

SECOND REGULAR SESSION

SENATE BILL NO. 830

96TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR WASSON.

Read 1st time February 23, 2012, and ordered printed.

TERRY L. SPIELER, Secretary.

5963S.011

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Section A. Section 334.735, RSMo, is repealed and one new section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

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

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) **"Physician assistant supervision agreement", a written**
27 **agreement, jointly agreed-upon protocols or standing order between a**
28 **supervising physician and a physician assistant, which provides for the**
29 **delegation of health care services from a supervising physician to a**
30 **physician assistant and the review of such services;**

31 (8) "Recognition", the formal process of becoming a certifying entity as
32 required by the provisions of sections 334.735 to 334.749;

33 [(8)] (9) "Supervision", [control exercised over a physician assistant
34 working within the same facility as the supervising physician sixty-six percent
35 of the time a physician assistant provides patient care, except a physician
36 assistant may make follow-up patient examinations in hospitals, nursing homes,
37 patient homes, and correctional facilities, each such examination being reviewed,
38 approved and signed by the supervising physician, except as provided by
39 subsection 2 of this section. For the purposes of this section, the percentage of
40 time a physician assistant provides patient care with the supervising physician
41 on-site shall be measured each calendar quarter] **overseeing the activities of**
42 **and accepting responsibility for the physician assistant's practice. The**
43 **physician assistant shall practice at a location where the physician**
44 **routinely provides patient care. The supervising physician must be [readily]**
45 **immediately** available in person or via telecommunication during the time the
46 physician assistant is providing patient care. **Prior to commencing practice,**
47 **the supervising physician and physician assistant shall attest on a form**
48 **provided by the board that the physician will provide supervision**
49 **appropriate to the physician assistant's training and experience and**
50 **the acuity of patient conditions normally treated.** The board shall
51 promulgate rules pursuant to chapter 536 for documentation of joint review of the
52 physician assistant activity by the supervising physician and the physician
53 assistant. [The physician assistant shall be limited to practice at locations where
54 the supervising physician is no further than thirty miles by road using the most
55 direct route available, or in any other fashion so distanced as to create an

56 impediment to effective intervention and supervision of patient care or adequate
57 review of services. Any other provisions of this chapter notwithstanding, for up
58 to ninety days following the effective date of rules promulgated by the board to
59 establish the waiver process under subsection 2 of this section, any physician
60 assistant practicing in a health professional shortage area as of April 1, 2007,
61 shall be allowed to practice under the on-site requirements stipulated by the
62 supervising physician on the supervising physician form that was in effect on
63 April 1, 2007.] **Failure to appropriately supervise a physician assistant
64 according to the provisions of this chapter is considered unprofessional
65 conduct under section 334.100.**

66 2. [The board shall promulgate rules under chapter 536 to direct the
67 advisory commission on physician assistants to establish a formal waiver
68 mechanism by which an individual physician-physician assistant team may apply
69 for alternate minimum amounts of on-site supervision and maximum distance
70 from the supervising physician. After review of an application for a waiver, the
71 advisory commission on physician assistants shall present its recommendation to
72 the board for its advice and consent on the approval or denial of the
73 application. The rule shall establish a process by which the public is invited to
74 comment on the application for a waiver, and shall specify that a waiver may only
75 be granted if a supervising physician and physician assistant demonstrate to the
76 board's satisfaction in accordance with its uniformly applied criteria that:

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

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

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

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

90 (5) Nothing in this section shall be construed to require a
91 physician-physician assistant team to increase their on-site requirement allowed

92 in their initial waiver in order to qualify for renewal of such waiver;

93 (6) If a waiver has been granted by the board of healing arts on or after
94 August 28, 2009, to a physician-physician assistant team working in a rural
95 health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as
96 amended, no additional waiver shall be required for the physician-physician
97 assistant team, so long as the rural health clinic maintains its status as a rural
98 health clinic under such federal act, and such physician-physician assistant team
99 comply with federal supervision requirements. No supervision requirements in
100 addition to the minimum federal law shall be required for the physician-physician
101 assistant team in a rural health clinic if a waiver has been granted by the
102 board. However, the board shall be able to void a current waiver after conducting
103 a hearing and upon a finding of fact that the physician-physician assistant team
104 has failed to comply with such federal act or either member of the team has
105 violated a provision of this chapter;

106 (7) A physician assistant shall only be required to seek a renewal of a
107 waiver every five years or when his or her supervising physician is a different
108 physician than the physician shown on the waiver application or they move their
109 primary practice location more than ten miles from the location shown on the
110 waiver application.

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

113 (1) Taking patient histories;

114 (2) Performing physical examinations of a patient;

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

117 (4) Performing routine therapeutic procedures;

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

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

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

126 (8) Assisting in surgery;

127 (9) Performing such other tasks not prohibited by law under the

128 supervision of a licensed physician as the physician's assistant has been trained
129 and is proficient to perform;

130 (10) Physician assistants shall not perform abortions.

131 [4.] 3. Physician assistants shall not prescribe nor dispense any drug,
132 medicine, device or therapy unless pursuant to a physician supervision agreement
133 in accordance with the law, nor prescribe lenses, prisms or contact lenses for the
134 aid, relief or correction of vision or the measurement of visual power or visual
135 efficiency of the human eye, nor administer or monitor general or regional block
136 anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing
137 and dispensing of drugs, medications, devices or therapies by a physician
138 assistant shall be pursuant to a physician assistant supervision agreement which
139 is specific to the clinical conditions treated by the supervising physician and the
140 physician assistant shall be subject to the following:

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

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

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

149 (4) A physician assistant or advanced practice nurse as defined in section
150 335.016 may request, receive and sign for noncontrolled professional samples and
151 may distribute professional samples to patients;

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

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

157 [5.] 4. A physician assistant shall clearly identify himself or herself as
158 a physician assistant and shall not use or permit to be used in the physician
159 assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out
160 in any way to be a physician or surgeon. No physician assistant shall practice or
161 attempt to practice without physician supervision or in any location where the
162 supervising physician is not immediately available for consultation, assistance
163 and intervention, except as otherwise provided in this section, and in an

164 emergency situation, nor shall any physician assistant bill a patient
165 independently or directly for any services or procedure by the physician assistant.

166 [6.] 5. For purposes of this section, the licensing of physician assistants
167 shall take place within processes established by the state board of registration for
168 the healing arts through rule and regulation. The board of healing arts is
169 authorized to establish rules pursuant to chapter 536 establishing licensing and
170 renewal procedures, supervision, supervision agreements, fees, and addressing
171 such other matters as are necessary to protect the public and discipline the
172 profession. An application for licensing may be denied or the license of a
173 physician assistant may be suspended or revoked by the board in the same
174 manner and for violation of the standards as set forth by section 334.100, or such
175 other standards of conduct set by the board by rule or regulation. Persons
176 licensed pursuant to the provisions of chapter 335 shall not be required to be
177 licensed as physician assistants. All applicants for physician assistant licensure
178 who complete a physician assistant training program after January 1, 2008, shall
179 have a master's degree from a physician assistant program.

180 [7. "Physician assistant supervision agreement" means a written
181 agreement, jointly agreed-upon protocols or standing order between a supervising
182 physician and a physician assistant, which provides for the delegation of health
183 care services from a supervising physician to a physician assistant and the review
184 of such services.

185 [8.] 6. When a physician assistant supervision agreement is utilized to
186 provide health care services for conditions other than acute self-limited or
187 well-defined problems, the supervising physician or other physician designated
188 in the supervision agreement shall see the patient for evaluation and approve or
189 formulate the plan of treatment for new or significantly changed conditions as
190 soon as practical, but in no case more than two weeks after the patient has been
191 seen by the physician assistant.

192 [9.] 7. At all times the physician is responsible for the oversight of the
193 activities of, and accepts responsibility for, health care services rendered by the
194 physician assistant.

195 [10.] 8. It is the responsibility of the supervising physician to determine
196 and document the completion of at least a one-month period of time during which
197 the licensed physician assistant shall practice with a supervising physician
198 continuously present before practicing in a setting where a supervising physician
199 is not continuously present.

200 [11.] 9. No contract or other agreement shall require a physician to act
201 as a supervising physician for a physician assistant against the physician's will.
202 A physician shall have the right to refuse to act as a supervising physician,
203 without penalty, for a particular physician assistant. No contract or other
204 agreement shall limit the supervising physician's ultimate authority over any
205 protocols or standing orders or in the delegation of the physician's authority to
206 any physician assistant, but this requirement shall not authorize a physician in
207 implementing such protocols, standing orders, or delegation to violate applicable
208 standards for safe medical practice established by hospital's medical staff.

209 [12.] 10. Physician assistants shall file with the board a copy of their
210 supervising physician form.

211 [13.] 11. No physician shall be designated to serve as supervising
212 physician for more than three full-time equivalent licensed physician
213 assistants. This limitation shall not apply to physician assistant agreements of
214 hospital employees providing inpatient care service in hospitals as defined in
215 chapter 197.

Bill ✓

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