

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for Senate Substitute No. 2 for Senate Bill No. 79, Page 16, Section
2 192.2521, Line 5, by inserting after said section and line the following:

3
4 "195.070. 1. A physician, podiatrist, dentist, a registered optometrist certified to administer
5 pharmaceutical agents as provided in section 336.220, or an assistant physician in accordance with section
6 334.037 or a physician assistant in accordance with section 334.747 in good faith and in the course of his or
7 her professional practice only, may prescribe, administer, and dispense controlled substances or he or she may
8 cause the same to be administered or dispensed by an individual as authorized by statute.

9 2. An advanced practice registered nurse, as defined in section 335.016, but not a certified registered
10 nurse anesthetist as defined in subdivision (8) of section 335.016, who holds a certificate of controlled
11 substance prescriptive authority from the board of nursing under section 335.019 and who is delegated the
12 authority to prescribe controlled substances under a collaborative practice arrangement under section 334.104
13 may prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017, and may have
14 restricted authority in Schedule II. Prescriptions for Schedule II medications prescribed by an advanced
15 practice registered nurse who has a certificate of controlled substance prescriptive authority are restricted to
16 only those medications containing hydrocodone and Schedule II controlled substances for hospice patients
17 and patients of providers designated as administrative entities by the department of mental health under
18 section 630.407 pursuant to the provisions of section 334.104. However, no such certified advanced practice
19 registered nurse shall prescribe controlled substance for his or her own self or family. Schedule III narcotic
20 controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-
21 hour supply without refill.

22 3. A veterinarian, in good faith and in the course of the veterinarian's professional practice only, and
23 not for use by a human being, may prescribe, administer, and dispense controlled substances and the
24 veterinarian may cause them to be administered by an assistant or orderly under his or her direction and
25 supervision.

26 4. A practitioner shall not accept any portion of a controlled substance unused by a patient, for any
27 reason, if such practitioner did not originally dispense the drug, except:

28 (1) When the controlled substance is delivered to the practitioner to administer to the patient for
29 whom the medication is prescribed as authorized by federal law. Practitioners shall maintain records and
30 secure the medication as required by this chapter and regulations promulgated pursuant to this chapter; or

Action Taken _____ Date _____

1 (2) As provided in section 195.265.

2 5. An individual practitioner shall not prescribe or dispense a controlled substance for such
3 practitioner's personal use except in a medical emergency."; and

4
5 Further amend said bill, Page 28, Section 210.030, Line 34, by inserting after said section and line the
6 following:

7
8 "334.104. 1. A physician may enter into collaborative practice arrangements with registered
9 professional nurses. Collaborative practice arrangements shall be in the form of written agreements, jointly
10 agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative practice
11 arrangements, which shall be in writing, may delegate to a registered professional nurse the authority to
12 administer or dispense drugs and provide treatment as long as the delivery of such health care services is
13 within the scope of practice of the registered professional nurse and is consistent with that nurse's skill,
14 training and competence.

15 2. (1) Collaborative practice arrangements, which shall be in writing, may delegate to a registered
16 professional nurse the authority to administer, dispense or prescribe drugs and provide treatment if the
17 registered professional nurse is an advanced practice registered nurse as defined in subdivision (2) of section
18 335.016. Collaborative practice arrangements may delegate to an advanced practice registered nurse, as
19 defined in section 335.016, the authority to administer, dispense, or prescribe controlled substances listed in
20 Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative
21 practice arrangement shall not delegate the authority to administer any controlled substances listed in
22 Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of inducing
23 sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic
24 controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-
25 hour supply without refill.

26 (2) Notwithstanding any other provision of this section to the contrary, a collaborative practice
27 arrangement may delegate to an advanced practice registered nurse the authority to administer, dispense, or
28 prescribe Schedule II controlled substances for hospice patients or patients of providers designated as
29 administrative entities by the department of mental health under section 630.407; provided, that the advanced
30 practice registered nurse is employed by a hospice provider certified pursuant to chapter 197 or by a provider
31 designated as an administrative entity by the department of mental health under section 630.407 and the
32 advanced practice registered nurse is providing care to hospice patients or patients of the provider designated
33 as an administrative entity by the department of mental health under section 630.407 pursuant to a
34 collaborative practice arrangement that designates the certified hospice or the provider designated as an
35 administrative entity by the department of mental health under section 630.407 as a location where the
36 advanced practice registered nurse is authorized to practice and prescribe.

37 (3) Such collaborative practice arrangements shall be in the form of written agreements, jointly
38 agreed-upon protocols or standing orders for the delivery of health care services.

1 (4) An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply
2 without refill for patients receiving medication-assisted treatment for substance use disorders under the
3 direction of the collaborating physician.

4 3. The written collaborative practice arrangement shall contain at least the following provisions:

5 (1) Complete names, home and business addresses, zip codes, and telephone numbers of the
6 collaborating physician and the advanced practice registered nurse;

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

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

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

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

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

19 (b) Maintain geographic proximity, except as specified in this paragraph. The following provisions
20 shall apply with respect to this requirement:

21 a. Until August 28, 2025, an advanced practice registered nurse providing services in a correctional
22 center, as defined in section 217.010, and his or her collaborating physician shall satisfy the geographic
23 proximity requirement if they practice within two hundred miles by road of one another. An incarcerated
24 patient who requests or requires a physician consultation shall be treated by a physician as soon as
25 appropriate;

26 b. The collaborative practice arrangement may allow for geographic proximity to be waived for a
27 maximum of twenty-eight days per calendar year for rural health clinics as defined by Pub.L. 95-210 (42
28 U.S.C. Section 1395x, as amended), as long as the collaborative practice arrangement includes alternative
29 plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall apply
30 only to independent rural health clinics, provider-based rural health clinics where the provider is a critical
31 access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the
32 main location of the hospital sponsor is greater than fifty miles from the clinic;

33 c. The collaborative practice arrangement may allow for geographic proximity to be waived when
34 the arrangement outlines the use of telehealth, as defined in section 191.1145;

35 d. In addition to the waivers and exemptions provided in this subsection, an application for a waiver
36 for any other reason of any applicable geographic proximity shall be available if a physician is collaborating
37 with an advanced practice registered nurse in excess of any geographic proximity limit. The board of nursing
38 and the state board of registration for the healing arts shall review each application for a waiver of geographic
39 proximity and approve the application if the boards determine that adequate supervision exists between the

1 collaborating physician and the advanced practice registered nurse. The boards shall have forty-five calendar
2 days to review the completed application for the waiver of geographic proximity. If no action is taken by the
3 boards within forty-five days after the submission of the application for a waiver, then the application shall be
4 deemed approved. If the application is denied by the boards, the provisions of section 536.063 for contested
5 cases shall apply and govern proceedings for appellate purposes; and

6 e. The collaborating physician is required to maintain documentation related to this requirement and
7 to present it to the state board of registration for the healing arts when requested; and

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

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

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

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

18 (9) A description of the time and manner of the collaborating physician's review of the advanced
19 practice registered nurse's delivery of health care services. The description shall include provisions that the
20 advanced practice registered nurse shall submit a minimum of ten percent of the charts documenting the
21 advanced practice registered nurse's delivery of health care services to the collaborating physician for review
22 by the collaborating physician, or any other physician designated in the collaborative practice arrangement,
23 every fourteen days;

24 (10) The collaborating physician, or any other physician designated in the collaborative practice
25 arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the
26 advanced practice registered nurse prescribes controlled substances. The charts reviewed under this
27 subdivision may be counted in the number of charts required to be reviewed under subdivision (9) of this
28 subsection; and

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

36 4. The state board of registration for the healing arts pursuant to section 334.125 and the board of
37 nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice
38 arrangements. Such rules shall be limited to the methods of treatment that may be covered by collaborative
39 practice arrangements and the requirements for review of services provided pursuant to collaborative practice

1 arrangements including delegating authority to prescribe controlled substances. Any rules relating to
2 geographic proximity shall allow a collaborating physician and a collaborating advanced practice registered
3 nurse to practice within two hundred miles by road of one another until August 28, 2025, if the nurse is
4 providing services in a correctional center, as defined in section 217.010. Any rules relating to dispensing or
5 distribution of medications or devices by prescription or prescription drug orders under this section shall be
6 subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of
7 controlled substances by prescription or prescription drug orders under this section shall be subject to the
8 approval of the department of health and senior services and the state board of pharmacy. In order to take
9 effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of
10 registration for the healing arts nor the board of nursing may separately promulgate rules relating to
11 collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for
12 federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative
13 practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to
14 chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30,
15 2008.

16 5. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise
17 take disciplinary action against a physician for health care services delegated to a registered professional
18 nurse provided the provisions of this section and the rules promulgated thereunder are satisfied. Upon the
19 written request of a physician subject to a disciplinary action imposed as a result of an agreement between a
20 physician and a registered professional nurse or registered physician assistant, whether written or not, prior to
21 August 28, 1993, all records of such disciplinary licensure action and all records pertaining to the filing,
22 investigation or review of an alleged violation of this chapter incurred as a result of such an agreement shall
23 be removed from the records of the state board of registration for the healing arts and the division of
24 professional registration and shall not be disclosed to any public or private entity seeking such information
25 from the board or the division. The state board of registration for the healing arts shall take action to correct
26 reports of alleged violations and disciplinary actions as described in this section which have been submitted
27 to the National Practitioner Data Bank. In subsequent applications or representations relating to his or her
28 medical practice, a physician completing forms or documents shall not be required to report any actions of
29 the state board of registration for the healing arts for which the records are subject to removal under this
30 section.

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

1 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined in
2 subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a collaborative
3 practice arrangement provided that he or she is under the supervision of an anesthesiologist or other
4 physician, dentist, or podiatrist who is immediately available if needed. Nothing in this subsection shall be
5 construed to prohibit or prevent a certified registered nurse anesthetist as defined in subdivision (8) of section
6 335.016 from entering into a collaborative practice arrangement under this section, except that the
7 collaborative practice arrangement may not delegate the authority to prescribe any controlled substances
8 listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

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

17 9. It is the responsibility of the collaborating physician to determine and document the completion of
18 at least a one-month period of time during which the advanced practice registered nurse shall practice with
19 the collaborating physician continuously present before practicing in a setting where the collaborating
20 physician is not continuously present. This limitation shall not apply to collaborative arrangements of
21 providers of population-based public health services, as defined by 20 CSR 2150-5.100 as of April 30, 2008,
22 or to collaborative practice arrangements between a primary care physician and a primary care advanced
23 practice registered nurse or a behavioral health physician and a behavioral health advanced practice registered
24 nurse, where the collaborating physician is new to a patient population to which the advanced practice
25 registered nurse is familiar.

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

30 11. No contract or other term of employment shall require a physician to act as a collaborating
31 physician for an advanced practice registered nurse against the physician's will. A physician shall have the
32 right to refuse to act as a collaborating physician, without penalty, for a particular advanced practice
33 registered nurse. No contract or other agreement shall limit the collaborating physician's ultimate authority
34 over any protocols or standing orders or in the delegation of the physician's authority to any advanced
35 practice registered nurse, but this requirement shall not authorize a physician in implementing such protocols,
36 standing orders, or delegation to violate applicable standards for safe medical practice established by
37 hospital's medical staff.

38 12. No contract or other term of employment shall require any advanced practice registered nurse to
39 serve as a collaborating advanced practice registered nurse for any collaborating physician against the

1 advanced practice registered nurse's will. An advanced practice registered nurse shall have the right to refuse
2 to collaborate, without penalty, with a particular physician."; and

3
4 Further amend said bill, Page 30, Section 334.108, Line 48, by inserting after said section and linet the
5 following:

6
7 "334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

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

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

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

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

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

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

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

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

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

32 (1) Taking patient histories;

33 (2) Performing physical examinations of a patient;

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

36 (4) Performing routine therapeutic procedures;

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

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

3 (7) Assisting the supervising physician in institutional settings, including reviewing of treatment
4 plans, ordering of tests and diagnostic laboratory and radiological services, and ordering of therapies, using
5 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 arrangement
8 with a licensed physician as the physician assistant has been trained and is proficient to perform.

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

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

17 (1) A physician assistant shall only prescribe controlled substances in accordance with section
18 334.747;

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

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

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

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

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

38 6. The licensing of physician assistants shall take place within processes established by the state
39 board of registration for the healing arts through rule and regulation. The board of healing arts is authorized

1 to establish rules pursuant to chapter 536 establishing licensing and renewal procedures, collaboration,
2 collaborative practice arrangements, fees, and addressing such other matters as are necessary to protect the
3 public and discipline the profession. An application for licensing may be denied or the license of a physician
4 assistant may be suspended or revoked by the board in the same manner and for violation of the standards as
5 set forth by section 334.100, or such other standards of conduct set by the board by rule or regulation.

6 Persons licensed pursuant to the provisions of chapter 335 shall not be required to be licensed as physician
7 assistants. All applicants for physician assistant licensure who complete a physician assistant training
8 program after January 1, 2008, shall have a master's degree from a physician assistant program.

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

11 8. (1) A physician may enter into collaborative practice arrangements with physician assistants.
12 Collaborative practice arrangements, which shall be in writing, may delegate to a physician assistant the
13 authority to prescribe, administer, or dispense drugs and provide treatment which is within the skill, training,
14 and competence of the physician assistant. Collaborative practice arrangements may delegate to a physician
15 assistant~~[, as defined in section 334.735,]~~ the authority to administer, dispense, or prescribe controlled
16 substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone. Schedule III
17 narcotic controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a one hundred
18 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form of a written
19 arrangement, jointly agreed-upon protocols, or standing orders for the delivery of health care services.

20 (2) Notwithstanding any other provision of this section to the contrary, a collaborative practice
21 arrangement may delegate to a physician assistant the authority to administer, dispense, or prescribe Schedule
22 II controlled substances for hospice patients or patients of providers designated as administrative entities by
23 the department of mental health under section 630.407; provided, that the physician assistant is employed by
24 a hospice provider certified pursuant to chapter 197 or by a provider designated as an administrative entity by
25 the department of mental health under section 630.407 and the physician assistant is providing care to hospice
26 patients or patients of the provider designated as an administrative entity by the department of mental health
27 under section 630.407 pursuant to a collaborative practice arrangement that designates the certified hospice or
28 the provider designated as an administrative entity by the department of mental health under section 630.407
29 as a location where the physician assistant is authorized to practice and prescribe.

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

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

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

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

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

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

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

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

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

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

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

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

21 (9) The collaborating physician, or any other physician designated in the collaborative practice
22 arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the
23 physician assistant prescribes controlled substances. The charts reviewed under this subdivision may be
24 counted in the number of charts required to be reviewed under subdivision (8) of this subsection;

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

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

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

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

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

11 13. The collaborating physician shall determine and document the completion of a period of time
12 during which the physician assistant shall practice with the collaborating physician continuously present
13 before practicing in a setting where the collaborating physician is not continuously present. This limitation
14 shall not apply to collaborative arrangements of providers of population-based public health services as
15 defined by 20 CSR 2150-5.100 as of April 30, 2009.

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

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

24 16. No physician shall be designated to serve as a collaborating physician for more than six full-time
25 equivalent licensed physician assistants, full-time equivalent advanced practice registered nurses, or full-time
26 equivalent assistant physicians, or any combination thereof. This limitation shall not apply to physician
27 assistant collaborative practice arrangements of hospital employees providing inpatient care service in
28 hospitals as defined in chapter 197, or to a certified registered nurse anesthetist providing anesthesia services
29 under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately
30 available if needed as set out in subsection 7 of section 334.104.

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

35 334.747. 1. (1) A physician assistant with a certificate of controlled substance prescriptive authority
36 as provided in this section may prescribe any controlled substance listed in Schedule III, IV, or V of section
37 195.017, and may have restricted authority in Schedule II, when delegated the authority to prescribe
38 controlled substances in a collaborative practice arrangement. Such authority shall be listed on the
39 collaborating physician form on file with the state board of registration for the healing arts. The collaborating

1 physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the
2 physician assistant is permitted to prescribe. Any limitations shall be listed on the collaborating physician
3 form. Prescriptions for Schedule II medications prescribed by a physician assistant with authority to
4 prescribe delegated in a collaborative practice arrangement are restricted to only those medications containing
5 hydrocodone. Physician assistants shall not prescribe controlled substances for themselves or members of
6 their families. Schedule III narcotic controlled substances and Schedule II - hydrocodone prescriptions shall
7 be limited to a five-day supply without refill, except that buprenorphine may be prescribed for up to a thirty-
8 day supply without refill for patients receiving medication-assisted treatment for substance use disorders
9 under the direction of the collaborating physician. Physician assistants who are authorized to prescribe
10 controlled substances under this section shall register with the federal Drug Enforcement Administration and
11 the state bureau of narcotics and dangerous drugs, and shall include the Drug Enforcement Administration
12 registration number on prescriptions for controlled substances.

13 (2) Notwithstanding any other provision of this section to the contrary, a collaborative practice
14 arrangement may delegate to a physician assistant the authority to administer, dispense, or prescribe Schedule
15 II controlled substances for hospice patients or patients of providers designated as administrative entities by
16 the department of mental health under section 630.407; provided, that the physician assistant is employed by
17 a hospice provider certified pursuant to chapter 197 or by a provider designated as an administrative entity by
18 the department of mental health under section 630.407 and the physician assistant is providing care to hospice
19 patients or patients of the provider designated as an administrative entity by the department of mental health
20 under section 630.407 pursuant to a collaborative practice arrangement that designates the certified hospice or
21 the provider designated as an administrative entity by the department of mental health under section 630.407
22 as a location where the physician assistant is authorized to practice and prescribe.

23 2. The collaborating physician shall be responsible to determine and document the completion of at
24 least one hundred twenty hours in a four-month period by the physician assistant during which the physician
25 assistant shall practice with the collaborating physician on-site prior to prescribing controlled substances
26 when the collaborating physician is not on-site. Such limitation shall not apply to physician assistants of
27 population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009.

28 3. A physician assistant shall receive a certificate of controlled substance prescriptive authority from
29 the state board of registration for the healing arts upon verification of the completion of the following
30 educational requirements:

31 (1) Successful completion of an advanced pharmacology course that includes clinical training in the
32 prescription of drugs, medicines, and therapeutic devices. A course or courses with advanced
33 pharmacological content in a physician assistant program accredited by the Accreditation Review
34 Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency shall satisfy such
35 requirement;

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

38 (3) Completion of a minimum of one year of supervised clinical practice or supervised clinical
39 rotations. One year of clinical rotations in a program accredited by the Accreditation Review Commission on

1 Education for the Physician Assistant (ARC-PA) or its predecessor agency, which includes
2 pharmacotherapeutics as a component of its clinical training, shall satisfy such requirement. Proof of such
3 training shall serve to document experience in the prescribing of drugs, medicines, and therapeutic devices;
4 (4) A physician assistant previously licensed in a jurisdiction where physician assistants are
5 authorized to prescribe controlled substances may obtain a state bureau of narcotics and dangerous drugs
6 registration if a collaborating physician can attest that the physician assistant has met the requirements of
7 subdivisions (1) to (3) of this subsection and provides documentation of existing federal Drug Enforcement
8 Agency registration."; and
9
10 Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.