

SECOND REGULAR SESSION

SENATE BILL NO. 880

96TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR WASSON.

Read 1st time February 29, 2012, and ordered printed.

TERRY L. SPIELER, Secretary.

6039S.01I

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Section A. Section 334.735, RSMo, is repealed and one new section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
14 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
20 Commission on Certification of Physician Assistants who provides health care
21 services delegated by a licensed physician. A person who has been employed as

22 a physician assistant for three years prior to August 28, 1989, who has passed the
23 National Commission on Certification of Physician Assistants examination, and
24 has active certification of the National Commission on Certification of Physician
25 Assistants;

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

28 (8) "Supervision", control exercised over a physician assistant working
29 within the same facility as the supervising physician sixty-six percent of the time
30 a physician assistant provides patient care, except a physician assistant may
31 make follow-up patient examinations in hospitals, nursing homes, patient homes,
32 and correctional facilities, each such examination being reviewed, approved and
33 signed by the supervising physician, except as provided by subsection 2 of this
34 section. For the purposes of this section, the percentage of time a physician
35 assistant provides patient care with the supervising physician on-site shall be
36 measured each calendar quarter. The supervising physician must be readily
37 available in person or via telecommunication during the time the physician
38 assistant is providing patient care. The board shall promulgate rules pursuant
39 to chapter 536 for documentation of joint review of the physician assistant
40 activity by the supervising physician and the physician assistant. The physician
41 assistant shall be limited to practice at locations where the supervising physician
42 is no further than thirty miles by road using the most direct route available, or
43 in any other fashion so distanced as to create an impediment to effective
44 intervention and supervision of patient care or adequate review of services. Any
45 other provisions of this chapter notwithstanding, for up to ninety days following
46 the effective date of rules promulgated by the board to establish the waiver
47 process under subsection 2 of this section, any physician assistant practicing in
48 a health professional shortage area as of April 1, 2007, shall be allowed to
49 practice under the on-site requirements stipulated by the supervising physician
50 on the supervising physician form that was in effect on April 1, 2007.

51 2. The board shall promulgate rules under chapter 536 to direct the
52 advisory commission on physician assistants to establish a formal waiver
53 mechanism by which an individual physician-physician assistant team may apply
54 for alternate minimum amounts of on-site supervision and maximum distance
55 from the supervising physician. After review of an application for a waiver, the
56 advisory commission on physician assistants shall present its recommendation to
57 the board for its advice and consent on the approval or denial of the

58 application. The rule shall establish a process by which the public is invited to
59 comment on the application for a waiver, and shall specify that a waiver may only
60 be granted if a supervising physician and physician assistant demonstrate to the
61 board's satisfaction in accordance with its uniformly applied criteria that:

62 (1) Adequate supervision will be provided by the physician for the
63 physician assistant, given the physician assistant's training and experience and
64 the acuity of patient conditions normally treated in the clinical setting;

65 (2) The physician assistant shall be limited to practice at locations where
66 the supervising physician is no further than fifty miles by road using the most
67 direct route available, or in any other fashion so distanced as to create an
68 impediment to effective intervention and supervision of patient care or adequate
69 review of services;

70 (3) The community or communities served by the supervising physician
71 and physician assistant would experience reduced access to health care services
72 in the absence of a waiver;

73 (4) The applicant will practice in an area designated at the time of
74 application as a health professional shortage area;

75 (5) Nothing in this section shall be construed to require a
76 physician-physician assistant team to increase their on-site requirement allowed
77 in their initial waiver in order to qualify for renewal of such waiver;

78 (6) If a waiver has been granted by the board of healing arts on or after
79 August 28, 2009, to a physician-physician assistant team working in a rural
80 health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as
81 amended, no additional waiver shall be required for the physician-physician
82 assistant team, so long as the rural health clinic maintains its status as a rural
83 health clinic under such federal act, and such physician-physician assistant team
84 comply with federal supervision requirements. No supervision requirements in
85 addition to the minimum federal law shall be required for the physician-physician
86 assistant team in a rural health clinic if a waiver has been granted by the
87 board. However, the board shall be able to void a current waiver after conducting
88 a hearing and upon a finding of fact that the physician-physician assistant team
89 has failed to comply with such federal act or either member of the team has
90 violated a provision of this chapter;

91 (7) A physician assistant shall only be required to seek a renewal of a
92 waiver every five years or when his or her supervising physician is a different
93 physician than the physician shown on the waiver application or they move their

94 primary practice location more than ten miles from the location shown on the
95 waiver application.

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

98 (1) Taking patient histories;

99 (2) Performing physical examinations of a patient;

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

102 (4) Performing routine therapeutic procedures;

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

105 (6) Instructing and counseling patients regarding mental and physical
106 health using procedures reviewed and approved by a licensed physician;

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

111 (8) Assisting in surgery;

112 (9) Performing such other tasks not prohibited by law under the
113 supervision of a licensed physician as the physician's assistant has been trained
114 and is proficient to perform;

115 (10) Physician assistants shall not perform abortions.

116 4. Physician assistants shall not prescribe nor dispense any drug,
117 medicine, device or therapy unless pursuant to a physician supervision agreement
118 in accordance with the law, nor prescribe lenses, prisms or contact lenses for the
119 aid, relief or correction of vision or the measurement of visual power or visual
120 efficiency of the human eye, nor administer or monitor general or regional block
121 anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing
122 and dispensing of drugs, medications, devices or therapies by a physician
123 assistant shall be pursuant to a physician assistant supervision agreement which
124 is specific to the clinical conditions treated by the supervising physician and the
125 physician assistant shall be subject to the following:

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

128 (2) The types of drugs, medications, devices or therapies prescribed or
129 dispensed by a physician assistant shall be consistent with the scopes of practice

130 of the physician assistant and the supervising physician;

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

134 (4) A physician assistant or advanced practice nurse as defined in section
135 335.016 may request, receive and sign for noncontrolled professional samples and
136 may distribute professional samples to patients;

137 (5) A physician assistant shall not prescribe any drugs, medicines, devices
138 or therapies the supervising physician is not qualified or authorized to prescribe;
139 and

140 (6) A physician assistant may only dispense starter doses of medication
141 to cover a period of time for seventy-two hours or less.

142 5. A physician assistant shall clearly identify himself or herself as a
143 physician assistant and shall not use or permit to be used in the physician
144 assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out
145 in any way to be a physician or surgeon. No physician assistant shall practice or
146 attempt to practice without physician supervision or in any location where the
147 supervising physician is not immediately available for consultation, assistance
148 and intervention, except as otherwise provided in this section, and in an
149 emergency situation, **including a declared emergency by the state or**
150 **federal government**, nor shall any physician assistant bill a patient
151 independently or directly for any services or procedure by the physician assistant.

152 6. For purposes of this section, the licensing of physician assistants shall
153 take place within processes established by the state board of registration for the
154 healing arts through rule and regulation. The board of healing arts is authorized
155 to establish rules pursuant to chapter 536 establishing licensing and renewal
156 procedures, supervision, supervision agreements, fees, and addressing such other
157 matters as are necessary to protect the public and discipline the profession. An
158 application for licensing may be denied or the license of a physician assistant may
159 be suspended or revoked by the board in the same manner and for violation of the
160 standards as set forth by section 334.100, or such other standards of conduct set
161 by the board by rule or regulation. Persons licensed pursuant to the provisions
162 of chapter 335 shall not be required to be licensed as physician assistants. All
163 applicants for physician assistant licensure who complete a physician assistant
164 training program after January 1, 2008, shall have a master's degree from a
165 physician assistant program.

166 7. "Physician assistant supervision agreement" means a written
167 agreement, jointly agreed-upon protocols or standing order between a supervising
168 physician and a physician assistant, which provides for the delegation of health
169 care services from a supervising physician to a physician assistant and the review
170 of such services.

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

178 9. At all times the physician is responsible for the oversight of the
179 activities of, and accepts responsibility for, health care services rendered by the
180 physician assistant.

181 10. It is the responsibility of the supervising physician to determine and
182 document the completion of at least a one-month period of time during which the
183 licensed physician assistant shall practice with a supervising physician
184 continuously present before practicing in a setting where a supervising physician
185 is not continuously present.

186 11. No contract or other agreement shall require a physician to act as a
187 supervising physician for a physician assistant against the physician's will. A
188 physician shall have the right to refuse to act as a supervising physician, without
189 penalty, for a particular physician assistant. No contract or other agreement
190 shall limit the supervising physician's ultimate authority over any protocols or
191 standing orders or in the delegation of the physician's authority to any physician
192 assistant, but this requirement shall not authorize a physician in implementing
193 such protocols, standing orders, or delegation to violate applicable standards for
194 safe medical practice established by hospital's medical staff.

195 12. Physician assistants shall file with the board a copy of their
196 supervising physician form.

197 13. No physician shall be designated to serve as supervising physician for
198 more than three full-time equivalent licensed physician assistants. This
199 limitation shall not apply to physician assistant agreements of hospital employees
200 providing inpatient care service in hospitals as defined in chapter 197.

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