

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By \_\_\_\_\_

1 AMEND House Committee Substitute for Senate Bill No. 275, Page 24, Section 332.361, Line 37,  
2 by inserting after all of said section and line the following:

3  
4 "334.034. 1. An assistant physician with a license in good standing may be eligible to  
5 become a licensed physician if the assistant physician has completed:

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

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

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

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

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

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

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

26 334.035. Except as otherwise provided in section 334.034 or 334.036, every applicant for a  
27 permanent license as a physician and surgeon shall provide the board with satisfactory evidence of  
28 having successfully completed such postgraduate training in hospitals or medical or osteopathic  
29 colleges as the board may prescribe by rule."; and

30  
31 Further amend said bill, Page 25, Section 334.037, Line 56, by inserting after the number "3." the  
32 following:

33 "The board shall complete all applications submitted by an assistant physician who has  
34 entered into a collaborative practice arrangement with a collaborating physician within thirty days of  
35 submission.

36 4."; and

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

Further amend said bill and section, Page 26, Line 81, by deleting the number "4." and inserting in lieu thereof the number "[4-] 5."; and

Further amend said bill, page, and section, Line 85, by deleting the number "5." and inserting in lieu thereof the number "[5-] 6."; and

Further amend said bill, page, and section, Line 93, by deleting the number "6." and inserting in lieu thereof the number "[6-] 7."; and

Further amend said bill and section, Page 27, Lines 102 to 110, by deleting said lines and inserting in lieu thereof the following:

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

[8-] 9. No agreement made under this section shall supersede current hospital licensing"; and

Further amend said bill, page, and section, Line 115, by deleting the number "9." and inserting in lieu thereof the number "[9-] 10."; and

Further amend said bill, page, and section, Line 123, by deleting the number "10." and inserting in lieu thereof the number "[10-] 11."; and

Further amend said bill, page, and section, Line 127, by deleting the number "11." and inserting in lieu thereof the number "[11-] 12."; and

Further amend said bill, page, and section, Line 131, by deleting then umber "12." and inserting in lieu thereof the number "[12-] 13."; and

Further amend said bill and section, Page 28, Line 160, by deleting the number "13." and inserting in lieu thereof the number "[13-] 14."; and

Further amend said bill, page, and section, Line 162, by inserting after said section and line the following:

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

1 with the board upon forms furnished by the board.

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

33 3. If the board waives the provisions of this section, then the license issued to the applicant  
34 may be limited or restricted to the applicant's board specialty. The board shall not be permitted to  
35 favor any particular school or system of healing.

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

44  
45 Further amend said bill by amending the title, enacting clause, and intersectional references  
46 accordingly.