

FIRST REGULAR SESSION

# SENATE BILL NO. 293

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR HOSKINS.

0848S.02I

ADRIANE D. CROUSE, Secretary

## 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,  
2 are repealed and three new sections enacted in lieu thereof, to  
3 be known as sections 334.037, 334.104, and 334.735, to read as  
4 follows:

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

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

**EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

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

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

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

29           (4) All specialty or board certifications of the  
30 collaborating physician and all certifications of the  
31 assistant physician;

32           (5) The manner of collaboration between the  
33 collaborating physician and the assistant physician,  
34 including how the collaborating physician and the assistant  
35 physician shall:

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

39           (b) Maintain geographic proximity; except, the  
40 collaborative practice arrangement may allow for geographic  
41 proximity to be waived for a maximum of twenty-eight days  
42 per calendar year for rural health clinics as defined by  
43 Pub. L. 95-210 (42 U.S.C. Section 1395x), as amended, as  
44 long as the collaborative practice arrangement includes  
45 alternative plans as required in paragraph (c) of this  
46 subdivision. Such exception to geographic proximity shall  
47 apply only to independent rural health clinics, provider-

48 based rural health clinics if the provider is a critical  
49 access hospital as provided in 42 U.S.C. Section 1395i-4,  
50 and provider-based rural health clinics if the main location  
51 of the hospital sponsor is greater than fifty miles from the  
52 clinic. The collaborating physician shall maintain  
53 documentation related to such requirement and present it to  
54 the state board of registration for the healing arts when  
55 requested; and

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

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

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

67 (8) The duration of the written practice agreement  
68 between the collaborating physician and the assistant  
69 physician;

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

80           (10) The collaborating physician, or any other  
81 physician designated in the collaborative practice  
82 arrangement, shall review every fourteen days a minimum of  
83 twenty percent of the charts in which the assistant  
84 physician prescribes controlled substances. The charts  
85 reviewed under this subdivision may be counted in the number  
86 of charts required to be reviewed under subdivision (9) of  
87 this subsection.

88           3. The state board of registration for the healing  
89 arts under section 334.125 shall promulgate rules regulating  
90 the use of collaborative practice arrangements for assistant  
91 physicians. Such rules shall specify:

92           (1) Geographic areas to be covered;

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

95           (3) In conjunction with deans of medical schools and  
96 primary care residency program directors in the state, the  
97 development and implementation of educational methods and  
98 programs undertaken during the collaborative practice  
99 service which shall facilitate the advancement of the  
100 assistant physician's medical knowledge and capabilities,  
101 and which may lead to credit toward a future residency  
102 program for programs that deem such documented educational  
103 achievements acceptable; and

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

107 Any rules relating to dispensing or distribution of  
108 medications or devices by prescription or prescription drug  
109 orders under this section shall be subject to the approval  
110 of the state board of pharmacy. Any rules relating to

111 dispensing or distribution of controlled substances by  
112 prescription or prescription drug orders under this section  
113 shall be subject to the approval of the department of health  
114 and senior services and the state board of pharmacy. The  
115 state board of registration for the healing arts shall  
116 promulgate rules applicable to assistant physicians that  
117 shall be consistent with guidelines for federally funded  
118 clinics. The rulemaking authority granted in this  
119 subsection shall not extend to collaborative practice  
120 arrangements of hospital employees providing inpatient care  
121 within hospitals as defined in chapter 197 or population-  
122 based public health services as defined by 20 CSR 2150-5.100  
123 as of April 30, 2008.

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

130 5. Within thirty days of any change and on each  
131 renewal, the state board of registration for the healing  
132 arts shall require every physician to identify whether the  
133 physician is engaged in any collaborative practice  
134 arrangement, including collaborative practice arrangements  
135 delegating the authority to prescribe controlled substances,  
136 and also report to the board the name of each assistant  
137 physician with whom the physician has entered into such  
138 arrangement. The board may make such information available  
139 to the public. The board shall track the reported  
140 information and may routinely conduct random reviews of such  
141 arrangements to ensure that arrangements are carried out for  
142 compliance under this chapter.

143           6. A collaborating physician shall not enter into a  
144 collaborative practice arrangement with more than six full-  
145 time equivalent assistant physicians[, ] **or** full-time  
146 equivalent physician assistants, [or full-time equivalent  
147 advance practice registered nurses,] or any combination  
148 thereof. Such limitation shall not apply to collaborative  
149 arrangements of hospital employees providing inpatient care  
150 service in hospitals as defined in chapter 197 or population-  
151 based public health services as defined by 20 CSR 2150-5.100  
152 as of April 30, 2008[, or to a certified registered nurse  
153 anesthetist providing anesthesia services under the  
154 supervision of an anesthesiologist or other physician,  
155 dentist, or podiatrist who is immediately available if  
156 needed as set out in subsection 7 of section 334.104].

157           7. The collaborating physician shall determine and  
158 document the completion of at least a one-month period of  
159 time during which the assistant physician shall practice  
160 with the collaborating physician continuously present before  
161 practicing in a setting where the collaborating physician is  
162 not continuously present. No rule or regulation shall  
163 require the collaborating physician to review more than ten  
164 percent of the assistant physician's patient charts or  
165 records during such one-month period. Such limitation shall  
166 not apply to collaborative arrangements of providers of  
167 population-based public health services as defined by 20 CSR  
168 2150-5.100 as of April 30, 2008.

169           8. No agreement made under this section shall  
170 supersede current hospital licensing regulations governing  
171 hospital medication orders under protocols or standing  
172 orders for the purpose of delivering inpatient or emergency  
173 care within a hospital as defined in section 197.020 if such  
174 protocols or standing orders have been approved by the

175 hospital's medical staff and pharmaceutical therapeutics  
176 committee.

177         9. No contract or other agreement shall require a  
178 physician to act as a collaborating physician for an  
179 assistant physician against the physician's will. A  
180 physician shall have the right to refuse to act as a  
181 collaborating physician, without penalty, for a particular  
182 assistant physician. No contract or other agreement shall  
183 limit the collaborating physician's ultimate authority over  
184 any protocols or standing orders or in the delegation of the  
185 physician's authority to any assistant physician, but such  
186 requirement shall not authorize a physician in implementing  
187 such protocols, standing orders, or delegation to violate  
188 applicable standards for safe medical practice established  
189 by a hospital's medical staff.

190         10. No contract or other agreement shall require any  
191 assistant physician to serve as a collaborating assistant  
192 physician for any collaborating physician against the  
193 assistant physician's will. An assistant physician shall  
194 have the right to refuse to collaborate, without penalty,  
195 with a particular physician.

196         11. All collaborating physicians and assistant  
197 physicians in collaborative practice arrangements shall wear  
198 identification badges while acting within the scope of their  
199 collaborative practice arrangement. The identification  
200 badges shall prominently display the licensure status of  
201 such collaborating physicians and assistant physicians.

202         12. (1) An assistant physician with a certificate of  
203 controlled substance prescriptive authority as provided in  
204 this section may prescribe any controlled substance listed  
205 in Schedule III, IV, or V of section 195.017, and may have  
206 restricted authority in Schedule II, when delegated the

207 authority to prescribe controlled substances in a  
208 collaborative practice arrangement. Prescriptions for  
209 Schedule II medications prescribed by an assistant physician  
210 who has a certificate of controlled substance prescriptive  
211 authority are restricted to only those medications  
212 containing hydrocodone. Such authority shall be filed with  
213 the state board of registration for the healing arts. The  
214 collaborating physician shall maintain the right to limit a  
215 specific scheduled drug or scheduled drug category that the  
216 assistant physician is permitted to prescribe. Any  
217 limitations shall be listed in the collaborative practice  
218 arrangement. Assistant physicians shall not prescribe  
219 controlled substances for themselves or members of their  
220 families. Schedule III controlled substances and Schedule  
221 II - hydrocodone prescriptions shall be limited to a five-  
222 day supply without refill, except that buprenorphine may be  
223 prescribed for up to a thirty-day supply without refill for  
224 patients receiving medication-assisted treatment for  
225 substance use disorders under the direction of the  
226 collaborating physician. Assistant physicians who are  
227 authorized to prescribe controlled substances under this  
228 section shall register with the federal Drug Enforcement  
229 Administration and the state bureau of narcotics and  
230 dangerous drugs, and shall include the Drug Enforcement  
231 Administration registration number on prescriptions for  
232 controlled substances.

233 (2) The collaborating physician shall be responsible  
234 to determine and document the completion of at least one  
235 hundred twenty hours in a four-month period by the assistant  
236 physician during which the assistant physician shall  
237 practice with the collaborating physician on-site prior to  
238 prescribing controlled substances when the collaborating



239 physician is not on-site. Such limitation shall not apply  
240 to assistant physicians of population-based public health  
241 services as defined in 20 CSR 2150-5.100 as of April 30,  
242 2009, or assistant physicians providing opioid addiction  
243 treatment.

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

248 13. Nothing in this section or section 334.036 shall  
249 be construed to limit the authority of hospitals or hospital  
250 medical staff to make employment or medical staff  
251 credentialing or privileging decisions.

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

13 2. Collaborative practice arrangements, which shall be  
14 in writing, may delegate to a registered professional nurse  
15 the authority to administer, dispense or prescribe drugs and  
16 provide treatment if the registered professional nurse is an  
17 advanced practice registered nurse as defined in subdivision  
18 (2) of section 335.016. Collaborative practice arrangements  
19 may delegate to an advanced practice registered nurse, as

20 defined in section 335.016, **who has been granted a**  
21 **certificate of controlled substance prescriptive authority,**  
22 the authority to administer, dispense, or prescribe  
23 controlled substances listed in Schedules III, IV, and V of  
24 section 195.017, and Schedule II - hydrocodone; except that,  
25 the collaborative practice arrangement shall not delegate  
26 the authority to administer any controlled substances listed  
27 in Schedules III, IV, and V of section 195.017, or Schedule  
28 II - hydrocodone for the purpose of inducing sedation or  
29 general anesthesia for therapeutic, diagnostic, or surgical  
30 procedures. Schedule III narcotic controlled substance and  
31 Schedule II - hydrocodone prescriptions shall be limited to  
32 a one hundred twenty-hour supply without refill. Such  
33 collaborative practice arrangements shall be in the form of  
34 written agreements, jointly agreed-upon protocols or  
35 standing orders for the delivery of health care services.  
36 An advanced practice registered nurse may prescribe  
37 buprenorphine for up to a thirty-day supply without refill  
38 for patients receiving medication-assisted treatment for  
39 substance use disorders under the direction of the  
40 collaborating physician.

41 3. The written collaborative practice arrangement  
42 shall contain at least the [following provisions:

43 (1)] complete names, home and business addresses, zip  
44 codes, [and] telephone numbers, **and license numbers** of the  
45 collaborating physician and the advanced practice registered  
46 nurse[;

47 (2) A list of all other offices or locations besides  
48 those listed in subdivision (1) of this subsection where the  
49 collaborating physician authorized the advanced practice  
50 registered nurse to prescribe;

51           (3) A requirement that there shall be posted at every  
52 office where the advanced practice registered nurse is  
53 authorized to prescribe, in collaboration with a physician,  
54 a prominently displayed disclosure statement informing  
55 patients that they may be seen by an advanced practice  
56 registered nurse and have the right to see the collaborating  
57 physician;

58           (4) All specialty or board certifications of the  
59 collaborating physician and all certifications of the  
60 advanced practice registered nurse;

61           (5) The manner of collaboration between the  
62 collaborating physician and the advanced practice registered  
63 nurse, including how the collaborating physician and the  
64 advanced practice registered nurse will:

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

68           (b) Maintain geographic proximity, except the  
69 collaborative practice arrangement may allow for geographic  
70 proximity to be waived for a maximum of twenty-eight days  
71 per calendar year for rural health clinics as defined by  
72 P.L. 95-210, as long as the collaborative practice  
73 arrangement includes alternative plans as required in  
74 paragraph (c) of this subdivision. This exception to  
75 geographic proximity shall apply only to independent rural  
76 health clinics, provider-based rural health clinics where  
77 the provider is a critical access hospital as provided in 42  
78 U.S.C. Section 1395i-4, and provider-based rural health  
79 clinics where the main location of the hospital sponsor is  
80 greater than fifty miles from the clinic. The collaborating  
81 physician is required to maintain documentation related to

82 this requirement and to present it to the state board of  
83 registration for the healing arts when requested; and

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

86 (6) ], **and** a description of the advanced practice  
87 registered nurse's controlled substance prescriptive  
88 authority in collaboration with the physician, including a  
89 list of the controlled substances the physician authorizes  
90 the nurse to prescribe and documentation that it is  
91 consistent with each professional's education, knowledge,  
92 skill, and competence[;

93 (7) A list of all other written practice agreements of  
94 the collaborating physician and the advanced practice  
95 registered nurse;

96 (8) The duration of the written practice agreement  
97 between the collaborating physician and the advanced  
98 practice registered nurse;

99 (9) A description of the time and manner of the  
100 collaborating physician's review of the advanced practice  
101 registered nurse's delivery of health care services. The  
102 description shall include provisions that the advanced  
103 practice registered nurse shall submit a minimum of ten  
104 percent of the charts documenting the advanced practice  
105 registered nurse's delivery of health care services to the  
106 collaborating physician for review by the collaborating  
107 physician, or any other physician designated in the  
108 collaborative practice arrangement, every fourteen days; and

109 (10) The collaborating physician, or any other  
110 physician designated in the collaborative practice  
111 arrangement, shall review every fourteen days a minimum of  
112 twenty percent of the charts in which the advanced practice  
113 registered nurse prescribes controlled substances. The

114 charts reviewed under this subdivision may be counted in the  
115 number of charts required to be reviewed under subdivision  
116 (9) of this subsection].

117 4. (1) The state board of registration for the  
118 healing arts pursuant to section 334.125 and the board of  
119 nursing pursuant to section 335.036 may jointly promulgate  
120 rules regulating the use of collaborative practice  
121 arrangements. Such rules shall be limited to [specifying  
122 geographic areas to be covered, the methods of treatment  
123 that may be covered by collaborative practice arrangements  
124 and the requirements for review of services provided  
125 pursuant to collaborative practice arrangements including]  
126 delegating authority to prescribe controlled substances.

127 (2) **Any previously adopted rules regulating the use of**  
128 **collaborative practice arrangements that are not limited to**  
129 **delegating authority to prescribe controlled substances**  
130 **shall from the effective date of this act be null and void.**

131 (3) Any rules relating to dispensing or distribution  
132 of medications or devices by prescription or prescription  
133 drug orders under this section shall be subject to the  
134 approval of the state board of pharmacy. Any rules relating  
135 to dispensing or distribution of controlled substances by  
136 prescription or prescription drug orders under this section  
137 shall be subject to the approval of the department of health  
138 and senior services and the state board of pharmacy. In  
139 order to take effect, such rules shall be approved by a  
140 majority vote of a quorum of each board. Neither the state  
141 board of registration for the healing arts nor the board of  
142 nursing may separately promulgate rules relating to  
143 collaborative practice arrangements. Such jointly  
144 promulgated rules shall be consistent with guidelines for  
145 federally funded clinics. The rulemaking authority granted

146 in this subsection shall not extend to collaborative  
147 practice arrangements of hospital employees providing  
148 inpatient care within hospitals as defined pursuant to  
149 chapter 197 or population-based public health services as  
150 defined by 20 CSR 2150-5.100 as of April 30, 2008.

151 5. The state board of registration for the healing  
152 arts shall not deny, revoke, suspend or otherwise take  
153 disciplinary action against a physician for health care  
154 services delegated to a registered professional nurse  
155 provided the provisions of this section and the rules  
156 promulgated thereunder are satisfied. Upon the written  
157 request of a physician subject to a disciplinary action  
158 imposed as a result of an agreement between a physician and  
159 a registered professional nurse or registered physician  
160 assistant, whether written or not, prior to August 28, 1993,  
161 all records of such disciplinary licensure action and all  
162 records pertaining to the filing, investigation or review of  
163 an alleged violation of this chapter incurred as a result of  
164 such an agreement shall be removed from the records of the  
165 state board of registration for the healing arts and the  
166 division of professional registration and shall not be  
167 disclosed to any public or private entity seeking such  
168 information from the board or the division. The state board  
169 of registration for the healing arts shall take action to  
170 correct reports of alleged violations and disciplinary  
171 actions as described in this section which have been  
172 submitted to the National Practitioner Data Bank. In  
173 subsequent applications or representations relating to his  
174 **or her** medical practice, a physician completing forms or  
175 documents shall not be required to report any actions of the  
176 state board of registration for the healing arts for which  
177 the records are subject to removal under this section.

178           6. Within thirty days of any change and on each  
179 renewal, the state board of registration for the healing  
180 arts shall require every physician to identify whether the  
181 physician is engaged in any collaborative practice  
182 agreement, including collaborative practice agreements  
183 delegating the authority to prescribe controlled substances,  
184 or physician assistant agreement and also report to the  
185 board the name of each licensed professional with whom the  
186 physician has entered into such agreement. The board [may]  
187 **shall** make this information available to the public. The  
188 board shall track the reported information and may routinely  
189 conduct random reviews of such agreements to ensure that  
190 agreements are carried out for compliance under this chapter.

191           7. Notwithstanding any law to the contrary, a  
192 certified registered nurse anesthetist as defined in  
193 subdivision (8) of section 335.016 shall be permitted to  
194 provide anesthesia services without a collaborative practice  
195 arrangement provided that he or she is under the supervision  
196 of an anesthesiologist or other physician, dentist, or  
197 podiatrist who is immediately available if needed. Nothing  
198 in this subsection shall be construed to prohibit or prevent  
199 a certified registered nurse anesthetist as defined in  
200 subdivision (8) of section 335.016 from entering into a  
201 collaborative practice arrangement under this section,  
202 except that the collaborative practice arrangement may not  
203 delegate the authority to prescribe any controlled  
204 substances listed in Schedules III, IV, and V of section  
205 195.017, or Schedule II - hydrocodone.

206           8. [A collaborating physician shall not enter into a  
207 collaborative practice arrangement with more than six full-  
208 time equivalent advanced practice registered nurses, full-  
209 time equivalent licensed physician assistants, or full-time

210 equivalent assistant physicians, or any combination  
211 thereof. This limitation shall not apply to collaborative  
212 arrangements of hospital employees providing inpatient care  
213 service in hospitals as defined in chapter 197 or population-  
214 based public health services as defined by 20 CSR 2150-5.100  
215 as of April 30, 2008, or to a certified registered nurse  
216 anesthetist providing anesthesia services under the  
217 supervision of an anesthesiologist or other physician,  
218 dentist, or podiatrist who is immediately available if  
219 needed as set out in subsection 7 of this section.

220 9. It is the responsibility of the collaborating  
221 physician to determine and document the completion of at  
222 least a one-month period of time during which the advanced  
223 practice registered nurse shall practice with the  
224 collaborating physician continuously present before  
225 practicing in a setting where the collaborating physician is  
226 not continuously present. This limitation shall not apply  
227 to collaborative arrangements of providers of population-  
228 based public health services as defined by 20 CSR 2150-5.100  
229 as of April 30, 2008.

230 10. No agreement made under this section shall  
231 supersede current hospital licensing regulations governing  
232 hospital medication orders under protocols or standing  
233 orders for the purpose of delivering inpatient or emergency  
234 care within a hospital as defined in section 197.020 if such  
235 protocols or standing orders have been approved by the  
236 hospital's medical staff and pharmaceutical therapeutics  
237 committee.

238 11.] No contract or other agreement shall require a  
239 physician to act as a collaborating physician for an  
240 advanced practice registered nurse against the physician's  
241 will. A physician shall have the right to refuse to act as



242 a collaborating physician, without penalty, for a particular  
243 advanced practice registered nurse. [No contract or other  
244 agreement shall limit the collaborating physician's ultimate  
245 authority over any protocols or standing orders or in the  
246 delegation of the physician's authority to any advanced  
247 practice registered nurse, but this requirement shall not  
248 authorize a physician in implementing such protocols,  
249 standing orders, or delegation to violate applicable  
250 standards for safe medical practice established by  
251 hospital's medical staff.

252 12.] 9. No contract or other agreement shall require  
253 any advanced practice registered nurse to serve as a  
254 collaborating advanced practice registered nurse for any  
255 collaborating physician against the advanced practice  
256 registered nurse's will. An advanced practice registered  
257 nurse shall have the right to refuse to collaborate, without  
258 penalty, with a particular physician.

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

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

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

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

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

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

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

21 (7) "Physician assistant", a person who has graduated  
22 from a physician assistant program accredited by the  
23 Accreditation Review Commission on Education for the  
24 Physician Assistant or its successor agency, prior to 2001,  
25 or the Committee on Allied Health Education and  
26 Accreditation or the Commission on Accreditation of Allied  
27 Health Education Programs, who has passed the certifying  
28 examination administered by the National Commission on  
29 Certification of Physician Assistants and has active  
30 certification by the National Commission on Certification of  
31 Physician Assistants who provides health care services  
32 delegated by a licensed physician. A person who has been  
33 employed as a physician assistant for three years prior to  
34 August 28, 1989, who has passed the National Commission on  
35 Certification of Physician Assistants examination, and has  
36 active certification of the National Commission on  
37 Certification of Physician Assistants;

38 (8) "Recognition", the formal process of becoming a  
39 certifying entity as required by the provisions of sections  
40 334.735 to 334.749.

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

43 (1) Taking patient histories;

44 (2) Performing physical examinations of a patient;

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

47 (4) Performing routine therapeutic procedures;

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

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

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

59           (8) Assisting in surgery; and

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

64           3. Physician assistants shall not perform or prescribe  
65 abortions.

66           4. Physician assistants shall not prescribe any drug,  
67 medicine, device or therapy unless pursuant to a  
68 collaborative practice arrangement in accordance with the  
69 law, nor prescribe lenses, prisms or contact lenses for the  
70 aid, relief or correction of vision or the measurement of  
71 visual power or visual efficiency of the human eye, nor  
72 administer or monitor general or regional block anesthesia  
73 during diagnostic tests, surgery or obstetric procedures.  
74 Prescribing of drugs, medications, devices or therapies by a  
75 physician assistant shall be pursuant to a collaborative  
76 practice arrangement which is specific to the clinical  
77 conditions treated by the supervising physician and the  
78 physician assistant shall be subject to the following:

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

81           (2) The types of drugs, medications, devices or  
82 therapies prescribed by a physician assistant shall be  
83 consistent with the scopes of practice of the physician  
84 assistant and the collaborating physician;

85           (3) All prescriptions shall conform with state and  
86 federal laws and regulations and shall include the name,  
87 address and telephone number of the physician assistant and  
88 the supervising physician;

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

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

96           5. A physician assistant shall clearly identify  
97 himself or herself as a physician assistant and shall not  
98 use or permit to be used in the physician assistant's behalf  
99 the terms "doctor", "Dr." or "doc" nor hold himself or  
100 herself out in any way to be a physician or surgeon. No  
101 physician assistant shall practice or attempt to practice  
102 without physician collaboration or in any location where the  
103 collaborating physician is not immediately available for  
104 consultation, assistance and intervention, except as  
105 otherwise provided in this section, and in an emergency  
106 situation, nor shall any physician assistant bill a patient  
107 independently or directly for any services or procedure by  
108 the physician assistant; except that, nothing in this  
109 subsection shall be construed to prohibit a physician  
110 assistant from enrolling with a third-party plan or the

111 department of social services as a MO HealthNet or Medicaid  
112 provider while acting under a collaborative practice  
113 arrangement between the physician and physician assistant.

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

133         7. At all times the physician is responsible for the  
134 oversight of the activities of, and accepts responsibility  
135 for, health care services rendered by the physician  
136 assistant.

137         8. A physician may enter into collaborative practice  
138 arrangements with physician assistants. Collaborative  
139 practice arrangements, which shall be in writing, may  
140 delegate to a physician assistant the authority to  
141 prescribe, administer, or dispense drugs and provide  
142 treatment which is within the skill, training, and

143 competence of the physician assistant. Collaborative  
144 practice arrangements may delegate to a physician assistant,  
145 as defined in section 334.735, the authority to administer,  
146 dispense, or prescribe controlled substances listed in  
147 Schedules III, IV, and V of section 195.017, and Schedule  
148 II - hydrocodone. Schedule III narcotic controlled  
149 substances and Schedule II - hydrocodone prescriptions shall  
150 be limited to a one hundred twenty-hour supply without  
151 refill. Such collaborative practice arrangements shall be  
152 in the form of a written arrangement, jointly agreed-upon  
153 protocols, or standing orders for the delivery of health  
154 care services.

155 9. The written collaborative practice arrangement  
156 shall contain at least the following provisions:

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

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

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

170 (4) All specialty or board certifications of the  
171 collaborating physician and all certifications of the  
172 physician assistant;

173 (5) The manner of collaboration between the  
174 collaborating physician and the physician assistant,

175 including how the collaborating physician and the physician  
176 assistant will:

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

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

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

184 (6) A list of all other written collaborative practice  
185 arrangements of the collaborating physician and the  
186 physician assistant;

187 (7) The duration of the written practice arrangement  
188 between the collaborating physician and the physician  
189 assistant;

190 (8) A description of the time and manner of the  
191 collaborating physician's review of the physician  
192 assistant's delivery of health care services. The  
193 description shall include provisions that the physician  
194 assistant shall submit a minimum of ten percent of the  
195 charts documenting the physician assistant's delivery of  
196 health care services to the collaborating physician for  
197 review by the collaborating physician, or any other  
198 physician designated in the collaborative practice  
199 arrangement, every fourteen days. Reviews may be conducted  
200 electronically;

201 (9) The collaborating physician, or any other  
202 physician designated in the collaborative practice  
203 arrangement, shall review every fourteen days a minimum of  
204 twenty percent of the charts in which the physician  
205 assistant prescribes controlled substances. The charts  
206 reviewed under this subdivision may be counted in the number

207 of charts required to be reviewed under subdivision (8) of  
208 this subsection; and

209 (10) A statement that no collaboration requirements in  
210 addition to the federal law shall be required for a  
211 physician-physician assistant team working in a certified  
212 community behavioral health clinic as defined by Pub.L. 113-  
213 93, or a rural health clinic under the federal Rural Health  
214 Services Act, Pub.L. 95-210, as amended, or a federally  
215 qualified health center as defined in 42 U.S.C. Section  
216 [1395 of the Public Health Service Act] **1395x**, as amended.

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

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

226 12. Within thirty days of any change and on each  
227 renewal, the state board of registration for the healing  
228 arts shall require every physician to identify whether the  
229 physician is engaged in any collaborative practice  
230 arrangement, including collaborative practice arrangements  
231 delegating the authority to prescribe controlled substances,  
232 and also report to the board the name of each physician  
233 assistant with whom the physician has entered into such  
234 arrangement. The board may make such information available  
235 to the public. The board shall track the reported  
236 information and may routinely conduct random reviews of such  
237 arrangements to ensure that the arrangements are carried out  
238 in compliance with this chapter.



239           13. The collaborating physician shall determine and  
240 document the completion of a period of time during which the  
241 physician assistant shall practice with the collaborating  
242 physician continuously present before practicing in a  
243 setting where the collaborating physician is not  
244 continuously present. This limitation shall not apply to  
245 collaborative arrangements of providers of population-based  
246 public health services as defined by 20 CSR 2150-5.100 as of  
247 April 30, 2009.

248           14. No contract or other arrangement shall require a  
249 physician to act as a collaborating physician for a  
250 physician assistant against the physician's will. A  
251 physician shall have the right to refuse to act as a  
252 supervising physician, without penalty, for a particular  
253 physician assistant. No contract or other agreement shall  
254 limit the collaborating physician's ultimate authority over  
255 any protocols or standing orders or in the delegation of the  
256 physician's authority to any physician assistant. No  
257 contract or other arrangement shall require any physician  
258 assistant to collaborate with any physician against the  
259 physician assistant's will. A physician assistant shall  
260 have the right to refuse to collaborate, without penalty,  
261 with a particular physician.

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

264           16. No physician shall be designated to serve as a  
265 collaborating physician for more than six full-time  
266 equivalent licensed physician assistants[, full-time  
267 equivalent advanced practice registered nurses,] or full-  
268 time equivalent assistant physicians, or any combination  
269 thereof. This limitation shall not apply to physician  
270 assistant collaborative practice arrangements of hospital

271 employees providing inpatient care service in hospitals as  
272 defined in chapter 197[, or to a certified registered nurse  
273 anesthetist providing anesthesia services under the  
274 supervision of an anesthesiologist or other physician,  
275 dentist, or podiatrist who is immediately available if  
276 needed as set out in subsection 7 of section 334.104].

277       17. No arrangement made under this section shall  
278 supercede current hospital licensing regulations governing  
279 hospital medication orders under protocols or standing  
280 orders for the purpose of delivering inpatient or emergency  
281 care within a hospital, as defined in section 197.020, if  
282 such protocols or standing orders have been approved by the  
283 hospital's medical staff and pharmaceutical therapeutics  
284 committee.

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