

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for
2 Senate Bill Nos. 70 & 128, Page 19, Section 221.125, Line 15, by inserting after said section and
3 line the following:
4

5 "334.034. 1. An assistant physician with a license in good standing may be eligible to
6 become a licensed physician if the assistant physician has completed:

7 (1) Step 3 of the United States Medical Licensing Examination or the equivalent of such
8 step of any board-approved medical licensing examination in less than three attempts and within a
9 three-year period after receiving his or her initial assistant physician license;

10 (2) Five years of continuous, full-time, active collaborating practice. Any time the assistant
11 physician was not working within a collaborative practice arrangement with a collaborating
12 physician shall not count toward the five-year requirement;

13 (3) One hundred hours of didactics during the five-year postgraduate training. Didactic
14 training shall be presented by the collaborating physician or any individual that the collaborating
15 physician deems qualified to teach. Didactic hours shall be logged and retained for a period of five
16 years; and

17 (4) All continuing medical education requirements as required for assistant physicians under
18 this chapter.

19 2. Upon completion of subdivisions (1) to (4) of subsection 1 of this section, the assistant
20 physician shall be eligible for licensure as a physician with the state of Missouri and eligible to sit
21 for board certification or any other appropriate advanced fellowships or certifications.

22 3. Any assistant physician obtaining licensure as a physician under this section shall be fully
23 licensed as a physician and shall be subject to all statutes and regulations pertaining to physicians.

24 4. Any assistant physician obtaining licensure as a physician under this section shall practice
25 as a physician in Missouri for a minimum of two years. Failure to practice for a minimum of two
26 years shall be cause for the revocation of the license.

27 334.035. Except as otherwise provided in section 334.034 or 334.036, every applicant for a
28 permanent license as a physician and surgeon shall provide the board with satisfactory evidence of
29 having successfully completed such postgraduate training in hospitals or medical or osteopathic
30 colleges as the board may prescribe by rule.

31 334.037. 1. A physician may enter into collaborative practice arrangements with assistant
32 physicians. Collaborative practice arrangements shall be in the form of written agreements, jointly
33 agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative
34 practice arrangements, which shall be in writing, may delegate to an assistant physician the
35 authority to administer or dispense drugs and provide treatment as long as the delivery of such
36 health care services is within the scope of practice of the assistant physician and is consistent with

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1 that assistant physician's skill, training, and competence and the skill and training of the
2 collaborating physician.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 3. The board shall complete all applications submitted by an assistant physician who has
 2 entered into a collaborative practice arrangement with a collaborating physician within thirty days of
 3 submission.

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

7 (1) Geographic areas to be covered;

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

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

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

17
 18 Any rules relating to dispensing or distribution of medications or devices by prescription or
 19 prescription drug orders under this section shall be subject to the approval of the state board of
 20 pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription
 21 or prescription drug orders under this section shall be subject to the approval of the department of
 22 health and senior services and the state board of pharmacy. The state board of registration for the
 23 healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with
 24 guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not
 25 extend to collaborative practice arrangements of hospital employees providing inpatient care within
 26 hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR
 27 2150- 5.100 as of April 30, 2008.

28 [4.] 5. The state board of registration for the healing arts shall not deny, revoke, suspend, or
 29 otherwise take disciplinary action against a collaborating physician for health care services
 30 delegated to an assistant physician provided the provisions of this section and the rules promulgated
 31 thereunder are satisfied.

32 [5.] 6. Within thirty days of any change and on each renewal, the state board of registration
 33 for the healing arts shall require every physician to identify whether the physician is engaged in any
 34 collaborative practice arrangement, including collaborative practice arrangements delegating the
 35 authority to prescribe controlled substances, and also report to the board the name of each assistant
 36 physician with whom the physician has entered into such arrangement. The board may make such
 37 information available to the public. The board shall track the reported information and may
 38 routinely conduct random reviews of such arrangements to ensure that arrangements are carried out
 39 for compliance under this chapter.

40 [6.] 7. A collaborating physician or supervising physician shall not enter into a collaborative
 41 practice arrangement or supervision agreement with more than six full-time equivalent assistant
 42 physicians, full-time equivalent physician assistants, or full-time equivalent advance practice
 43 registered nurses, or any combination thereof. Such limitation shall not apply to collaborative
 44 arrangements of hospital employees providing inpatient care service in hospitals as defined in
 45 chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April
 46 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under the
 47 supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately
 48 available if needed as set out in subsection 7 of section 334.104.

49 [7.] 8. The collaborating physician shall determine and document the completion of at least

1 a one-month period of time during which the assistant physician shall practice with the collaborating
 2 physician continuously present before practicing in a setting where the collaborating physician is not
 3 continuously present. Once the assistant physician has completed the one-month time period
 4 required under this subsection, the assistant physician shall be exempt from the training required
 5 under this subsection in the event there is a change in collaborating physicians. No rule or
 6 regulation shall require the collaborating physician to review more than ten percent of the assistant
 7 physician's patient charts or records during such one-month period. Such limitation shall not apply
 8 to collaborative arrangements of providers of population-based public health services as defined by
 9 20 CSR 2150-5.100 as of April 30, 2008. The collaborating physician may utilize any other
 10 qualified, fully licensed physician on his or her staff to help oversee, train, and review the records of
 11 an assistant physician during the assistant physician's one-month training period.

12 ~~[8.]~~ 9. No agreement made under this section shall supersede current hospital licensing
 13 regulations governing hospital medication orders under protocols or standing orders for the purpose
 14 of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such
 15 protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical
 16 therapeutics committee.

17 ~~[9.]~~ 10. No contract or other agreement shall require a physician to act as a collaborating
 18 physician for an assistant physician against the physician's will. A physician shall have the right to
 19 refuse to act as a collaborating physician, without penalty, for a particular assistant physician. No
 20 contract or other agreement shall limit the collaborating physician's ultimate authority over any
 21 protocols or standing orders or in the delegation of the physician's authority to any assistant
 22 physician, but such requirement shall not authorize a physician in implementing such protocols,
 23 standing orders, or delegation to violate applicable standards for safe medical practice established
 24 by a hospital's medical staff.

25 ~~[40.]~~ 11. No contract or other agreement shall require any assistant physician to serve as a
 26 collaborating assistant physician for any collaborating physician against the assistant physician's
 27 will. An assistant physician shall have the right to refuse to collaborate, without penalty, with a
 28 particular physician.

29 ~~[44.]~~ 12. All collaborating physicians and assistant physicians in collaborative practice
 30 arrangements shall wear identification badges while acting within the scope of their collaborative
 31 practice arrangement. The identification badges shall prominently display the licensure status of
 32 such collaborating physicians and assistant physicians.

33 ~~[42.]~~ 13. (1) An assistant physician with a certificate of controlled substance prescriptive
 34 authority as provided in this section may prescribe any controlled substance listed in Schedule III,
 35 IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the
 36 authority to prescribe controlled substances in a collaborative practice arrangement. Prescriptions
 37 for Schedule II medications prescribed by an assistant physician who has a certificate of controlled
 38 substance prescriptive authority are restricted to only those medications containing hydrocodone.
 39 Such authority shall be filed with the state board of registration for the healing arts. The
 40 collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug
 41 category that the assistant physician is permitted to prescribe. Any limitations shall be listed in the
 42 collaborative practice arrangement. Assistant physicians shall not prescribe controlled substances
 43 for themselves or members of their families. Schedule III controlled substances and Schedule II -
 44 hydrocodone prescriptions shall be limited to a five-day supply without refill, except that
 45 buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving
 46 medication-assisted treatment for substance use disorders under the direction of the collaborating
 47 physician. Assistant physicians who are authorized to prescribe controlled substances under this
 48 section shall register with the federal Drug Enforcement Administration and the state bureau of
 49 narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration

1 number on prescriptions for controlled substances.

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

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

11 ~~[43:]~~ 14. Nothing in this section or section 334.036 shall be construed to limit the authority
12 of hospitals or hospital medical staff to make employment or medical staff credentialing or
13 privileging decisions.

14 334.040. 1. Except as provided in section 334.034 or 334.260, all persons desiring to
15 practice as physicians and surgeons in this state shall be examined as to their fitness to engage in
16 such practice by the board. All persons applying for examination shall file a completed application
17 with the board upon forms furnished by the board.

18 2. The examination shall be sufficient to test the applicant's fitness to practice as a physician
19 and surgeon. The examination shall be conducted in such a manner as to conceal the identity of the
20 applicant until all examinations have been scored. In all such examinations an average score of not
21 less than seventy-five percent is required to pass; provided, however, that the board may require
22 applicants to take the Federation Licensing Examination, also known as FLEX, or the United States
23 Medical Licensing Examination (USMLE). If the FLEX examination is required, a weighted
24 average score of no less than seventy-five is required to pass. Scores from one test administration of
25 an examination shall not be combined or averaged with scores from other test administrations to
26 achieve a passing score. Applicants graduating from a medical or osteopathic college, as described
27 in section 334.031 prior to January 1, 1994, shall provide proof of successful completion of the
28 FLEX, USMLE, the National Board of Osteopathic Medical Examiners Comprehensive Licensing
29 Exam (COMLEX), a state board examination approved by the board, compliance with subsection 2
30 of section 334.031, or compliance with 20 CSR 2150-2.005. Applicants graduating from a medical
31 or osteopathic college, as described in section 334.031 on or after January 1, 1994, must provide
32 proof of successful completion of the USMLE or the COMLEX or provide proof of compliance
33 with subsection 2 of section 334.031. The board shall not issue a permanent license as a physician
34 and surgeon or allow the Missouri state board examination to be administered to any applicant who
35 has failed to achieve a passing score within three attempts on licensing examinations administered
36 in one or more states or territories of the United States, the District of Columbia or Canada. The
37 steps one, two and three of the United States Medical Licensing Examination or the National Board
38 of Osteopathic Medical Examiners Comprehensive Licensing Exam shall be taken within a seven-
39 year period with no more than three attempts on any step of the examination; however, the board
40 may grant an extension of the seven-year period if the applicant has obtained a MD/PhD degree in a
41 program accredited by the Liaison Committee on Medical Education (LCME) and a regional
42 university accrediting body or a DO/PhD degree accredited by the American Osteopathic
43 Association and a regional university accrediting body. The board may waive the provisions of this
44 section if the applicant is licensed to practice as a physician and surgeon in another state of the
45 United States, the District of Columbia or Canada and the applicant has achieved a passing score on
46 a licensing examination administered in a state or territory of the United States or the District of
47 Columbia and no license issued to the applicant has been disciplined in any state or territory of the
48 United States or the District of Columbia.

49 3. If the board waives the provisions of this section, then the license issued to the applicant

1 may be limited or restricted to the applicant's board specialty. The board shall not be permitted to
2 favor any particular school or system of healing.

3 4. If an applicant has not actively engaged in the practice of clinical medicine or held a
4 teaching or faculty position in a medical or osteopathic school approved by the American Medical
5 Association, the Liaison Committee on Medical Education, or the American Osteopathic
6 Association for any two years in the three-year period immediately preceding the filing of his or her
7 application for licensure, the board may require successful completion of another examination,
8 continuing medical education, or further training before issuing a permanent license. The board
9 shall adopt rules to prescribe the form and manner of such reexamination, continuing medical
10 education, and training."; and

11
12 Further amend said bill by amending the title, enacting clause, and intersectional references
13 accordingly.