

House _____ Amendment NO. _____

Offered By _____

1 AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting immediately after all of said
2 section and line the following:

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

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

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

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

18 (3) A requirement that there shall be posted at every office where the assistant physician is
19 authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure
20 statement informing patients that they may be seen by an assistant physician and have the right to
21 see the collaborating physician;

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

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

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

28 (b) Maintain a geographic proximity of no further than seventy-five miles; except, the
29 collaborative practice arrangement may allow for geographic proximity to be waived for a
30 maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210,
31 as long as the collaborative practice arrangement includes alternative plans as required in paragraph
32 (c) of this subdivision. Such exception to geographic proximity shall apply only to independent
33 rural health clinics, provider-based rural health clinics if the provider is a critical access hospital as
34 provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics if the main location
35 of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician shall
36 maintain documentation related to such requirement and present it to the state board of registration

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1 for the healing arts when requested; and

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

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

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

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

12 (9) A description of the time and manner of the collaborating physician's review of the
13 assistant physician's delivery of health care services. The description shall include provisions that
14 the assistant physician shall submit a minimum of ten percent of the charts documenting the
15 assistant physician's delivery of health care services to the collaborating physician for review by the
16 collaborating physician, or any other physician designated in the collaborative practice arrangement,
17 every fourteen days; and

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

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

26 (1) Geographic areas to be covered;

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

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

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

36
37 Any rules relating to dispensing or distribution of medications or devices by prescription or
38 prescription drug orders under this section shall be subject to the approval of the state board of
39 pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription
40 or prescription drug orders under this section shall be subject to the approval of the department of
41 health and senior services and the state board of pharmacy. The state board of registration for the
42 healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with
43 guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall
44 not extend to collaborative practice arrangements of hospital employees providing inpatient care
45 within hospitals as defined in chapter 197 or population-based public health services as defined by
46 20 CSR 2150-5.100 as of April 30, 2008.

47 4. The state board of registration for the healing arts shall not deny, revoke, suspend, or
48 otherwise take disciplinary action against a collaborating physician for health care services

1 delegated to an assistant physician provided the provisions of this section and the rules promulgated
2 thereunder are satisfied.

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

11 6. A collaborating physician shall not enter into a collaborative practice arrangement with
12 more than three full-time equivalent assistant physicians. Such limitation shall not apply to
13 collaborative arrangements of hospital employees providing inpatient care service in hospitals as
14 defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100
15 as of April 30, 2008.

16 7. The collaborating physician shall determine and document the completion of at least a
17 one-month period of time during which the assistant physician shall practice with the collaborating
18 physician continuously present before practicing in a setting where the collaborating physician is not
19 continuously present. Such limitation shall not apply to collaborative arrangements of providers of
20 population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

26 9. No contract or other agreement shall require a physician to act as a collaborating
27 physician for an assistant physician against the physician's will. A physician shall have the right to
28 refuse to act as a collaborating physician, without penalty, for a particular assistant physician. No
29 contract or other agreement shall limit the collaborating physician's ultimate authority over any
30 protocols or standing orders or in the delegation of the physician's authority to any assistant
31 physician, but such requirement shall not authorize a physician in implementing such protocols,
32 standing orders, or delegation to violate applicable standards for safe medical practice established
33 by a hospital's medical staff.

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

38 11. All collaborating physicians and assistant physicians in collaborative practice
39 arrangements shall wear identification badges while acting within the scope of their collaborative
40 practice arrangement. The identification badges shall prominently display the licensure status of
41 such collaborating physicians and assistant physicians.

42 12. (1) An assistant physician with a certificate of controlled substance prescriptive
43 authority as provided in this section may prescribe any controlled substance listed in Schedule III,
44 IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the
45 authority to prescribe controlled substances in a collaborative practice arrangement. Prescriptions
46 for Schedule II medications prescribed by an assistant physician who has a certificate of controlled
47 substance prescriptive authority are restricted to only those medications containing hydrocodone.
48 Such authority shall be filed with the state board of registration for the healing arts. The

1 collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug
2 category that the assistant physician is permitted to prescribe. Any limitations shall be listed in the
3 collaborative practice arrangement. Assistant physicians shall not prescribe controlled substances
4 for themselves or members of their families. Schedule III controlled substances and Schedule II -
5 hydrocodone prescriptions shall be limited to a five-day supply without refill. Assistant physicians
6 who are authorized to prescribe controlled substances under this section shall register with the
7 federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs,
8 and shall include the Drug Enforcement Administration registration number on prescriptions for
9 controlled substances.

10 (2) The collaborating physician shall be responsible to determine and document the
11 completion of at least one hundred twenty hours in a four-month period by the assistant physician
12 during which the assistant physician shall practice with the collaborating physician on-site prior to
13 prescribing controlled substances when the collaborating physician is not on-site. Such limitation
14 shall not apply to assistant physicians of population-based public health services as defined in 20
15 CSR 2150-5.100 as of April 30, 2009.

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

19 334.104. 1. A physician may enter into collaborative practice arrangements with registered
20 professional nurses. Collaborative practice arrangements shall be in the form of written agreements,
21 jointly agreed-upon protocols, or standing orders for the delivery of health care services.
22 Collaborative practice arrangements, which shall be in writing, may delegate to a registered
23 professional nurse the authority to administer or dispense drugs and provide treatment as long as the
24 delivery of such health care services is within the scope of practice of the registered professional
25 nurse and is consistent with that nurse's skill, training and competence.

26 2. Collaborative practice arrangements, which shall be in writing, may delegate to a
27 registered professional nurse the authority to administer, dispense or prescribe drugs and provide
28 treatment if the registered professional nurse is an advanced practice registered nurse as defined in
29 subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
30 advanced practice registered nurse, as defined in section 335.016, the authority to administer,
31 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,
32 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not
33 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of
34 section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general
35 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled
36 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-
37 hour supply without refill. Such collaborative practice arrangements shall be in the form of written
38 agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.

39 3. The written collaborative practice arrangement shall contain at least the following
40 provisions:

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

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

46 (3) A requirement that there shall be posted at every office where the advanced practice
47 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently
48 displayed disclosure statement informing patients that they may be seen by an advanced practice

1 registered nurse and have the right to see the collaborating physician;

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

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

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

9 (b) Maintain geographic proximity of no further than seventy-five miles, except the
10 collaborative practice arrangement may allow for geographic proximity to be waived for a
11 maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210,
12 as long as the collaborative practice arrangement includes alternative plans as required in paragraph
13 (c) of this subdivision. This exception to geographic proximity shall apply only to independent
14 rural health clinics, provider-based rural health clinics where the provider is a critical access hospital
15 as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main
16 location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating
17 physician is required to maintain documentation related to this requirement and to present it to the
18 state board of registration for the healing arts when requested; and

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

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

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

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

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

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

40 4. The state board of registration for the healing arts pursuant to section 334.125 and the
41 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
42 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to
43 be covered, the methods of treatment that may be covered by collaborative practice arrangements
44 and the requirements for review of services provided pursuant to collaborative practice
45 arrangements including delegating authority to prescribe controlled substances. Any rules relating
46 to dispensing or distribution of medications or devices by prescription or prescription drug orders
47 under this section shall be subject to the approval of the state board of pharmacy. Any rules relating
48 to dispensing or distribution of controlled substances by prescription or prescription drug orders

1 under this section shall be subject to the approval of the department of health and senior services
2 and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority
3 vote of a quorum of each board. Neither the state board of registration for the healing arts nor the
4 board of nursing may separately promulgate rules relating to collaborative practice arrangements.
5 Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The
6 rulemaking authority granted in this subsection shall not extend to collaborative practice
7 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to
8 chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April
9 30, 2008.

10 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
11 otherwise take disciplinary action against a physician for health care services delegated to a
12 registered professional nurse provided the provisions of this section and the rules promulgated
13 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
14 imposed as a result of an agreement between a physician and a registered professional nurse or
15 registered physician assistant, whether written or not, prior to August 28, 1993, all records of such
16 disciplinary licensure action and all records pertaining to the filing, investigation or review of an
17 alleged violation of this chapter incurred as a result of such an agreement shall be removed from the
18 records of the state board of registration for the healing arts and the division of professional
19 registration and shall not be disclosed to any public or private entity seeking such information from
20 the board or the division. The state board of registration for the healing arts shall take action to
21 correct reports of alleged violations and disciplinary actions as described in this section which have
22 been submitted to the National Practitioner Data Bank. In subsequent applications or
23 representations relating to his medical practice, a physician completing forms or documents shall
24 not be required to report any actions of the state board of registration for the healing arts for which
25 the records are subject to removal under this section.

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

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

43 8. A collaborating physician shall not enter into a collaborative practice arrangement with
44 more than three full-time equivalent advanced practice registered nurses. This limitation shall not
45 apply to collaborative arrangements of hospital employees providing inpatient care service in
46 hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR
47 2150-5.100 as of April 30, 2008.

48 9. It is the responsibility of the collaborating physician to determine and document the

1 completion of at least a one-month period of time during which the advanced practice registered
 2 nurse shall practice with the collaborating physician continuously present before practicing in a
 3 setting where the collaborating physician is not continuously present. This limitation shall not apply
 4 to collaborative arrangements of providers of population-based public health services as defined by
 5 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

23 334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

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

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

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

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

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

33 (6) "Physician assistant", a person who has graduated from a physician assistant program
 34 accredited by the American Medical Association's Committee on Allied Health Education and
 35 Accreditation or by its successor agency, who has passed the certifying examination administered by
 36 the National Commission on Certification of Physician Assistants and has active certification by the
 37 National Commission on Certification of Physician Assistants who provides health care services
 38 delegated by a licensed physician. A person who has been employed as a physician assistant for
 39 three years prior to August 28, 1989, who has passed the National Commission on Certification of
 40 Physician Assistants examination, and has active certification of the National Commission on
 41 Certification of Physician Assistants;

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

44 (8) "Supervision", control exercised over a physician assistant working with a supervising
 45 physician and oversight of the activities of and accepting responsibility for the physician assistant's
 46 delivery of care. The physician assistant shall only practice at a location where the physician
 47 routinely provides patient care, except existing patients of the supervising physician in the patient's
 48 home and correctional facilities. The supervising physician must be immediately available in

1 person or via telecommunication during the time the physician assistant is providing patient care.
2 Prior to commencing practice, the supervising physician and physician assistant shall attest on a
3 form provided by the board that the physician shall provide supervision appropriate to the physician
4 assistant's training and that the physician assistant shall not practice beyond the physician assistant's
5 training and experience. Appropriate supervision shall require the supervising physician to be
6 working within the same facility as the physician assistant for at least four hours within one calendar
7 day for every fourteen days on which the physician assistant provides patient care as described in
8 subsection 3 of this section. Only days in which the physician assistant provides patient care as
9 described in subsection 3 of this section shall be counted toward the fourteen-day period. The
10 requirement of appropriate supervision shall be applied so that no more than thirteen calendar days
11 in which a physician assistant provides patient care shall pass between the physician's four hours
12 working within the same facility. The board shall promulgate rules pursuant to chapter 536 for
13 documentation of joint review of the physician assistant activity by the supervising physician and
14 the physician assistant.

15 2. (1) A supervision agreement shall limit the physician assistant to practice only at
16 locations described in subdivision (8) of subsection 1 of this section, where the supervising
17 physician is no further than ~~[fifty]~~ seventy-five miles by road using the most direct route available
18 and where the location is not so situated as to create an impediment to effective intervention and
19 supervision of patient care or adequate review of services.

20 (2) For a physician-physician assistant team working in a rural health clinic under the
21 federal Rural Health Clinic Services Act, P.L. 95-210, as amended, no supervision requirements in
22 addition to the minimum federal law shall be required.

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

- 25 (1) Taking patient histories;
- 26 (2) Performing physical examinations of a patient;
- 27 (3) Performing or assisting in the performance of routine office laboratory and patient
28 screening procedures;
- 29 (4) Performing routine therapeutic procedures;
- 30 (5) Recording diagnostic impressions and evaluating situations calling for attention of a
31 physician to institute treatment procedures;
- 32 (6) Instructing and counseling patients regarding mental and physical health using
33 procedures reviewed and approved by a licensed physician;
- 34 (7) Assisting the supervising physician in institutional settings, including reviewing of
35 treatment plans, ordering of tests and diagnostic laboratory and radiological services, and ordering
36 of therapies, using procedures reviewed and approved by a licensed physician;
- 37 (8) Assisting in surgery;
- 38 (9) Performing such other tasks not prohibited by law under the supervision of a licensed
39 physician as the physician's assistant has been trained and is proficient to perform; and
- 40 (10) Physician assistants shall not perform or prescribe abortions.

41 4. Physician assistants shall not prescribe nor dispense any drug, medicine, device or
42 therapy unless pursuant to a physician supervision agreement in accordance with the law, nor
43 prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the
44 measurement of visual power or visual efficiency of the human eye, nor administer or monitor
45 general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures.
46 Prescribing and dispensing of drugs, medications, devices or therapies by a physician assistant shall
47 be pursuant to a physician assistant supervision agreement which is specific to the clinical
48 conditions treated by the supervising physician and the physician assistant shall be subject to the

1 following:

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

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

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

10 (4) A physician assistant, or advanced practice registered nurse as defined in section
11 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
12 professional samples to patients;

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

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

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

27 6. For purposes of this section, the licensing of physician assistants shall take place within
28 processes established by the state board of registration for the healing arts through rule and
29 regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536
30 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and
31 addressing such other matters as are necessary to protect the public and discipline the profession.
32 An application for licensing may be denied or the license of a physician assistant may be suspended
33 or revoked by the board in the same manner and for violation of the standards as set forth by section
34 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed
35 pursuant to the provisions of chapter 335 shall not be required to be licensed as physician assistants.
36 All applicants for physician assistant licensure who complete a physician assistant training program
37 after January 1, 2008, shall have a master's degree from a physician assistant program.

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

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

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

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

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

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

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

9 (5) The duration of the supervision agreement between the supervising physician and
10 physician assistant; and

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

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

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

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

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

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

37 13. No physician shall be designated to serve as supervising physician for more than three
38 full-time equivalent licensed physician assistants. This limitation shall not apply to physician
39 assistant agreements of hospital employees providing inpatient care service in hospitals as defined in
40 chapter 197."; and

41
42 Further amend said bill by amending the title, enacting clause, and intersectional references
43 accordingly.
44