

FIRST REGULAR SESSION

HOUSE BILL NO. 907

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE RODEN.

1943H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 334.037, 334.104, and 334.735, RSMo, and to enact in lieu thereof fifteen new sections relating to paramedic practitioners, with a penalty provision.

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

Section A. Sections 334.037, 334.104, and 334.735, RSMo, are repealed and fifteen new sections enacted in lieu thereof, to be known as sections 334.037, 334.104, 334.300, 334.301, 334.302, 334.303, 334.304, 334.305, 334.306, 334.307, 334.308, 334.310, 334.311, 334.312, and 334.735, to read as follows:

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;

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.

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 Pub. L. 95-210 (42 U.S.C. Section 1395x), as amended,
28 as long as the collaborative practice arrangement includes alternative plans as required in
29 paragraph (c) of this subdivision. Such exception to geographic proximity shall apply only to
30 independent rural health clinics, provider-based rural health clinics if the provider is a critical
31 access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics
32 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 or supervising physician shall not enter into a collaborative
94 practice arrangement or supervision agreement with more than ~~[six]~~ **nine** full-time equivalent
95 assistant physicians, full-time equivalent physician assistants, **full-time equivalent paramedic**
96 **practitioners**, or full-time equivalent advance practice registered nurses, or any combination
97 thereof. Such limitation shall not apply to collaborative arrangements of hospital employees
98 providing inpatient care service in hospitals as defined in chapter 197 or population-based public
99 health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered
100 nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or
101 other physician, dentist, or podiatrist who is immediately available if needed as set out in
102 subsection 7 of section 334.104.

103 7. The collaborating physician shall determine and document the completion of at least
104 a one-month period of time during which the assistant physician shall practice with the
105 collaborating physician continuously present before practicing in a setting where the
106 collaborating physician is not continuously present. No rule or regulation shall require the
107 collaborating physician to review more than ten percent of the assistant physician's patient charts
108 or records during such one-month period. Such limitation shall not apply to collaborative
109 arrangements of providers of population-based public health services as defined by 20 CSR
110 2150-5.100 as of April 30, 2008.

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

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

122 standing orders, or delegation to violate applicable standards for safe medical practice
123 established by a hospital's medical staff.

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

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

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

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

(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.

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

334.104. 1. A physician may enter into collaborative practice arrangements with registered professional nurses. 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 a registered professional nurse 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 registered professional nurse and is consistent with that nurse's skill, training and competence.

2. Collaborative practice arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such 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. An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician.

3. 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 advanced practice registered nurse;

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

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

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

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

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

43 (b) Maintain geographic proximity, except the collaborative practice arrangement may
44 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar
45 year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice
46 arrangement includes alternative plans as required in paragraph (c) of this subdivision. This
47 exception to geographic proximity shall apply only to independent rural health clinics,
48 provider-based rural health clinics where the provider is a critical access hospital as provided in
49 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of
50 the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is
51 required to maintain documentation related to this requirement and to present it to the state board
52 of registration for the healing arts when requested; and

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

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

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

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

63 (9) A description of the time and manner of the collaborating physician's review of the
64 advanced practice registered nurse's delivery of health care services. The description shall

65 include provisions that the advanced practice registered nurse shall submit a minimum of ten
66 percent of the charts documenting the advanced practice registered nurse's delivery of health care
67 services to the collaborating physician for review by the collaborating physician, or any other
68 physician designated in the collaborative practice arrangement, every fourteen days; and

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

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

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

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

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

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

8. A collaborating physician or supervising physician shall not enter into a collaborative practice arrangement or supervision agreement with more than ~~six~~ **nine** full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, **full-time equivalent paramedic practitioners**, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150- 5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of this section.

9. It is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the advanced practice registered

137 nurse shall practice with the collaborating physician continuously present before practicing in
138 a setting where the collaborating physician is not continuously present. This limitation shall not
139 apply to collaborative arrangements of providers of population-based public health services as
140 defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

334.300. 1. As used in sections 334.300 to 334.312, the following terms mean:

2 (1) "Applicant", any individual who seeks to become licensed as a paramedic
3 practitioner;

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

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

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

11 (5) "License", a document issued to an applicant by the board acknowledging that
12 the applicant is entitled to practice as a paramedic practitioner;

13 (6) "Paramedic practitioner", a person who has graduated from a paramedic
14 practitioner program accredited by the American Medical Association's Committee on

15 **Allied Health Education and Accreditation, or by its successor agency, who provides health**
16 **care services delegated by a licensed physician;**

17 **(7) "Recognition", the formal process of becoming a certifying entity as required**
18 **by the provisions of sections 334.300 to 334.312;**

19 **(8) "Supervision", control exercised over a paramedic practitioner working with**
20 **a supervising physician and oversight of the activities of and accepting responsibility for**
21 **the paramedic practitioner's delivery of care. The supervising physician must be**
22 **immediately available in person or via telecommunication during the time the paramedic**
23 **practitioner is providing patient care. Prior to commencing practice, the supervising**
24 **physician and paramedic practitioner shall attest, on a form provided by the board, that**
25 **the physician shall provide supervision appropriate to the paramedic practitioner's**
26 **training and that the paramedic practitioner shall not practice beyond the paramedic**
27 **practitioner's training and experience. Appropriate supervision shall require the**
28 **supervising physician to be working within the same location as the paramedic practitioner**
29 **for at least four hours within one calendar day for every fourteen days on which the**
30 **paramedic practitioner provides patient care as described in subsection 3 of this section.**
31 **Only days on which the paramedic practitioner provides patient care as described in**
32 **subsection 3 of this section shall be counted toward the fourteen-day period. The**
33 **requirement of appropriate supervision shall be applied so that no more than thirteen**
34 **calendar days in which a paramedic practitioner provides patient care shall pass between**
35 **the physician's four hours' working within the same location. The board shall promulgate**
36 **rules under chapter 536 for documentation of the joint review of the paramedic**
37 **practitioner's activity by the supervising physician and the paramedic practitioner.**

38 **2. An applicant for a paramedic practitioner's license under sections 334.300 to**
39 **334.312 shall be licensed and in good standing as an emergency medical technician-**
40 **paramedic under chapter 190.**

41 **3. A supervision agreement shall limit the paramedic practitioner to practice only**
42 **at locations described in subdivision (8) of subsection 1 of this section, within a geographic**
43 **proximity to be determined by the board of registration for the healing arts.**

44 **4. The scope of practice of a paramedic practitioner shall consist only of the**
45 **following services and procedures:**

46 **(1) Taking patient histories;**

47 **(2) Performing physical examinations of a patient;**

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

50 **(4) Performing routine therapeutic procedures;**

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

53 (6) Instructing and counseling patients regarding mental and physical health using
54 procedures reviewed and approved by a licensed physician;

55 (7) Assisting the supervising physician in institutional settings, including reviewing
56 treatment plans, ordering tests and diagnostic laboratory and radiological services, and
57 ordering therapies, using procedures reviewed and approved by a licensed physician;

58 (8) Assisting in surgery;

59 (9) Performing such other tasks not prohibited by law under the supervision of a
60 licensed physician as the paramedic practitioner has been trained and is proficient to
61 perform; and

62 (10) Paramedic practitioners shall not perform or prescribe abortions.

63 5. Paramedic practitioners shall not prescribe any drug, medicine, device, or
64 therapy unless pursuant to a physician supervision agreement in accordance with the law;
65 prescribe lenses, prisms, or contact lenses for the aid, relief, or correction of vision or the
66 measurement of visual power or visual efficiency of the human eye; or administer or
67 monitor general or regional block anesthesia during diagnostic tests, surgery, or obstetric
68 procedures. Prescribing of drugs, medications, devices, or therapies by a paramedic
69 practitioner shall be pursuant to a paramedic practitioner supervision agreement which
70 is specific to the clinical conditions treated by the supervising physician, and the paramedic
71 practitioner shall be subject to the following:

72 (1) A paramedic practitioner shall only prescribe controlled substances in
73 accordance with section 334.310;

74 (2) The types of drugs, medications, devices, or therapies prescribed by a
75 paramedic practitioner shall be consistent with the scope of practice of the paramedic
76 practitioner and the supervising physician;

77 (3) All prescriptions shall conform with state and federal laws and regulations and
78 shall include the name, address, and telephone number of the paramedic practitioner and
79 the supervising physician;

80 (4) A paramedic practitioner may request, receive, and sign for noncontrolled
81 professional samples and may distribute professional samples to patients; and

82 (5) A paramedic practitioner shall not prescribe any drugs, medicines, devices, or
83 therapies the supervising physician is not qualified or authorized to prescribe.

84 6. A paramedic practitioner shall clearly identify himself or herself as a paramedic
85 practitioner and shall not use or permit to be used on the paramedic practitioner's behalf
86 the terms "doctor", "Dr.", or "doc", or hold himself or herself out in any way to be a

physician or surgeon. No paramedic practitioner shall practice or attempt to practice without physician supervision or in any location where the supervising physician is not immediately available for consultation, assistance, and intervention, except as otherwise provided in this section and in an emergency situation, nor shall any paramedic practitioner bill a patient independently or directly for any service or procedure by the paramedic practitioner; except that, nothing in this subsection shall be construed to prohibit a paramedic practitioner from enrolling with the department of social services as a MO HealthNet or Medicaid provider while acting under a supervision agreement between the physician and paramedic practitioner.

7. For purposes of this section, the licensing of paramedic practitioners shall take place within processes established by the state board of registration for the healing arts through rule and regulation. The board of healing arts is authorized to establish rules under chapter 536 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensing may be denied or the license of a paramedic practitioner may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed under chapter 190 shall not be required to be licensed as paramedic practitioners.

8. "Paramedic practitioner supervision agreement" means a written agreement, jointly agreed upon protocol, or standing order between a supervising physician and a paramedic practitioner that provides for the delegation of health care services from a supervising physician to a paramedic practitioner and the review of such services. The agreement shall contain at least the following provisions:

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

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

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

(4) The manner of supervision between the supervising physician and the paramedic practitioner, including how the supervising physician and the paramedic practitioner shall:

(a) Attest, on a form provided by the board, that the physician shall provide supervision appropriate to the paramedic practitioner's training and experience and that the paramedic practitioner shall not practice beyond the scope of the paramedic

practitioner's training and experience nor the supervising physician's capabilities and training; and

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

(5) The duration of the supervision agreement between the supervising physician and paramedic practitioner; and

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

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

10. At all times the physician shall be responsible for the oversight of the activities of, and accept responsibility for, health care services rendered by the paramedic practitioner.

11. It shall be the responsibility of the supervising physician to determine and document the completion of, at least, a one-month period of time during which the licensed paramedic practitioner shall practice with a supervising physician continuously present before practicing in a setting where a supervising physician is not continuously present.

12. No contract or other agreement shall require a physician to act as a supervising physician for a paramedic practitioner against the physician's will. A physician shall have the right to refuse to act as a supervising physician, without penalty, for a particular paramedic practitioner. No contract or other agreement shall limit the supervising physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any paramedic practitioner; however, this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation, to violate applicable standards for safe medical practice established by the hospital's medical staff.

13. Paramedic practitioners shall file with the board a copy of their supervising physician form.

158 **14. No physician shall be designated to serve as supervising physician or**
159 **collaborating physician for more than nine full-time equivalent assistant physicians, full-**
160 **time equivalent physician assistants, full-time equivalent paramedic practitioners, or full-**
161 **time equivalent advance practice registered nurses, or any combination thereof.**

334.301. Notwithstanding any other provision of sections 334.300 to 334.312, the
2 **board may issue without examination a temporary license to practice as a paramedic**
3 **practitioner. Upon the applicant paying a temporary-license fee and the submitting of all**
4 **necessary documents as determined by the board, the board may grant a temporary license**
5 **to any person who meets the qualifications provided in section 334.300, which shall be valid**
6 **until the results of the next examination are announced. The temporary license may be**
7 **renewed at the discretion of the board and upon payment of the temporary-license fee.**

334.302. 1. Any certifying entity desiring recognition shall register with the
2 **department the following information:**

3 **(1) The standards governing such certification or registration, which shall include**
4 **requirements for a baccalaureate or postbaccalaureate degree, with a major course of**
5 **study recognized by the certifying entity, from a recognized educational institution**
6 **accredited by the Council on Post-Secondary Accreditation and the United States**
7 **Department of Education or a program accredited by the Committee on Allied Health**
8 **Education and Accreditation of the American Medical Association;**

9 **(2) The nature and duration of any education including, but not limited to, whether**
10 **the education included a substantial amount of supervised field experience; whether**
11 **education programs exist in this state; if there is an experience requirement and what the**
12 **requirement entails; whether the experience shall be acquired under the direction or**
13 **supervision of another certified or registered person; whether there is an alternative**
14 **method of receiving certification or registration; whether all applicants will be required**
15 **to pass an examination for certification or registration; and, if an examination is required,**
16 **by whom the examination was developed;**

17 **(3) The term of certification or registration;**

18 **(4) The manner in which certified or registered personnel shall demonstrate**
19 **continuing maintenance of competence;**

20 **(5) Procedures for renewal of certification or registration including fees,**
21 **reexamination, and all other requirements;**

22 **(6) The code of ethics for certified or registered personnel, if any;**

23 **(7) Grounds for suspension or revocation of certification or registration, whether**
24 **temporary or permanent, and justification for reinstatement, if any;**

25 (8) A description of the certifying entity, the service or practice being evaluated,
26 and a list of associations, organizations, or other groups representing the service or
27 practice; and

28 (9) Other information which may be required by the department.

29 2. The department shall determine a fee to be charged to certifying entities that
30 register their certification or registration procedures. The fee shall cover the cost of filing
31 such applications for recognition.

32 3. The certifying entity, as a condition for recognition under sections 334.300 to
33 334.312, shall certify compliance with its standards to the department for all applicants
34 seeking a certificate of registration under sections 334.300 to 334.312 and may be required
35 to recertify compliance to the department upon request by the department.

36 4. The department shall approve or disapprove certifying entities for any of the
37 professions included in the scope of sections 334.300 to 334.312 following review of the
38 application submitted and following a public hearing on the application for recognition of
39 such certifying entity.

40 5. The department may terminate its recognition of any certifying entity for any of
41 the professions included in the scope of sections 334.300 to 334.312 following a subsequent
42 review of the certification or registration procedures of the certifying entity and following
43 a public hearing.

334.303. 1. Each person desiring a license under sections 334.300 to 334.312 shall
2 make an application to the department upon such forms and in such manner as may be
3 prescribed by the department and shall pay the required application fee as set by the
4 department. The application fee shall cover the cost of issuing the license and shall not be
5 refundable. Each application shall contain a statement that it is made under oath or
6 affirmation and that its representations are true and correct to the best knowledge and
7 belief of the person signing the same, subject to the penalties of making a false declaration
8 or affidavit. Such application shall include proof of certification or registration by a
9 certifying entity, the date the certification or registration process was completed with the
10 certifying entity, the name of the certifying entity, any identification numbers, and any
11 other information necessary for the department to verify the certification or registration.

12 2. The department, upon approval of the application from an applicant, shall issue
13 a license to such applicant.

14 3. A license is valid for two years from the date it is issued and may be renewed
15 annually by filing an application for renewal with the department and paying the required
16 renewal fee as set by the department. The department shall notify each licensee in writing
17 of the expiration date of the person's license at least thirty days before that date, and shall

18 issue a license to any registrant who returns a completed application form and pays a
19 renewal fee before the person's license expires.

20 4. A new license to replace any license lost, destroyed, or mutilated may be issued
21 to any applicant, subject to rules and regulations issued by the department and upon the
22 payment of a reasonable fee.

334.304. 1. No person shall hold himself or herself out to the public by any title or
2 description including the words "licensed paramedic practitioner" or "paramedic
3 practitioner", as defined in section 334.300, unless the person is duly licensed under the
4 provisions of sections 334.300 to 334.312, if a certifying entity has been recognized by the
5 department.

6 2. Nothing in sections 334.300 to 334.312 shall be construed as prohibiting any
7 individual, whether licensed under sections 334.300 to 334.312 or not, from providing the
8 services of paramedic practitioner.

9 3. Any person found guilty of violating any provision of subsections 1 and 2 of this
10 section is guilty of an infraction and upon conviction thereof shall be punished as provided
11 by law. For purposes of this subsection, the maximum fine for a violation of this section
12 shall be one thousand dollars.

334.305. 1. Certifying entities shall notify the department of any temporary or
2 permanent revocation or suspension imposed by them.

3 2. The department, upon receipt of notification by a certifying entity of any
4 temporary or permanent revocation or suspension imposed by that entity, shall notify the
5 licensee within thirty days that such license is revoked. The licensee shall immediately
6 surrender his or her license to the department.

7 3. The department shall maintain a list of individuals who hold a valid license for
8 the provision of a given service or practice for public inspection and shall respond to public
9 inquiries concerning licensees who have received a license.

334.306. Any nonresident of Missouri who enters the state and intends to provide
2 a service or practice for which a license is required under sections 334.300 to 334.312 may
3 apply for a license, provided that the applicant meets the requirements imposed by the
4 certifying entity.

334.307. Any rule or portion of a rule, as that term is defined in section 536.010,
2 that is promulgated to administer and enforce sections 334.300 to 334.312, shall become
3 effective only if the agency has fully complied with all of the requirements of chapter 536
4 including, but not limited to, section 536.028, if applicable, after August 28, 2019. All
5 rulemaking authority delegated prior to August 28, 2019, is of no force and effect and
6 repealed as of August 28, 2019; however, nothing in this section shall be interpreted to

7 repeal or affect the validity of any rule adopted and promulgated prior to August 28, 2019.
8 If the provisions of section 536.028 apply, the provisions of this section are nonseverable
9 and if any of the powers vested with the general assembly pursuant to section 536.028 to
10 review, to delay the effective date, or to disapprove and annul a rule or portion of a rule
11 are held unconstitutional or invalid, the purported grant of rulemaking authority and any
12 rule so proposed and contained in the order of rulemaking shall be invalid and void, except
13 that nothing in this act shall affect the validity of any rule adopted and promulgated prior
14 to August 28, 2019.

334.308. 1. All fees payable under the provisions of sections 334.300 to 334.312
2 shall be collected by the division of professional registration, which shall transmit the
3 moneys to the department of revenue for deposit in the state treasury to the credit of the
4 board of registration for the healing arts fund.

5 2. Upon appropriation by the general assembly, the moneys in the fund shall be
6 used to administer the provisions of sections 334.300 to 334.312.

334.310. 1. A paramedic practitioner with a certificate of controlled substance
2 prescriptive authority, as provided in this section, may prescribe any controlled substance
3 listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in
4 Schedule II when delegated the authority to prescribe controlled substances in a
5 supervision agreement. Such authority shall be listed on the supervision verification form
6 on file with the state board of healing arts. The supervising physician shall maintain the
7 right to limit a specific scheduled drug or scheduled drug category that the paramedic
8 practitioner is permitted to prescribe. Any limitations shall be listed on the supervision
9 agreement. Prescriptions for Schedule II medications prescribed by a paramedic
10 practitioner with authority to prescribe delegated in a supervision agreement are restricted
11 to only those medications containing hydrocodone. Paramedic practitioners shall not
12 prescribe controlled substances for themselves or members of their family. Schedule III
13 controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a
14 five-day supply without refill, except that buprenorphine may be prescribed for up to a
15 thirty-day supply without refill for patients receiving medication-assisted treatment for
16 substance use disorders under the direction of the supervising physician. Paramedic
17 practitioners who are authorized to prescribe controlled substances under this section shall
18 register with the federal Drug Enforcement Administration and the state bureau of
19 narcotics and dangerous drugs and shall include the Drug Enforcement Administration
20 registration number on prescriptions for controlled substances.

21 2. The supervising physician shall be responsible for determining and documenting
22 the completion of at least one hundred twenty hours in a four-month period by the

23 paramedic practitioner during which the paramedic practitioner shall practice with the
24 supervising physician on-site prior to prescribing controlled substances when the
25 supervising physician is not on-site.

26 3. A paramedic practitioner shall receive a certificate of controlled substance
27 prescriptive authority from the board of healing arts upon verification of completion of the
28 following educational requirements:

29 (1) Successful completion of an advanced pharmacology course that includes
30 clinical training in the prescription of drugs, medicines, and therapeutic devices;

31 (2) Completion of a minimum of three hundred clock hours of clinical training by
32 the supervising physician in the prescription of drugs, medicines, and therapeutic devices;

33 (3) Completion of a minimum of one year of supervised clinical practice or
34 supervised clinical rotations. Proof of such training shall serve to document experience in
35 the prescribing of drugs, medicines, and therapeutic devices; and

36 (4) A paramedic practitioner previously licensed in a jurisdiction where paramedic
37 practitioners are authorized to prescribe controlled substances may obtain a state bureau
38 of narcotics and dangerous drugs registration if a supervising physician attests that the
39 paramedic practitioner has met the requirements of subdivisions (1) to (3) of this
40 subsection and provides documentation of existing federal Drug Enforcement Agency
41 registration.

334.311. 1. No paramedic practitioner shall be used in any location unless a notice
2 stating that a paramedic practitioner is utilized is posted in a prominent place in such
3 location.

4 2. Notwithstanding the provisions of sections 334.300 to 334.312 or the rules of the
5 Missouri state board of registration for the healing arts, the governing body of each
6 hospital shall have full authority to limit the functions and activities of any paramedic
7 practitioner that are performed in such hospital.

334.312. 1. There is hereby established an "Advisory Commission for Paramedic
2 Practitioners" which shall guide, advise, and make recommendations to the board of
3 registration for the healing arts. The commission shall also be responsible for the ongoing
4 examination of the scope of practice and promoting the continuing role of paramedic
5 practitioners in the delivery of health care services. The commission shall assist the board
6 in carrying out the provisions of sections 334.300 to 334.312.

7 2. The commission shall be appointed no later than October 1, 2019, and shall
8 consist of five members: one member of the board, two licensed paramedic practitioners,
9 one physician, and one lay member. The two licensed paramedic practitioner members,
10 the physician member, and the lay member shall be appointed by the director of the

11 **division of professional registration. Each licensed paramedic practitioner member shall**
12 **be a United States citizen, a resident of this state, and shall be licensed as a paramedic**
13 **practitioner in this state. The physician member shall be a United States citizen, a resident**
14 **of this state, have an active Missouri license to practice medicine in this state, and shall be**
15 **a supervising physician, at the time of appointment, to a licensed paramedic practitioner.**
16 **The lay member shall be a United States citizen and a resident of this state. The licensed**
17 **paramedic practitioner members shall be appointed to serve three-year terms, except that**
18 **the first commission appointed shall consist of one member whose term shall be for one**
19 **year and one member whose term shall be for two years. The physician member and lay**
20 **member shall each be appointed to serve a three-year term. No paramedic practitioner**
21 **member or the physician member shall be appointed for more than two consecutive**
22 **three-year terms.**

23 **3. Notwithstanding any other provision of law to the contrary, any appointed**
24 **member of the commission shall receive as compensation an amount established by the**
25 **director of the division of professional registration, not to exceed seventy dollars per day**
26 **for commission business plus actual and necessary expenses. The director of the division**
27 **of professional registration shall establish by rule guidelines for payment. All staff for the**
28 **commission shall be provided by the board.**

29 **4. The commission shall hold an open annual meeting, at which time it shall elect**
30 **from its membership a chair and secretary. The commission may hold such additional**
31 **meetings as may be required in the performance of its duties, provided that notice of every**
32 **meeting shall be given to each member at least ten days prior to the date of the meeting.**
33 **A quorum of the commission shall consist of a majority of its members.**

34 **5. On August 28, 2020, all members of the advisory commission for registered**
35 **paramedic practitioners shall become members of the advisory commission for paramedic**
36 **practitioners, and their successors shall be appointed in the same manner and at the time**
37 **their terms would have expired as members of the advisory commission for registered**
38 **paramedic practitioners.**

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, within a geographic
44 proximity to be determined by the board of registration for the healing arts.

45 (2) For a physician-physician assistant team working in a certified community behavioral
46 health clinic as defined by P.L. 113-93 and a rural health clinic under the federal Rural Health
47 Clinic Services Act, P.L. 95-210, as amended, or a federally qualified health center as defined
48 in 42 U.S.C. Section 1395 of the Public Health Service Act, as amended, no supervision
49 requirements 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 of
137 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 ~~six~~ **nine** full-time equivalent licensed physician assistants, full-time
162 equivalent advanced practice registered nurses, **full-time equivalent paramedic practitioners**,
163 or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not
164 apply to physician assistant agreements of hospital employees providing inpatient care service
165 in hospitals as defined in chapter 197, or to a certified registered nurse anesthetist providing
166 anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or
167 podiatrist who is immediately available if needed as set out in subsection 7 of section 334.104.

✓