# FIRST REGULAR SESSION HOUSE BILL NO. 503

### 93RD GENERAL ASSEMBLY

#### INTRODUCED BY REPRESENTATIVES SATER (Sponsor), WHORTON, BAKER (25), THRELKELD, COOPER (155), WETER, WRIGHT (159), BOWMAN, ERVIN, DEMPSEY, STEFANICK, LAMPE AND FAITH (Co-sponsors).

Read 1st time February 10, 2005 and copies ordered printed.

STEPHEN S. DAVIS, Chief Clerk

1403L.01I

## AN ACT

To repeal section 334.735, RSMo, and to enact in lieu thereof one new section relating to physician assistants.

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

Section A. Section 334.735, RSMo, is repealed and one new section enacted in lieu 2 thereof, to be known as section 334.735, to read as follows: 334.735. 1.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; (3) "Certifying entity", the nongovernmental agency or association which certifies or 6 registers individuals who have completed academic and training requirements; 7 8 (4) "Department", the department of economic development or a designated agency 9 thereof: (5) "License", a document issued to an applicant by the department acknowledging that 10 11 the 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 EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended

PLANATION — 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.

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;

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

23 (8) "Supervision", [control exercised over a physician assistant working within the same office facility of the supervising physician except a physician assistant may make follow-up 24 25 patient examinations in hospitals, nursing homes and correctional facilities, each such 26 examination being reviewed, approved and signed by the supervising physician] overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician 27 28 assistant. The supervising physician shall at all times be immediately available to the 29 physician assistant for consultation, assistance or intervention either personally or via 30 telecommunications. A supervising physician shall be personally present for practice supervision and collaboration a minimum of twenty percent of clinic hours in any clinic 31 32 location utilizing physicians assistants. The physician assistant shall be limited to practice 33 at locations where the supervising physician is no further than thirty miles by road using the most direct route available, or in any other fashion so distanced as to create an 34 35 impediment to effective intervention and supervision of patient care or adequate review of services; except that, physician assistants practicing in federally designated health 36 37 professional shortage areas (HPSA) shall be limited to practice at locations where the supervising physician is no further than fifty miles by road, using the most direct route 38 39 available. The board shall promulgate rules pursuant to chapter 536, RSMo, for the [proximity 40 of practice between the physician assistant and the supervising physician and] documentation of joint review of the physician assistant activity by the supervising physician and the physician 41 42 assistant.

43 2. The scope of practice of a physician assistant shall consist only of the following

- 44 services and procedures:
- 45 (1) Taking patient histories;

46 (2) Performing physical examinations of a patient;

47 (3) Performing or assisting in the performance of routine office laboratory and patient48 screening procedures;

49 (4) Performing routine therapeutic procedures;

50 (5) Recording diagnostic impressions and evaluating situations calling for attention of

51 a physician to institute treatment procedures;

52 (6) Instructing and counseling patients regarding mental and physical health using 53 procedures reviewed and approved by a licensed physician;

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

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(8) Assisting in surgery;

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

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(10) Physician assistants shall not perform abortions.

61 3. Physician assistants shall not prescribe nor dispense any drug, medicine, device or 62 therapy independent of consultation with the supervising physician, nor prescribe lenses, prisms 63 or contact lenses for the aid, relief or correction of vision or the measurement of visual power 64 or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing and dispensing 65 of drugs, medications, devices or therapies by a physician assistant shall be pursuant to a 66 physician assistant supervision agreement which is specific to the clinical conditions treated by 67 the supervising physician and the physician assistant shall be subject to the following: 68

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(1) A physician assistant shall not prescribe controlled substances;

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

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

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

(5) A physician assistant shall not prescribe any drugs, medicines, devices or therapiesthe supervising physician is not qualified or authorized to prescribe; and

81 (6) A physician assistant may only dispense starter doses of medication to cover a period
82 of time for seventy-two hours or less.

4. A physician assistant shall clearly identify himself or herself as a physician assistant
and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr."
or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician
assistant shall practice or attempt to practice without physician supervision or in any location

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where the supervising physician is not immediately available for consultation, assistance and intervention, except in an emergency situation, nor shall any physician assistant bill a patient independently or directly for any services or procedure by the physician assistant.

90 5. The physician assistant shall be a person who is a graduate of a physician assistant 91 program accredited by the American Medical Association's Committee on Allied Health 92 Education and Accreditation or its successor or is certified by a national nongovernmental 93 agency or association, who has passed the National Commission on Certification of Physician Assistants examination and has active certification by the National Commission on Certification 94 95 of Physician Assistants or its successor. A person who has been employed as a physician 96 assistant for three years prior to August 28, 1989, and has passed the National Commission on 97 Certification of Physician Assistants examination shall be deemed to have met the academic 98 requirements necessary for licensing. All applicants for physician assistant licensure who 99 complete their physician assistant training program after January 1, 2006, shall have a 100 master's degree in a health or medical science related field.

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

7. "Physician assistant supervision agreement" means a written agreement, jointly agreed
upon protocols or standing order between a supervising physician and a physician assistant,
which provides for the delegation of health care services from a supervising physician to a
physician assistant and the review of such services.

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

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

10. No physician shall be designated to serve as supervising physician for more than
three full-time equivalent licensed physician assistants. This information shall not apply
to physician assistant agreements of hospital employees providing in-patient care services
in hospitals as defined in chapter 197, RSMo.
11. It is the responsibility of the supervising physician to determine and document

127 11. It is the responsibility of the supervising physician to determine and document 128 the completion of at least one month period of time during which the licensed physician

129 assistant shall practice with a supervising physician continuously present before practicing

130 in a setting where a supervising physician is not continuously present.