

155 No contract or other agreement shall limit the supervising physician's ultimate authority over any
156 protocols or standing orders or in the delegation of the physician's authority to any physician
157 assistant, but this requirement shall not authorize a physician in implementing such protocols,
158 standing orders, or delegation to violate applicable standards for safe medical practice
159 established by the hospital's medical staff.

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

162 13. No physician shall be designated to serve as supervising physician or collaborating
163 physician for more than six full-time equivalent licensed physician assistants, full-time
164 equivalent advanced practice registered nurses, or full-time equivalent assistant physicians, or
165 any combination thereof. This limitation shall not apply to physician assistant agreements of
166 hospital employees providing inpatient care service in hospitals as defined in chapter 197, or to
167 a certified registered nurse anesthetist providing anesthesia services under the supervision of an
168 anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed
169 as set out in subsection 7 of section 334.104.

✓