

FIRST REGULAR SESSION

# HOUSE BILL NO. 757

## 102ND GENERAL ASSEMBLY

---

INTRODUCED BY REPRESENTATIVE MAYHEW.

0682H.011

DANA RADEMAN MILLER, Chief Clerk

---

### AN ACT

To repeal sections 334.035 and 334.036, RSMo, and to enact in lieu thereof three new sections relating to assistant physicians.

---

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

Section A. Sections 334.035 and 334.036, RSMo, are repealed and three new sections  
2 enacted in lieu thereof, to be known as sections 334.035, 334.036, and 334.039, to read as  
3 follows:

334.035. Except as otherwise provided in section 334.036 **or 334.039**, every  
2 applicant for a permanent license as a physician and surgeon shall provide the board with  
3 satisfactory evidence of having successfully completed such postgraduate training in hospitals  
4 or medical or osteopathic colleges as the board may prescribe by rule.

334.036. 1. For purposes of this section, the following terms shall mean:

2 (1) "Assistant physician", any medical school graduate who:

3 (a) Is a resident and citizen of the United States or is a legal resident alien;

4 (b) Has successfully completed Step 2 of the United States Medical Licensing  
5 Examination or the equivalent of such step of any other board-approved medical licensing  
6 examination within the three-year period immediately preceding application for licensure as  
7 an assistant physician, or within three years after graduation from a medical college or  
8 osteopathic medical college, whichever is later;

9 (c) Has not completed an approved postgraduate residency and has successfully  
10 completed Step 2 of the United States Medical Licensing Examination or the equivalent of  
11 such step of any other board-approved medical licensing examination within the immediately  
12 preceding three-year period unless when such three-year anniversary occurred he or she was

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.

13 serving as a resident physician in an accredited residency in the United States and continued  
14 to do so within thirty days prior to application for licensure as an assistant physician; and

15 (d) Has proficiency in the English language.

16

17 Any medical school graduate who could have applied for licensure and complied with the  
18 provisions of this subdivision at any time between August 28, 2014, and August 28, 2017,  
19 may apply for licensure and shall be deemed in compliance with the provisions of this  
20 subdivision;

21 (2) "Assistant physician collaborative practice arrangement", an agreement between a  
22 physician and an assistant physician that meets the requirements of this section and section  
23 334.037;

24 (3) "Medical school graduate", any person who has graduated from a medical college  
25 or osteopathic medical college described in section 334.031.

26 2. (1) (a) An assistant physician collaborative practice arrangement shall limit the  
27 assistant physician to providing only primary care services and only in:

28 a. Medically underserved rural or urban areas of this state;

29 b. **A federally qualified health center, as defined under 42 U.S.C. Section 1395x,**  
30 **located in any area of this state;** or ~~in~~

31 c. Any pilot project areas established in which assistant physicians may practice.

32 (b) **The provisions of this subdivision shall not apply to an assistant physician**  
33 **receiving postgraduate training under an authorized preceptor under subdivision (3) of**  
34 **subsection 1 of section 334.039.**

35 (2) For a physician-assistant physician team working in a rural health clinic under the  
36 federal Rural Health Clinic Services Act, P.L. 95-210, as amended, **or in a federally**  
37 **qualified health center as defined under 42 U.S.C. Section 1395x:**

38 (a) An assistant physician shall be considered a physician assistant for purposes of  
39 regulations of the Centers for Medicare and Medicaid Services (CMS); and

40 (b) No supervision requirements in addition to the minimum federal law shall be  
41 required.

42 3. (1) For purposes of this section, the licensure of assistant physicians shall take  
43 place within processes established by rules of the state board of registration for the healing  
44 arts. The board of healing arts is authorized to establish rules under chapter 536 establishing  
45 licensure and renewal procedures, supervision, collaborative practice arrangements, fees, and  
46 addressing such other matters as are necessary to protect the public and discipline the  
47 profession. No licensure fee for an assistant physician shall exceed the amount of any  
48 licensure fee for a physician assistant. An application for licensure may be denied or the  
49 licensure of an assistant physician may be suspended or revoked by the board in the same

50 manner and for violation of the standards as set forth by section 334.100, or such other  
51 standards of conduct set by the board by rule. No rule or regulation shall require an assistant  
52 physician to complete more hours of continuing medical education than that of a licensed  
53 physician.

54 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is  
55 created under the authority delegated in this section shall become effective only if it complies  
56 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.  
57 This section and chapter 536 are nonseverable and if any of the powers vested with the  
58 general assembly under chapter 536 to review, to delay the effective date, or to disapprove  
59 and annul a rule are subsequently held unconstitutional, then the grant of rulemaking  
60 authority and any rule proposed or adopted after August 28, 2014, shall be invalid and void.

61 (3) Any rules or regulations regarding assistant physicians in effect as of the effective  
62 date of this section that conflict with the provisions of this section and section 334.037 shall  
63 be null and void as of the effective date of this section.

64 4. An assistant physician shall clearly identify himself or herself as an assistant  
65 physician and shall be permitted to use the terms "doctor", "Dr.", or "doc". No assistant  
66 physician shall practice or attempt to practice without an assistant physician collaborative  
67 practice arrangement, except as otherwise provided in this section and in an emergency  
68 situation.

69 5. The collaborating physician is responsible at all times for the oversight of the  
70 activities of and accepts responsibility for primary care services rendered by the assistant  
71 physician.

72 6. The provisions of section 334.037 shall apply to all assistant physician  
73 collaborative practice arrangements. Any renewal of licensure under this section shall  
74 include verification of actual practice under a collaborative practice arrangement in  
75 accordance with this subsection during the immediately preceding licensure period.

76 7. Each health carrier or health benefit plan that offers or issues health benefit plans  
77 that are delivered, issued for delivery, continued, or renewed in this state shall reimburse an  
78 assistant physician for the diagnosis, consultation, or treatment of an insured or enrollee on  
79 the same basis that the health carrier or health benefit plan covers the service when it is  
80 delivered by another comparable mid-level health care provider including, but not limited to,  
81 a physician assistant.

**334.039. 1. An assistant physician with a license in good standing shall be  
2 eligible to become a licensed physician if the assistant physician has not been the subject  
3 of any disciplinary actions and has completed:**

**4 (1) Step 3 of the United States Medical Licensing Examination or the equivalent  
5 of such step of any board-approved medical licensing examination in fewer than three**

6 attempts and within a seven-year period of completing Steps 1 and 2 of the United States  
7 Medical Licensing Examination;

8 (2) Sixty months of cumulative, full-time, hands-on, active collaborative practice.  
9 The sixty-month period shall begin on the date the assistant physician entered into a  
10 collaborative practice arrangement and began practicing. Any time the assistant  
11 physician was not working within a collaborative practice arrangement with a  
12 collaborating physician shall not count toward the sixty-month requirement;

13 (3) The following postgraduate training under a preceptor within the sixty-  
14 month requirement under subdivision (2) of this subsection:

15 (a) One hundred twenty hours from each of the following five required core  
16 categories, for a total of six hundred hours of core categories:

- 17 a. Family medicine;
- 18 b. Pediatrics;
- 19 c. Inpatient or outpatient psychiatry;
- 20 d. Internal medicine; and
- 21 e. Gynecology; and

22 (b) One hundred twenty hours from seven of the following elective categories,  
23 for a total of eight hundred forty hours of elective categories:

- 24 a. Primary care;
- 25 b. Emergency medicine;
- 26 c. Urgent care;
- 27 d. Dermatology;
- 28 e. Geriatrics;
- 29 f. Sports medicine;
- 30 g. Wound care;
- 31 h. Imaging;
- 32 i. Urology;
- 33 j. Nephrology;
- 34 k. Endocrinology;
- 35 l. Cardiology;
- 36 m. Surgery;
- 37 n. Pulmonology;
- 38 o. Rheumatology;
- 39 p. Obstetrics;
- 40 q. Family medicine;
- 41 r. Neurology;
- 42 s. Addiction medicine;

- 43 t. Pain management;
- 44 u. Vascular medicine;
- 45 v. Gastroenterology; or
- 46 w. Infectious diseases.

47

48 The postgraduate training required under this subdivision shall consist of on-the-job,  
49 hands-on training, including performing medical procedures, and shall not consist of  
50 merely observing. The postgraduate training required under this subdivision may be  
51 completed at any time during the applicant's licensure as an assistant physician as long  
52 as it is completed during the time frame the applicant is working within a collaborative  
53 practice arrangement with a collaborating physician; and

54 (4) At least one hundred hours of continuing medical education every two years.

55 2. (1) All postgraduate training under subdivision (3) of subsection 1 of this  
56 section shall be completed under the supervision of a preceptor who is:

57 (a) Accredited by the Accreditation Council for Graduate Medical Education;

58 (b) A physician practicing under a program or community clinic affiliated with  
59 the Accreditation Council for Graduate Medical Education; or

60 (c) An independent physician who is board-certified in the particular discipline  
61 or postgraduate category that the assistant physician is studying.

62 (2) The postgraduate training may be administered by the collaborating  
63 physician if the collaborating physician satisfies paragraph (a), (b), or (c) of subdivision  
64 (1) of this subsection.

65 3. Assistant physicians shall obtain medical malpractice liability insurance  
66 during their postgraduate training.

67 4. Assistant physicians shall complete a final research report, which shall be  
68 approved by the preceptor, for each category chosen under subdivision (3) of subsection  
69 1 of this section. The assistant physician shall retain all research reports for five years.

70 5. During postgraduate training, collaborating physicians shall still oversee  
71 assistant physicians while not in postgraduate training. Postgraduate training shall not  
72 pause the sixty-month collaborative practice requirement under subdivision (2) of  
73 subsection 1 of this section.

74 6. In order to meet the sixty-month collaborative practice requirement of  
75 subdivision (2) of subsection 1 of this section, an assistant physician shall present  
76 bimonthly didactic training reports to the collaborating physician during the sixty-  
77 month period. The reports may consist of the workup of a current case of the assistant  
78 physician or a subject relevant to the clinical practice. The collaborating physician shall  
79 keep the didactic training reports on file during the sixty-month period.

80           **7. Upon completion of subdivisions (1) to (4) of subsection 1 of this section, the**  
81 **assistant physician shall be eligible for licensure as a physician with the state of Missouri**  
82 **and eligible to sit for board certification or any other appropriate advanced fellowships**  
83 **or certifications.**

84           **8. Any assistant physician obtaining licensure as a physician under this section**  
85 **shall be fully licensed as a physician and shall be subject to all statutes and regulations**  
86 **pertaining to physicians.**

✓