## FIRST REGULAR SESSION

## SENATE BILL NO. 455

## 99TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR ROWDEN.

Read 1st time February 22, 2017, and ordered printed.

2032S.01I

ADRIANE D. CROUSE, Secretary.

## AN ACT

To repeal section 334.735, RSMo, and to enact in lieu thereof one new section relating to physician assistants.

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

Section A. Section 334.735, RSMo, is repealed and one new section 2 enacted in lieu thereof, to be known as section 334.735, to read as follows:

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

- 2 mean:
- 3 (1) "Applicant", any individual who seeks to become licensed as a 4 physician assistant;
- 5 (2) "Certification" or "registration", a process by a certifying entity that
- 6 grants recognition to applicants meeting predetermined qualifications specified
- 7 by such certifying entity;
- 8 (3) "Certifying entity", the nongovernmental agency or association which
- 9 certifies or registers individuals who have completed academic and training
- 10 requirements;
- 11 (4) "Department", the department of insurance, financial institutions and
- 12 professional registration or a designated agency thereof;
- 13 (5) "License", a document issued to an applicant by the board acknowledging that the applicant is entitled to practice as a physician assistant;
- 15 (6) "Physician assistant", a person who has graduated from a physician
- 16 assistant program accredited by the American Medical Association's Committee
- 17 on Allied Health Education and Accreditation or by its successor agency, who has
- 18 passed the certifying examination administered by the National Commission on
- 19 Certification of Physician Assistants and has active certification by the National

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Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician assistant for three years prior to August 28, 1989, who has passed the National Commission on Certification of Physician Assistants examination, and has active certification of the National Commission on Certification of Physician Assistants;

- (7) "Recognition", the formal process of becoming a certifying entity as required by the provisions of sections 334.735 to 334.749;
- (8) "Supervision", control exercised over a physician assistant working with a supervising physician and oversight of the activities of and accepting responsibility for the physician assistant's delivery of care. The physician assistant shall only practice at a location where the physician routinely provides patient care, except existing patients of the supervising physician in the patient's home and correctional facilities. The supervising physician must be immediately available in person or via telecommunication during the time the physician assistant is providing patient care. Prior to commencing practice, the supervising physician and physician assistant shall attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and that the physician assistant shall not practice beyond the physician assistant's training and experience. Appropriate supervision shall require the supervising physician to be working within the same facility as the physician assistant for at least four hours within one calendar day for every fourteen days on which the physician assistant provides patient care as described in subsection 3 of this section. Only days in which the physician assistant provides patient care as described in subsection 3 of this section shall be counted toward the fourteen-day period. The requirement of appropriate supervision shall be applied so that no more than thirteen calendar days in which a physician assistant provides patient care shall pass between the physician's four hours working within the same facility. The board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the physician assistant activity by the supervising physician and the physician assistant.
- 2. (1) A supervision agreement shall limit the physician assistant to practice only at locations described in subdivision (8) of subsection 1 of this section, where the supervising physician is no further than fifty miles by road using the most direct route available and where the location is not so situated as to create an impediment to effective intervention and supervision of patient care

56 or adequate review of services.

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- 57 (2) For a physician-physician assistant team working in a rural health 58 clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as 59 amended, no supervision requirements in addition to the minimum federal law 50 shall be required.
- 3. The scope of practice of a physician assistant shall consist only of the following services and procedures:
  - (1) Taking patient histories;
- 64 (2) Performing physical examinations of a patient;
- 65 (3) Performing or assisting in the performance of routine office laboratory 66 and patient screening procedures;
  - (4) Performing routine therapeutic procedures;
- 68 (5) Recording diagnostic impressions and evaluating situations calling for 69 attention of a physician to institute treatment procedures;
- 70 (6) Instructing and counseling patients regarding mental and physical 71 health using procedures reviewed and approved by a licensed physician;
- 72 (7) Assisting the supervising physician in institutional settings, including 73 reviewing of treatment plans, ordering of tests and diagnostic laboratory and 74 radiological services, and ordering of therapies, using procedures reviewed and 75 approved by a licensed physician;
- 76 (8) Assisting in surgery;
  - (9) Performing such other tasks not prohibited by law under the supervision of a licensed physician as the physician's assistant has been trained and is proficient to perform; and
  - (10) Physician assistants shall not perform or prescribe abortions.
- 4. Physician assistants shall not prescribe [nor dispense] any drug, 81 medicine, device or therapy unless pursuant to a physician supervision agreement 82 83 in accordance with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power or visual 84 efficiency of the human eye, nor administer or monitor general or regional block 85 anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing 86 87 [and dispensing] of drugs, medications, devices or therapies by a physician 88 assistant shall be pursuant to a physician assistant supervision agreement which 89 is specific to the clinical conditions treated by the supervising physician and the 90 physician assistant shall be subject to the following:
  - (1) A physician assistant shall only prescribe controlled substances in

92 accordance with section 334.747;

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- 93 (2) The types of drugs, medications, devices or therapies prescribed [or dispensed by a physician assistant shall be consistent with the scopes of practice 94 95 of the physician assistant and the supervising physician;
- 96 (3) All prescriptions shall conform with state and federal laws and regulations and shall include the name, address and telephone number of the 97 physician assistant and the supervising physician; 98
  - (4) A physician assistant, or advanced practice registered nurse as defined in section 335.016 may request, receive and sign for noncontrolled professional samples and may distribute professional samples to patients; and
- (5) A physician assistant shall not prescribe any drugs, medicines, devices 103 or therapies the supervising physician is not qualified or authorized to prescribe[; and
  - (6) A physician assistant may only dispense starter doses of medication to cover a period of time for seventy-two hours or less].
- 5. A physician assistant shall clearly identify himself or herself as a 108 physician assistant and shall not use or permit to be used in the physician 109 assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out 110 in any way to be a physician or surgeon. No physician assistant shall practice or attempt to practice without physician supervision or in any location where the 112 supervising physician is not immediately available for consultation, assistance and intervention, except as otherwise provided in this section, and in an 113 114 emergency situation, nor shall any physician assistant bill a patient 115 independently or directly for any services or procedure by the physician assistant; 116 except that, nothing in this subsection shall be construed to prohibit a physician assistant from enrolling with the department of social services as a MO HealthNet or Medicaid provider while acting under a supervision agreement between the physician and physician assistant.
  - 6. For purposes of this section, the licensing of physician assistants shall take place within processes established by the state board of registration for the healing arts through rule and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensing may be denied or the license of a physician assistant may be suspended or revoked by the board in the same manner and for violation of the

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128 standards as set forth by section 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed pursuant to the provisions 129 of chapter 335 shall not be required to be licensed as physician assistants. All 130 131 applicants for physician assistant licensure who complete a physician assistant 132 training program after January 1, 2008, shall have a master's degree from a 133 physician assistant program.

- 7. "Physician assistant supervision agreement" means a written agreement, jointly agreed-upon protocols or standing order between a supervising physician and a physician assistant, which provides for the delegation of health care services from a supervising physician to a physician assistant and the review of such services. The agreement shall contain at least the following provisions:
- 139 (1) Complete names, home and business addresses, zip codes, telephone 140 numbers, and state license numbers of the supervising physician and the 141 physician assistant;
  - (2) A list of all offices or locations where the physician routinely provides patient care, and in which of such offices or locations the supervising physician has authorized the physician assistant to practice;
    - (3) All specialty or board certifications of the supervising physician;
  - (4) The manner of supervision between the supervising physician and the physician assistant, including how the supervising physician and the physician assistant shall:
- (a) Attest on a form provided by the board that the physician shall provide 150 supervision appropriate to the physician assistant's training and experience and that the physician assistant shall not practice beyond the scope of the physician assistant's training and experience nor the supervising physician's capabilities and training; and
- 154 (b) Provide coverage during absence, incapacity, infirmity, or emergency 155 by the supervising physician;
- 156 (5) The duration of the supervision agreement between the supervising 157 physician and physician assistant; and
- (6) A description of the time and manner of the supervising physician's 158 159 review of the physician assistant's delivery of health care services. Such 160 description shall include provisions that the supervising physician, or a 161 designated supervising physician listed in the supervision agreement review a 162 minimum of ten percent of the charts of the physician assistant's delivery of 163 health care services every fourteen days.

- 8. When a physician assistant supervision agreement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the supervising physician or other physician designated in the supervision agreement shall see the patient for evaluation and approve or formulate the plan of treatment for new or significantly changed conditions as soon as practical, but in no case more than two weeks after the patient has been seen by the physician assistant.
- 9. At all times the physician is responsible for the oversight of the activities of, and accepts responsibility for, health care services rendered by the physician assistant.
  - 10. It is the responsibility of the supervising physician to determine and document the completion of at least a one-month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before practicing in a setting where a supervising physician is not continuously present.
  - 11. No contract or other agreement shall require a physician to act as a supervising physician for a physician assistant against the physician's will. A physician shall have the right to refuse to act as a supervising physician, without penalty, for a particular physician assistant. No contract or other agreement shall limit the supervising physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any physician assistant, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by the hospital's medical staff.
  - 12. Physician assistants shall file with the board a copy of their supervising physician form.
  - 13. No physician shall be designated to serve as supervising physician for more than three full-time equivalent licensed physician assistants. This limitation shall not apply to physician assistant agreements of hospital employees providing inpatient care service in hospitals as defined in chapter 197.

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