

SECOND REGULAR SESSION

HOUSE BILL NO. 1977

100TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE MORRIS (140).

4608H.021

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Section A. Sections 334.035 and 334.036, RSMo, are repealed and three new sections enacted in lieu thereof, to be known as sections 334.035, 334.036, and 334.039, to read as follows:

334.035. Except as otherwise provided in section **334.039** or 334.036, every applicant for a permanent license as a physician and surgeon shall provide the board with satisfactory evidence of having successfully completed such postgraduate training in hospitals 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:

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

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

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

(c) Has not completed an approved postgraduate residency and has successfully completed Step 2 of the United States Medical Licensing Examination or the equivalent of such step of any other board-approved medical licensing examination within the immediately 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 to
14 do so within thirty days prior to application for licensure as an assistant physician; and

15 (d) Has proficiency in the English language.

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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, may
19 apply for licensure and shall be deemed in compliance with the provisions of this subdivision;

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

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

25 2. (1) An assistant physician collaborative practice arrangement shall limit the assistant
26 physician to providing only primary care services and only in medically underserved rural or
27 urban areas of this state or in any pilot project areas established in which assistant physicians
28 may practice, **except an assistant physician receiving postgraduate training under an**
29 **authorized preceptor under subdivision (3) of subsection 1 of section 334.039.**

30 (2) For a physician-assistant physician team working in a rural health clinic under the
31 federal Rural Health Clinic Services Act, P.L. 95-210, as amended:

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

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

36 3. (1) For purposes of this section, the licensure of assistant physicians shall take place
37 within processes established by rules of the state board of registration for the healing arts. The
38 board of healing arts is authorized to establish rules under chapter 536 establishing licensure and
39 renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such
40 other matters as are necessary to protect the public and discipline the profession. No licensure
41 fee for an assistant physician shall exceed the amount of any licensure fee for a physician
42 assistant. An application for licensure may be denied or the licensure of an assistant physician
43 may be suspended or revoked by the board in the same manner and for violation of the standards
44 as set forth by section 334.100, or such other standards of conduct set by the board by rule. No
45 rule or regulation shall require an assistant physician to complete more hours of continuing
46 medical education than that of a licensed physician.

47 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created
48 under the authority delegated in this section shall become effective only if it complies with and

49 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section
50 and chapter 536 are nonseverable and if any of the powers vested with the general assembly
51 under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
52 subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed
53 or adopted after August 28, 2014, shall be invalid and void.

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

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

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

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

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

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

4 **(1) Step 3 of the United States Medical Licensing Examination or the equivalent of**
5 **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 agreement and began practicing. Any time the assistant physician was not**
11 **working within a collaborative practice arrangement with a collaborating physician shall**
12 **not count toward the sixty-month requirement;**

13 **(3) The following postgraduate training under a preceptor within the sixty-month**
14 **requirement under subdivision (2) of subsection 1 of this section:**

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, for**
23 **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; or**
- 44 **u. Vascular medicine.**

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46 **The postgraduate training required under this subdivision shall consist of on-the-job,**
47 **hands-on training, including performing medical procedures, and shall not consist of**
48 **merely observing. The postgraduate training required under this subdivision may be**

49 completed at any time during the applicant's licensure as an assistant physician as long as
50 it is completed during the time frame the applicant is working within a collaborative
51 practice arrangement with a collaborating physician; and

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

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

55 (1) Accredited by the Accreditation Council for Graduate Medical Education;

56 (2) A physician practicing under a program or community clinic affiliated with the
57 Accreditation Council for Graduate Medical Education; or

58 (3) An independent physician who is board-certified in the particular discipline or
59 postgraduate category that the assistant physician is studying.

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61 The postgraduate training may be administered by the collaborating physician if the
62 collaborating physician meets one of these requirements.

63 3. Assistant physicians shall obtain medical malpractice liability insurance during
64 their postgraduate training.

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

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

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

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

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

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