

SECOND REGULAR SESSION

[PERFECTED]

HOUSE COMMITTEE SUBSTITUTE FOR

# HOUSE BILL NO. 2127

99TH GENERAL ASSEMBLY

4569H.08P

D. ADAM CRUMBLISS, Chief Clerk

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## AN ACT

To repeal sections 334.036, 334.037, 334.104, and 334.735, RSMo, and to enact in lieu thereof four new sections relating to assistant physicians.

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

Section A. Sections 334.036, 334.037, 334.104, and 334.735, RSMo, are repealed and  
2 four new sections enacted in lieu thereof, to be known as sections 334.036, 334.037, 334.104,  
3 and 334.735, to read as follows:

334.036. 1. For purposes of this section, the following terms shall mean:

2 (1) “Assistant physician”, any medical school graduate who:

3 (a) Is a resident and citizen of the United States or is a legal resident alien;

4 (b) Has successfully completed [~~Step 1 and~~] **Step 2 or Step 3** of the United States  
5 Medical Licensing Examination or the equivalent of such [~~steps~~] **step** of any other  
6 board-approved medical licensing examination within the [~~two-year~~] **four-year** period  
7 immediately preceding application for licensure as an assistant physician, [~~but in no event more~~  
8 ~~than three~~] **or within four** years after graduation from a medical college or osteopathic medical  
9 college, **whichever is later**;

10 (c) Has not completed an approved postgraduate residency and has successfully  
11 completed **Step 2 or Step 3** of the United States Medical Licensing Examination or the  
12 equivalent of such step of any other board-approved medical licensing examination within the  
13 immediately preceding [~~two-year~~] **four-year** period unless when such [~~two-year~~] **four-year**  
14 anniversary occurred he or she was serving as a resident physician in an accredited residency in  
15 the United States and continued to do so within thirty days prior to application for licensure as  
16 an assistant physician; and

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.

17 (d) Has proficiency in the English language.

18

19 Any medical school graduate who could have applied for licensure and complied with the  
20 provisions of this subdivision at any time between August 28, 2014, and August 28, 2017, may  
21 apply for licensure and shall be deemed in compliance with the provisions of this subdivision;

22 (2) “Assistant physician collaborative practice arrangement”, an agreement between a  
23 physician and an assistant physician that meets the requirements of this section and section  
24 334.037;

25 (3) “Medical school graduate”, any person who has graduated from a medical college  
26 or osteopathic medical college described in section 334.031.

27 2. (1) An assistant physician collaborative practice arrangement shall limit the assistant  
28 physician to providing [~~only primary care~~] services [~~and only~~] in medically underserved rural or  
29 urban areas of this state; **in health care facilities with internship or residency training**  
30 **programs**; or in any pilot project areas established in which assistant physicians may practice.

31 (2) For a physician-assistant physician team working in a rural health clinic under the  
32 federal Rural Health Clinic Services Act, P.L. 95-210, as amended:

33 (a) An assistant physician shall be considered a physician assistant for purposes of  
34 regulations of the Centers for Medicare and Medicaid Services (CMS); and

35 (b) No supervision requirements in addition to the minimum federal law shall be  
36 required.

37 (3) **An assistant physician shall be considered a physician assistant for**  
38 **reimbursement purposes. The department of social services shall seek any necessary**  
39 **waivers or state plan amendments to implement the reimbursement provisions of this**  
40 **subdivision.**

41 3. (1) For purposes of this section, the licensure of assistant physicians shall take place  
42 within processes established by rules of the state board of registration for the healing arts. The  
43 board of healing arts is authorized to establish rules under chapter 536 establishing licensure and  
44 renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such  
45 other matters as are necessary to protect the public and discipline the profession. **No licensure**  
46 **fee for an assistant physician shall exceed the amount of any licensure fee for a physician**  
47 **assistant.** An application for licensure may be denied or the licensure of an assistant physician  
48 may be suspended or revoked by the board in the same manner and for violation of the standards  
49 as set forth by section 334.100, or such other standards of conduct set by the board by rule. **No**  
50 **rule or regulation shall require an assistant physician to complete more hours of**  
51 **continuing medical education than that of a licensed physician.**

52 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created  
53 under the authority delegated in this section shall become effective only if it complies with and  
54 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section  
55 and chapter 536 are nonseverable and if any of the powers vested with the general assembly  
56 under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are  
57 subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed  
58 or adopted after August 28, 2014, shall be invalid and void.

59 **(3) Any rules or regulations regarding assistant physicians in effect as of the**  
60 **effective date of this section that conflict with the provisions of this section and section**  
61 **334.037 shall be null and void as of the effective date of this section.**

62 4. An assistant physician shall clearly identify himself or herself as an assistant physician  
63 and shall be permitted to use the terms “doctor”, “Dr.”, or “doc”. No assistant physician shall  
64 practice or attempt to practice without an assistant physician collaborative practice arrangement,  
65 except as otherwise provided in this section and in an emergency situation.

66 5. The collaborating physician is responsible at all times for the oversight of the  
67 activities of and accepts responsibility for ~~[primary care]~~ services rendered by the assistant  
68 physician.

69 6. The provisions of section 334.037 shall apply to all assistant physician collaborative  
70 practice arrangements. ~~[To be eligible to practice as an assistant physician, a licensed assistant~~  
71 ~~physician shall enter into an assistant physician collaborative practice arrangement within six~~  
72 ~~months of his or her initial licensure and shall not have more than a six-month time period~~  
73 ~~between collaborative practice arrangements during his or her licensure period. Any renewal of~~  
74 ~~licensure under this section shall include verification of actual practice under a collaborative~~  
75 ~~practice arrangement in accordance with this subsection during the immediately preceding~~  
76 ~~licensure period.]~~

77 **7. Each health carrier or health benefit plan that offers or issues health benefit**  
78 **plans that are delivered, issued for delivery, continued, or renewed in this state shall**  
79 **reimburse an assistant physician for the diagnosis, consultation, or treatment of an insured**  
80 **or enrollee on the same basis that the health carrier or health benefit plan covers the**  
81 **service when it is delivered by another comparable mid-level health care provider**  
82 **including, but not limited to, a physician assistant.**

334.037. 1. A physician may enter into collaborative practice arrangements with  
2 assistant physicians. Collaborative practice arrangements shall be in the form of written  
3 agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care  
4 services. Collaborative practice arrangements, which shall be in writing, may delegate to an  
5 assistant physician the authority to administer or dispense drugs and provide treatment as long

6 as the delivery of such health care services is within the scope of practice of the assistant  
7 physician and is consistent with that assistant physician's skill, training, and competence and the  
8 skill and training of the collaborating physician.

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

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

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

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

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

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

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

25 (b) Maintain geographic proximity; except, the collaborative practice arrangement may  
26 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar  
27 year for rural health clinics as defined by ~~[P.L.]~~ **Pub. L. 95-210 [5] (42 U.S.C. Section 1395x)**,  
28 **as amended**, as long as the collaborative practice arrangement includes alternative plans as  
29 required in paragraph (c) of this subdivision. Such exception to geographic proximity shall apply  
30 only to independent rural health clinics, provider-based rural health clinics if the provider is a  
31 critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health  
32 clinics if the main location of the hospital sponsor is greater than fifty miles from the clinic. The  
33 collaborating physician shall maintain documentation related to such requirement and present  
34 it to the state board of registration for the healing arts when requested; and

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

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

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

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

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

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

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

59 (1) Geographic areas to be covered;

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

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

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

70

71 Any rules relating to dispensing or distribution of medications or devices by prescription or  
72 prescription drug orders under this section shall be subject to the approval of the state board of  
73 pharmacy. Any rules relating to dispensing or distribution of controlled substances by  
74 prescription or prescription drug orders under this section shall be subject to the approval of the  
75 department of health and senior services and the state board of pharmacy. The state board of  
76 registration for the healing arts shall promulgate rules applicable to assistant physicians that shall

77 be consistent with guidelines for federally funded clinics. The rulemaking authority granted in  
78 this subsection shall not extend to collaborative practice arrangements of hospital employees  
79 providing inpatient care within hospitals as defined in chapter 197 or population-based public  
80 health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

93 6. A collaborating physician shall not enter into a collaborative practice arrangement  
94 with more than three full-time equivalent assistant physicians. Such limitation shall not apply  
95 to collaborative arrangements of hospital employees providing inpatient care service in hospitals  
96 as defined in chapter 197 or population-based public health services as defined by 20 CSR  
97 2150-5.100 as of April 30, 2008.

98 7. The collaborating physician shall determine and document the completion of at least  
99 a one-month period of time during which the assistant physician shall practice with the  
100 collaborating physician continuously present before practicing in a setting where the  
101 collaborating physician is not continuously present. **For purposes of this subsection,**  
102 **“continuously present” shall mean the collaborating physician and assistant physician are**  
103 **practicing at the same location, but shall not require the collaborating physician to be**  
104 **physically present with the assistant physician while the assistant physician is seeing or**  
105 **treating patients. No rule or regulation shall require the collaborating physician to review**  
106 **more than ten percent of the assistant physician’s patient charts or records during such**  
107 **one-month period.** Such limitation shall not apply to collaborative arrangements of providers  
108 of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30,  
109 2008.

110 8. No agreement made under this section shall supersede current hospital licensing  
111 regulations governing hospital medication orders under protocols or standing orders for the  
112 purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020

113 if such protocols or standing orders have been approved by the hospital's medical staff and  
114 pharmaceutical therapeutics committee.

115 9. No contract or other agreement shall require a physician to act as a collaborating  
116 physician for an assistant physician against the physician's will. A physician shall have the right  
117 to refuse to act as a collaborating physician, without penalty, for a particular assistant physician.  
118 No contract or other agreement shall limit the collaborating physician's ultimate authority over  
119 any protocols or standing orders or in the delegation of the physician's authority to any assistant  
120 physician, but such requirement shall not authorize a physician in implementing such protocols,  
121 standing orders, or delegation to violate applicable standards for safe medical practice  
122 established by a hospital's medical staff.

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

127 11. All collaborating physicians and assistant physicians in collaborative practice  
128 arrangements shall wear identification badges while acting within the scope of their collaborative  
129 practice arrangement. The identification badges shall prominently display the licensure status  
130 of such collaborating physicians and assistant physicians.

131 12. (1) An assistant physician with a certificate of controlled substance prescriptive  
132 authority as provided in this section may prescribe any controlled substance listed in Schedule  
133 III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated  
134 the authority to prescribe controlled substances in a collaborative practice arrangement.  
135 Prescriptions for Schedule II medications prescribed by an assistant physician who has a  
136 certificate of controlled substance prescriptive authority are restricted to only those medications  
137 containing hydrocodone. Such authority shall be filed with the state board of registration for the  
138 healing arts. The collaborating physician shall maintain the right to limit a specific scheduled  
139 drug or scheduled drug category that the assistant physician is permitted to prescribe. Any  
140 limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall  
141 not prescribe controlled substances for themselves or members of their families. Schedule III  
142 controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day  
143 supply without refill, **except that buprenorphine may be prescribed for up to a thirty-day**  
144 **supply without refill.** Assistant physicians who are authorized to prescribe controlled  
145 substances under this section shall register with the federal Drug Enforcement Administration  
146 and the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement  
147 Administration registration number on prescriptions for controlled substances.

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

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

157 **13. Nothing in this section or section 334.036 shall be construed to limit the**  
158 **authority of hospitals or hospital medical staff to make employment or medical staff**  
159 **credentialing or privileging decisions.**

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

9 2. Collaborative practice arrangements, which shall be in writing, may delegate to a  
10 registered professional nurse the authority to administer, dispense or prescribe drugs and provide  
11 treatment if the registered professional nurse is an advanced practice registered nurse as defined  
12 in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an  
13 advanced practice registered nurse, as defined in section 335.016, the authority to administer,  
14 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,  
15 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not  
16 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V  
17 of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general  
18 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled  
19 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-  
20 hour supply without refill. Such collaborative practice arrangements shall be in the form of  
21 written agreements, jointly agreed-upon protocols or standing orders for the delivery of health  
22 care services.

23 3. The written collaborative practice arrangement shall contain at least the following  
24 provisions:



- 25 (1) Complete names, home and business addresses, zip codes, and telephone numbers  
26 of the collaborating physician and the advanced practice registered nurse;
- 27 (2) A list of all other offices or locations besides those listed in subdivision (1) of this  
28 subsection where the collaborating physician authorized the advanced practice registered nurse  
29 to prescribe;
- 30 (3) A requirement that there shall be posted at every office where the advanced practice  
31 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently  
32 displayed disclosure statement informing patients that they may be seen by an advanced practice  
33 registered nurse and have the right to see the collaborating physician;
- 34 (4) All specialty or board certifications of the collaborating physician and all  
35 certifications of the advanced practice registered nurse;
- 36 (5) The manner of collaboration between the collaborating physician and the advanced  
37 practice registered nurse, including how the collaborating physician and the advanced practice  
38 registered nurse will:
- 39 (a) Engage in collaborative practice consistent with each professional's skill, training,  
40 education, and competence;
- 41 (b) Maintain geographic proximity, except the collaborative practice arrangement may  
42 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar  
43 year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice  
44 arrangement includes alternative plans as required in paragraph (c) of this subdivision. This  
45 exception to geographic proximity shall apply only to independent rural health clinics, provider-  
46 based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C.  
47 Section 1395i-4, and provider-based rural health clinics where the main location of the hospital  
48 sponsor is greater than fifty miles from the clinic. The collaborating physician is required to  
49 maintain documentation related to this requirement and to present it to the state board of  
50 registration for the healing arts when requested; and
- 51 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the  
52 collaborating physician;
- 53 (6) A description of the advanced practice registered nurse's controlled substance  
54 prescriptive authority in collaboration with the physician, including a list of the controlled  
55 substances the physician authorizes the nurse to prescribe and documentation that it is consistent  
56 with each professional's education, knowledge, skill, and competence;
- 57 (7) A list of all other written practice agreements of the collaborating physician and the  
58 advanced practice registered nurse;
- 59 (8) The duration of the written practice agreement between the collaborating physician  
60 and the advanced practice registered nurse;

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

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

72 4. The state board of registration for the healing arts pursuant to section 334.125 and the  
73 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of  
74 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas  
75 to be covered, the methods of treatment that may be covered by collaborative practice  
76 arrangements and the requirements for review of services provided pursuant to collaborative  
77 practice arrangements including delegating authority to prescribe controlled substances. Any  
78 rules relating to dispensing or distribution of medications or devices by prescription or  
79 prescription drug orders under this section shall be subject to the approval of the state board of  
80 pharmacy. Any rules relating to dispensing or distribution of controlled substances by  
81 prescription or prescription drug orders under this section shall be subject to the approval of the  
82 department of health and senior services and the state board of pharmacy. In order to take effect,  
83 such rules shall be approved by a majority vote of a quorum of each board. Neither the state  
84 board of registration for the healing arts nor the board of nursing may separately promulgate rules  
85 relating to collaborative practice arrangements. Such jointly promulgated rules shall be  
86 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this  
87 subsection shall not extend to collaborative practice arrangements of hospital employees  
88 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based  
89 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

90 5. The state board of registration for the healing arts shall not deny, revoke, suspend or  
91 otherwise take disciplinary action against a physician for health care services delegated to a  
92 registered professional nurse provided the provisions of this section and the rules promulgated  
93 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action  
94 imposed as a result of an agreement between a physician and a registered professional nurse or  
95 registered physician assistant, whether written or not, prior to August 28, 1993, all records of  
96 such disciplinary licensure action and all records pertaining to the filing, investigation or review

97 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed  
98 from the records of the state board of registration for the healing arts and the division of  
99 professional registration and shall not be disclosed to any public or private entity seeking such  
100 information from the board or the division. The state board of registration for the healing arts  
101 shall take action to correct reports of alleged violations and disciplinary actions as described in  
102 this section which have been submitted to the National Practitioner Data Bank. In subsequent  
103 applications or representations relating to his medical practice, a physician completing forms or  
104 documents shall not be required to report any actions of the state board of registration for the  
105 healing arts for which the records are subject to removal under this section.

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

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

123         8. A collaborating physician shall not enter into a collaborative practice arrangement **or**  
124 **supervision agreement** with more than ~~three~~ **six** full-time equivalent advanced practice  
125 registered nurses, **full-time equivalent licensed physician assistants, or full-time equivalent**  
126 **licensed assistant physicians, or any combination thereof**. This limitation shall not apply to  
127 collaborative arrangements **or supervision agreements** of hospital employees providing  
128 inpatient care service in hospitals as defined in chapter 197 or population-based public health  
129 services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

130         9. It is the responsibility of the collaborating physician to determine and document the  
131 completion of at least a one-month period of time during which the advanced practice registered  
132 nurse shall practice with the collaborating physician continuously present before practicing in

133 a setting where the collaborating physician is not continuously present. This limitation shall not  
134 apply to collaborative arrangements of providers of population-based public health services as  
135 defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

149 12. No contract or other agreement shall require any advanced practice registered nurse  
150 to serve as a collaborating advanced practice registered nurse for any collaborating physician  
151 against the advanced practice registered nurse's will. An advanced practice registered nurse shall  
152 have the 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:

- 2 (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
- 3 (2) "Certification" or "registration", a process by a certifying entity that grants  
4 recognition to applicants meeting predetermined qualifications specified by such certifying  
5 entity;
- 6 (3) "Certifying entity", the nongovernmental agency or association which certifies or  
7 registers individuals who have completed academic and training requirements;
- 8 (4) "Department", the department of insurance, financial institutions and professional  
9 registration or a designated agency thereof;
- 10 (5) "License", a document issued to an applicant by the board acknowledging that the  
11 applicant is entitled to practice as a physician assistant;
- 12 (6) "Physician assistant", a person who has graduated from a physician assistant program  
13 accredited by the American Medical Association's Committee on Allied Health Education and  
14 Accreditation or by its successor agency, who has passed the certifying examination administered  
15 by the National Commission on Certification of Physician Assistants and has active certification  
16 by the National Commission on Certification of Physician Assistants who provides health care

17 services delegated by a licensed physician. A person who has been employed as a physician  
18 assistant for three years prior to August 28, 1989, who has passed the National Commission on  
19 Certification of Physician Assistants examination, and has active certification of the National  
20 Commission on Certification of Physician Assistants;

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

42 2. (1) A supervision agreement shall limit the physician assistant to practice only at  
43 locations described in subdivision (8) of subsection 1 of this section, where the supervising  
44 physician is no further than fifty miles by road using the most direct route available and where  
45 the location is not so situated as to create an impediment to effective intervention and  
46 supervision of patient care or adequate review of services.

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

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

52 (1) Taking patient histories;

- 53 (2) Performing physical examinations of a patient;
- 54 (3) Performing or assisting in the performance of routine office laboratory and patient  
55 screening procedures;
- 56 (4) Performing routine therapeutic procedures;
- 57 (5) Recording diagnostic impressions and evaluating situations calling for attention of  
58 a physician to institute treatment procedures;
- 59 (6) Instructing and counseling patients regarding mental and physical health using  
60 procedures reviewed and approved by a licensed physician;
- 61 (7) Assisting the supervising physician in institutional settings, including reviewing of  
62 treatment plans, ordering of tests and diagnostic laboratory and radiological services, and  
63 ordering of therapies, using procedures reviewed and approved by a licensed physician;
- 64 (8) Assisting in surgery;
- 65 (9) Performing such other tasks not prohibited by law under the supervision of a licensed  
66 physician as the physician's assistant has been trained and is proficient to perform; and
- 67 (10) Physician assistants shall not perform or prescribe abortions.
- 68 4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless  
69 pursuant to a physician supervision agreement in accordance with the law, nor prescribe lenses,  
70 prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual  
71 power or visual efficiency of the human eye, nor administer or monitor general or regional block  
72 anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing of drugs,  
73 medications, devices or therapies by a physician assistant shall be pursuant to a physician  
74 assistant supervision agreement which is specific to the clinical conditions treated by the  
75 supervising physician and the physician assistant shall be subject to the following:
- 76 (1) A physician assistant shall only prescribe controlled substances in accordance with  
77 section 334.747;
- 78 (2) The types of drugs, medications, devices or therapies prescribed by a physician  
79 assistant shall be consistent with the scopes of practice of the physician assistant and the  
80 supervising physician;
- 81 (3) All prescriptions shall conform with state and federal laws and regulations and shall  
82 include the name, address and telephone number of the physician assistant and the supervising  
83 physician;
- 84 (4) A physician assistant, or advanced practice registered nurse as defined in section  
85 335.016 may request, receive and sign for noncontrolled professional samples and may distribute  
86 professional samples to patients; and
- 87 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies  
88 the supervising physician is not qualified or authorized to prescribe.

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

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

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

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

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

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

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

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

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

131 (5) The duration of the supervision agreement between the supervising physician and  
132 physician assistant; and

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

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

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

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

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

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



160           13. No physician shall be designated to serve as supervising physician **or collaborating**  
161 **physician** for more than [~~three~~] **six** full-time equivalent licensed physician assistants, **full-time**  
162 **equivalent advanced practice registered nurses, or full-time equivalent assistant physicians,**  
163 **or any combination thereof.** This limitation shall not apply to physician assistant agreements  
164 **or collaborative practice arrangements** of hospital employees providing inpatient care service  
165 in hospitals as defined in chapter 197.

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