

HB 2749 -- COLLABORATIVE PRACTICE ARRANGEMENTS FOR CERTAIN PROFESSIONS

SPONSOR: Davidson

COMMITTEE ACTION: Voted "Do Pass" by the Standing Committee on General Laws by a vote of 8 to 4, with 1 member voting Present.

Currently, a physician can enter into a collaborative practice arrangement with a physician assistant. The physician is responsible for providing a written collaborative practice arrangement with specific criteria. Within 30 days of any change to the arrangement and on each renewal of the arrangement, the State Board of Registration for the Healing Arts requires 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.

This bill allows a licensed hospital to perform the administrative duties associated with any collaborative practice arrangement between a physician or physicians and a physician assistant or physician assistants for services delivered in that hospital as long as the hospital has identified in the collaborative practice arrangement one or more physicians affiliated with the hospital who will serve as the collaborating physician or physicians and established practice parameters for the physician assistant or physician assistants listed in the collaborative practice arrangement. A single collaborative practice arrangement can be between multiple physicians and physician assistants if a hospital has agreed to perform the administrative duties associated with the collaborative practice arrangement.

If a hospital is performing the administrative duties associated with a collaborative practice arrangement, the hospital, rather than the physician, must report to the Board the information required at the time of any change to the arrangement and on each renewal of the arrangement.

This bill is similar to HB 1567 (2025).

PROponents: Supporters say that this bill allows a hospital to cosign collaborative agreements so that they can continue to operate when a physician leaves the hospital. It does not change

how the physicians operate, but it keeps the agreements from standing in limbo. It does not reduce the relationship-building; it only reduces the paperwork. Healthcare has changed, but the credentialing process is not changing. The bill does not affect access to care and physicians will still be responsible for chart reviews.

Testifying in person for the bill were Representative Davidson; Missouri Hospital Association; and Paul Winter, Missouri Academy of Physician Assistants.

OPPONENTS: Those who oppose the bill say that physicians generally support administrative burdens being lifted, but this bill goes too far. This bill is supposedly for physicians, but it may increase their liability. Physicians may disagree with the hospital whether a certain physician assistant is best for a patient. It is unclear whether this will increase or decrease liability generally.

Testifying in person against the bill were Missouri State Medical Association, Missouri Association of Osteopathic Physicians & Surgeons; and Arnie C. Dienoff.

Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.