

SECOND REGULAR SESSION

SENATE BILL NO. 1145

91ST GENERAL ASSEMBLY

INTRODUCED BY SENATORS SCHNEIDER, KINDER, KENNEDY, CHILDERS, STAPLES AND HOUSE.

Read 1st time February 12, 2002, and 1,000 copies ordered printed.

TERRY L. SPIELER, Secretary.

3320S.011

AN ACT

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

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Section A. Section 334.735, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 334.735, to read as follows: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

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

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

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 within the same office facility of the supervising physician except a physician assistant may make follow-up patient examinations in hospitals, nursing homes and correctional facilities, each such examination being reviewed, approved and signed by the supervising physician] **overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant. The supervising physician shall at all times be immediately available to the physician assistant for consultation, assistance or intervention either personally or via telecommunications. A supervising physician shall be personally present for practice supervision and collaboration a minimum of twenty percent of clinic hours in any clinic location utilizing physicians assistants. The physician assistant shall be limited to practice at locations where the supervising physician is no further than thirty miles by road using the most direct route available, or in any other fashion so distanced as to create an impediment to effective intervention and supervision of patient care or adequate review of services; except that, physician assistants practicing in federally designated health professional shortage areas (HPSA's) shall be limited to practice at locations where the supervising physician is no further than fifty miles by road, using the most direct route available.** The board shall promulgate rules pursuant to chapter 536, RSMo, for the [proximity of practice between the physician assistant and the supervising physician and] documentation of joint review of the physician assistant activity by the supervising physician and the physician assistant.

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

- (1) Taking patient histories;
- (2) Performing physical examinations of a patient;
- (3) Performing or assisting in the performance of routine office laboratory and patient screening procedures;
- (4) Performing routine therapeutic procedures;
- (5) Recording diagnostic impressions and evaluating situations calling for attention of a physician to institute treatment procedures;
- (6) Instructing and counseling patients regarding mental and physical health using procedures reviewed and approved by a licensed physician;
- (7) Assisting the supervising physician in institutional settings, including reviewing of

treatment plans, ordering of tests and diagnostic laboratory and radiological services, and ordering of therapies, using procedures reviewed and approved by a licensed physician;

(8) Assisting in surgery;

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

(10) Physician assistants shall not perform abortions.

3. Physician assistants shall not prescribe nor dispense any drug, medicine, device or therapy independent of consultation with the supervising physician, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing and dispensing of drugs, medications, devices or therapies by a physician assistant shall be pursuant to a physician assistant supervision agreement which is specific to the clinical conditions treated by the supervising physician and the physician assistant shall be subject to the following:

(1) A physician assistant shall not prescribe controlled substances;

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

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

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

(5) A physician assistant shall not prescribe any drugs, medicines, devices 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.

4. A physician assistant shall clearly identify himself or herself as a physician assistant and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out 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 supervising physician is not immediately available for consultation, assistance and intervention, except in an emergency situation, nor shall any physician assistant bill a patient independently or directly for any services or procedure by the physician assistant.

5. The physician assistant shall be a person who is a graduate of a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education

and Accreditation or its successor or is certified by a national nongovernmental agency or association, who has passed the National Commission on Certification of Physician Assistants examination and has active certification by the National Commission on Certification of Physician Assistants or its successor. A person who has been employed as a physician assistant for three years prior to August 28, 1989, and has passed the National Commission on Certification of Physician Assistants examination shall be deemed to have met the academic requirements necessary for licensing. **All applicants for physician assistant licensure who complete their physician assistant training program after January 1, 2005, must have a master's degree in a health or medical science related field.**

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, RSMo, 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 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 of chapter 335, RSMo, shall not be required to be licensed as physician assistants.

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.

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. No physician may be designated to serve as supervising physician for more than three full-time equivalent licensed physician assistants. This information shall not apply to physician assistant agreements of hospital employees providing in-patient care services in hospitals as defined in chapter 197, RSMo.

11. 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.

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