

FIRST REGULAR SESSION  
[TRULY AGREED TO AND FINALLY PASSED]  
HOUSE COMMITTEE SUBSTITUTE FOR

# HOUSE BILL NO. 497

## 94TH GENERAL ASSEMBLY

1364L.02T

2007

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### AN ACT

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

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*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Section A. Section 334.735, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 334.735, to read as follows: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:

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

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

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

(4) "Department", the department of economic development or a designated agency thereof;

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

(6) "Physician assistant", a person who has graduated from a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician

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.

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 within the same  
24 [office] facility [of] **as the supervising physician sixty-six percent of the time a physician**  
25 **assistant provides patient care**, except a physician assistant may make follow-up patient  
26 examinations in hospitals, nursing homes, **patient homes**, and correctional facilities, each such  
27 examination being reviewed, approved and signed by the supervising physician, **except as**  
28 **provided by subsection 2 of this section. The supervising physician must be readily**  
29 **available in person or via telecommunication during the time the physician assistant is**  
30 **providing patient care.** The board shall promulgate rules pursuant to chapter 536, RSMo, for  
31 [the proximity of practice between the physician assistant and the supervising physician and]  
32 documentation of joint review of the physician assistant activity by the supervising physician and  
33 the physician assistant. **The physician assistant shall be limited to practice at locations**  
34 **where the supervising physician is no further than thirty miles by road using the most**  
35 **direct route available, or in any other fashion so distanced as to create an impediment to**  
36 **effective intervention and supervision of patient care or adequate review of services. Any**  
37 **other provisions of this chapter notwithstanding, for up to ninety days following the**  
38 **effective date of rules promulgated by the board to establish the waiver process under**  
39 **subsection 2 of this section, any physician assistant practicing in a health professional**  
40 **shortage area as of April 1, 2007, shall be allowed to practice under the on-site**  
41 **requirements stipulated by the supervising physician on the supervising physician form**  
42 **that was in effect on April 1, 2007.**

43 2. The board shall promulgate rules under chapter 536, RSMo, to direct the  
44 advisory commission on physician assistants to establish a formal waiver mechanism by  
45 which an individual physician-physician assistant team may apply for alternate minimum  
46 amounts of on-site supervision and maximum distance from the supervising physician.  
47 After review of an application for a waiver, the advisory commission on physician  
48 assistants shall present its recommendation to the board for its advice and consent on the  
49 approval or denial of the application. The rule shall establish a process by which the  
50 public is invited to comment on the application for a waiver, and shall specify that a waiver  
51 may only be granted if a supervising physician and physician assistant demonstrate to the  
52 board's satisfaction in accordance with its uniformly applied criteria that:

53           (1) Adequate supervision will be provided by the physician for the physician  
54 assistant, given the physician assistant's training and experience and the acuity of patient  
55 conditions normally treated in the clinical setting;

56           (2) The physician assistant shall be limited to practice at locations where the  
57 supervising physician is no further than fifty miles by road using the most direct route  
58 available, or in any other fashion so distanced as to create an impediment to effective  
59 intervention and supervision of patient care or adequate review of services;

60           (3) The community or communities served by the supervising physician and  
61 physician assistant would experience reduced access to health care services in the absence  
62 of a waiver; and

63           (4) The applicant will practice in an area designated at the time of application as  
64 a health professional shortage area.

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

67           (1) Taking patient histories;

68           (2) Performing physical examinations of a patient;

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

71           (4) Performing routine therapeutic procedures;

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

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

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

79           (8) Assisting in surgery;

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

82           (10) Physician assistants shall not perform abortions.

83           [3.] 4. Physician assistants shall not prescribe nor dispense any drug, medicine, device  
84 or therapy independent of consultation with the supervising physician, nor prescribe lenses,  
85 prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual  
86 power or visual efficiency of the human eye, nor administer or monitor general or regional block  
87 anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing and dispensing  
88 of drugs, medications, devices or therapies by a physician assistant shall be pursuant to a

89 physician assistant supervision agreement which is specific to the clinical conditions treated by  
90 the supervising physician and the physician assistant shall be subject to the following:

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

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

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

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

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

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

105 [4.] 5. A physician assistant shall clearly identify himself or herself as a physician  
106 assistant and shall not use or permit to be used in the physician assistant's behalf the terms  
107 "doctor", "Dr." or "doc" nor hold himself or herself out in any way to be a physician or surgeon.  
108 No physician assistant shall practice or attempt to practice without physician supervision or in  
109 any location where the supervising physician is not immediately available for consultation,  
110 assistance and intervention, except **as otherwise provided in this section, and** in an emergency  
111 situation, nor shall any physician assistant bill a patient independently or directly for any services  
112 or procedure by the physician assistant.

113 [5.] 6. For purposes of this section, the licensing of physician assistants shall take place  
114 within processes established by the state board of registration for the healing arts through rule  
115 and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536,  
116 RSMo, establishing licensing and renewal procedures, supervision, supervision agreements, fees,  
117 and addressing such other matters as are necessary to protect the public and discipline the  
118 profession. An application for licensing may be denied or the license of a physician assistant  
119 may be suspended or revoked by the board in the same manner and for violation of the standards  
120 as set forth by section 334.100, or such other standards of conduct set by the board by rule or  
121 regulation. Persons licensed pursuant to the provisions of chapter 335, RSMo, shall not be  
122 required to be licensed as physician assistants. **All applicants for physician assistant licensure**  
123 **who complete a physician assistant training program after January 1, 2008, shall have a**  
124 **master's degree from a physician assistant program.**

[6.] 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.

[7.] 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.

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

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

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

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

**13. No physician shall be designated to serve as supervising physician for more than three full-time equivalent licensed physician assistants. This limitation shall not apply to**

- 153 **physician assistant agreements of hospital employees providing inpatient care service in**  
154 **hospitals as defined in chapter 197, RSMo.**

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