

SECOND REGULAR SESSION

HOUSE BILL NO. 1738

95TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES GUERNSEY (Sponsor), THOMSON AND LAIR (Co-sponsors).

4438L.01I

D. ADAM CRUMBLISS, Chief Clerk

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Section A. Section 334.735, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 334.735, to read as follows: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 insurance, financial institutions and professional registration or a designated agency thereof;

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

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

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

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

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

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

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

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

64 (5) Nothing in this section shall be construed to require a physician-physician assistant
65 team to increase their on-site requirement allowed in their initial waiver in order to qualify for
66 renewal of such waiver;

67 (6) If a waiver **is or** has been granted by the board of healing arts to a physician assistant
68 working in a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210,
69 as amended, no additional waiver shall be required **for the supervision physician and**
70 **physician assistant**, so long as the rural health clinic maintains its status as a rural health clinic
71 under such federal act, and such physician assistant and supervising physician comply with
72 federal supervision requirements. **No supervision requirements in addition to the minimum**
73 **federal law shall be required for the supervising physician and physician assistant team**
74 **to meet the criteria for receiving a waiver in a rural health clinic;**

75 (7) A physician assistant shall only be required to seek a renewal of a waiver every five
76 years or when his or her supervising physician is a different physician than the physician shown
77 on the waiver application or they move their primary practice location more than ten miles from
78 the location shown on the waiver application.

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

81 (1) Taking patient histories;

82 (2) Performing physical examinations of a patient;

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

85 (4) Performing routine therapeutic procedures;

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

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

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

93 (8) Assisting in surgery;

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

96 (10) Physician assistants shall not perform abortions.

97 4. Physician assistants shall not prescribe nor dispense any drug, medicine, device or
98 therapy [independent of consultation with the supervising physician] **unless pursuant to a**
99 **physician supervision agreement in accordance with the law**, nor prescribe lenses, prisms or
100 contact lenses for the aid, relief or correction of vision or the measurement of visual power or
101 visual efficiency of the human eye, nor administer or monitor general or regional block
102 anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing and dispensing
103 of drugs, medications, devices or therapies by a physician assistant shall be pursuant to a
104 physician assistant supervision agreement which is specific to the clinical conditions treated by
105 the supervising physician and the physician assistant shall be subject to the following:

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

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

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

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

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

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

121 5. A physician assistant shall clearly identify himself or herself as a physician assistant
122 and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr."
123 or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician

124 assistant shall practice or attempt to practice without physician supervision or in any location
125 where the supervising physician is not immediately available for consultation, assistance and
126 intervention, except as otherwise provided in this section, and in an emergency situation, nor
127 shall any physician assistant bill a patient independently or directly for any services or procedure
128 by the physician assistant.

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

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

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

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

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

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

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

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

167 13. No physician shall be designated to serve as supervising physician for more than
168 three full-time equivalent licensed physician assistants. This limitation shall not apply to
169 physician assistant agreements of hospital employees providing inpatient care service in hospitals
170 as defined in chapter 197, RSMo.

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