

FIRST REGULAR SESSION

SENATE BILL NO. 280

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SATER.

Read 1st time January 22, 2019, and ordered printed.

ADRIANE D. CROUSE, Secretary.

1415S.011

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Section A. Sections 334.037, 334.104, and 334.735, RSMo, are repealed
2 and three new sections enacted in lieu thereof, to be known as sections 334.037,
3 334.104, and 334.735, to read as follows:

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

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

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

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

18 (3) A requirement that there shall be posted at every office where the

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

19 assistant physician is authorized to prescribe, in collaboration with a physician,
20 a prominently displayed disclosure statement informing patients that they may
21 be seen by an assistant physician and have the right to see the collaborating
22 physician;

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

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

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

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

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

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

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

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

54 (7) A list of all other written practice agreements of the collaborating

55 physician and the assistant physician;

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

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

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

71 3. The state board of registration for the healing arts under section
72 334.125 shall promulgate rules regulating the use of collaborative practice
73 arrangements for assistant physicians. Such rules shall specify:

74 (1) Geographic areas to be covered;

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

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

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

87 Any rules relating to dispensing or distribution of medications or devices by
88 prescription or prescription drug orders under this section shall be subject to the
89 approval of the state board of pharmacy. Any rules relating to dispensing or
90 distribution of controlled substances by prescription or prescription drug orders

91 under this section shall be subject to the approval of the department of health
92 and senior services and the state board of pharmacy. The state board of
93 registration for the healing arts shall promulgate rules applicable to assistant
94 physicians that shall be consistent with guidelines for federally funded
95 clinics. The rulemaking authority granted in this subsection shall not extend to
96 collaborative practice arrangements of hospital employees providing inpatient
97 care within hospitals as defined in chapter 197 or population-based public health
98 services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

124 7. The collaborating physician shall determine and document the
125 completion of at least a one-month period of time during which the assistant
126 physician shall practice with the collaborating physician continuously present

127 before practicing in a setting where the collaborating physician is not
128 continuously present. No rule or regulation shall require the collaborating
129 physician to review more than ten percent of the assistant physician's patient
130 charts or records during such one-month period. Such limitation shall not apply
131 to collaborative arrangements of providers of population-based public health
132 services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

152 11. All collaborating physicians and assistant physicians in collaborative
153 practice arrangements shall wear identification badges while acting within the
154 scope of their collaborative practice arrangement. The identification badges shall
155 prominently display the licensure status of such collaborating physicians and
156 assistant physicians.

157 12. (1) An assistant physician with a certificate of controlled substance
158 prescriptive authority as provided in this section may prescribe any controlled
159 substance listed in Schedule III, IV, or V of section 195.017, and may have
160 restricted authority in Schedule II, when delegated the authority to prescribe
161 controlled substances in a collaborative practice arrangement. Prescriptions for
162 Schedule II medications prescribed by an assistant physician who has a

163 certificate of controlled substance prescriptive authority are restricted to only
164 those medications containing hydrocodone. Such authority shall be filed with the
165 state board of registration for the healing arts. The collaborating physician shall
166 maintain the right to limit a specific scheduled drug or scheduled drug category
167 that the assistant physician is permitted to prescribe. Any limitations shall be
168 listed in the collaborative practice arrangement. Assistant physicians shall not
169 prescribe controlled substances for themselves or members of their
170 families. Schedule III controlled substances and Schedule II - hydrocodone
171 prescriptions shall be limited to a five-day supply without refill, except that
172 buprenorphine may be prescribed for up to a thirty-day supply without refill for
173 patients receiving medication-assisted treatment for substance use disorders
174 under the direction of the collaborating physician. Assistant physicians who are
175 authorized to prescribe controlled substances under this section shall register
176 with the federal Drug Enforcement Administration and the state bureau of
177 narcotics and dangerous drugs, and shall include the Drug Enforcement
178 Administration registration number on prescriptions for controlled substances.

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

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

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

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

7 drugs and provide treatment as long as the delivery of such health care services
8 is within the scope of practice of the registered professional nurse and is
9 consistent with that nurse's skill, training and competence.

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

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

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

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

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

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

45 (5) The manner of collaboration between the collaborating physician and
46 the advanced practice registered nurse, including how the collaborating physician
47 and the advanced practice registered nurse will:

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

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

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

62 **b. The collaborative practice arrangement shall allow for**
63 **geographic proximity to be waived when an advanced practice**
64 **registered nurse is providing care to a client of an alternatives to**
65 **abortion agency as defined in section 188.125; and**

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

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

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

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

77 (9) A description of the time and manner of the collaborating physician's
78 review of the advanced practice registered nurse's delivery of health care

79 services. The description shall include provisions that the advanced practice
80 registered nurse shall submit a minimum of ten percent of the charts
81 documenting the advanced practice registered nurse's delivery of health care
82 services to the collaborating physician for review by the collaborating physician,
83 or any other physician designated in the collaborative practice arrangement,
84 every fourteen days; and

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

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

113 5. The state board of registration for the healing arts shall not deny,
114 revoke, suspend or otherwise take disciplinary action against a physician for

115 health care services delegated to a registered professional nurse provided the
116 provisions of this section and the rules promulgated thereunder are
117 satisfied. Upon the written request of a physician subject to a disciplinary action
118 imposed as a result of an agreement between a physician and a registered
119 professional nurse or registered physician assistant, whether written or not, prior
120 to August 28, 1993, all records of such disciplinary licensure action and all
121 records pertaining to the filing, investigation or review of an alleged violation of
122 this chapter incurred as a result of such an agreement shall be removed from the
123 records of the state board of registration for the healing arts and the division of
124 professional registration and shall not be disclosed to any public or private entity
125 seeking such information from the board or the division. The state board of
126 registration for the healing arts shall take action to correct reports of alleged
127 violations and disciplinary actions as described in this section which have been
128 submitted to the National Practitioner Data Bank. In subsequent applications
129 or representations relating to his medical practice, a physician completing forms
130 or documents shall not be required to report any actions of the state board of
131 registration for the healing arts for which the records are subject to removal
132 under this section.

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

143 7. Notwithstanding any law to the contrary, a certified registered nurse
144 anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to
145 provide anesthesia services without a collaborative practice arrangement provided
146 that he or she is under the supervision of an anesthesiologist or other physician,
147 dentist, or podiatrist who is immediately available if needed. Nothing in this
148 subsection shall be construed to prohibit or prevent a certified registered nurse
149 anesthetist as defined in subdivision (8) of section 335.016 from entering into a
150 collaborative practice arrangement under this section, except that the

151 collaborative practice arrangement may not delegate the authority to prescribe
152 any controlled substances listed in Schedules III, IV, and V of section 195.017, or
153 Schedule II - hydrocodone.

154 8. A collaborating physician or supervising physician shall not enter into
155 a collaborative practice arrangement or supervision agreement with more than
156 six full-time equivalent advanced practice registered nurses, full-time equivalent
157 licensed physician assistants, or full-time equivalent assistant physicians, or any
158 combination thereof. This limitation shall not apply to collaborative
159 arrangements of hospital employees providing inpatient care service in hospitals
160 as defined in chapter 197 or population-based public health services as defined
161 by 20 CSR 2150- 5.100 as of April 30, 2008, or to a certified registered nurse
162 anesthetist providing anesthesia services under the supervision of an
163 anesthesiologist or other physician, dentist, or podiatrist who is immediately
164 available if needed as set out in subsection 7 of this section.

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

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

178 11. No contract or other agreement shall require a physician to act as a
179 collaborating physician for an advanced practice registered nurse against the
180 physician's will. A physician shall have the right to refuse to act as a
181 collaborating physician, without penalty, for a particular advanced practice
182 registered nurse. No contract or other agreement shall limit the collaborating
183 physician's ultimate authority over any protocols or standing orders or in the
184 delegation of the physician's authority to any advanced practice registered nurse,
185 but this requirement shall not authorize a physician in implementing such
186 protocols, standing orders, or delegation to violate applicable standards for safe

187 medical practice established by hospital's medical staff.

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

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

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

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

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

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

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

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

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

28 (8) "Supervision", control exercised over a physician assistant working
29 with a supervising physician and oversight of the activities of and accepting
30 responsibility for the physician assistant's delivery of care. The physician

31 assistant shall only practice at a location where the physician routinely provides
32 patient care, except existing patients of the supervising physician in the patient's
33 home and correctional facilities. The supervising physician must be immediately
34 available in person or via telecommunication during the time the physician
35 assistant is providing patient care. Prior to commencing practice, the supervising
36 physician and physician assistant shall attest on a form provided by the board
37 that the physician shall provide supervision appropriate to the physician
38 assistant's training and that the physician assistant shall not practice beyond the
39 physician assistant's training and experience. Appropriate supervision shall
40 require the supervising physician to be working within the same facility as the
41 physician assistant for at least four hours within one calendar day for every
42 fourteen days on which the physician assistant provides patient care as described
43 in subsection 3 of this section. Only days in which the physician assistant
44 provides patient care as described in subsection 3 of this section shall be counted
45 toward the fourteen-day period. The requirement of appropriate supervision shall
46 be applied so that no more than thirteen calendar days in which a physician
47 assistant provides patient care shall pass between the physician's four hours
48 working within the same facility. The board shall promulgate rules pursuant to
49 chapter 536 for documentation of joint review of the physician assistant activity
50 by the supervising physician and the physician assistant.

51 2. (1) A supervision agreement shall limit the physician assistant to
52 practice only at locations described in subdivision (8) of subsection 1 of this
53 section, within a geographic proximity to be determined by the board of
54 registration for the healing arts; **except that the geographic proximity**
55 **requirement shall be waived when a physician assistant is providing**
56 **care to a client of an alternatives to abortion agency as defined in**
57 **section 188.125.**

58 (2) For a physician-physician assistant team working in a certified
59 community behavioral health clinic as defined by P.L. 113-93 and a rural health
60 clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as
61 amended, or a federally qualified health center as defined in 42 U.S.C. Section
62 1395 of the Public Health Service Act, as amended, no supervision requirements
63 in addition to the minimum federal law shall be required.

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

66 (1) Taking patient histories;

- 67 (2) Performing physical examinations of a patient;
- 68 (3) Performing or assisting in the performance of routine office laboratory
69 and patient screening procedures;
- 70 (4) Performing routine therapeutic procedures;
- 71 (5) Recording diagnostic impressions and evaluating situations calling for
72 attention of a physician to institute treatment procedures;
- 73 (6) Instructing and counseling patients regarding mental and physical
74 health using procedures reviewed and approved by a licensed physician;
- 75 (7) Assisting the supervising physician in institutional settings, including
76 reviewing of treatment plans, ordering of tests and diagnostic laboratory and
77 radiological services, and ordering of therapies, using procedures reviewed and
78 approved by a licensed physician;
- 79 (8) Assisting in surgery;
- 80 (9) Performing such other tasks not prohibited by law under the
81 supervision of a licensed physician as the physician's assistant has been trained
82 and is proficient to perform; and
- 83 (10) Physician assistants shall not perform or prescribe abortions.
- 84 4. Physician assistants shall not prescribe any drug, medicine, device or
85 therapy unless pursuant to a physician supervision agreement in accordance with
86 the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or
87 correction of vision or the measurement of visual power or visual efficiency of the
88 human eye, nor administer or monitor general or regional block anesthesia during
89 diagnostic tests, surgery or obstetric procedures. Prescribing of drugs,
90 medications, devices or therapies by a physician assistant shall be pursuant to
91 a physician assistant supervision agreement which is specific to the clinical
92 conditions treated by the supervising physician and the physician assistant shall
93 be subject to the following:
- 94 (1) A physician assistant shall only prescribe controlled substances in
95 accordance with section 334.747;
- 96 (2) The types of drugs, medications, devices or therapies prescribed by a
97 physician assistant shall be consistent with the scopes of practice of the physician
98 assistant and the supervising physician;
- 99 (3) All prescriptions shall conform with state and federal laws and
100 regulations and shall include the name, address and telephone number of the
101 physician assistant and the supervising physician;
- 102 (4) A physician assistant, or advanced practice registered nurse as defined

103 in section 335.016 may request, receive and sign for noncontrolled professional
104 samples and may distribute professional samples to patients; and

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

107 5. A physician assistant shall clearly identify himself or herself as a
108 physician assistant and shall not use or permit to be used in the physician
109 assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out
110 in any way to be a physician or surgeon. No physician assistant shall practice or
111 attempt to practice without physician supervision or in any location where the
112 supervising physician is not immediately available for consultation, assistance
113 and intervention, except as otherwise provided in this section, and in an
114 emergency situation, nor shall any physician assistant bill a patient
115 independently or directly for any services or procedure by the physician assistant;
116 except that, nothing in this subsection shall be construed to prohibit a physician
117 assistant from enrolling with the department of social services as a MO
118 HealthNet or Medicaid provider while acting under a supervision agreement
119 between the physician and physician assistant.

120 6. For purposes of this section, the licensing of physician assistants shall
121 take place within processes established by the state board of registration for the
122 healing arts through rule and regulation. The board of healing arts is authorized
123 to establish rules pursuant to chapter 536 establishing licensing and renewal
124 procedures, supervision, supervision agreements, fees, and addressing such other
125 matters as are necessary to protect the public and discipline the profession. An
126 application for licensing may be denied or the license of a physician assistant may
127 be suspended or revoked by the board in the same manner and for violation of the
128 standards as set forth by section 334.100, or such other standards of conduct set
129 by the board by rule or regulation. Persons licensed pursuant to the provisions
130 of chapter 335 shall not be required to be licensed as physician assistants. All
131 applicants for physician assistant licensure who complete a physician assistant
132 training program after January 1, 2008, shall have a master's degree from a
133 physician assistant program.

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

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

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

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

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

149 (a) Attest on a form provided by the board that the physician shall provide
150 supervision appropriate to the physician assistant's training and experience and
151 that the physician assistant shall not practice beyond the scope of the physician
152 assistant's training and experience nor the supervising physician's capabilities
153 and training; and

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

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

158 (6) A description of the time and manner of the supervising physician's
159 review of the physician assistant's delivery of health care services. Such
160 description shall include provisions that the supervising physician, or a
161 designated supervising physician listed in the supervision agreement review a
162 minimum of ten percent of the charts of the physician assistant's delivery of
163 health care services every fourteen days.

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

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

174 10. It is the responsibility of the supervising physician to determine and

175 document the completion of at least a one-month period of time during which the
176 licensed physician assistant shall practice with a supervising physician
177 continuously present before practicing in a setting where a supervising physician
178 is not continuously present.

179 11. No contract or other agreement shall require a physician to act as a
180 supervising physician for a physician assistant against the physician's will. A
181 physician shall have the right to refuse to act as a supervising physician, without
182 penalty, for a particular physician assistant. No contract or other agreement
183 shall limit the supervising physician's ultimate authority over any protocols or
184 standing orders or in the delegation of the physician's authority to any physician
185 assistant, but this requirement shall not authorize a physician in implementing
186 such protocols, standing orders, or delegation to violate applicable standards for
187 safe medical practice established by the hospital's medical staff.

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

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

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