

FIRST REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
SENATE COMMITTEE SUBSTITUTE FOR  
**SENATE BILL NO. 126**  
**97TH GENERAL ASSEMBLY**

0489H.04C

D. ADAM CRUMBLISS, Chief Clerk

---

**AN ACT**

To repeal section 334.735, RSMo, and to enact in lieu thereof two new sections relating to the provision of health care services.

---

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

Section A. Section 334.735, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 334.735 and 338.255, to read as follows: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 insurance, financial institutions and professional registration or a designated agency thereof;

(5) "License", a document issued to an applicant by the board 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 the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 assistant for three years prior to August 28, 1989, who has passed the National Commission on  
19 Certification of Physician Assistants examination, and has active certification of the National  
20 Commission on Certification of Physician Assistants;

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

23 (8) "Supervision", control exercised over a physician assistant working [within the same  
24 facility as] **with** the supervising physician [sixty-six percent of the time a physician assistant  
25 provides patient care, except a physician assistant may make follow-up patient examinations in  
26 hospitals, nursing homes, patient homes, and correctional facilities, each such examination being  
27 reviewed, approved and signed by the supervising physician, except as provided by subsection  
28 2 of this section. For the purposes of this section, the percentage of time a physician assistant  
29 provides patient care with the supervising physician on-site shall be measured each calendar  
30 quarter] **and oversight of the activities of and accepting responsibility for the physician**  
31 **assistant's delivery of care. The physician assistant shall only practice at a location where**  
32 **the physician routinely provides patient care, except existing patients of the supervision**  
33 **physician in the patient's home and correctional facilities.** The supervising physician must  
34 be [readily] **immediately** available in person or via telecommunication during the time the  
35 physician assistant is providing patient care. **Prior to commencing practice, the supervising**  
36 **physician and physician assistant shall attest on a form provided by the board that the**  
37 **physician shall provide supervision appropriate to the physician assistant's training and**  
38 **that the physician assistant shall not practice beyond the physician assistant's training and**  
39 **experience. Appropriate supervision shall require the supervising physician to be working**  
40 **within the same facility as the physician assistant for at least four hours within one**  
41 **calendar day for every fourteen days on which the physician assistant provides patient care**  
42 **as described in subsection 3 of this section. Only days in which the physician assistant**  
43 **provides patient care as described in subsection 3 of this section shall be counted toward**  
44 **the fourteen-day period. The requirement of appropriate supervision shall be applied so**  
45 **that no more than thirteen calendar days in which a physician assistant provides patient**  
46 **care shall pass between the physician's four hours working within the same facility.** The  
47 board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the  
48 physician assistant activity by the supervising physician and the physician assistant. [The  
49 physician assistant shall be limited to practice at locations where the supervising physician is no  
50 further than thirty miles by road using the most direct route available, or in any other fashion so  
51 distanced as to create an impediment to effective intervention and supervision of patient care or  
52 adequate review of services. Any other provisions of this chapter notwithstanding, for up to  
53 ninety days following the effective date of rules promulgated by the board to establish the waiver

54 process under subsection 2 of this section, any physician assistant practicing in a health  
55 professional shortage area as of April 1, 2007, shall be allowed to practice under the on-site  
56 requirements stipulated by the supervising physician on the supervising physician form that was  
57 in effect on April 1, 2007.]

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

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

71 (2)] **(1) A supervision agreement shall limit** the physician assistant [shall be limited]  
72 to practice **only** at locations **described in subdivision (8) of subsection 1 of this section**, where  
73 the supervising physician is no further than fifty miles by road using the most direct route  
74 available[, or in any other fashion so distanced] **and where the location is not so situated** as  
75 to create an impediment to effective intervention and supervision of patient care or adequate  
76 review of services[;

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

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

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

84 (6) If a waiver has been granted by the board of healing arts on or after August 28, 2009,  
85 to] .

86 **(2)** A physician-physician assistant team working in a rural health clinic under the  
87 federal Rural Health Clinic Services Act, P.L. 95-210, as amended, no [additional waiver shall  
88 be required for the physician-physician assistant team, so long as the rural health clinic maintains  
89 its status as a rural health clinic under such federal act, and such physician-physician assistant

90 team comply with federal supervision requirements. No] supervision requirements in addition  
91 to the minimum federal law shall be required for the physician-physician assistant team in a rural  
92 health clinic [if a waiver has been granted by the board. However, the board shall be able to void  
93 a current waiver after conducting a hearing and upon a finding of fact that the physician-  
94 physician assistant team has failed to comply with such federal act or either member of the team  
95 has violated a provision of this chapter;

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

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

102 (1) Taking patient histories;

103 (2) Performing physical examinations of a patient;

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

106 (4) Performing routine therapeutic procedures;

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

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

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

114 (8) Assisting in surgery; **and**

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

117 (10) Physician assistants shall not perform **or prescribe** abortions.

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

125 conditions treated by the supervising physician and the physician assistant shall be subject to the  
126 following:

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

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

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

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

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

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

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

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

a physician assistant training program after January 1, 2008, shall have a master's degree from a physician assistant program.

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. **The agreement shall contain at least the following provisions:**

(1) **Complete names, home and business addresses, zip codes, telephone numbers, and state license numbers of the supervising physician and the physician assistant;**

(2) **A list of all offices or locations where the physician routinely provides patient care, and in which of such offices or locations the supervising physician has authorized the physician assistant to practice;**

(3) **All specialty or board certifications of the supervising physician;**

(4) **The manner of supervision between the supervising physician and the physician assistant, including how the supervising physician and the physician assistant shall:**

(a) **Attest on a form provided by the board that the physician shall provide supervision appropriate to the physician assistant's training and experience and that the physician assistant shall not practice beyond the scope of the physician assistant's training and experience nor the supervising physician's capabilities and training; and**

(b) **Provide coverage during absence, incapacity, infirmity, or emergency by the supervising physician;**

(5) **The duration of the supervision agreement between the supervising physician and physician assistant; and**

(6) **A description of the time and manner of the supervising physician's review of the physician assistant's delivery of health care services. Such description shall include provisions that a supervising physician, or a designated supervising physician listed in the supervision agreement review a minimum of ten percent of the charts of the physician assistant's delivery of health care services every fourteen days.**

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.

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

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

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

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

**338.255. Notwithstanding any other provision of law, no pharmacy licensed in this**  
2 **state shall be required to carry or maintain in inventory any specific prescription or**  
3 **nonprescription drug or device.**

✓