

# HOUSE BILL NO. 2212

## 100TH GENERAL ASSEMBLY

---

INTRODUCED BY REPRESENTATIVE MORRIS (140).

4897H.011

DANA RADEMAN MILLER, Chief Clerk

---

### AN ACT

To repeal section 334.037, RSMo, and to enact in lieu thereof one new section relating to the authorization of assistant physicians to issue physician certifications.

---

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

Section A. Section 334.037, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 334.037, to read as follows: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;

(3) A requirement that there shall be posted at every office where the assistant physician is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17 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 statement as to whether the collaborating physician authorizes the assistant**  
42 **physician to issue physician certifications for qualifying patients under Article XIV of the**  
43 **Constitution of Missouri;**

44 [~~7~~] **(8)** A list of all other written practice agreements of the collaborating physician and  
45 the assistant physician;

46 [~~8~~] **(9)** The duration of the written practice agreement between the collaborating  
47 physician and the assistant physician;

48 [~~9~~] **(10)** A description of the time and manner of the collaborating physician's review  
49 of the assistant physician's delivery of health care services. The description shall include  
50 provisions that the assistant physician shall submit a minimum of ten percent of the charts  
51 documenting the assistant physician's delivery of health care services to the collaborating

52 physician for review by the collaborating physician, or any other physician designated in the  
53 collaborative practice arrangement, every fourteen days; and

54 ~~[(10)]~~ **(11)** The collaborating physician, or any other physician designated in the  
55 collaborative practice arrangement, shall review every fourteen days a minimum of twenty  
56 percent of the charts in which the assistant physician prescribes controlled substances. The  
57 charts reviewed under this subdivision may be counted in the number of charts required to be  
58 reviewed under subdivision ~~[(9)]~~ **(10)** of this subsection.

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

62 (1) Geographic areas to be covered;

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

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

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

73

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

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

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

96           6. A collaborating physician shall not enter into a collaborative practice arrangement  
97 with more than six full-time equivalent assistant physicians, full-time equivalent physician  
98 assistants, or full-time equivalent advance practice registered nurses, or any combination thereof.  
99 Such limitation shall not apply to collaborative arrangements of hospital employees providing  
100 inpatient care service in hospitals as defined in chapter 197 or population-based public health  
101 services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered nurse  
102 anesthetist providing anesthesia services under the supervision of an anesthesiologist or other  
103 physician, dentist, or podiatrist who is immediately available if needed as set out in subsection  
104 7 of section 334.104.

105           7. The collaborating physician shall determine and document the completion of at least  
106 a one-month period of time during which the assistant physician shall practice with the  
107 collaborating physician continuously present before practicing in a setting where the  
108 collaborating physician is not continuously present. No rule or regulation shall require the  
109 collaborating physician to review more than ten percent of the assistant physician's patient charts  
110 or records during such one-month period. Such limitation shall not apply to collaborative  
111 arrangements of providers of population-based public health services as defined by 20 CSR  
112 2150-5.100 as of April 30, 2008.

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

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

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

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

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

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

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

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

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

✓