

FIRST REGULAR SESSION

# HOUSE BILL NO. 710

## 100TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE MORRIS (140).

1188H.021

DANA RADEMAN MILLER, Chief Clerk

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### AN ACT

To repeal sections 190.098, 193.015, 195.100, 334.035, 334.037, 334.040, 334.100, 334.104, 334.108, 334.735, 334.747, 335.019, 335.175, 338.198, and 630.875, RSMo, and to enact in lieu thereof seventeen new sections relating to assistant physicians.

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

Section A. Sections 190.098, 193.015, 195.100, 334.035, 334.037, 334.040, 334.100, 2 334.104, 334.108, 334.735, 334.747, 335.019, 335.175, 338.198, and 630.875, RSMo, are 3 repealed and seventeen new sections enacted in lieu thereof, to be known as sections 190.098, 4 193.015, 195.100, 334.033, 334.034, 334.035, 334.037, 334.040, 334.100, 334.104, 334.108, 5 334.735, 334.747, 335.019, 335.175, 338.198, and 630.875, to read as follows:

190.098. 1. In order for a person to be eligible for certification by the department as a 2 community paramedic, an individual shall:

3 (1) Be currently certified as a paramedic;

4 (2) Successfully complete or have successfully completed a community paramedic 5 certification program from a college, university, or educational institution that has been approved 6 by the department or accredited by a national accreditation organization approved by the 7 department; and

8 (3) Complete an application form approved by the department.

9 2. A community paramedic shall practice in accordance with protocols and supervisory 10 standards established by the medical director. A community paramedic shall provide services 11 of a health care plan if the plan has been developed by the patient's physician ~~[or]~~ , by an 12 advanced practice registered nurse through a collaborative practice arrangement with a physician 13 ~~[or]~~ , by a physician assistant through a collaborative practice arrangement with a physician, **or**

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.

14 **by an advanced practice registered nurse or physician assistant through a collaborative**  
15 **practice arrangement with an assistant physician** and there is no duplication of services to  
16 the patient from another provider.

17 3. Any ambulance service shall enter into a written contract to provide community  
18 paramedic services in another ambulance service area, as that term is defined in section 190.100.  
19 The contract that is agreed upon may be for an indefinite period of time, as long as it includes  
20 at least a sixty-day cancellation notice by either ambulance service.

21 4. A community paramedic is subject to the provisions of sections 190.001 to 190.245  
22 and rules promulgated under sections 190.001 to 190.245.

23 5. No person shall hold himself or herself out as a community paramedic or provide the  
24 services of a community paramedic unless such person is certified by the department.

25 6. The medical director shall approve the implementation of the community paramedic  
26 program.

27 7. Any rule or portion of a rule, as that term is defined in section 536.010, that is created  
28 under the authority delegated in this section shall become effective only if it complies with and  
29 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section  
30 and chapter 536 are nonseverable and if any of the powers vested with the general assembly  
31 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule  
32 are subsequently held unconstitutional, then the grant of rulemaking authority and any rule  
33 proposed or adopted after August 28, 2013, shall be invalid and void.

193.015. As used in sections 193.005 to 193.325, unless the context clearly indicates  
2 otherwise, the following terms shall mean:

3 (1) "Advanced practice registered nurse", a person licensed to practice as an advanced  
4 practice registered nurse under chapter 335, and who has been delegated tasks outlined in section  
5 193.145 by a physician **or an assistant physician** with whom they have entered into a  
6 collaborative practice arrangement under chapter 334;

7 (2) "Assistant physician", as such term is defined in section 334.036, and who has been  
8 delegated tasks outlined in section 193.145 by a physician with whom they have entered into a  
9 collaborative practice arrangement under chapter 334;

10 (3) "Dead body", a human body or such parts of such human body from the condition  
11 of which it reasonably may be concluded that death recently occurred;

12 (4) "Department", the department of health and senior services;

13 (5) "Final disposition", the burial, interment, cremation, removal from the state, or other  
14 authorized disposition of a dead body or fetus;

15 (6) "Institution", any establishment, public or private, which provides inpatient or  
16 outpatient medical, surgical, or diagnostic care or treatment or nursing, custodian, or domiciliary  
17 care, or to which persons are committed by law;

18 (7) "Live birth", the complete expulsion or extraction from its mother of a child,  
19 irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or  
20 shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or  
21 definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the  
22 placenta is attached;

23 (8) "Physician", a person authorized or licensed to practice medicine or osteopathy  
24 pursuant to chapter 334;

25 (9) "Physician assistant", a person licensed to practice as a physician assistant pursuant  
26 to chapter 334, and who has been delegated tasks outlined in section 193.145 by a physician with  
27 whom they have entered into a supervision agreement under chapter 334;

28 (10) "Spontaneous fetal death", a noninduced death prior to the complete expulsion or  
29 extraction from its mother of a fetus, irrespective of the duration of pregnancy; the death is  
30 indicated by the fact that after such expulsion or extraction the fetus does not breathe or show  
31 any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite  
32 movement of voluntary muscles;

33 (11) "State registrar", state registrar of vital statistics of the state of Missouri;

34 (12) "System of vital statistics", the registration, collection, preservation, amendment and  
35 certification of vital records; the collection of other reports required by sections 193.005 to  
36 193.325 and section 194.060; and activities related thereto including the tabulation, analysis and  
37 publication of vital statistics;

38 (13) "Vital records", certificates or reports of birth, death, marriage, dissolution of  
39 marriage and data related thereto;

40 (14) "Vital statistics", the data derived from certificates and reports of birth, death,  
41 spontaneous fetal death, marriage, dissolution of marriage and related reports.

195.100. 1. It shall be unlawful to distribute any controlled substance in a commercial  
2 container unless such container bears a label containing an identifying symbol for such substance  
3 in accordance with federal laws.

4 2. It shall be unlawful for any manufacturer of any controlled substance to distribute such  
5 substance unless the labeling thereof conforms to the requirements of federal law and contains  
6 the identifying symbol required in subsection 1 of this section.

7 3. The label of a controlled substance in Schedule II, III or IV shall, when dispensed to  
8 or for a patient, contain a clear, concise warning that it is a criminal offense to transfer such  
9 narcotic or dangerous drug to any person other than the patient.

10           4. Whenever a manufacturer sells or dispenses a controlled substance and whenever a  
11 wholesaler sells or dispenses a controlled substance in a package prepared by him or her, the  
12 manufacturer or wholesaler shall securely affix to each package in which that drug is contained  
13 a label showing in legible English the name and address of the vendor and the quantity, kind, and  
14 form of controlled substance contained therein. No person except a pharmacist for the purpose  
15 of filling a prescription under this chapter, shall alter, deface, or remove any label so affixed.

16           5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on  
17 a prescription issued by a physician, physician assistant, dentist, podiatrist, veterinarian, or  
18 advanced practice registered nurse, the pharmacist or practitioner shall affix to the container in  
19 which such drug is sold or dispensed a label showing his or her own name and address of the  
20 pharmacy or practitioner for whom he or she is lawfully acting; the name of the patient or, if the  
21 patient is an animal, the name of the owner of the animal and the species of the animal; the name  
22 of the physician, physician assistant, dentist, podiatrist, advanced practice registered nurse, or  
23 veterinarian by whom the prescription was written; the name of the collaborating physician **or**  
24 **collaborating assistant physician** if the prescription is written by an advanced practice  
25 registered nurse or the supervising physician **or supervising assistant physician** if the  
26 prescription is written by a physician assistant, and such directions as may be stated on the  
27 prescription. No person shall alter, deface, or remove any label so affixed.

**334.033. An assistant physician may enter into a collaborative practice  
2 arrangement with a registered professional nurse or a supervision agreement with a  
3 physician assistant after such assistant physician has practiced under a continuous  
4 collaborative practice arrangement with a physician for eighteen months. A collaborative  
5 or supervising assistant physician shall not enter into a collaborative practice arrangement  
6 or supervision agreement with more than two full-time equivalent advanced practice  
7 registered nurses or full-time equivalent physician assistants, or any combination thereof.**

**334.034. 1. An assistant physician with a license in good standing may be eligible  
2 to become a licensed physician if the assistant physician has completed:**

3           **(1) Step 3 of the United States Medical Licensing Examination or the equivalent of**  
4 **such step of any board-approved medical licensing examination in less than three attempts**  
5 **and within a three-year period after receiving his or her initial assistant physician license;**

6           **(2) Five years of continuous, full-time, active collaborating practice. Any time the**  
7 **assistant physician was not working within a collaborative practice arrangement with a**  
8 **collaborating physician shall not count toward the five-year requirement;**

9           **(3) One hundred hours of didactics during the five-year postgraduate training.**  
10 **Didactic training shall be presented by the collaborating physician or any individual that**

11 **the collaborating physician deems qualified to teach. Didactic hours shall be logged and**  
12 **retained for a period of five years; and**

13 **(4) All continuing medical education requirements as required for assistant**  
14 **physicians under this chapter.**

15 **2. Upon completion of subdivisions (1) to (4) of subsection 1 of this section, the**  
16 **assistant physician shall be eligible for licensure as a physician with the state of Missouri**  
17 **and eligible to sit for board certification or any other appropriate advanced fellowships or**  
18 **certifications.**

19 **3. Any assistant physician obtaining licensure as a physician under this section shall**  
20 **be fully licensed as a physician and shall be subject to all statutes and regulations**  
21 **pertaining to physicians.**

22 **4. Any assistant physician obtaining licensure as a physician under this section shall**  
23 **practice as a physician in Missouri for a minimum of two years. Failure to practice for a**  
24 **minimum of two years shall be cause for the revocation of the license.**

334.035. Except as otherwise provided in section **334.034** or 334.036, every applicant  
2 for a permanent license as a physician and surgeon shall provide the board with satisfactory  
3 evidence of having successfully completed such postgraduate training in hospitals or medical or  
4 osteopathic colleges as the board may prescribe by rule.

334.037. 1. A physician may enter into collaborative practice arrangements with  
2 assistant physicians. Collaborative practice arrangements shall be in the form of written  
3 agreements, jointly agreed-upon protocols, or standing orders for the delivery of health care  
4 services. Collaborative practice arrangements, which shall be in writing, may delegate to an  
5 assistant physician the authority to administer or dispense drugs and provide treatment as long  
6 as the delivery of such health care services is within the scope of practice of the assistant  
7 physician and is consistent with that assistant physician's skill, training, and competence and the  
8 skill and training of the collaborating physician.

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

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

13 (2) A list of all other offices or locations besides those listed in subdivision (1) of this  
14 subsection where the collaborating physician authorized the assistant physician to prescribe;

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

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

21 (5) The manner of collaboration between the collaborating physician and the assistant  
22 physician, including how the collaborating physician and the assistant physician shall:

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

25 (b) Maintain geographic proximity; except, the collaborative practice arrangement may  
26 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar  
27 year for rural health clinics as defined by Pub. L. 95-210 (42 U.S.C. Section 1395x), as amended,  
28 as long as the collaborative practice arrangement includes alternative plans as required in  
29 paragraph (c) of this subdivision. Such exception to geographic proximity shall apply only to  
30 independent rural health clinics, provider-based rural health clinics if the provider is a critical  
31 access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics  
32 if the main location of the hospital sponsor is greater than fifty miles from the clinic. The  
33 collaborating physician shall maintain documentation related to such requirement and present  
34 it to the state board of registration for the healing arts when requested; and

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

37 (6) A description of the assistant physician's controlled substance prescriptive authority  
38 in collaboration with the physician, including a list of the controlled substances the physician  
39 authorizes the assistant physician to prescribe and documentation that it is consistent with each  
40 professional's education, knowledge, skill, and competence;

41 (7) A list of all other written practice agreements of the collaborating physician and the  
42 assistant physician;

43 (8) The duration of the written practice agreement between the collaborating physician  
44 and the assistant physician;

45 (9) A description of the time and manner of the collaborating physician's review of the  
46 assistant physician's delivery of health care services. The description shall include provisions  
47 that the assistant physician shall submit a minimum of ten percent of the charts documenting the  
48 assistant physician's delivery of health care services to the collaborating physician for review by  
49 the collaborating physician, or any other physician designated in the collaborative practice  
50 arrangement, every fourteen days; and

51 (10) The collaborating physician, or any other physician designated in the collaborative  
52 practice arrangement, shall review every fourteen days a minimum of twenty percent of the  
53 charts in which the assistant physician prescribes controlled substances. The charts reviewed

54 under this subdivision may be counted in the number of charts required to be reviewed under  
55 subdivision (9) of this subsection.

56 **3. The board shall complete all applications submitted by an assistant physician**  
57 **who has entered into a collaborative practice arrangement with a collaborating physician**  
58 **within thirty days of submission.**

59 **4.** The state board of registration for the healing arts under section 334.125 shall  
60 promulgate rules regulating the use of collaborative practice arrangements for assistant  
61 physicians. Such rules shall specify:

62 (1) Geographic areas to be covered;

63 (2) The methods of treatment that may be covered by collaborative practice  
64 arrangements;

65 (3) In conjunction with deans of medical schools and primary care residency program  
66 directors in the state, the development and implementation of educational methods and programs  
67 undertaken during the collaborative practice service which shall facilitate the advancement of  
68 the assistant physician's medical knowledge and capabilities, and which may lead to credit  
69 toward a future residency program for programs that deem such documented educational  
70 achievements acceptable; and

71 (4) The requirements for review of services provided under collaborative practice  
72 arrangements, including delegating authority to prescribe controlled substances.

73

74 Any rules relating to dispensing or distribution of medications or devices by prescription or  
75 prescription drug orders under this section shall be subject to the approval of the state board of  
76 pharmacy. Any rules relating to dispensing or distribution of controlled substances by  
77 prescription or prescription drug orders under this section shall be subject to the approval of the  
78 department of health and senior services and the state board of pharmacy. The state board of  
79 registration for the healing arts shall promulgate rules applicable to assistant physicians that shall  
80 be consistent with guidelines for federally funded clinics. The rulemaking authority granted in  
81 this subsection shall not extend to collaborative practice arrangements of hospital employees  
82 providing inpatient care within hospitals as defined in chapter 197 or population-based public  
83 health services as defined by 20 CSR 2150- 5.100 as of April 30, 2008.

84 ~~[4-]~~ **5.** The state board of registration for the healing arts shall not deny, revoke, suspend,  
85 or otherwise take disciplinary action against a collaborating physician for health care services  
86 delegated to an assistant physician provided the provisions of this section and the rules  
87 promulgated thereunder are satisfied.

88 ~~[5-]~~ **6.** Within thirty days of any change and on each renewal, the state board of  
89 registration for the healing arts shall require every physician to identify whether the physician

90 is engaged in any collaborative practice arrangement, including collaborative practice  
91 arrangements delegating the authority to prescribe controlled substances, and also report to the  
92 board the name of each assistant physician with whom the physician has entered into such  
93 arrangement. The board may make such information available to the public. The board shall  
94 track the reported information and may routinely conduct random reviews of such arrangements  
95 to ensure that arrangements are carried out for compliance under this chapter.

96 ~~[6-]~~ 7. A collaborating physician or supervising physician shall not enter into a  
97 collaborative practice arrangement or supervision agreement with more than six full-time  
98 equivalent assistant physicians, full-time equivalent physician assistants, or full-time equivalent  
99 advance practice registered nurses, or any combination thereof. Such limitation shall not apply  
100 to collaborative arrangements of hospital employees providing inpatient care service in hospitals  
101 as defined in chapter 197 or population-based public health services as defined by 20 CSR  
102 2150-5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing  
103 anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or  
104 podiatrist who is immediately available if needed as set out in subsection 7 of section 334.104.

105 ~~[7-]~~ 8. The collaborating physician shall determine and document the completion of at  
106 least a one-month period of time during which the assistant physician shall practice with the  
107 collaborating physician continuously present before practicing in a setting where the  
108 collaborating physician is not continuously present. **Once the assistant physician has**  
109 **completed the one-month time period required under this subsection, the assistant**  
110 **physician shall be exempt from the training required under this subsection in the event**  
111 **there is a change in collaborating physicians.** No rule or regulation shall require the  
112 collaborating physician to review more than ten percent of the assistant physician's patient charts  
113 or records during such one-month period. Such limitation shall not apply to collaborative  
114 arrangements of providers of population-based public health services as defined by 20 CSR  
115 2150-5.100 as of April 30, 2008. **The collaborating physician may utilize any other**  
116 **qualified, fully licensed physician on his or her staff to help oversee, train, and review the**  
117 **records of an assistant physician during the assistant physician's one-month training**  
118 **period.**

119 ~~[8-]~~ 9. No agreement made under this section shall supersede current hospital licensing  
120 regulations governing hospital medication orders under protocols or standing orders for the  
121 purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020  
122 if such protocols or standing orders have been approved by the hospital's medical staff and  
123 pharmaceutical therapeutics committee.

124 ~~[9-]~~ 10. No contract or other agreement shall require a physician to act as a collaborating  
125 physician for an assistant physician against the physician's will. A physician shall have the right



126 to refuse to act as a collaborating physician, without penalty, for a particular assistant physician.  
127 No contract or other agreement shall limit the collaborating physician's ultimate authority over  
128 any protocols or standing orders or in the delegation of the physician's authority to any assistant  
129 physician, but such requirement shall not authorize a physician in implementing such protocols,  
130 standing orders, or delegation to violate applicable standards for safe medical practice  
131 established by a hospital's medical staff.

132 ~~[10.]~~ **11.** No contract or other agreement shall require any assistant physician to serve  
133 as a collaborating assistant physician for any collaborating physician against the assistant  
134 physician's will. An assistant physician shall have the right to refuse to collaborate, without  
135 penalty, with a particular physician.

136 ~~[11.]~~ **12.** All collaborating physicians and assistant physicians in collaborative practice  
137 arrangements shall wear identification badges while acting within the scope of their collaborative  
138 practice arrangement. The identification badges shall prominently display the licensure status  
139 of such collaborating physicians and assistant physicians.

140 ~~[12.]~~ **13.** (1) An assistant physician with a certificate of controlled substance prescriptive  
141 authority as provided in this section may prescribe any controlled substance listed in Schedule  
142 III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated  
143 the authority to prescribe controlled substances in a collaborative practice arrangement.  
144 Prescriptions for Schedule II medications prescribed by an assistant physician who has a  
145 certificate of controlled substance prescriptive authority are restricted to only those medications  
146 containing hydrocodone. Such authority shall be filed with the state board of registration for the  
147 healing arts. The collaborating physician shall maintain the right to limit a specific scheduled  
148 drug or scheduled drug category that the assistant physician is permitted to prescribe. Any  
149 limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall  
150 not prescribe controlled substances for themselves or members of their families. Schedule III  
151 controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day  
152 supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply  
153 without refill for patients receiving medication-assisted treatment for substance use disorders  
154 under the direction of the collaborating physician. Assistant physicians who are authorized to  
155 prescribe controlled substances under this section shall register with the federal Drug  
156 Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall  
157 include the Drug Enforcement Administration registration number on prescriptions for controlled  
158 substances.

159 (2) The collaborating physician shall be responsible to determine and document the  
160 completion of at least one hundred twenty hours in a four-month period by the assistant physician  
161 during which the assistant physician shall practice with the collaborating physician on-site prior

162 to prescribing controlled substances when the collaborating physician is not on-site. Such  
163 limitation shall not apply to assistant physicians of population-based public health services as  
164 defined in 20 CSR 2150-5.100 as of April 30, 2009, or assistant physicians providing opioid  
165 addiction treatment.

166 (3) An assistant physician shall receive a certificate of controlled substance prescriptive  
167 authority from the state board of registration for the healing arts upon verification of licensure  
168 under section 334.036.

169 ~~[13.]~~ 14. Nothing in this section or section 334.036 shall be construed to limit the  
170 authority of hospitals or hospital medical staff to make employment or medical staff  
171 credentialing or privileging decisions.

334.040. 1. Except as provided in section **334.034** or 334.260, all persons desiring to  
2 practice as physicians and surgeons in this state shall be examined as to their fitness to engage  
3 in such practice by the board. All persons applying for examination shall file a completed  
4 application with the board upon forms furnished by the board.

5 2. The examination shall be sufficient to test the applicant's fitness to practice as a  
6 physician and surgeon. The examination shall be conducted in such a manner as to conceal the  
7 identity of the applicant until all examinations have been scored. In all such examinations an  
8 average score of not less than seventy-five percent is required to pass; provided, however, that  
9 the board may require applicants to take the Federation Licensing Examination, also known as  
10 FLEX, or the United States Medical Licensing Examination (USMLE). If the FLEX  
11 examination is required, a weighted average score of no less than seventy-five is required to pass.  
12 Scores from one test administration of an examination shall not be combined or averaged with  
13 scores from other test administrations to achieve a passing score. Applicants graduating from  
14 a medical or osteopathic college, as described in section 334.031 prior to January 1, 1994, shall  
15 provide proof of successful completion of the FLEX, USMLE, the National Board of  
16 Osteopathic Medical Examiners Comprehensive Licensing Exam (COMLEX), a state board  
17 examination approved by the board, compliance with subsection 2 of section 334.031, or  
18 compliance with 20 CSR 2150-2.005. Applicants graduating from a medical or osteopathic  
19 college, as described in section 334.031 on or after January 1, 1994, must provide proof of  
20 successful completion of the USMLE or the COMLEX or provide proof of compliance with  
21 subsection 2 of section 334.031. The board shall not issue a permanent license as a physician  
22 and surgeon or allow the Missouri state board examination to be administered to any applicant  
23 who has failed to achieve a passing score within three attempts on licensing examinations  
24 administered in one or more states or territories of the United States, the District of Columbia  
25 or Canada. The steps one, two and three of the United States Medical Licensing Examination  
26 or the National Board of Osteopathic Medical Examiners Comprehensive Licensing Exam shall

27 be taken within a seven-year period with no more than three attempts on any step of the  
28 examination; however, the board may grant an extension of the seven-year period if the applicant  
29 has obtained a MD/PhD degree in a program accredited by the Liaison Committee on Medical  
30 Education (LCME) and a regional university accrediting body or a DO/PhD degree accredited  
31 by the American Osteopathic Association and a regional university accrediting body. The board  
32 may waive the provisions of this section if the applicant is licensed to practice as a physician and  
33 surgeon in another state of the United States, the District of Columbia or Canada and the  
34 applicant has achieved a passing score on a licensing examination administered in a state or  
35 territory of the United States or the District of Columbia and no license issued to the applicant  
36 has been disciplined in any state or territory of the United States or the District of Columbia.

37         3. If the board waives the provisions of this section, then the license issued to the  
38 applicant may be limited or restricted to the applicant's board specialty. The board shall not be  
39 permitted to favor any particular school or system of healing.

40         4. If an applicant has not actively engaged in the practice of clinical medicine or held a  
41 teaching or faculty position in a medical or osteopathic school approved by the American  
42 Medical Association, the Liaison Committee on Medical Education, or the American Osteopathic  
43 Association for any two years in the three-year period immediately preceding the filing of his or  
44 her application for licensure, the board may require successful completion of another  
45 examination, continuing medical education, or further training before issuing a permanent  
46 license. The board shall adopt rules to prescribe the form and manner of such reexamination,  
47 continuing medical education, and training.

334.100. 1. The board may refuse to issue or renew any certificate of registration or  
2 authority, permit or license required pursuant to this chapter for one or any combination of  
3 causes stated in subsection 2 of this section. The board shall notify the applicant in writing of  
4 the reasons for the refusal and shall advise the applicant of the applicant's right to file a  
5 complaint with the administrative hearing commission as provided by chapter 621. As an  
6 alternative to a refusal to issue or renew any certificate, registration or authority, the board may,  
7 at its discretion, issue a license which is subject to probation, restriction or limitation to an  
8 applicant for licensure for any one or any combination of causes stated in subsection 2 of this  
9 section. The board's order of probation, limitation or restriction shall contain a statement of the  
10 discipline imposed, the basis therefor, the date such action shall become effective, and a  
11 statement that the applicant has thirty days to request in writing a hearing before the  
12 administrative hearing commission. If the board issues a probationary, limited or restricted  
13 license to an applicant for licensure, either party may file a written petition with the  
14 administrative hearing commission within thirty days of the effective date of the probationary,  
15 limited or restricted license seeking review of the board's determination. If no written request

16 for a hearing is received by the administrative hearing commission within the thirty-day period,  
17 the right to seek review of the board's decision shall be considered as waived.

18         2. The board may cause a complaint to be filed with the administrative hearing  
19 commission as provided by chapter 621 against any holder of any certificate of registration or  
20 authority, permit or license required by this chapter or any person who has failed to renew or has  
21 surrendered the person's certificate of registration or authority, permit or license for any one or  
22 any combination of the following causes:

23             (1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage to  
24 an extent that such use impairs a person's ability to perform the work of any profession licensed  
25 or regulated by this chapter;

26             (2) The person has been finally adjudicated and found guilty, or entered a plea of guilty  
27 or nolo contendere, in a criminal prosecution under the laws of any state or of the United States,  
28 for any offense reasonably related to the qualifications, functions or duties of any profession  
29 licensed or regulated pursuant to this chapter, for any offense involving fraud, dishonesty or an  
30 act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

31             (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of  
32 registration or authority, permit or license issued pursuant to this chapter or in obtaining  
33 permission to take any examination given or required pursuant to this chapter;

34             (4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct or  
35 unprofessional conduct in the performance of the functions or duties of any profession licensed  
36 or regulated by this chapter, including, but not limited to, the following:

37                 (a) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by  
38 fraud, deception or misrepresentation; willfully and continually overcharging or overtreating  
39 patients; or charging for visits to the physician's office which did not occur unless the services  
40 were contracted for in advance, or for services which were not rendered or documented in the  
41 patient's records;

42                 (b) Attempting, directly or indirectly, by way of intimidation, coercion or deception, to  
43 obtain or retain a patient or discourage the use of a second opinion or consultation;

44                 (c) Willfully and continually performing inappropriate or unnecessary treatment,  
45 diagnostic tests or medical or surgical services;

46                 (d) Delegating professional responsibilities to a person who is not qualified by training,  
47 skill, competency, age, experience or licensure to perform such responsibilities;

48                 (e) Misrepresenting that any disease, ailment or infirmity can be cured by a method,  
49 procedure, treatment, medicine or device;

50                 (f) Performing or prescribing medical services which have been declared by board rule  
51 to be of no medical or osteopathic value;

52 (g) Final disciplinary action by any professional medical or osteopathic association or  
53 society or licensed hospital or medical staff of such hospital in this or any other state or territory,  
54 whether agreed to voluntarily or not, and including, but not limited to, any removal, suspension,  
55 limitation, or restriction of the person's license or staff or hospital privileges, failure to renew  
56 such privileges or license for cause, or other final disciplinary action, if the action was in any way  
57 related to unprofessional conduct, professional incompetence, malpractice or any other violation  
58 of any provision of this chapter;

59 (h) Signing a blank prescription form; or dispensing, prescribing, administering or  
60 otherwise distributing any drug, controlled substance or other treatment without sufficient  
61 examination including failing to establish a valid physician-patient relationship pursuant to  
62 section 334.108, or for other than medically accepted therapeutic or experimental or investigative  
63 purposes duly authorized by a state or federal agency, or not in the course of professional  
64 practice, or not in good faith to relieve pain and suffering, or not to cure an ailment, physical  
65 infirmity or disease, except as authorized in section 334.104;

66 (i) Exercising influence within a physician-patient relationship for purposes of engaging  
67 a patient in sexual activity;

68 (j) Being listed on any state or federal sexual offender registry;

69 (k) Terminating the medical care of a patient without adequate notice or without making  
70 other arrangements for the continued care of the patient;

71 (l) Failing to furnish details of a patient's medical records to other treating physicians or  
72 hospitals upon proper request; or failing to comply with any other law relating to medical  
73 records;

74 (m) Failure of any applicant or licensee to cooperate with the board during any  
75 investigation;

76 (n) Failure to comply with any subpoena or subpoena duces tecum from the board or an  
77 order of the board;

78 (o) Failure to timely pay license renewal fees specified in this chapter;

79 (p) Violating a probation agreement, order, or other settlement agreement with this board  
80 or any other licensing agency;

81 (q) Failing to inform the board of the physician's current residence and business address;

82 (r) Advertising by an applicant or licensee which is false or misleading, or which violates  
83 any rule of the board, or which claims without substantiation the positive cure of any disease, or  
84 professional superiority to or greater skill than that possessed by any other physician. An  
85 applicant or licensee shall also be in violation of this provision if the applicant or licensee has  
86 a financial interest in any organization, corporation or association which issues or conducts such  
87 advertising;

88 (s) Any other conduct that is unethical or unprofessional involving a minor;

89 (5) Any conduct or practice which is or might be harmful or dangerous to the mental or  
90 physical health of a patient or the public; or incompetency, gross negligence or repeated  
91 negligence in the performance of the functions or duties of any profession licensed or regulated  
92 by this chapter. For the purposes of this subdivision, "repeated negligence" means the failure,  
93 on more than one occasion, to use that degree of skill and learning ordinarily used under the  
94 same or similar circumstances by the member of the applicant's or licensee's profession;

95 (6) Violation of, or attempting to violate, directly or indirectly, or assisting or enabling  
96 any person to violate, any provision of this chapter or chapter 324, or of any lawful rule or  
97 regulation adopted pursuant to this chapter or chapter 324;

98 (7) Impersonation of any person holding a certificate of registration or authority, permit  
99 or license or allowing any person to use his or her certificate of registration or authority, permit,  
100 license or diploma from any school;

101 (8) Revocation, suspension, restriction, modification, limitation, reprimand, warning,  
102 censure, probation or other final disciplinary action against the holder of or applicant for a  
103 license or other right to practice any profession regulated by this chapter by another state,  
104 territory, federal agency or country, whether or not voluntarily agreed to by the licensee or  
105 applicant, including, but not limited to, the denial of licensure, surrender of the license, allowing  
106 the license to expire or lapse, or discontinuing or limiting the practice of medicine while subject  
107 to an investigation or while actually under investigation by any licensing authority, medical  
108 facility, branch of the Armed Forces of the United States of America, insurance company, court,  
109 agency of the state or federal government, or employer;

110 (9) A person is finally adjudged incapacitated or disabled by a court of competent  
111 jurisdiction;

112 (10) Assisting or enabling any person to practice or offer to practice any profession  
113 licensed or regulated by this chapter who is not registered and currently eligible to practice  
114 pursuant to this chapter; or knowingly performing any act which in any way aids, assists,  
115 procures, advises, or encourages any person to practice medicine who is not registered and  
116 currently eligible to practice pursuant to this chapter. A physician who works in accordance with  
117 standing orders or protocols or in accordance with the provisions of section 334.104 shall not be  
118 in violation of this subdivision;

119 (11) Issuance of a certificate of registration or authority, permit or license based upon  
120 a material mistake of fact;

121 (12) Failure to display a valid certificate or license if so required by this chapter or any  
122 rule promulgated pursuant to this chapter;

- 123 (13) Violation of the drug laws or rules and regulations of this state, including but not  
124 limited to any provision of chapter 195, any other state, or the federal government;
- 125 (14) Knowingly making, or causing to be made, or aiding, or abetting in the making of,  
126 a false statement in any birth, death or other certificate or document executed in connection with  
127 the practice of the person's profession;
- 128 (15) Knowingly making a false statement, orally or in writing to the board;
- 129 (16) Soliciting patronage in person or by agents or representatives, or by any other means  
130 or manner, under the person's own name or under the name of another person or concern, actual  
131 or pretended, in such a manner as to confuse, deceive, or mislead the public as to the need or  
132 necessity for or appropriateness of health care services for all patients, or the qualifications of  
133 an individual person or persons to diagnose, render, or perform health care services;
- 134 (17) Using, or permitting the use of, the person's name under the designation of  
135 "Doctor", "Dr.", "M.D.", or "D.O.", or any similar designation with reference to the commercial  
136 exploitation of any goods, wares or merchandise;
- 137 (18) Knowingly making or causing to be made a false statement or misrepresentation of  
138 a material fact, with intent to defraud, for payment pursuant to the provisions of chapter 208 or  
139 chapter 630 or for payment from Title XVIII or Title XIX of the Social Security Act;
- 140 (19) Failure or refusal to properly guard against contagious, infectious or communicable  
141 diseases or the spread thereof; maintaining an unsanitary office or performing professional  
142 services under unsanitary conditions; or failure to report the existence of an unsanitary condition  
143 in the office of a physician or in any health care facility to the board, in writing, within thirty  
144 days after the discovery thereof;
- 145 (20) Any candidate for licensure or person licensed to practice as a physical therapist,  
146 paying or offering to pay a referral fee or, notwithstanding section 334.010 to the contrary,  
147 practicing or offering to practice professional physical therapy independent of the prescription  
148 and direction of a person licensed and registered as a physician and surgeon pursuant to this  
149 chapter, as a dentist pursuant to chapter 332, as a podiatrist pursuant to chapter 330, as an  
150 advanced practice registered nurse under chapter 335, or any licensed and registered physician,  
151 dentist, podiatrist, or advanced practice registered nurse practicing in another jurisdiction, whose  
152 license is in good standing;
- 153 (21) Any candidate for licensure or person licensed to practice as a physical therapist,  
154 treating or attempting to treat ailments or other health conditions of human beings other than by  
155 professional physical therapy and as authorized by sections 334.500 to 334.620;
- 156 (22) Any person licensed to practice as a physician or surgeon, requiring, as a condition  
157 of the physician-patient relationship, that the patient receive prescribed drugs, devices or other  
158 professional services directly from facilities of that physician's office or other entities under that

159 physician's ownership or control. A physician shall provide the patient with a prescription which  
160 may be taken to the facility selected by the patient and a physician knowingly failing to disclose  
161 to a patient on a form approved by the advisory commission for professional physical therapists  
162 as established by section 334.625 which is dated and signed by a patient or guardian  
163 acknowledging that the patient or guardian has read and understands that the physician has a  
164 pecuniary interest in a physical therapy or rehabilitation service providing prescribed treatment  
165 and that the prescribed treatment is available on a competitive basis. This subdivision shall not  
166 apply to a referral by one physician to another physician within a group of physicians practicing  
167 together;

168 (23) A pattern of personal use or consumption of any controlled substance unless it is  
169 prescribed, dispensed or administered by another physician who is authorized by law to do so;

170 (24) Habitual intoxication or dependence on alcohol, evidence of which may include  
171 more than one alcohol-related enforcement contact as defined by section 302.525;

172 (25) Failure to comply with a treatment program or an aftercare program entered into as  
173 part of a board order, settlement agreement or licensee's professional health program;

174 (26) Revocation, suspension, limitation, probation, or restriction of any kind whatsoever  
175 of any controlled substance authority, whether agreed to voluntarily or not, or voluntary  
176 termination of a controlled substance authority while under investigation;

177 (27) For a physician to operate, conduct, manage, or establish an abortion facility, or for  
178 a physician to perform an abortion in an abortion facility, if such facility comes under the  
179 definition of an ambulatory surgical center pursuant to sections 197.200 to 197.240, and such  
180 facility has failed to obtain or renew a license as an ambulatory surgical center.

181 3. Collaborative practice arrangements, protocols, and standing orders shall be in writing  
182 and signed and dated by a physician prior to their implementation. **Collaborative practice**  
183 **arrangements under section 334.033 shall be in writing and signed and dated by a**  
184 **collaborating assistant physician prior to their implementation.**

185 4. After the filing of such complaint before the administrative hearing commission, the  
186 proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding  
187 by the administrative hearing commission that the grounds, provided in subsection 2 of this  
188 section, for disciplinary action are met, the board may, singly or in combination, warn, censure  
189 or place the person named in the complaint on probation on such terms and conditions as the  
190 board deems appropriate for a period not to exceed ten years, or may suspend the person's  
191 license, certificate or permit for a period not to exceed three years, or restrict or limit the person's  
192 license, certificate or permit for an indefinite period of time, or revoke the person's license,  
193 certificate, or permit, or administer a public or private reprimand, or deny the person's  
194 application for a license, or permanently withhold issuance of a license or require the person to



195 submit to the care, counseling or treatment of physicians designated by the board at the expense  
196 of the individual to be examined, or require the person to attend such continuing educational  
197 courses and pass such examinations as the board may direct.

198         5. In any order of revocation, the board may provide that the person may not apply for  
199 reinstatement of the person's license for a period of time ranging from two to seven years  
200 following the date of the order of revocation. All stay orders shall toll this time period.

201         6. Before restoring to good standing a license, certificate or permit issued pursuant to this  
202 chapter which has been in a revoked, suspended or inactive state for any cause for more than two  
203 years, the board may require the applicant to attend such continuing medical education courses  
204 and pass such examinations as the board may direct.

205         7. In any investigation, hearing or other proceeding to determine a licensee's or  
206 applicant's fitness to practice, any record relating to any patient of the licensee or applicant shall  
207 be discoverable by the board and admissible into evidence, regardless of any statutory or  
208 common law privilege which such licensee, applicant, record custodian or patient might  
209 otherwise invoke. In addition, no such licensee, applicant, or record custodian may withhold  
210 records or testimony bearing upon a licensee's or applicant's fitness to practice on the ground of  
211 privilege between such licensee, applicant or record custodian and a patient.

334.104. 1. A physician **or an assistant physician who meets the requirements under**  
2 **section 334.033** may enter into collaborative practice arrangements with registered professional  
3 nurses. Collaborative practice arrangements shall be in the form of written agreements, jointly  
4 agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative  
5 practice arrangements, which shall be in writing, may delegate to a registered professional nurse  
6 the authority to administer or dispense drugs and provide treatment as long as the delivery of  
7 such health care services is within the scope of practice of the registered professional nurse and  
8 is consistent with that nurse's skill, training, and competence.

9         2. Collaborative practice arrangements, which shall be in writing, may delegate to a  
10 registered professional nurse the authority to administer, dispense, or prescribe drugs and provide  
11 treatment if the registered professional nurse is an advanced practice registered nurse as defined  
12 in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an  
13 advanced practice registered nurse, as defined in section 335.016, the authority to administer,  
14 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,  
15 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not  
16 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V  
17 of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general  
18 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled  
19 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred

20 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form  
21 of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health  
22 care services. An advanced practice registered nurse may prescribe buprenorphine for up to a  
23 thirty-day supply without refill for patients receiving medication-assisted treatment for substance  
24 use disorders under the direction of the collaborating physician.

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

27 (1) Complete names, home and business addresses, zip codes, and telephone numbers  
28 of the collaborating physician **or collaborating assistant physician** and the advanced practice  
29 registered nurse;

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

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

38 (4) All specialty or board certifications of the collaborating physician **or collaborating**  
39 **assistant physician** and all certifications of the advanced practice registered nurse;

40 (5) The manner of collaboration between the collaborating physician **or collaborating**  
41 **assistant physician** and the advanced practice registered nurse, including how the collaborating  
42 physician **or collaborating assistant physician** and the advanced practice registered nurse will:

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

45 (b) Maintain geographic proximity, except the collaborative practice arrangement may  
46 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar  
47 year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice  
48 arrangement includes alternative plans as required in paragraph (c) of this subdivision. This  
49 exception to geographic proximity shall apply only to independent rural health clinics,  
50 provider-based rural health clinics where the provider is a critical access hospital as provided in  
51 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of  
52 the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician **or**  
53 **collaborating assistant physician** is required to maintain documentation related to this  
54 requirement and to present it to the state board of registration for the healing arts when requested;  
55 and

56 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the  
57 collaborating physician **or collaborating assistant physician**;

58 (6) A description of the advanced practice registered nurse's controlled substance  
59 prescriptive authority in collaboration with the physician **or assistant physician**, including a list  
60 of the controlled substances the physician **or assistant physician** authorizes the nurse to  
61 prescribe and documentation that it is consistent with each professional's education, knowledge,  
62 skill, and competence;

63 (7) A list of all other written practice agreements of the collaborating physician **or**  
64 **collaborating assistant physician** and the advanced practice registered nurse;

65 (8) The duration of the written practice agreement between the collaborating physician  
66 **or collaborating assistant physician** and the advanced practice registered nurse;

67 (9) A description of the time and manner of the collaborating physician's **or**  
68 **collaborating assistant physician's** review of the advanced practice registered nurse's delivery  
69 of health care services. The description shall include provisions that the advanced practice  
70 registered nurse shall submit a minimum of ten percent of the charts documenting the advanced  
71 practice registered nurse's delivery of health care services to the collaborating physician **or**  
72 **collaborating assistant physician** for review by the collaborating physician **or collaborating**  
73 **assistant physician**, or any other physician designated in the collaborative practice arrangement,  
74 every fourteen days; and

75 (10) The collaborating physician, **collaborating assistant physician**, or any other  
76 physician **or assistant physician** designated in the collaborative practice arrangement, shall  
77 review every fourteen days a minimum of twenty percent of the charts in which the advanced  
78 practice registered nurse prescribes controlled substances. The charts reviewed under this  
79 subdivision may be counted in the number of charts required to be reviewed under subdivision  
80 (9) of this subsection.

81 4. The state board of registration for the healing arts pursuant to section 334.125 and the  
82 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of  
83 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas  
84 to be covered, the methods of treatment that may be covered by collaborative practice  
85 arrangements and the requirements for review of services provided pursuant to collaborative  
86 practice arrangements including delegating authority to prescribe controlled substances. Any  
87 rules relating to dispensing or distribution of medications or devices by prescription or  
88 prescription drug orders under this section shall be subject to the approval of the state board of  
89 pharmacy. Any rules relating to dispensing or distribution of controlled substances by  
90 prescription or prescription drug orders under this section shall be subject to the approval of the  
91 department of health and senior services and the state board of pharmacy. In order to take effect,

92 such rules shall be approved by a majority vote of a quorum of each board. Neither the state  
93 board of registration for the healing arts nor the board of nursing may separately promulgate rules  
94 relating to collaborative practice arrangements. Such jointly promulgated rules shall be  
95 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this  
96 subsection shall not extend to collaborative practice arrangements of hospital employees  
97 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based  
98 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

99         5. The state board of registration for the healing arts shall not deny, revoke, suspend, or  
100 otherwise take disciplinary action against a physician **or an assistant physician** for health care  
101 services delegated to a registered professional nurse provided the provisions of this section and  
102 the rules promulgated thereunder are satisfied. Upon the written request of a physician **or an**  
103 **assistant physician** subject to a disciplinary action imposed as a result of an agreement between  
104 a physician **or an assistant physician** and a registered professional nurse or registered physician  
105 assistant, whether written or not, prior to August 28, 1993, all records of such disciplinary  
106 licensure action and all records pertaining to the filing, investigation, or review of an alleged  
107 violation of this chapter incurred as a result of such an agreement shall be removed from the  
108 records of the state board of registration for the healing arts and the division of professional  
109 registration and shall not be disclosed to any public or private entity seeking such information  
110 from the board or the division. The state board of registration for the healing arts shall take  
111 action to correct reports of alleged violations and disciplinary actions as described in this section  
112 which have been submitted to the National Practitioner Data Bank. In subsequent applications  
113 or representations relating to his **or her** medical practice, a physician **or an assistant physician**  
114 completing forms or documents shall not be required to report any actions of the state board of  
115 registration for the healing arts for which the records are subject to removal under this section.

116         6. Within thirty days of any change and on each renewal, the state board of registration  
117 for the healing arts shall require every physician **or assistant physician** to identify whether the  
118 physician **or assistant physician** is engaged in any collaborative practice agreement, including  
119 collaborative practice agreements delegating the authority to prescribe controlled substances, or  
120 physician assistant agreement and also report to the board the name of each licensed professional  
121 with whom the physician **or assistant physician** has entered into such agreement. The board  
122 may make this information available to the public. The board shall track the reported  
123 information and may routinely conduct random reviews of such agreements to ensure that  
124 agreements are carried out for compliance under this chapter.

125         7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as  
126 defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services  
127 without a collaborative practice arrangement provided that he or she is under the supervision of

128 an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if  
129 needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered  
130 nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a  
131 collaborative practice arrangement under this section, except that the collaborative practice  
132 arrangement may not delegate the authority to prescribe any controlled substances listed in  
133 Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

134 8. A collaborating physician or supervising physician shall not enter into a collaborative  
135 practice arrangement or supervision agreement with more than six full-time equivalent advanced  
136 practice registered nurses, full-time equivalent licensed physician assistants, or full-time  
137 equivalent assistant physicians, or any combination thereof. **A collaborating assistant  
138 physician or supervising assistant physician shall not enter into a collaborative practice  
139 arrangement or supervision agreement with more than two full-time equivalent advanced  
140 practice registered nurses or full-time equivalent physician assistants, or any combination  
141 thereof.** This limitation shall not apply to collaborative arrangements of hospital employees  
142 providing inpatient care service in hospitals as defined in chapter 197 or population-based public  
143 health services as defined by 20 CSR 2150- 5.100 as of April 30, 2008, or to a certified  
144 registered nurse anesthetist providing anesthesia services under the supervision of an  
145 anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed  
146 as set out in subsection 7 of this section.

147 9. It is the responsibility of the collaborating physician **or collaborating assistant  
148 physician** to determine and document the completion of at least a one-month period of time  
149 during which the advanced practice registered nurse shall practice with the collaborating  
150 physician **or collaborating assistant physician** continuously present before practicing in a  
151 setting where the collaborating physician **or collaborating assistant physician** is not  
152 continuously present. This limitation shall not apply to collaborative arrangements of providers  
153 of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30,  
154 2008.

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

160 11. No contract or other agreement shall require a physician to act as a collaborating  
161 physician **or an assistant physician to act as a collaborating assistant physician** for an  
162 advanced practice registered nurse against the physician's **or assistant physician's** will. A  
163 physician **or assistant physician** shall have the right to refuse to act as a collaborating physician

164 **or collaborating assistant physician**, without penalty, for a particular advanced practice  
165 registered nurse. No contract or other agreement shall limit the collaborating physician's **or**  
166 **collaborating assistant physician's** ultimate authority over any protocols or standing orders or  
167 in the delegation of the physician's **or assistant physician's** authority to any advanced practice  
168 registered nurse, but this requirement shall not authorize a physician **or an assistant physician**  
169 in implementing such protocols, standing orders, or delegation to violate applicable standards  
170 for safe medical practice established by hospital's medical staff.

171 12. No contract or other agreement shall require any advanced practice registered nurse  
172 to serve as a collaborating advanced practice registered nurse for any collaborating physician **or**  
173 **collaborating assistant physician** against the advanced practice registered nurse's will. An  
174 advanced practice registered nurse shall have the right to refuse to collaborate, without penalty,  
175 with a particular physician **or assistant physician**.

334.108. 1. Prior to prescribing any drug, controlled substance, or other treatment  
2 through telemedicine, as defined in section 191.1145, or the internet, a physician shall establish  
3 a valid physician-patient relationship as described in section 191.1146. This relationship shall  
4 include:

5 (1) Obtaining a reliable medical history and performing a physical examination of the  
6 patient, adequate to establish the diagnosis for which the drug is being prescribed and to identify  
7 underlying conditions or contraindications to the treatment recommended or provided;

8 (2) Having sufficient dialogue with the patient regarding treatment options and the risks  
9 and benefits of treatment or treatments;

10 (3) If appropriate, following up with the patient to assess the therapeutic outcome;

11 (4) Maintaining a contemporaneous medical record that is readily available to the patient  
12 and, subject to the patient's consent, to the patient's other health care professionals; and

13 (5) Maintaining the electronic prescription information as part of the patient's medical  
14 record.

15 2. The requirements of subsection 1 of this section may be satisfied by the prescribing  
16 physician's designee when treatment is provided in:

17 (1) A hospital as defined in section 197.020;

18 (2) A hospice program as defined in section 197.250;

19 (3) Home health services provided by a home health agency as defined in section  
20 197.400;

21 (4) Accordance with a collaborative practice agreement as ~~defined~~ **described** in section  
22 334.104;

23 (5) Conjunction with a physician assistant licensed pursuant to section 334.738;

24 (6) Conjunction with an assistant physician licensed under section 334.036;

25 (7) Consultation with another physician who has an ongoing physician-patient  
26 relationship with the patient, and who has agreed to supervise the patient's treatment, including  
27 use of any prescribed medications; or

28 (8) On-call or cross-coverage situations.

29 3. No health care provider, as defined in section 376.1350, shall prescribe any drug,  
30 controlled substance, or other treatment to a patient based solely on an evaluation over the  
31 telephone; except that, a physician, such physician's on-call designee, an advanced practice  
32 registered nurse in a collaborative practice arrangement with such physician **or assistant**  
33 **physician**, a physician assistant in a supervision agreement with such physician **or assistant**  
34 **physician**, or an assistant physician in a supervision agreement with such physician may  
35 prescribe any drug, controlled substance, or other treatment that is within his or her scope of  
36 practice to a patient based solely on a telephone evaluation if a previously established and  
37 ongoing physician-patient relationship exists between such physician and the patient being  
38 treated.

39 4. No health care provider shall prescribe any drug, controlled substance, or other  
40 treatment to a patient based solely on an internet request or an internet questionnaire.

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

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

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

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

8 (4) "Department", the department of insurance, financial institutions and professional  
9 registration or a designated agency thereof;

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

12 (6) "Physician assistant", a person who has graduated from a physician assistant program  
13 accredited by the American Medical Association's Committee on Allied Health Education and  
14 Accreditation or by its successor agency, who has passed the certifying examination administered  
15 by the National Commission on Certification of Physician Assistants and has active certification  
16 by the National Commission on Certification of Physician Assistants who provides health care  
17 services delegated by a licensed physician. A person who has been employed as a physician  
18 assistant for three years prior to August 28, 1989, who has passed the National Commission on  
19 Certification of Physician Assistants examination, and has active certification of the National  
20 Commission on Certification of Physician Assistants;

21 (7) "Recognition", the formal process of becoming a certifying entity as required by the  
22 provisions of sections 334.735 to 334.749;

23 (8) "Supervision", control exercised over a physician assistant working with a  
24 supervising physician **or supervising assistant physician** and oversight of the activities of and  
25 accepting responsibility for the physician assistant's delivery of care. The physician assistant  
26 shall only practice at a location where the physician **or assistant physician** routinely provides  
27 patient care, except existing patients of the supervising physician **or supervising assistant**  
28 **physician** in the patient's home and correctional facilities. The supervising physician **or**  
29 **supervising assistant physician** must be immediately available in person or via  
30 telecommunication during the time the physician assistant is providing patient care. Prior to  
31 commencing practice, the supervising physician **or supervising assistant physician** and  
32 physician assistant shall attest on a form provided by the board that the physician **or assistant**  
33 **physician** shall provide supervision appropriate to the physician assistant's training and that the  
34 physician assistant shall not practice beyond the physician assistant's training and experience.  
35 Appropriate supervision shall require the supervising physician **or supervising assistant**  
36 **physician** to be working within the same facility as the physician assistant for at least four hours  
37 within one calendar day for every fourteen days on which the physician assistant provides patient  
38 care as described in subsection 3 of this section. Only days in which the physician assistant  
39 provides patient care as described in subsection 3 of this section shall be counted toward the  
40 fourteen-day period. The requirement of appropriate supervision shall be applied so that no more  
41 than thirteen calendar days in which a physician assistant provides patient care shall pass  
42 between the physician's **or assistant physician's** four hours working within the same facility.  
43 The board shall promulgate rules pursuant to chapter 536 for documentation of joint review of  
44 the physician assistant activity by the supervising physician **or supervising assistant physician**  
45 and the physician assistant.

46 2. (1) A supervision agreement shall limit the physician assistant to practice only at  
47 locations described in subdivision (8) of subsection 1 of this section, within a geographic  
48 proximity to be determined by the board of registration for the healing arts.

49 (2) For a physician-physician assistant team **or an assistant physician-physician**  
50 **assistant team** working in a certified community behavioral health clinic as defined by P.L.  
51 113-93 and a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210,  
52 as amended, or a federally qualified health center as defined in 42 U.S.C. Section 1395 of the  
53 Public Health Service Act, as amended, no supervision requirements in addition to the minimum  
54 federal law shall be required.

55 3. The scope of practice of a physician assistant shall consist only of the following  
56 services and procedures:



- 57 (1) Taking patient histories;
- 58 (2) Performing physical examinations of a patient;
- 59 (3) Performing or assisting in the performance of routine office laboratory and patient  
60 screening procedures;
- 61 (4) Performing routine therapeutic procedures;
- 62 (5) Recording diagnostic impressions and evaluating situations calling for attention of  
63 a physician to institute treatment procedures;
- 64 (6) Instructing and counseling patients regarding mental and physical health using  
65 procedures reviewed and approved by a licensed physician;
- 66 (7) Assisting the supervising physician **or supervising assistant physician** in  
67 institutional settings, including reviewing of treatment plans, ordering of tests and diagnostic  
68 laboratory and radiological services, and ordering of therapies, using procedures reviewed and  
69 approved by a licensed physician **or an assistant physician**;
- 70 (8) Assisting in surgery;
- 71 (9) Performing such other tasks not prohibited by law under the supervision of a licensed  
72 physician **or an assistant physician** as the physician's assistant has been trained and is proficient  
73 to perform; and
- 74 (10) Physician assistants shall not perform or prescribe abortions.
- 75 4. Physician assistants shall not prescribe any drug, medicine, device, or therapy unless  
76 pursuant to a physician **or an assistant physician** supervision agreement in accordance with the  
77 law, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the  
78 measurement of visual power or visual efficiency of the human eye, nor administer or monitor  
79 general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures.  
80 Prescribing of drugs, medications, devices, or therapies by a physician assistant shall be pursuant  
81 to a physician assistant supervision agreement which is specific to the clinical conditions treated  
82 by the supervising physician **or supervising assistant physician** and the physician assistant shall  
83 be subject to the following:
- 84 (1) A physician assistant shall only prescribe controlled substances in accordance with  
85 section 334.747;
- 86 (2) The types of drugs, medications, devices or therapies prescribed by a physician  
87 assistant shall be consistent with the scopes of practice of the physician assistant and the  
88 supervising physician **or supervising assistant physician**;
- 89 (3) All prescriptions shall conform with state and federal laws and regulations and shall  
90 include the name, address, and telephone number of the physician assistant and the supervising  
91 physician **or supervising assistant physician**;

92 (4) A physician assistant, or advanced practice registered nurse as defined in section  
93 335.016, may request, receive and sign for noncontrolled professional samples and may  
94 distribute professional samples to patients; and

95 (5) A physician assistant shall not prescribe any drugs, medicines, devices, or therapies  
96 the supervising physician **or supervising assistant physician** is not qualified or authorized to  
97 prescribe.

98 5. A physician assistant shall clearly identify himself or herself as a physician assistant  
99 and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr."  
100 or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician  
101 assistant shall practice or attempt to practice without physician **or assistant physician**  
102 supervision or in any location where the supervising physician **or supervising assistant**  
103 **physician** is not immediately available for consultation, assistance, and intervention, except as  
104 otherwise provided in this section, and in an emergency situation, nor shall any physician  
105 assistant bill a patient independently or directly for any services or procedure by the physician  
106 assistant; except that, nothing in this subsection shall be construed to prohibit a physician  
107 assistant from enrolling with the department of social services as a MO HealthNet or Medicaid  
108 provider while acting under a supervision agreement between the physician **or assistant**  
109 **physician** and physician assistant.

110 6. For purposes of this section, the licensing of physician assistants shall take place  
111 within processes established by the state board of registration for the healing arts through rule  
112 and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536  
113 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and  
114 addressing such other matters as are necessary to protect the public and discipline the profession.  
115 An application for licensing may be denied or the license of a physician assistant may be  
116 suspended or revoked by the board in the same manner and for violation of the standards as set  
117 forth by section 334.100, or such other standards of conduct set by the board by rule or  
118 regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be required to  
119 be licensed as physician assistants. All applicants for physician assistant licensure who complete  
120 a physician assistant training program after January 1, 2008, shall have a master's degree from  
121 a physician assistant program.

122 7. "Physician assistant supervision agreement" means a written agreement, jointly  
123 agreed-upon protocols or standing order between a supervising physician **or a supervising**  
124 **assistant physician** and a physician assistant, which provides for the delegation of health care  
125 services from a supervising physician **or supervising assistant physician** to a physician  
126 assistant and the review of such services. The agreement shall contain at least the following  
127 provisions:

128 (1) Complete names, home and business addresses, zip codes, telephone numbers, and  
129 state license numbers of the supervising physician **or supervising assistant physician** and the  
130 physician assistant;

131 (2) A list of all offices or locations where the physician routinely provides patient care,  
132 and in which of such offices or locations the supervising physician **or supervising assistant**  
133 **physician** has authorized the physician assistant to practice;

134 (3) All specialty or board certifications of the supervising physician **or supervising**  
135 **assistant physician**;

136 (4) The manner of supervision between the supervising physician **or supervising**  
137 **assistant physician** and the physician assistant, including how the supervising physician **or**  
138 **supervising assistant physician** and the physician assistant shall:

139 (a) Attest on a form provided by the board that the physician **or assistant physician**  
140 shall provide supervision appropriate to the physician assistant's training and experience and that  
141 the physician assistant shall not practice beyond the scope of the physician assistant's training  
142 and experience nor the supervising physician's **or supervising assistant physician's** capabilities  
143 and training; and

144 (b) Provide coverage during absence, incapacity, infirmity, or emergency by the  
145 supervising physician **or supervising assistant physician**;

146 (5) The duration of the supervision agreement between the supervising physician **or**  
147 **supervising assistant physician** and physician assistant; and

148 (6) A description of the time and manner of the supervising physician's **or supervising**  
149 **assistant physician's** review of the physician assistant's delivery of health care services. Such  
150 description shall include provisions that the supervising physician, **supervising assistant**  
151 **physician**, or a designated supervising physician **or designated supervising assistant physician**  
152 listed in the supervision agreement review a minimum of ten percent of the charts of the  
153 physician assistant's delivery of health care services every fourteen days.

154 8. When a physician assistant supervision agreement is utilized to provide health care  
155 services for conditions other than acute self-limited or well-defined problems, the supervising  
156 physician, **supervising assistant physician**, or other physician **or assistant physician**  
157 designated in the supervision agreement shall see the patient for evaluation and approve or  
158 formulate the plan of treatment for new or significantly changed conditions as soon as practical,  
159 but in no case more than two weeks after the patient has been seen by the physician assistant.

160 9. At all times the physician **or assistant physician** is responsible for the oversight of  
161 the activities of, and accepts responsibility for, health care services rendered by the physician  
162 assistant.

163           10. It is the responsibility of the supervising physician **or supervising assistant**  
164 **physician** to determine and document the completion of at least a one-month period of time  
165 during which the licensed physician assistant shall practice with a supervising physician **or**  
166 **supervising assistant physician** continuously present before practicing in a setting where a  
167 supervising physician **or supervising assistant physician** is not continuously present.

168           11. No contract or other agreement shall require a physician **or an assistant physician**  
169 to act as a supervising physician **or an assistant physician to act as a supervising assistant**  
170 **physician** for a physician assistant against the physician's **or assistant physician's** will. A  
171 physician **or an assistant physician** shall have the right to refuse to act as a supervising  
172 physician **or supervising assistant physician**, without penalty, for a particular physician  
173 assistant. No contract or other agreement shall limit the supervising physician's **or supervising**  
174 **assistant physician's** ultimate authority over any protocols or standing orders or in the  
175 delegation of the physician's **or assistant physician's** authority to any physician assistant, but  
176 this requirement shall not authorize a physician **or assistant physician** in implementing such  
177 protocols, standing orders, or delegation to violate applicable standards for safe medical practice  
178 established by the hospital's medical staff.

179           12. Physician assistants shall file with the board a copy of their supervising physician  
180 **or supervising assistant physician** form.

181           13. No physician shall be designated to serve as supervising physician or collaborating  
182 physician for more than six full-time equivalent licensed physician assistants, full-time  
183 equivalent advanced practice registered nurses, or full-time equivalent assistant physicians, or  
184 any combination thereof. **No supervising assistant physician shall be designated to serve as**  
185 **supervising assistant physician or collaborating assistant physician for more than two full-**  
186 **time equivalent physician assistants or full-time equivalent advanced practice registered**  
187 **nurses, or any combination thereof.** This limitation shall not apply to physician assistant  
188 agreements of hospital employees providing inpatient care service in hospitals as defined in  
189 chapter 197, or to a certified registered nurse anesthetist providing anesthesia services under the  
190 supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately  
191 available if needed as set out in subsection 7 of section 334.104.

334.747. 1. A physician assistant with a certificate of controlled substance prescriptive  
2 authority as provided in this section may prescribe any controlled substance listed in Schedule  
3 III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated  
4 the authority to prescribe controlled substances in a supervision agreement **under section**  
5 **334.033 or 334.735.** Such authority shall be listed on the supervision verification form on file  
6 with the state board of healing arts. The supervising physician shall maintain the right to limit  
7 a specific scheduled drug or scheduled drug category that the physician assistant is permitted to

8 prescribe. Any limitations shall be listed on the supervision form. Prescriptions for Schedule  
9 II medications prescribed by a physician assistant with authority to prescribe delegated in a  
10 supervision agreement are restricted to only those medications containing hydrocodone.  
11 Physician assistants shall not prescribe controlled substances for themselves or members of their  
12 families. Schedule III controlled substances and Schedule II - hydrocodone prescriptions shall  
13 be limited to a five-day supply without refill, except that buprenorphine may be prescribed for  
14 up to a thirty-day supply without refill for patients receiving medication-assisted treatment for  
15 substance use disorders under the direction of the supervising physician. Physician assistants  
16 who are authorized to prescribe controlled substances under this section shall register with the  
17 federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs,  
18 and shall include the Drug Enforcement Administration registration number on prescriptions for  
19 controlled substances.

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

26         3. A physician assistant shall receive a certificate of controlled substance prescriptive  
27 authority from the board of healing arts upon verification of the completion of the following  
28 educational requirements:

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

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

36             (3) Completion of a minimum of one year of supervised clinical practice or supervised  
37 clinical rotations. One year of clinical rotations in a program accredited by the Accreditation  
38 Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor  
39 agency, which includes pharmacotherapeutics as a component of its clinical training, shall satisfy  
40 such requirement. Proof of such training shall serve to document experience in the prescribing  
41 of drugs, medicines, and therapeutic devices;

42             (4) A physician assistant previously licensed in a jurisdiction where physician assistants  
43 are authorized to prescribe controlled substances may obtain a state bureau of narcotics and

44 dangerous drugs registration if a supervising physician can attest that the physician assistant has  
45 met the requirements of subdivisions (1) to (3) of this subsection and provides documentation  
46 of existing federal Drug Enforcement Agency registration.

335.019. The board of nursing may grant a certificate of controlled substance  
2 prescriptive authority to an advanced practice registered nurse who:

3 (1) Submits proof of successful completion of an advanced pharmacology course that  
4 shall include preceptorial experience in the prescription of drugs, medicines and therapeutic  
5 devices; and

6 (2) Provides documentation of a minimum of three hundred clock hours preceptorial  
7 experience in the prescription of drugs, medicines, and therapeutic devices with a qualified  
8 preceptor; and

9 (3) Provides evidence of a minimum of one thousand hours of practice in an advanced  
10 practice nursing category prior to application for a certificate of prescriptive authority. The one  
11 thousand hours shall not include clinical hours obtained in the advanced practice nursing  
12 education program. The one thousand hours of practice in an advanced practice nursing category  
13 may include transmitting a prescription order orally or telephonically or to an inpatient medical  
14 record from protocols developed in collaboration with and signed by a licensed physician **or an**  
15 **assistant physician**; and

16 (4) Has a controlled substance prescribing authority delegated in the collaborative  
17 practice arrangement under section 334.104 with a physician who has an unrestricted federal  
18 Drug Enforcement Administration registration number and who is actively engaged in a practice  
19 comparable in scope, specialty, or expertise to that of the advanced practice registered nurse.

335.175. 1. No later than January 1, 2014, there is hereby established within the state  
2 board of registration for the healing arts and the state board of nursing the "Utilization of  
3 Telehealth by Nurses". An advanced practice registered nurse (APRN) providing nursing  
4 services under a collaborative practice arrangement under section 334.104 may provide such  
5 services outside the geographic proximity requirements of section 334.104 if the collaborating  
6 physician **or collaborating assistant physician** and advanced practice registered nurse utilize  
7 telehealth in the care of the patient and if the services are provided in a rural area of need.  
8 Telehealth providers shall be required to obtain patient consent before telehealth services are  
9 initiated and ensure confidentiality of medical information.

10 2. As used in this section, "telehealth" shall have the same meaning as such term is  
11 defined in section 191.1145.

12 3. (1) The boards shall jointly promulgate rules governing the practice of telehealth  
13 under this section. Such rules shall address, but not be limited to, appropriate standards for the  
14 use of telehealth.

15 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created  
16 under the authority delegated in this section shall become effective only if it complies with and  
17 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section  
18 and chapter 536 are nonseverable and if any of the powers vested with the general assembly  
19 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule  
20 are subsequently held unconstitutional, then the grant of rulemaking authority and any rule  
21 proposed or adopted after August 28, 2013, shall be invalid and void.

22 4. For purposes of this section, "rural area of need" means any rural area of this state  
23 which is located in a health professional shortage area as defined in section 354.650.

24 5. Under section 23.253 of the Missouri sunset act:

25 (1) The provisions of the new program authorized under this section shall automatically  
26 sunset six years after August 28, 2013, unless reauthorized by an act of the general assembly; and

27 (2) If such program is reauthorized, the program authorized under this section shall  
28 automatically sunset twelve years after the effective date of the reauthorization of this section;  
29 and

30 (3) This section shall terminate on September first of the calendar year immediately  
31 following the calendar year in which the program authorized under this section is sunset.

338.198. Other provisions of law to the contrary notwithstanding, a pharmacist may fill  
2 a physician's prescription or the prescription of an advanced practice nurse working under a  
3 collaborative practice arrangement with a physician **or an assistant physician**, when it is  
4 forwarded to the pharmacist by a registered professional nurse or registered physician's assistant  
5 or other authorized agent. The written collaborative practice arrangement shall specifically state  
6 that the registered professional nurse or registered physician assistant is permitted to authorize  
7 a pharmacist to fill a prescription on behalf of the physician **or assistant physician**.

630.875. 1. This section shall be known and may be cited as the "Improved Access to  
2 Treatment for Opioid Addictions Act" or "IATOA Act".

3 2. As used in this section, the following terms mean:

4 (1) "Department", the department of mental health;

5 (2) "IATOA program", the improved access to treatment for opioid addictions program  
6 created under subsection 3 of this section.

7 3. Subject to appropriations, the department shall create and oversee an "Improved  
8 Access to Treatment for Opioid Addictions Program", which is hereby created and whose  
9 purpose is to disseminate information and best practices regarding opioid addiction and to  
10 facilitate collaborations to better treat and prevent opioid addiction in this state. The IATOA  
11 program shall facilitate partnerships between assistant physicians, physician assistants, and  
12 advanced practice registered nurses practicing in federally qualified health centers, rural health

13 clinics, and other health care facilities and physicians practicing at remote facilities located in  
14 this state. The IATOA program shall provide resources that grant patients and their treating  
15 assistant physicians, physician assistants, advanced practice registered nurses, or physicians  
16 access to knowledge and expertise through means such as telemedicine and Extension for  
17 Community Healthcare Outcomes (ECHO) programs established under section 191.1140.

18 4. Assistant physicians, physician assistants, and advanced practice registered nurses  
19 who participate in the IATOA program shall complete the necessary requirements to prescribe  
20 buprenorphine within at least thirty days of joining the IATOA program.

21 5. For the purposes of the IATOA program, a remote collaborating or supervising  
22 physician working with an on-site assistant physician, physician assistant, or advanced practice  
23 registered nurse **or a remote collaborating or supervising assistant physician working with**  
24 **an on-site physician assistant or advanced practice registered nurse** shall be considered to  
25 be on-site. An assistant physician, physician assistant, or advanced practice registered nurse  
26 collaborating with a remote physician shall comply with all laws and requirements applicable  
27 to assistant physicians, physician assistants, or advanced practice registered nurses with on-site  
28 supervision before providing treatment to a patient. **A physician assistant or advanced**  
29 **practice registered nurse collaborating with a remote assistant physician shall comply with**  
30 **all laws and requirements applicable to physician assistants or advanced practice**  
31 **registered nurses with on-site supervision before providing treatment to a patient.**

32 6. (1) An assistant physician, physician assistant, or advanced practice registered nurse  
33 collaborating with a physician who is waiver-certified for the use of buprenorphine may  
34 participate in the IATOA program in any area of the state and provide all services and functions  
35 of an assistant physician, physician assistant, or advanced practice registered nurse.

36 (2) **A physician assistant or an advanced practice registered nurse collaborating**  
37 **with an assistant physician who is waiver-certified for the use of buprenorphine may**  
38 **participate in the IATOA program in any area of the state and provide all services and**  
39 **functions of a physician assistant or an advanced practice registered nurse.**

40 7. The department may develop curriculum and benchmark examinations on the subject  
41 of opioid addiction and treatment. The department may collaborate with specialists, institutions  
42 of higher education, and medical schools for such development. Completion of such a  
43 curriculum and passing of such an examination by an assistant physician, physician assistant,  
44 advanced practice registered nurse, or physician shall result in a certificate awarded by the  
45 department or sponsoring institution, if any.

46 8. An assistant physician, physician assistant, or advanced practice registered nurse  
47 participating in the IATOA program may also:

48 (1) Engage in community education;



- 49 (2) Engage in professional education outreach programs with local treatment providers;  
50 (3) Serve as a liaison to courts;  
51 (4) Serve as a liaison to addiction support organizations;  
52 (5) Provide educational outreach to schools;  
53 (6) Treat physical ailments of patients in an addiction treatment program or considering  
54 entering such a program;  
55 (7) Refer patients to treatment centers;  
56 (8) Assist patients with court and social service obligations;  
57 (9) Perform other functions as authorized by the department; and  
58 (10) Provide mental health services in collaboration with a qualified licensed physician.

59

60 The list of authorizations in this subsection is a nonexclusive list, and assistant physicians,  
61 physician assistants, or advanced practice registered nurses participating in the IATOA program  
62 may perform other actions.

63 9. When an overdose survivor arrives in the emergency department, the assistant  
64 physician, physician assistant, or advanced practice registered nurse serving as a recovery coach  
65 or, if the assistant physician, physician assistant, or advanced practice registered nurse is  
66 unavailable, another properly trained recovery coach shall, when reasonably practicable, meet  
67 with the overdose survivor and provide treatment options and support available to the overdose  
68 survivor. The department shall assist recovery coaches in providing treatment options and  
69 support to overdose survivors.

70 10. The provisions of this section shall supersede any contradictory statutes, rules, or  
71 regulations. The department shall implement the improved access to treatment for opioid  
72 addictions program as soon as reasonably possible using guidance within this section. Further  
73 refinement to the improved access to treatment for opioid addictions program may be done  
74 through the rules process.

75 11. The department shall promulgate rules to implement the provisions of the improved  
76 access to treatment for opioid addictions act as soon as reasonably possible. Any rule or portion  
77 of a rule, as that term is defined in section 536.010, that is created under the authority delegated  
78 in this section shall become effective only if it complies with and is subject to all of the  
79 provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are  
80 nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536  
81 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held  
82 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after  
83 August 28, 2018, shall be invalid and void.

✓