

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 406
95TH GENERAL ASSEMBLY

Reported from the Committee on Financial and Governmental Organizations and Elections, March 26, 2009, with recommendation that the Senate Committee Substitute do pass.

1787S.04C

TERRY L. SPIELER, Secretary.

AN ACT

To repeal sections 195.070, 195.100, 334.104, and 334.735, RSMo, and to enact in lieu thereof five new sections relating to prescription authority for certain healthcare professions.

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

Section A. Sections 195.070, 195.100, 334.104, and 334.735, RSMo, are
2 repealed and five new sections enacted in lieu thereof, to be known as sections
3 195.070, 195.100, 334.104, 334.735, and 334.747, to read as follows:

195.070. 1. A physician, podiatrist, dentist, [or] a registered optometrist
2 certified to administer pharmaceutical agents as provided in section 336.220,
3 RSMo, **or a physician assistant in accordance with section 334.747,**
4 **RSMo**, in good faith and in the course of his or her professional practice only,
5 may prescribe, administer, and dispense controlled substances or he or she may
6 cause the same to be administered or dispensed by an individual as authorized
7 by statute.

8 2. An advanced practice registered nurse, as defined in section 335.016,
9 RSMo, but not a certified registered nurse anesthetist as defined in subdivision
10 (8) of section 335.016, RSMo, who holds a certificate of controlled substance
11 prescriptive authority from the board of nursing under section 335.019, RSMo,
12 and who is delegated the authority to prescribe controlled substances under a
13 collaborative practice arrangement under section 334.104, RSMo, may prescribe
14 any controlled substances listed in Schedules III, IV, and V of section
15 195.017. However, no such certified advanced practice registered nurse shall
16 prescribe controlled substance for his or her own self or family. Schedule III

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

17 narcotic controlled substance prescriptions shall be limited to a one hundred
18 twenty-hour supply without refill.

19 3. A veterinarian, in good faith and in the course of [his] **the**
20 **veterinarian's** professional practice only, and not for use by a human being,
21 may prescribe, administer, and dispense controlled substances and [he] **the**
22 **veterinarian** may cause them to be administered by an assistant or orderly
23 under his **or her** direction and supervision.

24 4. A practitioner shall not accept any portion of a controlled substance
25 unused by a patient, for any reason, if such practitioner did not originally
26 dispense the drug.

27 5. An individual practitioner [may] **shall** not prescribe or dispense a
28 controlled substance for such practitioner's personal use except in a medical
29 emergency.

195.100. 1. It shall be unlawful to distribute any controlled substance in
2 a commercial container unless such container bears a label containing an
3 identifying symbol for such substance in accordance with federal laws.

4 2. It shall be unlawful for any manufacturer of any controlled substance
5 to distribute such substance unless the labeling thereof conforms to the
6 requirements of federal law and contains the identifying symbol required in
7 subsection 1 of this section.

8 3. The label of a controlled substance in Schedule II, III or IV shall, when
9 dispensed to or for a patient, contain a clear, concise warning that it is a criminal
10 offense to transfer such narcotic or dangerous drug to any person other than the
11 patient.

12 4. Whenever a manufacturer sells or dispenses a controlled substance and
13 whenever a wholesaler sells or dispenses a controlled substance in a package
14 prepared by him **or her**, [he] **the manufacturer or wholesaler** shall securely
15 affix to each package in which that drug is contained a label showing in legible
16 English the name and address of the vendor and the quantity, kind, and form of
17 controlled substance contained therein. No person except a pharmacist for the
18 purpose of filling a prescription under sections 195.005 to 195.425, shall alter,
19 deface, or remove any label so affixed.

20 5. Whenever a pharmacist or practitioner sells or dispenses any controlled
21 substance on a prescription issued by a physician, **physician assistant**, dentist,
22 podiatrist, veterinarian, or advanced practice registered nurse, [he] **the**
23 **pharmacist or practitioner** shall affix to the container in which such drug is

24 sold or dispensed a label showing his **or her** own name and address of the
25 pharmacy or practitioner for whom he **or she** is lawfully acting; the name of the
26 patient or, if the patient is an animal, the name of the owner of the animal and
27 the species of the animal; the name of the physician, **physician assistant,**
28 dentist, podiatrist, advanced practice registered nurse, or veterinarian by whom
29 the prescription was written; the name of the collaborating physician if the
30 prescription is written by an advanced practice registered nurse **or the**
31 **supervising physician if the prescription is written by a physician**
32 **assistant**, and such directions as may be stated on the prescription. No person
33 shall alter, deface, or remove any label so affixed.

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

10 2. Collaborative practice arrangements, which shall be in writing, may
11 delegate to a registered professional nurse the authority to administer, dispense
12 or prescribe drugs and provide treatment if the registered professional nurse is
13 an advanced practice nurse as defined in subdivision (2) of section 335.016,
14 RSMo. Collaborative practice arrangements may delegate to an advanced practice
15 registered nurse, as defined in section 335.016, RSMo, the authority to
16 administer, dispense, or prescribe controlled substances listed in Schedules III,
17 IV, and V of section 195.017, RSMo; except that, the collaborative practice
18 arrangement shall not delegate the authority to administer any controlled
19 substances listed in schedules III, IV, and V of section 195.017, RSMo, for the
20 purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or
21 surgical procedures. Schedule III narcotic controlled substance prescriptions
22 shall be limited to a one hundred twenty-hour supply without refill. Such
23 collaborative practice arrangements shall be in the form of written agreements,
24 jointly agreed-upon protocols or standing orders for the delivery of health care
25 services.

26 3. The written collaborative practice arrangement shall contain at least

27 the following provisions:

28 (1) Complete names, home and business addresses, zip codes, and
29 telephone numbers of the collaborating physician and the advanced practice
30 registered nurse;

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

34 (3) A requirement that there shall be posted at every office where the
35 advanced practice registered nurse is authorized to prescribe, in collaboration
36 with a physician, a prominently displayed disclosure statement informing
37 patients that they may be seen by an advanced practice registered nurse and
38 have the right to see the collaborating physician;

39 (4) All specialty or board certifications of the collaborating physician and
40 all certifications of the advanced practice registered nurse;

41 (5) The manner of collaboration between the collaborating physician and
42 the advanced practice registered nurse, including how the collaborating physician
43 and the advanced practice registered nurse will:

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

46 (b) Maintain geographic proximity; and

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

49 (6) A description of the advanced practice registered nurse's controlled
50 substance prescriptive authority in collaboration with the physician, including a
51 list of the controlled substances the physician authorizes the nurse to prescribe
52 and documentation that it is consistent with each professional's education,
53 knowledge, skill, and competence;

54 (7) A list of all other written practice agreements of the collaborating
55 physician and the advanced practice registered nurse;

56 (8) The duration of the written practice agreement between the
57 collaborating physician and the advanced practice registered nurse; [and]

58 (9) A description of the time and manner of the collaborating physician's
59 review of the advanced practice registered nurse's prescribing practices. The
60 description shall include provisions that the advanced practice registered nurse
61 shall submit **a minimum of ten percent of the** documentation of the advanced
62 practice registered nurse's prescribing practices to the collaborating physician

63 [within] for review every fourteen days[. The documentation shall include, but
64 not be limited to, a random sample review by the collaborating physician of at
65 least twenty percent of the charts and medications prescribed.]; and

66 **(10) If the advanced practice registered nurse's practice includes**
67 **the prescription of controlled substances, the physician shall review a**
68 **minimum of twenty percent of the cases in which the advanced practice**
69 **registered nurse wrote a prescription for a controlled substance. This**
70 **review shall occur every fourteen days and shall satisfy the review**
71 **requirement of subdivision (9) of this subsection.**

72 4. The state board of registration for the healing arts pursuant to section
73 334.125 and the board of nursing pursuant to section 335.036, RSMo, may jointly
74 promulgate rules regulating the use of collaborative practice arrangements. Such
75 rules shall be limited to specifying geographic areas to be covered, the methods
76 of treatment that may be covered by collaborative practice arrangements and the
77 requirements for review of services provided pursuant to collaborative practice
78 arrangements including delegating authority to prescribe controlled
79 substances. Any rules relating to dispensing or distribution of medications or
80 devices by prescription or prescription drug orders under this section shall be
81 subject to the approval of the state board of pharmacy. Any rules relating to
82 dispensing or distribution of controlled substances by prescription or prescription
83 drug orders under this section shall be subject to the approval of the department
84 of health and senior services and the state board of pharmacy. In order to take
85 effect, such rules shall be approved by a majority vote of a quorum of each
86 board. Neither the state board of registration for the healing arts nor the board
87 of nursing may separately promulgate rules relating to collaborative practice
88 arrangements. Such jointly promulgated rules shall be consistent with guidelines
89 for federally funded clinics. The rulemaking authority granted in this subsection
90 shall not extend to collaborative practice arrangements of hospital employees
91 providing inpatient care within hospitals as defined pursuant to chapter 197,
92 RSMo.

93 5. The state board of registration for the healing arts shall not deny,
94 revoke, suspend or otherwise take disciplinary action against a physician for
95 health care services delegated to a registered professional nurse provided the
96 provisions of this section and the rules promulgated thereunder are
97 satisfied. Upon the written request of a physician subject to a disciplinary action
98 imposed as a result of an agreement between a physician and a registered

99 professional nurse or registered physician assistant, whether written or not, prior
100 to August 28, 1993, all records of such disciplinary licensure action and all
101 records pertaining to the filing, investigation or review of an alleged violation of
102 this chapter incurred as a result of such an agreement shall be removed from the
103 records of the state board of registration for the healing arts and the division of
104 professional registration and shall not be disclosed to any public or private entity
105 seeking such information from the board or the division. The state board of
106 registration for the healing arts shall take action to correct reports of alleged
107 violations and disciplinary actions as described in this section which have been
108 submitted to the National Practitioner Data Bank. In subsequent applications
109 or representations relating to his medical practice, a physician completing forms
110 or documents shall not be required to report any actions of the state board of
111 registration for the healing arts for which the records are subject to removal
112 under this section.

113 6. Within thirty days of any change and on each renewal, the state board
114 of registration for the healing arts shall require every physician to identify
115 whether the physician is engaged in any collaborative practice agreement,
116 including collaborative practice agreements delegating the authority to prescribe
117 controlled substances, or physician assistant agreement and also report to the
118 board the name of each licensed professional with whom the physician has
119 entered into such agreement. The board may make this information available to
120 the public. The board shall track the reported information and may routinely
121 conduct random reviews of such agreements to ensure that agreements are
122 carried out for compliance under this chapter.

123 7. Notwithstanding any law to the contrary, a certified registered nurse
124 anesthetist as defined in subdivision (8) of section 335.016, RSMo, shall be
125 permitted to provide anesthesia services without a collaborative practice
126 arrangement provided that he or she is under the supervision of an
127 anesthesiologist or other physician, dentist, or podiatrist who is immediately
128 available if needed. Nothing in this subsection shall be construed to prohibit or
129 prevent a certified registered nurse anesthetist as defined in subdivision (8) of
130 section 335.016, RSMo, from entering into a collaborative practice arrangement
131 under this section, except that the collaborative practice arrangement may not
132 delegate the authority to prescribe any controlled substances listed in Schedules
133 III, IV, and V of section 195.017, RSMo.

134 8. A collaborating physician shall not enter into a collaborative practice

135 arrangement with more than three full-time equivalent advanced practice
136 registered nurses. This limitation shall not apply to collaborative arrangements
137 of hospital employees providing inpatient care service in hospitals as defined in
138 chapter 197, RSMo, or population-based public health services as defined by 20
139 CSR 2150-5.100 as of April 30, 2008.

140 9. It is the responsibility of the collaborating physician to determine and
141 document the completion of at least a one-month period of time during which the
142 advanced practice registered nurse shall practice with the collaborating physician
143 continuously present before practicing in a setting where the collaborating
144 physician is not continuously present. This limitation shall not apply to
145 collaborative arrangements of providers of population-based public health services
146 as defined by 20 CSR 2150-5.100 as of April 30, 2008.

147 10. No agreement made under this section shall supersede current
148 hospital licensing regulations governing hospital medication orders under
149 protocols or standing orders for the purpose of delivering inpatient or emergency
150 care within a hospital as defined in section 197.020, RSMo, if such protocols or
151 standing orders have been approved by the hospital's medical staff and
152 pharmaceutical therapeutics committee.

153 11. No contract or other agreement shall require a physician to act as a
154 collaborating physician for an advanced practice registered nurse against the
155 physician's will. A physician shall have the right to refuse to act as a
156 collaborating physician, without penalty, for a particular advanced practice
157 registered nurse. No contract or other agreement shall limit the collaborating
158 physician's ultimate authority over any protocols or standing orders or in the
159 delegation of the physician's authority to any advanced practice registered nurse,
160 but this requirement shall not authorize a physician in implementing such
161 protocols, standing orders, or delegation to violate applicable standards for safe
162 medical practice established by hospital's medical staff.

163 12. No contract or other agreement shall require any advanced practice
164 registered nurse to serve as a collaborating advanced practice registered nurse
165 for any collaborating physician against the advanced practice registered nurse's
166 will. An advanced practice registered nurse shall have the right to refuse to
167 collaborate, without penalty, with a particular physician.

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], **or** who has been
22 employed as a physician assistant for three years prior to August 28, 1989, who
23 has passed the National Commission on Certification of Physician Assistants
24 examination, and has active certification of the National Commission on
25 Certification of Physician 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, RSMo, 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, RSMo, to direct
52 the 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; and

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

80 (1) Taking patient histories;

81 (2) Performing physical examinations of a patient;

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

84 (4) Performing routine therapeutic procedures;

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

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

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

93 (8) Assisting in surgery;

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

97 (10) Physician assistants shall not perform abortions.

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

108 (1) A physician assistant shall **[not] only** prescribe controlled substances
109 **in accordance with section 334.747;**

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

112 of the physician assistant and the supervising physician;

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

116 (4) A physician assistant or advanced practice nurse as defined in section
117 335.016, RSMo, may request, receive and sign for noncontrolled professional
118 samples and may distribute professional samples to patients;

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

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

124 5. A physician assistant shall clearly identify himself or herself as a
125 physician assistant and shall not use or permit to be used in the physician
126 assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out
127 in any way to be a physician or surgeon. No physician assistant shall practice or
128 attempt to practice without physician supervision or in any location where the
129 supervising physician is not immediately available for consultation, assistance
130 and intervention, except as otherwise provided in this section, and in an
131 emergency situation, nor shall any physician assistant bill a patient
132 independently or directly for any services or procedure by the physician assistant.

133 6. For purposes of this section, the licensing of physician assistants shall
134 take place within processes established by the state board of registration for the
135 healing arts through rule and regulation. The board of healing arts is authorized
136 to establish rules pursuant to chapter 536, RSMo, establishing licensing and
137 renewal procedures, supervision, supervision agreements, fees, and addressing
138 such other matters as are necessary to protect the public and discipline the
139 profession. An application for licensing may be denied or the license of a
140 physician assistant may be suspended or revoked by the board in the same
141 manner and for violation of the standards as set forth by section 334.100, or such
142 other standards of conduct set by the board by rule or regulation. Persons
143 licensed pursuant to the provisions of chapter 335, RSMo, shall not be required
144 to be licensed as physician assistants. All applicants for physician assistant
145 licensure who complete a physician assistant training program after January 1,
146 2008, shall have a master's degree from a physician assistant program.

147 7. "Physician assistant supervision agreement" means a written

148 agreement, jointly agreed-upon protocols or standing order between a supervising
149 physician and a physician assistant, which provides for the delegation of health
150 care services from a supervising physician to a physician assistant and the review
151 of such services.

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

159 9. At all times the physician is responsible for the oversight of the
160 activities of, and accepts responsibility for, health care services rendered by the
161 physician assistant.

162 10. It is the responsibility of the supervising physician to determine and
163 document the completion of at least a one-month period of time during which the
164 licensed physician assistant shall practice with a supervising physician
165 continuously present before practicing in a setting where a supervising physician
166 is not continuously present.

167 11. No contract or other agreement shall require a physician to act as a
168 supervising physician for a physician assistant against the physician's will. A
169 physician shall have the right to refuse to act as a supervising physician, without
170 penalty, for a particular physician assistant. No contract or other agreement
171 shall limit the supervising physician's ultimate authority over any protocols or
172 standing orders or in the delegation of the physician's authority to any physician
173 assistant, but this requirement shall not authorize a physician in implementing
174 such protocols, standing orders, or delegation to violate applicable standards for
175 safe medical practice established by **the** hospital's medical staff.

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

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

**334.747. 1. A physician assistant with a certificate of controlled
2 substance prescriptive authority as provided in this section may**

3 prescribe any controlled substance listed in schedule III, IV, or V of
4 section 195.017, RSMo, when delegated the authority to prescribe
5 controlled substances in a supervision agreement. Such authority shall
6 be listed on the supervision verification form on file with the state
7 board of healing arts. The supervising physician shall maintain the
8 right to limit a specific scheduled drug or scheduled drug category that
9 the physician assistant is permitted to prescribe. Any limitations shall
10 be listed on the supervision form. No physician shall be required to
11 delegate controlled substance prescribing authority to a physician
12 assistant. Physician assistants shall not prescribe controlled
13 substances for themselves or members of their families. Schedule III
14 controlled substances shall be limited to a five-day supply without
15 refill. Physician assistants who are authorized to prescribe controlled
16 substances under this section shall register with the federal Drug
17 Enforcement Administration and the department of health and senior
18 services, and shall include such registration numbers on prescriptions
19 for controlled substances.

20 2. A physician assistant shall receive a certificate of controlled
21 substance prescriptive authority from the board of healing arts upon
22 verifying the successful completion of the following educational
23 requirements:

24 (1) An advanced pharmacology course that shall include clinical
25 training in the prescription of drugs, medicines, and therapeutic
26 devices. A course or courses with advanced pharmacological content
27 in a physician assistant program accredited by the Accreditation
28 Review Commission on Education for the Physician Assistant or its
29 predecessor agency shall satisfy this requirement;

30 (2) A minimum of three hundred hours of clinical training in the
31 prescription of drugs, medicines, and therapeutic devices; and

32 (3) A minimum of one year of supervised clinical practice or
33 supervised clinical rotations. One year of clinical rotations in a
34 program accredited by the Accreditation Review Commission on
35 Education for the Physician Assistant or by its predecessor, which
36 includes pharmacotherapeutics as a component of its clinical training,
37 shall satisfy this requirement. Proof of this training shall serve to
38 document experience in the prescribing of drugs, medicines, and
39 therapeutic devices.

40 **3. A physician assistant previously licensed in a jurisdiction**
41 **where physician assistants are authorized to prescribe controlled**
42 **substances may obtain registration from the department of health and**
43 **senior services if a supervising physician can attest that the physician**
44 **assistant has met the requirements of subsection 2 of this section and**
45 **the physician assistant provides documentation of existing federal Drug**
46 **Enforcement Agency registration.**

47 **4. Except for physician assistants working at public health**
48 **clinics providing population-based public health services as defined by**
49 **20 CSR 2150-5.100 as of April 30, 2009, if the physician assistant will**
50 **prescribe controlled substances when the supervising physician is not**
51 **onsite, the supervising physician shall document that the physician**
52 **assistant has practiced at least one hundred and twenty hours with the**
53 **supervising physician onsite. This one hundred and twenty hours may**
54 **be concurrent with the training required by subdivision (2) of**
55 **subsection 2 of this section.**

✓
Bill

Copy