

SECOND REGULAR SESSION  
SENATE COMMITTEE SUBSTITUTE FOR  
**SENATE BILL NO. 1032**  
93RD GENERAL ASSEMBLY

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Reported from the Committee on Financial and Governmental Organizations and Elections, April 13, 2006, with recommendation that the Senate Committee Substitute do pass.

5044S.02C

TERRY L. SPIELER, Secretary.

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**AN ACT**

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

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*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Section A. Section 334.735, RSMo, is repealed and one new section  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 economic development or a  
12 designated agency thereof;

13 (5) "License", a document issued to an applicant by the department  
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

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

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 **where such supervising physician**  
22 **regularly practices medicine.** A person who has been employed as a  
23 physician assistant for three years prior to August 28, 1989, who has passed the  
24 National Commission on Certification of Physician Assistants examination, and  
25 has active certification of the National Commission on Certification of Physician  
26 Assistants;

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

29 (8) "Supervision", [control exercised over a physician assistant working  
30 within the same office facility of the supervising physician except a physician  
31 assistant may make follow-up patient examinations in hospitals, nursing homes  
32 and correctional facilities, each such examination being reviewed, approved and  
33 signed by the supervising physician] **overseeing the activities of, and**  
34 **accepting responsibility for, the medical services rendered by a**  
35 **physician assistant. The supervising physician shall at all times be**  
36 **available immediately to the physician assistant for consultation,**  
37 **assistance, or intervention either personally or via telecommunications.**  
38 **A supervising physician shall be present personally for practice**  
39 **supervision and collaboration a minimum of fifty percent of clinic**  
40 **hours in any clinic location utilizing physician assistants. The**  
41 **physician assistant shall be limited to practice at the supervising**  
42 **physician's primary locations or regular site of practice and where the**  
43 **supervising physician is able to be physically present at the location**  
44 **within thirty minutes so there is no impediment to effective**  
45 **intervention and supervision of patient care or adequate review of**  
46 **services. However, physician assistants practicing in federally**  
47 **designated health professional shortage areas (HPSA) shall be limited**  
48 **to practice at locations where the supervising physician is personally**  
49 **present for practice supervision and collaboration for a minimum of**  
50 **thirty percent of clinic hours and otherwise no further than fifty miles**  
51 **by road, using the most direct route available from the physician**  
52 **assistant. The board shall promulgate rules pursuant to chapter 536, RSMo, for**  
53 **the proximity of practice between the physician assistant and the supervising**  
54 **physician and documentation of joint review of the physician assistant activity**

55 by the supervising physician and the physician assistant.

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

58 (1) Taking patient histories;

59 (2) Performing physical examinations of a patient;

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

62 (4) Performing routine therapeutic procedures;

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

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

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

71 (8) Assisting in surgery;

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

75 (10) Physician assistants shall not perform abortions.

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

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

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

90 (3) All prescriptions shall conform with state and federal laws and

91 regulations and shall include the name, address and telephone number of the  
92 physician assistant and the supervising physician;

93 (4) A physician assistant or advanced practice nurse as defined in section  
94 335.016, RSMo, may request, receive and sign for noncontrolled professional  
95 samples and may distribute professional samples to patients;

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

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

101 4. A physician assistant shall clearly identify himself or herself as a  
102 physician assistant and shall [not] **specifically inform each patient seen of**  
103 **his or her status as a physician assistant and shall specifically inform**  
104 **each patient that he or she has the opportunity to be seen by the**  
105 **supervising physician. No physician assistant shall** use or permit to be  
106 used in the physician assistant's behalf the terms "doctor", "Dr." or "doc" nor hold  
107 himself or herself out in any way to be a physician or surgeon. No physician  
108 assistant shall practice or attempt to practice without physician supervision or  
109 in any location where the supervising physician is not immediately available for  
110 consultation, assistance and intervention, except in an emergency situation, nor  
111 shall any physician assistant bill a patient independently or directly for any  
112 services or procedure by the physician assistant.

113 5. For purposes of this section, the licensing of physician assistants shall  
114 take place within processes established by the state board of registration for the  
115 healing arts through rule and regulation. The board of healing arts is authorized  
116 to establish rules pursuant to chapter 536, RSMo, establishing licensing and  
117 renewal procedures, supervision, supervision agreements, fees, and addressing  
118 such other matters as are necessary to protect the public and discipline the  
119 profession. An application for licensing may be denied or the license of a  
120 physician assistant may be suspended or revoked by the board in the same  
121 manner and for violation of the standards as set forth by section 334.100, or such  
122 other standards of conduct set by the board by rule or regulation. Persons  
123 licensed pursuant to the provisions of chapter 335, RSMo, shall not be required  
124 to be licensed as physician assistants. **All applicants for physician assistant**  
125 **licensure who complete their physician assistant training program**  
126 **after January 1, 2007, shall have a master's degree from a physician**

127 **assistant program.**

128           6. "Physician assistant supervision agreement" means a written  
129 agreement, jointly agreed-upon protocols or standing order between a supervising  
130 physician and a physician assistant, which provides for the delegation of health  
131 care services from a supervising physician to a physician assistant and the review  
132 of such services. **In any physician assistant supervision agreement, the**  
133 **supervising physician and physician assistant shall designate the**  
134 **primary location or regular site of practice where the supervising**  
135 **physician practices at least fifty percent of clinic hours. The board**  
136 **shall randomly review physician assistant supervision agreements and**  
137 **the practices of physician assistants and supervising physicians under**  
138 **such agreements.**

139           7. When a physician assistant supervision agreement is utilized to provide  
140 health care services for conditions other than acute self-limited or well-defined  
141 problems, the supervising physician or other physician designated in the  
142 supervision agreement shall see the patient for evaluation and approve or  
143 formulate the plan of treatment for new or significantly changed conditions as  
144 soon as practical, but in no case more than two weeks after the patient has been  
145 seen by the physician assistant.

146           8. At all times the physician is responsible for the oversight of the  
147 activities of, and accepts responsibility for, health care services rendered by the  
148 physician assistant.

149           9. **No physician shall be designated to serve as supervising**  
150 **physician for more than three full-time equivalent licensed physician**  
151 **assistants. This limitation shall not apply to physician assistant**  
152 **agreements of hospital employees providing inpatient care service in**  
153 **hospitals, as defined in chapter 197, RSMo.**

154           10. **It is the responsibility of the supervising physician to**  
155 **determine and document the completion of at least a one-month period**  
156 **of time during which the licensed physician assistant shall practice**  
157 **with a supervising physician continuously present before practicing in**  
158 **a setting where a supervising physician is not continuously present.**

159           11. **It shall be void and against public policy to require any**  
160 **physician in any contract or other agreement to act as a supervising**  
161 **physician for any physician assistant. A physician shall have the right**  
162 **to refuse to act as a supervising physician without penalty for a**

163 **particular physician assistant. No contract or other agreement shall**  
164 **limit the supervising physician's ultimate authority over any protocols**  
165 **or standing orders or in the delegation of the physician's authority to**  
166 **any physician assistant.**

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