

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 198, Page 39,
2 Section 302.181, Line 113, by inserting after all of said section and line the following:

3
4 "334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

5 (1) "Applicant", any individual who seeks to become licensed as a physician assistant;

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

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

10 (4) "Collaborative practice arrangement", written agreements, jointly agreed upon protocols,
11 or standing orders, all of which shall be in writing, for the delivery of health care services;

12 (5) "Department", the department of commerce and insurance or a designated agency
13 thereof;

14 (6) "License", a document issued to an applicant by the board acknowledging that the
15 applicant is entitled to practice as a physician assistant;

16 (7) "Physician assistant", a person who has graduated from a physician assistant program
17 accredited by the Accreditation Review Commission on Education for the Physician Assistant or its
18 successor agency, prior to 2001, or the Committee on Allied Health Education and Accreditation or
19 the Commission on Accreditation of Allied Health Education Programs, who has passed the
20 certifying examination administered by the National Commission on Certification of Physician
21 Assistants and has active certification by the National Commission on Certification of Physician
22 Assistants who provides health care services delegated by a licensed physician. A person who has
23 been employed as a physician assistant for three years prior to August 28, 1989, who has passed the
24 National Commission on Certification of Physician Assistants examination, and has active
25 certification of the National Commission on Certification of Physician Assistants;

26 (8) "Recognition", the formal process of becoming a certifying entity as required by the
27 provisions of sections 334.735 to 334.749.

28 2. The scope of practice of a physician assistant shall consist only of the following services
29 and procedures:

30 (1) Taking patient histories;

31 (2) Performing physical examinations of a patient;

32 (3) Performing or assisting in the performance of routine office laboratory and patient
33 screening procedures;

34 (4) Performing routine therapeutic procedures;

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

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1 (6) Instructing and counseling patients regarding mental and physical health using
2 procedures reviewed and approved by a collaborating physician;

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

6 (8) Assisting in surgery; and

7 (9) Performing such other tasks not prohibited by law under the collaborative practice
8 arrangement with a licensed physician as the physician assistant has been trained and is proficient to
9 perform.

10 3. Physician assistants shall not perform or prescribe abortions.

11 4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless
12 pursuant to a collaborative practice arrangement in accordance with the law, nor prescribe lenses,
13 prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power
14 or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia
15 during diagnostic tests, surgery or obstetric procedures. Prescribing of drugs, medications, devices
16 or therapies by a physician assistant shall be pursuant to a collaborative practice arrangement which
17 is specific to the clinical conditions treated by the supervising physician and the physician assistant
18 shall be subject to the following:

19 (1) A physician assistant shall only prescribe controlled substances in accordance with
20 section 334.747;

21 (2) The types of drugs, medications, devices or therapies prescribed by a physician assistant
22 shall be consistent with the scopes of practice of the physician assistant and the collaborating
23 physician;

24 (3) All prescriptions shall conform with state and federal laws and regulations and shall
25 include the name, address and telephone number of the physician assistant and the supervising
26 physician;

27 (4) A physician assistant, or advanced practice registered nurse as defined in section
28 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
29 professional samples to patients; and

30 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the
31 collaborating physician is not qualified or authorized to prescribe.

32 5. A physician assistant shall clearly identify himself or herself as a physician assistant and
33 shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr." or
34 "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician
35 assistant shall practice or attempt to practice without physician collaboration or in any location
36 where the collaborating physician is not immediately available for consultation, assistance and
37 intervention, except as otherwise provided in this section, and in an emergency situation, nor shall
38 any physician assistant bill a patient independently or directly for any services or procedure by the
39 physician assistant; except that, nothing in this subsection shall be construed to prohibit a physician
40 assistant from enrolling with a third-party plan or the department of social services as a MO
41 HealthNet or Medicaid provider while acting under a collaborative practice arrangement between
42 the physician and physician assistant.

43 6. The licensing of physician assistants shall take place within processes established by the
44 state board of registration for the healing arts through rule and regulation. The board of healing arts
45 is authorized to establish rules pursuant to chapter 536 establishing licensing and renewal
46 procedures, collaboration, collaborative practice arrangements, fees, and addressing such other
47 matters as are necessary to protect the public and discipline the profession. An application for
48 licensing may be denied or the license of a physician assistant may be suspended or revoked by the
49 board in the same manner and for violation of the standards as set forth by section 334.100, or such

1 other standards of conduct set by the board by rule or regulation. Persons licensed pursuant to the
2 provisions of chapter 335 shall not be required to be licensed as physician assistants. All applicants
3 for physician assistant licensure who complete a physician assistant training program after January
4 1, 2008, shall have a master's degree from a physician assistant program.

5 7. At all times the physician is responsible for the oversight of the activities of, and accepts
6 responsibility for, health care services rendered by the physician assistant.

7 8. A physician may enter into collaborative practice arrangements with physician assistants.
8 Collaborative practice arrangements, which shall be in writing, may delegate to a physician assistant
9 the authority to prescribe, administer, or dispense drugs and provide treatment which is within the
10 skill, training, and competence of the physician assistant. Collaborative practice arrangements may
11 delegate to a physician assistant, as defined in section 334.735, the authority to administer, dispense,
12 or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and
13 Schedule II - hydrocodone. Schedule III narcotic controlled substances and Schedule II -
14 hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such
15 collaborative practice arrangements shall be in the form of a written arrangement, jointly agreed-
16 upon protocols, or standing orders for the delivery of health care services.

17 9. The written collaborative practice arrangement shall contain at least the following
18 provisions:

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

21 (2) A list of all other offices or locations, other than those listed in subdivision (1) of this
22 subsection, where the collaborating physician has authorized the physician assistant to prescribe;

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

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

29 (5) The manner of collaboration between the collaborating physician and the physician
30 assistant, including how the collaborating physician and the physician assistant will:

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

33 (b) Maintain geographic proximity, as determined by the board of registration for the
34 healing arts; and

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

37 (6) A list of all other written collaborative practice arrangements of the collaborating
38 physician and the physician assistant;

39 (7) The duration of the written practice arrangement between the collaborating physician
40 and the physician assistant;

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

47 (9) The collaborating physician, or any other physician designated in the collaborative
48 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in
49 which the physician assistant prescribes controlled substances. The charts reviewed under this

subdivision may be counted in the number of charts required to be reviewed under subdivision (8) of this subsection; ~~and~~

(10) A statement that no collaboration requirements in addition to the federal law shall be required for a physician-physician assistant team working in a certified community behavioral health clinic as defined by Pub.L. 113-93, or a rural health clinic under the federal Rural Health Services Act, Pub.L. 95-210, as amended, or a federally qualified health center as defined in 42 U.S.C. Section 1395 of the Public Health Service Act, as amended; and

(11) If a collaborative practice arrangement is used in clinical situations where a physician assistant provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician or any other physician designated in the collaborative practice agreement shall be present for sufficient periods of time, at least once every two (2) weeks, except in extraordinary circumstances that shall be documented, to participate in such review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff.

10. The state board of registration for the healing arts under section 334.125 may promulgate rules regulating the use of collaborative practice arrangements.

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

12. 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 arrangement, including collaborative practice arrangements delegating the authority to prescribe controlled substances, and also report to the board the name of each physician assistant with whom the physician has entered into such arrangement. The board may make such information available to the public. The board shall track the reported information and may routinely conduct random reviews of such arrangements to ensure that the arrangements are carried out in compliance with this chapter.

13. The collaborating physician shall determine and document the completion of a period of time during which the physician assistant shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This 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, 2009.

14. No contract or other arrangement shall require a physician to act as a collaborating physician for a physician assistant against the physician's will. A physician shall have the right to refuse to act as a supervising physician, without penalty, for a particular physician assistant. No contract or other agreement shall limit the collaborating physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any physician assistant. No contract or other arrangement shall require any physician assistant to collaborate with any physician against the physician assistant's will. A physician assistant shall have the right to refuse to collaborate, without penalty, with a particular physician.

15. Physician assistants shall file with the board a copy of their collaborating physician form.

16. No physician shall be designated to serve as a collaborating physician for more than six full-time equivalent licensed physician assistants, full-time equivalent advanced practice registered nurses, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to physician assistant collaborative practice arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other

1 physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of
2 section 334.104.

3 17. No arrangement made under this section shall supercede current hospital licensing
4 regulations governing hospital medication orders under protocols or standing orders for the purpose
5 of delivering inpatient or emergency care within a hospital, as defined in section 197.020, if such
6 protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical
7 therapeutics committee."; and

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9 Further amend said bill by amending the title, enacting clause, and intersectional references
10 accordingly.