

HOUSE AMENDMENT NO. _____
TO
HOUSE AMENDMENT NO. _____

Offered By

AMEND House Amendment No. _____ to Senate Bill No. 503, Page 1, Line 4, by deleting all of said line and inserting in lieu thereof the following:

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

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

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

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

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

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

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

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

(b) Maintain a geographic proximity of no further than seventy-five miles; except, the collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. Such exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics if the provider is a critical access hospital as

Action Taken _____ Date _____

provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics if the main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician shall maintain documentation related to such requirement and present it to the state board of registration for the healing arts when requested; and

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

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

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

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

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

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

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

(1) Geographic areas to be covered;

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

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

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

Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. The state board of registration for the healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined in chapter 197 or population-based public health services as defined by

1 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

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

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

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

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

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

45 12. (1) An assistant physician with a certificate of controlled substance prescriptive
46 authority as provided in this section may prescribe any controlled substance listed in Schedule III,
47 IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the
48 authority to prescribe controlled substances in a collaborative practice arrangement. Prescriptions

for Schedule II medications prescribed by an assistant physician who has a certificate of controlled substance prescriptive authority are restricted to only those medications containing hydrocodone. Such authority shall be filed with the state board of registration for the healing arts. The collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the assistant physician is permitted to prescribe. Any limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall not prescribe controlled substances for themselves or members of their families. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill. Assistant physicians who are authorized to prescribe controlled substances under this section shall register with the federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration number on prescriptions for controlled substances.

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

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

334.104. 1. A physician may enter into collaborative practice arrangements with registered"; and

Further amend said amendment, Page 2, Line 6, by inserting after the phrase "geographic proximity" and inserting in lieu thereof the phrase "of no further than seventy-five miles"; and

Further amend said amendment, Page 4, Line 19, by deleting all of said line and inserting in lieu thereof the following:

"right to refuse to collaborate, without penalty, with a particular physician.

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 assistant for three years prior to August 28, 1989, who has passed the National Commission on Certification of

Physician Assistants examination, and has active certification of the National 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;

(8) "Supervision", control exercised over a physician assistant working with a supervising physician and oversight of the activities of and accepting responsibility for the physician assistant's delivery of care. The physician assistant shall only practice at a location where the physician routinely provides patient care, except existing patients of the supervising physician in the patient's home and correctional facilities. The supervising physician must be immediately available in person or via telecommunication during the time the physician assistant is providing patient care. Prior to commencing practice, the supervising physician and physician assistant shall attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and that the physician assistant shall not practice beyond the physician assistant's training and experience. Appropriate supervision shall require the supervising physician to be working within the same facility as the physician assistant for at least four hours within one calendar day for every fourteen days on which the physician assistant provides patient care as described in subsection 3 of this section. Only days in which the physician assistant provides patient care as described in subsection 3 of this section shall be counted toward the fourteen-day period. The requirement of appropriate supervision shall be applied so that no more than thirteen calendar days in which a physician assistant provides patient care shall pass between the physician's four hours working within the same facility. The board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the physician assistant activity by the supervising physician and the physician assistant.

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

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

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

(1) Taking patient histories;

(2) Performing physical examinations of a patient;

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

(4) Performing routine therapeutic procedures;

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

(6) Instructing and counseling patients regarding mental and physical health using 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;

(8) Assisting in surgery;

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

1 (10) Physician assistants shall not perform or prescribe abortions.

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

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

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

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

19 (4) A physician assistant, or advanced practice registered nurse as defined in section
20 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
21 professional samples to patients;

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

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

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

36 6. For purposes of this section, the licensing of physician assistants shall take place within
37 processes established by the state board of registration for the healing arts through rule and
38 regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536
39 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and
40 addressing such other matters as are necessary to protect the public and discipline the profession.
41 An application for licensing may be denied or the license of a physician assistant may be suspended
42 or revoked by the board in the same manner and for violation of the standards as set forth by section
43 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed
44 pursuant to the provisions of chapter 335 shall not be required to be licensed as physician assistants.
45 All applicants for physician assistant licensure who complete a physician assistant training program
46 after January 1, 2008, shall have a master's degree from a physician assistant program.

47 7. "Physician assistant supervision agreement" means a written agreement, jointly agreed-
48 upon protocols or standing order between a supervising physician and a physician assistant, which

1 provides for the delegation of health care services from a supervising physician to a physician
2 assistant and the review of such services. The agreement shall contain at least the following
3 provisions:

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

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

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

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

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

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

18 (5) The duration of the supervision agreement between the supervising physician and
19 physician assistant; and

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

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

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

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

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

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

46 13. No physician shall be designated to serve as supervising physician for more than three full-time
47 equivalent licensed physician assistants. This limitation shall not apply to physician assistant
48 agreements of hospital employees providing inpatient care service in hospitals as defined in chapter

1 197."; and"; and

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3 Further amend said bill by amending the title, enacting clause, and intersectional references
4 accordingly.

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6 THIS AMENDMENT AMENDS 2199S01.14H.