

FIRST REGULAR SESSION

HOUSE BILL NO. 84

101ST GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE STEPHENS (128).

0795H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 334.037, 334.104, and 334.735, RSMo, and to enact in lieu thereof three new sections relating to advanced practice registered nurses.

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

Section A. Sections 334.037, 334.104, and 334.735, RSMo, are repealed and three new sections enacted in lieu thereof, to be known as sections 334.037, 334.104, and 334.735, to read as follows:

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

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

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

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

(3) A requirement that there shall be posted at every office where the assistant physician is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure

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.

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 state board of registration for the healing arts under section 334.125 shall
57 promulgate rules regulating the use of collaborative practice arrangements for assistant
58 physicians. Such rules shall specify:

59 (1) Geographic areas to be covered;

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

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

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

70

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

81 4. The state board of registration for the healing arts shall not deny, revoke, suspend, or
82 otherwise take disciplinary action against a collaborating physician for health care services
83 delegated to an assistant physician provided the provisions of this section and the rules
84 promulgated thereunder are satisfied.

85 5. Within thirty days of any change and on each renewal, the state board of registration
86 for the healing arts shall require every physician to identify whether the physician is engaged in
87 any collaborative practice arrangement, including collaborative practice arrangements delegating
88 the authority to prescribe controlled substances, and also report to the board the name of each

89 assistant physician with whom the physician has entered into such arrangement. The board may
90 make such information available to the public. The board shall track the reported information
91 and may routinely conduct random reviews of such arrangements to ensure that arrangements
92 are carried out for compliance under this chapter.

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

102 7. The collaborating physician shall determine and document the completion of at least
103 a one-month period of time during which the assistant physician shall practice with the
104 collaborating physician continuously present before practicing in a setting where the
105 collaborating physician is not continuously present. No rule or regulation shall require the
106 collaborating physician to review more than ten percent of the assistant physician's patient charts
107 or records during such one-month period. Such limitation shall not apply to collaborative
108 arrangements of providers of population-based public health services as defined by 20 CSR
109 2150-5.100 as of April 30, 2008.

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

115 9. No contract or other agreement shall require a physician to act as a collaborating
116 physician for an assistant physician against the physician's will. A physician shall have the right
117 to refuse to act as a collaborating physician, without penalty, for a particular assistant physician.
118 No contract or other agreement shall limit the collaborating physician's ultimate authority over
119 any protocols or standing orders or in the delegation of the physician's authority to any assistant
120 physician, but such requirement shall not authorize a physician in implementing such protocols,
121 standing orders, or delegation to violate applicable standards for safe medical practice
122 established by a hospital's medical staff.

123 10. No contract or other agreement shall require any assistant physician to serve as a
124 collaborating assistant physician for any collaborating physician against the assistant physician's

125 will. An assistant physician shall have the right to refuse to collaborate, without penalty, with
126 a particular physician.

127 11. All collaborating physicians and assistant physicians in collaborative practice
128 arrangements shall wear identification badges while acting within the scope of their collaborative
129 practice arrangement. The identification badges shall prominently display the licensure status
130 of such collaborating physicians and assistant physicians.

131 12. (1) An assistant physician with a certificate of controlled substance prescriptive
132 authority as provided in this section may prescribe any controlled substance listed in Schedule
133 III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated
134 the authority to prescribe controlled substances in a collaborative practice arrangement.
135 Prescriptions for Schedule II medications prescribed by an assistant physician who has a
136 certificate of controlled substance prescriptive authority are restricted to only those medications
137 containing hydrocodone. Such authority shall be filed with the state board of registration for the
138 healing arts. The collaborating physician shall maintain the right to limit a specific scheduled
139 drug or scheduled drug category that the assistant physician is permitted to prescribe. Any
140 limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall
141 not prescribe controlled substances for themselves or members of their families. Schedule III
142 controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day
143 supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply
144 without refill for patients receiving medication-assisted treatment for substance use disorders
145 under the direction of the collaborating physician. Assistant physicians who are authorized to
146 prescribe controlled substances under this section shall register with the federal Drug
147 Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall
148 include the Drug Enforcement Administration registration number on prescriptions for controlled
149 substances.

150 (2) The collaborating physician shall be responsible to determine and document the
151 completion of at least one hundred twenty hours in a four-month period by the assistant physician
152 during which the assistant physician shall practice with the collaborating physician on-site prior
153 to prescribing controlled substances when the collaborating physician is not on-site. Such
154 limitation shall not apply to assistant physicians of population-based public health services as
155 defined in 20 CSR 2150-5.100 as of April 30, 2009, or assistant physicians providing opioid
156 addiction treatment.

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

160 13. Nothing in this section or section 334.036 shall be construed to limit the authority
161 of hospitals or hospital medical staff to make employment or medical staff credentialing or
162 privileging decisions.

334.104. 1. A physician may enter into collaborative practice arrangements with
2 registered professional nurses. Collaborative practice arrangements shall be in the form of
3 written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health
4 care services. Collaborative practice arrangements, which shall be in writing, may delegate to
5 a registered professional nurse the authority to administer or dispense drugs and provide
6 treatment as long as the delivery of such health care services is within the scope of practice of
7 the registered professional nurse and is consistent with that nurse's skill, training and
8 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, **who has been granted a**
14 **certificate of controlled substance prescriptive authority under section 335.019**, the
15 authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV,
16 and V of section 195.017, and Schedule II - hydrocodone; except that, the collaborative practice
17 arrangement shall not delegate the authority to administer any controlled substances listed in
18 Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone for the purpose of
19 inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures.
20 Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be
21 limited to a one hundred twenty-hour supply without refill. Such collaborative practice
22 arrangements shall be in the form of written agreements, jointly agreed-upon protocols or
23 standing orders for the delivery of health care services. An advanced practice registered nurse
24 may prescribe buprenorphine for up to a thirty-day supply without refill for patients receiving
25 medication-assisted treatment for substance use disorders under the direction of the collaborating
26 physician.

27 3. The written collaborative practice arrangement shall contain at least the ~~following~~
28 ~~provisions:~~

29 ~~——(1) complete names, home and business addresses, zip codes, and telephone numbers~~
30 ~~of the collaborating physician and the advanced practice registered nurse[;~~

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

- 34 ~~—— (3) A requirement that there shall be posted at every office where the advanced practice~~
35 ~~registered nurse is authorized to prescribe, in collaboration with a physician, a prominently~~
36 ~~displayed disclosure statement informing patients that they may be seen by an advanced practice~~
37 ~~registered nurse and have the right to see the collaborating physician;~~
- 38 ~~—— (4) All specialty or board certifications of the collaborating physician and all~~
39 ~~certifications of the advanced practice registered nurse;~~
- 40 ~~—— (5) The manner of collaboration between the collaborating physician and the advanced~~
41 ~~practice registered nurse, including how the collaborating physician and the advanced practice~~
42 ~~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 is~~
53 ~~required to maintain documentation related to this requirement and to present it to the state board~~
54 ~~of registration for the healing arts when requested; and~~
- 55 ~~—— (c) Provide coverage during absence, incapacity, infirmity, or emergency by the~~
56 ~~collaborating physician;~~
- 57 ~~—— (6)] and a description of the advanced practice registered nurse's controlled substance~~
58 ~~prescriptive authority in collaboration with the physician, including a list of the controlled~~
59 ~~substances the physician authorizes the nurse to prescribe and documentation that it is consistent~~
60 ~~with each professional's education, knowledge, skill, and competence];~~
- 61 ~~—— (7) A list of all other written practice agreements of the collaborating physician and the~~
62 ~~advanced practice registered nurse;~~
- 63 ~~—— (8) The duration of the written practice agreement between the collaborating physician~~
64 ~~and the advanced practice registered nurse;~~
- 65 ~~—— (9) A description of the time and manner of the collaborating physician's review of the~~
66 ~~advanced practice registered nurse's delivery of health care services. The description shall~~
67 ~~include provisions that the advanced practice registered nurse shall submit a minimum of ten~~
68 ~~percent of the charts documenting the advanced practice registered nurse's delivery of health care~~

69 ~~services to the collaborating physician for review by the collaborating physician, or any other~~
70 ~~physician designated in the collaborative practice arrangement, every fourteen days, and~~
71 ~~———— (10) The collaborating physician, or any other physician designated in the collaborative~~
72 ~~practice arrangement, shall review every fourteen days a minimum of twenty percent of the~~
73 ~~charts in which the advanced practice registered nurse prescribes controlled substances. The~~
74 ~~charts reviewed under this subdivision may be counted in the number of charts required to be~~
75 ~~reviewed under subdivision (9) of this subsection].~~

76 4. **(1)** The state board of registration for the healing arts pursuant to section 334.125 and
77 the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use
78 of collaborative practice arrangements. Such rules shall be limited to ~~[specifying geographic~~
79 ~~areas to be covered, the methods of treatment that may be covered by collaborative practice~~
80 ~~arrangements and the requirements for review of services provided pursuant to collaborative~~
81 ~~practice arrangements including] delegating authority to prescribe controlled substances.~~

82 **(2) Any previously adopted rules regulating the use of collaborative practice**
83 **arrangements that are not limited to delegating authority to prescribe controlled**
84 **substances shall be null and void from the effective date of this subdivision.**

85 **(3)** Any rules relating to dispensing or distribution of medications or devices by
86 prescription or prescription drug orders under this section shall be subject to the approval of the
87 state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances
88 by prescription or prescription drug orders under this section shall be subject to the approval of
89 the department of health and senior services and the state board of pharmacy. In order to take
90 effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the
91 state board of registration for the healing arts nor the board of nursing may separately promulgate
92 rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be
93 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this
94 subsection shall not extend to collaborative practice arrangements of hospital employees
95 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based
96 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

97 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
98 otherwise take disciplinary action against a physician for health care services delegated to a
99 registered professional nurse provided the provisions of this section and the rules promulgated
100 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
101 imposed as a result of an agreement between a physician and a registered professional nurse or
102 registered physician assistant, whether written or not, prior to August 28, 1993, all records of
103 such disciplinary licensure action and all records pertaining to the filing, investigation or review
104 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed

105 from the records of the state board of registration for the healing arts and the division of
106 professional registration and shall not be disclosed to any public or private entity seeking such
107 information from the board or the division. The state board of registration for the healing arts
108 shall take action to correct reports of alleged violations and disciplinary actions as described in
109 this section which have been submitted to the National Practitioner Data Bank. In subsequent
110 applications or representations relating to his **or her** medical practice, a physician completing
111 forms or documents shall not be required to report any actions of the state board of registration
112 for the healing arts for which the records are subject to removal under this section.

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

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

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

139 ~~9. It is the responsibility of the collaborating physician to determine and document the~~
140 ~~completion of at least a one-month period of time during which the advanced practice registered~~

141 ~~nurse shall practice with the collaborating physician continuously present before practicing in~~
142 ~~a setting where the collaborating physician is not continuously present. This limitation shall not~~
143 ~~apply to collaborative arrangements of providers of population-based public health services as~~
144 ~~defined by 20 CSR 2150-5.100 as of April 30, 2008.~~

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

150 ~~11.] No contract or other agreement shall require a physician to act as a collaborating~~
151 ~~physician for an advanced practice registered nurse against the physician's will. A physician~~
152 ~~shall have the right to refuse to act as a collaborating physician, without penalty, for a particular~~
153 ~~advanced practice registered nurse. [No contract or other agreement shall limit the collaborating~~
154 ~~physician's ultimate authority over any protocols or standing orders or in the delegation of the~~
155 ~~physician's authority to any advanced practice registered nurse, but this requirement shall not~~
156 ~~authorize a physician in implementing such protocols, standing orders, or delegation to violate~~
157 ~~applicable standards for safe medical practice established by hospital's medical staff.~~

158 ~~12.] 9. No contract or other agreement shall require any advanced practice registered~~
159 ~~nurse to serve as a collaborating advanced practice registered nurse for any collaborating~~
160 ~~physician against the advanced practice registered nurse's will. An advanced practice registered~~
161 ~~nurse shall have the right to refuse to collaborate, without penalty, with a particular physician.~~

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) "Collaborative practice arrangement", written agreements, jointly agreed upon
- 9 protocols, or standing orders, all of which shall be in writing, for the delivery of health care
- 10 services;
- 11 (5) "Department", the department of commerce and insurance or a designated agency
- 12 thereof;
- 13 (6) "License", a document issued to an applicant by the board acknowledging that the
- 14 applicant is entitled to practice as a physician assistant;

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

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

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

29 (1) Taking patient histories;

30 (2) Performing physical examinations of a patient;

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

33 (4) Performing routine therapeutic procedures;

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

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

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

41 (8) Assisting in surgery; and

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

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

46 4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless
47 pursuant to a collaborative practice arrangement in accordance with the law, nor prescribe lenses,
48 prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual
49 power or visual efficiency of the human eye, nor administer or monitor general or regional block
50 anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing of drugs,

51 medications, devices or therapies by a physician assistant shall be pursuant to a collaborative
52 practice arrangement which is specific to the clinical conditions treated by the supervising
53 physician and the physician assistant shall be subject to the following:

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

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

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

62 (4) A physician assistant, or advanced practice registered nurse as defined in section
63 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
64 professional samples to patients; and

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

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

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

87 physician assistants. All applicants for physician assistant licensure who complete a physician
88 assistant training program after January 1, 2008, shall have a master's degree from a physician
89 assistant program.

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

92 8. A physician may enter into collaborative practice arrangements with physician
93 assistants. Collaborative practice arrangements, which shall be in writing, may delegate to a
94 physician assistant the authority to prescribe, administer, or dispense drugs and provide treatment
95 which is within the skill, training, and competence of the physician assistant. Collaborative
96 practice arrangements may delegate to a physician assistant, as defined in section 334.735, the
97 authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV,
98 and V of section 195.017, and Schedule II - hydrocodone. Schedule III narcotic controlled
99 substances and Schedule II - hydrocodone prescriptions shall be limited to a one hundred
100 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form
101 of a written arrangement, jointly agreed-upon protocols, or standing orders for the delivery of
102 health care services.

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

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

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

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

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

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

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

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

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

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

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

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

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

138 (10) A statement that no collaboration requirements in addition to the federal law shall
139 be required for a physician-physician assistant team working in a certified community behavioral
140 health clinic as defined by Pub.L. 113-93, or a rural health clinic under the federal Rural Health
141 Services Act, Pub.L. 95-210, as amended, or a federally qualified health center as defined in 42
142 U.S.C. Section ~~[1395 of the Public Health Service Act]~~ **1395x**, as amended.

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

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

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

157 13. The collaborating physician shall determine and document the completion of a period
158 of time during which the physician assistant shall practice with the collaborating physician

159 continuously present before practicing in a setting where the collaborating physician is not
160 continuously present. This limitation shall not apply to collaborative arrangements of providers
161 of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30,
162 2009.

163 14. No contract or other arrangement shall require a physician to act as a collaborating
164 physician for a physician assistant against the physician's will. A physician shall have the right
165 to refuse to act as a supervising physician, without penalty, for a particular physician assistant.
166 No contract or other agreement shall limit the collaborating physician's ultimate authority over
167 any protocols or standing orders or in the delegation of the physician's authority to any physician
168 assistant. No contract or other arrangement shall require any physician assistant to collaborate
169 with any physician against the physician assistant's will. A physician assistant shall have the
170 right to refuse to collaborate, without penalty, with a particular physician.

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

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

181 17. No arrangement made under this section shall supercede current hospital licensing
182 regulations governing hospital medication orders under protocols or standing orders for the
183 purpose of delivering inpatient or emergency care within a hospital, as defined in section
184 197.020, if such protocols or standing orders have been approved by the hospital's medical staff
185 and pharmaceutical therapeutics committee.

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