

SECOND REGULAR SESSION

# HOUSE BILL NO. 2749

## 103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE DAVIDSON.

5346H.011

JOSEPH ENGLER, Chief Clerk

### AN ACT

To repeal section 334.735, RSMo, and to enact in lieu thereof one new section relating to collaborative practice arrangements between physicians and physician assistants.

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

Section A. Section 334.735, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 334.735, to read as follows:

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

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

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

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

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

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

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

(7) "Physician assistant", a person who has graduated from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician

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.

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

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

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

31 (1) Taking patient histories;

32 (2) Performing physical examinations of a patient;

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

35 (4) Performing routine therapeutic procedures;

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

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

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

43 (8) Assisting in surgery; and

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

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

48 4. Physician assistants shall not prescribe any drug, medicine, device or therapy  
49 unless pursuant to a collaborative practice arrangement in accordance with the law, nor  
50 prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the  
51 measurement of visual power or visual efficiency of the human eye, nor administer or monitor  
52 general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures.  
53 Prescribing of drugs, medications, devices or therapies by a physician assistant shall be  
54 pursuant to a collaborative practice arrangement which is specific to the clinical conditions

55 treated by the supervising physician and the physician assistant shall be subject to the  
56 following:

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

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

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

64 (4) A physician assistant, or advanced practice registered nurse as defined in section  
65 335.016 may request, receive and sign for noncontrolled professional samples and may  
66 distribute professional samples to patients; and

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

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

81 6. The licensing of physician assistants shall take place within processes established  
82 by the state board of registration for the healing arts through rule and regulation. The board  
83 of healing arts is authorized to establish rules pursuant to chapter 536 establishing licensing  
84 and renewal procedures, collaboration, collaborative practice arrangements, fees, and  
85 addressing such other matters as are necessary to protect the public and discipline the  
86 profession. An application for licensing may be denied or the license of a physician assistant  
87 may be suspended or revoked by the board in the same manner and for violation of the  
88 standards as set forth by section 334.100, or such other standards of conduct set by the board  
89 by rule or regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be  
90 required to be licensed as physician assistants. All applicants for physician assistant licensure

91 who complete a physician assistant training program after January 1, 2008, shall have a  
92 master's degree from a physician assistant program.

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

95 8. (1) A physician may enter into collaborative practice arrangements with physician  
96 assistants. **A licensed hospital, as defined in section 197.020, may perform the**  
97 **administrative duties associated with any collaborative practice arrangement between a**  
98 **physician or physicians and a physician assistant or physician assistants for services**  
99 **delivered in that hospital as long as the hospital has identified in the collaborative**  
100 **practice arrangement one or more physicians affiliated with the hospital who will serve**  
101 **as the collaborating physician or physicians and established practice parameters for the**  
102 **physician assistant or physician assistants listed in the collaborative practice**  
103 **arrangement. A single collaborative practice arrangement may be between multiple**  
104 **physicians and physician assistants if a hospital has agreed to perform the**  
105 **administrative duties associated with the collaborative practice arrangement.**

106 (2) Collaborative practice arrangements, which shall be in writing, may delegate to a  
107 physician assistant the authority to prescribe, administer, or dispense drugs and provide  
108 treatment which is within the skill, training, and competence of the physician assistant.  
109 Collaborative practice arrangements may delegate to a physician assistant~~], as defined in~~  
110 ~~section 334.735,~~ the authority to administer, dispense, or prescribe controlled substances  
111 listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone.  
112 Schedule III narcotic controlled substances and Schedule II - hydrocodone prescriptions shall  
113 be limited to a one hundred twenty-hour supply without refill. Such collaborative practice  
114 arrangements shall be in the form of a written arrangement, jointly agreed-upon protocols, or  
115 standing orders for the delivery of health care services.

116 ~~[(2)]~~ (3) Notwithstanding any other provision of this section to the contrary, a  
117 collaborative practice arrangement may delegate to a physician assistant the authority to  
118 administer, dispense, or prescribe Schedule II controlled substances for hospice patients;  
119 provided, that the physician assistant is employed by a hospice provider certified pursuant to  
120 chapter 197 and the physician assistant is providing care to hospice patients pursuant to a  
121 collaborative practice arrangement that designates the certified hospice as a location where  
122 the physician assistant is authorized to practice and prescribe.

123 9. The written collaborative practice arrangement **with a physician, including any**  
124 **collaborative practice arrangement with a physician or physicians for services delivered**  
125 **in a hospital as described in subsection 8 of this section,** shall contain at least the following  
126 provisions:

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

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

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

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

138 (5) The manner of collaboration between the collaborating physician and the  
139 physician assistant, including how the collaborating physician and the physician assistant  
140 will:

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

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

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

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

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

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

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

(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 1395x, as amended; and

(11) If a collaborative practice arrangement is used in clinical situations where a collaborating 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 arrangement shall be present for sufficient periods of time, at least once every two weeks, except in extraordinary circumstances that shall be documented, to participate in a chart 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. **If a hospital is performing the administrative duties associated with a collaborative practice arrangement as described in subsection 8 of this section, the hospital, rather than the physician, shall report to the board the information required under this subsection.** 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.

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

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

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

218           17. No arrangement made under this section shall supercede current hospital licensing  
219 regulations governing hospital medication orders under protocols or standing orders for the  
220 purpose of delivering inpatient or emergency care within a hospital, as defined in section  
221 197.020, if such protocols or standing orders have been approved by the hospital's medical  
222 staff and pharmaceutical therapeutics committee.

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