

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 709
98TH GENERAL ASSEMBLY

Reported from the Committee on Small Business, Insurance and Industry, April 23, 2015, with recommendation that the Senate Committee Substitute do pass.

1742S.03C

ADRIANE D. CROUSE, Secretary.

AN ACT

To repeal sections 195.070, 334.037, 334.104, and 334.747, RSMo, and to enact in lieu thereof seven new sections relating to entities regulated by the department of insurance, financial institutions and professional registration.

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

Section A. Sections 195.070, 334.037, 334.104, and 334.747, RSMo, are
2 repealed and seven new sections enacted in lieu thereof, to be known as sections
3 195.070, 334.037, 334.104, 334.747, 374.015, 374.018, and 376.791, to read as
4 follows:

195.070. 1. A physician, podiatrist, dentist, a registered optometrist
2 certified to administer pharmaceutical agents as provided in section 336.220, or
3 an assistant physician in accordance with section 334.037 or a physician assistant
4 in accordance with section 334.747 in good faith and in the course of his or her
5 professional practice only, may prescribe, administer, and dispense controlled
6 substances or he or she may cause the same to be administered or dispensed by
7 an individual as authorized by statute.

8 2. An advanced practice registered nurse, as defined in section 335.016,
9 but not a certified registered nurse anesthetist as defined in subdivision (8) of
10 section 335.016, who holds a certificate of controlled substance prescriptive
11 authority from the board of nursing under section 335.019 and who is delegated
12 the authority to prescribe controlled substances under a collaborative practice
13 arrangement under section 334.104 may prescribe any controlled substances
14 listed in Schedules III, IV, and V of section 195.017, **and may have restricted**
15 **authority in Schedule II. Prescriptions for Schedule II medications**
16 **prescribed by an advanced practice registered nurse who has a**

17 **certificate of controlled substance prescriptive authority are restricted**
18 **to only those medications containing hydrocodone.** However, no such
19 certified advanced practice registered nurse shall prescribe controlled substance
20 for his or her own self or family. Schedule III narcotic controlled substance **and**
21 **Schedule II - hydrocodone** prescriptions shall be limited to a one hundred
22 twenty-hour supply without refill.

23 3. A veterinarian, in good faith and in the course of the veterinarian's
24 professional practice only, and not for use by a human being, may prescribe,
25 administer, and dispense controlled substances and the veterinarian may cause
26 them to be administered by an assistant or orderly under his or her direction and
27 supervision.

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

31 5. An individual practitioner shall not prescribe or dispense a controlled
32 substance for such practitioner's personal use except in a medical emergency.

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

11 2. The written collaborative practice arrangement shall contain at least
12 the following provisions:

13 (1) Complete names, home and business addresses, zip codes, and
14 telephone numbers of the collaborating physician and the assistant physician;

15 (2) A list of all other offices or locations besides those listed in subdivision
16 (1) of this subsection where the collaborating physician authorized the assistant
17 physician to prescribe;

18 (3) A requirement that there shall be posted at every office where the
19 assistant physician is authorized to prescribe, in collaboration with a physician,
20 a prominently displayed disclosure statement informing patients that they may

21 be seen by an assistant physician and have the right to see the collaborating
22 physician;

23 (4) All specialty or board certifications of the collaborating physician and
24 all certifications of the assistant physician;

25 (5) The manner of collaboration between the collaborating physician and
26 the assistant physician, including how the collaborating physician and the
27 assistant physician shall:

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

30 (b) Maintain geographic proximity; except, the collaborative practice
31 arrangement may allow for geographic proximity to be waived for a maximum of
32 twenty-eight days per calendar year for rural health clinics as defined by P.L.
33 95-210, as long as the collaborative practice arrangement includes alternative
34 plans as required in paragraph (c) of this subdivision. Such exception to
35 geographic proximity shall apply only to independent rural health clinics,
36 provider-based rural health clinics if the provider is a critical access hospital as
37 provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics if
38 the main location of the hospital sponsor is greater than fifty miles from the
39 clinic. The collaborating physician shall maintain documentation related to such
40 requirement and present it to the state board of registration for the healing arts
41 when requested; and

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

44 (6) A description of the assistant physician's controlled substance
45 prescriptive authority in collaboration with the physician, including a list of the
46 controlled substances the physician authorizes the assistant physician to
47 prescribe and documentation that it is consistent with each professional's
48 education, knowledge, skill, and competence;

49 (7) A list of all other written practice agreements of the collaborating
50 physician and the assistant physician;

51 (8) The duration of the written practice agreement between the
52 collaborating physician and the assistant physician;

53 (9) A description of the time and manner of the collaborating physician's
54 review of the assistant physician's delivery of health care services. The
55 description shall include provisions that the assistant physician shall submit a
56 minimum of ten percent of the charts documenting the assistant physician's

57 delivery of health care services to the collaborating physician for review by the
58 collaborating physician, or any other physician designated in the collaborative
59 practice arrangement, every fourteen days; and

60 (10) The collaborating physician, or any other physician designated in the
61 collaborative practice arrangement, shall review every fourteen days a minimum
62 of twenty percent of the charts in which the assistant physician prescribes
63 controlled substances. The charts reviewed under this subdivision may be
64 counted in the number of charts required to be reviewed under subdivision (9) of
65 this subsection.

66 3. The state board of registration for the healing arts under section
67 334.125 shall promulgate rules regulating the use of collaborative practice
68 arrangements for assistant physicians. Such rules shall specify:

69 (1) Geographic areas to be covered;

70 (2) The methods of treatment that may be covered by collaborative
71 practice arrangements;

72 (3) In conjunction with deans of medical schools and primary care
73 residency program directors in the state, the development and implementation of
74 educational methods and programs undertaken during the collaborative practice
75 service which shall facilitate the advancement of the assistant physician's medical
76 knowledge and capabilities, and which may lead to credit toward a future
77 residency program for programs that deem such documented educational
78 achievements acceptable; and

79 (4) The requirements for review of services provided under collaborative
80 practice arrangements, including delegating authority to prescribe controlled
81 substances.

82 Any rules relating to dispensing or distribution of medications or devices by
83 prescription or prescription drug orders under this section shall be subject to the
84 approval of the state board of pharmacy. Any rules relating to dispensing or
85 distribution of controlled substances by prescription or prescription drug orders
86 under this section shall be subject to the approval of the department of health
87 and senior services and the state board of pharmacy. The state board of
88 registration for the healing arts shall promulgate rules applicable to assistant
89 physicians that shall be consistent with guidelines for federally funded
90 clinics. The rulemaking authority granted in this subsection shall not extend to
91 collaborative practice arrangements of hospital employees providing inpatient
92 care within hospitals as defined in chapter 197 or population-based public health

93 services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

94 4. The state board of registration for the healing arts shall not deny,
95 revoke, suspend, or otherwise take disciplinary action against a collaborating
96 physician for health care services delegated to an assistant physician provided
97 the provisions of this section and the rules promulgated thereunder are satisfied.

98 5. Within thirty days of any change and on each renewal, the state board
99 of registration for the healing arts shall require every physician to identify
100 whether the physician is engaged in any collaborative practice arrangement,
101 including collaborative practice arrangements delegating the authority to
102 prescribe controlled substances, and also report to the board the name of each
103 assistant physician with whom the physician has entered into such
104 arrangement. The board may make such information available to the public. The
105 board shall track the reported information and may routinely conduct random
106 reviews of such arrangements to ensure that arrangements are carried out for
107 compliance under this chapter.

108 6. A collaborating physician shall not enter into a collaborative practice
109 arrangement with more than three full-time equivalent assistant
110 physicians. Such limitation shall not apply to collaborative arrangements of
111 hospital employees providing inpatient care service in hospitals as defined in
112 chapter 197 or population-based public health services as defined by 20 CSR
113 2150-5.100 as of April 30, 2008.

114 7. The collaborating physician shall determine and document the
115 completion of at least a one-month period of time during which the assistant
116 physician shall practice with the collaborating physician continuously present
117 before practicing in a setting where the collaborating physician is not
118 continuously present. Such limitation shall not apply to collaborative
119 arrangements of providers of population-based public health services as defined
120 by 20 CSR 2150-5.100 as of April 30, 2008.

121 8. No agreement made under this section shall supersede current hospital
122 licensing regulations governing hospital medication orders under protocols or
123 standing orders for the purpose of delivering inpatient or emergency care within
124 a hospital as defined in section 197.020 if such protocols or standing orders have
125 been approved by the hospital's medical staff and pharmaceutical therapeutics
126 committee.

127 9. No contract or other agreement shall require a physician to act as a
128 collaborating physician for an assistant physician against the physician's will. A

129 physician shall have the right to refuse to act as a collaborating physician,
130 without penalty, for a particular assistant physician. No contract or other
131 agreement shall limit the collaborating physician's ultimate authority over any
132 protocols or standing orders or in the delegation of the physician's authority to
133 any assistant physician, but such requirement shall not authorize a physician in
134 implementing such protocols, standing orders, or delegation to violate applicable
135 standards for safe medical practice established by a hospital's medical staff.

136 10. No contract or other agreement shall require any assistant physician
137 to serve as a collaborating assistant physician for any collaborating physician
138 against the assistant physician's will. An assistant physician shall have the right
139 to refuse to collaborate, without penalty, with a particular physician.

140 11. All collaborating physicians and assistant physicians in collaborative
141 practice arrangements shall wear identification badges while acting within the
142 scope of their collaborative practice arrangement. The identification badges shall
143 prominently display the licensure status of such collaborating physicians and
144 assistant physicians.

145 12. (1) An assistant physician with a certificate of controlled substance
146 prescriptive authority as provided in this section may prescribe any controlled
147 substance listed in Schedule III, IV, or V of section 195.017, **and may have**
148 **restricted authority in Schedule II**, when delegated the authority to
149 prescribe controlled substances in a collaborative practice
150 arrangement. **Prescriptions for Schedule II medications prescribed by**
151 **an assistant physician who has a certificate of controlled substance**
152 **prescriptive authority are restricted to only those medications**
153 **containing hydrocodone.** Such authority shall be filed with the state board
154 of registration for the healing arts. The collaborating physician shall maintain
155 the right to limit a specific scheduled drug or scheduled drug category that the
156 assistant physician is permitted to prescribe. Any limitations shall be listed in
157 the collaborative practice arrangement. Assistant physicians shall not prescribe
158 controlled substances for themselves or members of their families. Schedule III
159 controlled substances **and Schedule II - hydrocodone prescriptions** shall be
160 limited to a five-day supply without refill. Assistant physicians who are
161 authorized to prescribe controlled substances under this section shall register
162 with the federal Drug Enforcement Administration and the state bureau of
163 narcotics and dangerous drugs, and shall include the Drug Enforcement
164 Administration registration number on prescriptions for controlled substances.

165 (2) The collaborating physician shall be responsible to determine and
166 document the completion of at least one hundred twenty hours in a four-month
167 period by the assistant physician during which the assistant physician shall
168 practice with the collaborating physician on-site prior to prescribing controlled
169 substances when the collaborating physician is not on-site. Such limitation shall
170 not apply to assistant physicians of population-based public health services as
171 defined in 20 CSR 2150-5.100 as of April 30, 2009.

172 (3) An assistant physician shall receive a certificate of controlled
173 substance prescriptive authority from the state board of registration for the
174 healing arts upon verification of licensure under section 334.036.

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

27 3. The written collaborative practice arrangement shall contain at least
28 the following provisions:

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

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

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

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

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

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

47 (b) Maintain geographic proximity, except the collaborative practice
48 arrangement may allow for geographic proximity to be waived for a maximum of
49 twenty-eight days per calendar year for rural health clinics as defined by P.L.
50 95-210, as long as the collaborative practice arrangement includes alternative
51 plans as required in paragraph (c) of this subdivision. This exception to
52 geographic proximity shall apply only to independent rural health clinics,
53 provider-based rural health clinics where the provider is a critical access hospital
54 as provided in 42 U.S.C. 1395i-4, and provider-based rural health clinics where
55 the main location of the hospital sponsor is greater than fifty miles from the
56 clinic. The collaborating physician is required to maintain documentation related
57 to this requirement and to present it to the state board of registration for the
58 healing arts when requested; and

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

61 (6) A description of the advanced practice registered nurse's controlled
62 substance prescriptive authority in collaboration with the physician, including a

63 list of the controlled substances the physician authorizes the nurse to prescribe
64 and documentation that it is consistent with each professional's education,
65 knowledge, skill, and competence;

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

68 (8) The duration of the written practice agreement between the
69 collaborating physician and the advanced practice registered nurse;

70 (9) A description of the time and manner of the collaborating physician's
71 review of the advanced practice registered nurse's delivery of health care
72 services. The description shall include provisions that the advanced practice
73 registered nurse shall submit a minimum of ten percent of the charts
74 documenting the advanced practice registered nurse's delivery of health care
75 services to the collaborating physician for review by the collaborating physician,
76 or any other physician designated in the collaborative practice arrangement,
77 every fourteen days; and

78 (10) The collaborating physician, or any other physician designated in the
79 collaborative practice arrangement, shall review every fourteen days a minimum
80 of twenty percent of the charts in which the advanced practice registered nurse
81 prescribes controlled substances. The charts reviewed under this subdivision may
82 be counted in the number of charts required to be reviewed under subdivision (9)
83 of this subsection.

84 4. The state board of registration for the healing arts pursuant to section
85 334.125 and the board of nursing pursuant to section 335.036 may jointly
86 promulgate rules regulating the use of collaborative practice arrangements. Such
87 rules shall be limited to specifying geographic areas to be covered, the methods
88 of treatment that may be covered by collaborative practice arrangements and the
89 requirements for review of services provided pursuant to collaborative practice
90 arrangements including delegating authority to prescribe controlled
91 substances. Any rules relating to dispensing or distribution of medications or
92 devices by prescription or prescription drug orders under this section shall be
93 subject to the approval of the state board of pharmacy. Any rules relating to
94 dispensing or distribution of controlled substances by prescription or prescription
95 drug orders under this section shall be subject to the approval of the department
96 of health and senior services and the state board of pharmacy. In order to take
97 effect, such rules shall be approved by a majority vote of a quorum of each
98 board. Neither the state board of registration for the healing arts nor the board

99 of nursing may separately promulgate rules relating to collaborative practice
100 arrangements. Such jointly promulgated rules shall be consistent with guidelines
101 for federally funded clinics. The rulemaking authority granted in this subsection
102 shall not extend to collaborative practice arrangements of hospital employees
103 providing inpatient care within hospitals as defined pursuant to chapter 197 or
104 population-based public health services as defined by 20 CSR 2150-5.100 as of
105 April 30, 2008.

106 5. The state board of registration for the healing arts shall not deny,
107 revoke, suspend or otherwise take disciplinary action against a physician for
108 health care services delegated to a registered professional nurse provided the
109 provisions of this section and the rules promulgated thereunder are
110 satisfied. Upon the written request of a physician subject to a disciplinary action
111 imposed as a result of an agreement between a physician and a registered
112 professional nurse or registered physician assistant, whether written or not, prior
113 to August 28, 1993, all records of such disciplinary licensure action and all
114 records pertaining to the filing, investigation or review of an alleged violation of
115 this chapter incurred as a result of such an agreement shall be removed from the
116 records of the state board of registration for the healing arts and the division of
117 professional registration and shall not be disclosed to any public or private entity
118 seeking such information from the board or the division. The state board of
119 registration for the healing arts shall take action to correct reports of alleged
120 violations and disciplinary actions as described in this section which have been
121 submitted to the National Practitioner Data Bank. In subsequent applications
122 or representations relating to his medical practice, a physician completing forms
123 or documents shall not be required to report any actions of the state board of
124 registration for the healing arts for which the records are subject to removal
125 under this section.

126 6. Within thirty days of any change and on each renewal, the state board
127 of registration for the healing arts shall require every physician to identify
128 whether the physician is engaged in any collaborative practice agreement,
129 including collaborative practice agreements delegating the authority to prescribe
130 controlled substances, or physician assistant agreement and also report to the
131 board the name of each licensed professional with whom the physician has
132 entered into such agreement. The board may make this information available to
133 the public. The board shall track the reported information and may routinely
134 conduct random reviews of such agreements to ensure that agreements are

135 carried out for compliance under this chapter.

136 7. Notwithstanding any law to the contrary, a certified registered nurse
137 anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to
138 provide anesthesia services without a collaborative practice arrangement provided
139 that he or she is under the supervision of an anesthesiologist or other physician,
140 dentist, or podiatrist who is immediately available if needed. Nothing in this
141 subsection shall be construed to prohibit or prevent a certified registered nurse
142 anesthetist as defined in subdivision (8) of section 335.016 from entering into a
143 collaborative practice arrangement under this section, except that the
144 collaborative practice arrangement may not delegate the authority to prescribe
145 any controlled substances listed in Schedules III, IV, and V of section 195.017,
146 **or Schedule II - hydrocodone.**

147 8. A collaborating physician shall not enter into a collaborative practice
148 arrangement with more than three full-time equivalent advanced practice
149 registered nurses. This limitation shall not apply to collaborative arrangements
150 of hospital employees providing inpatient care service in hospitals as defined in
151 chapter 197 or population-based public health services as defined by 20 CSR
152 2150-5.100 as of April 30, 2008.

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

160 10. No agreement made under this section shall supersede current
161 hospital licensing regulations governing hospital medication orders under
162 protocols or standing orders for the purpose of delivering inpatient or emergency
163 care within a hospital as defined in section 197.020 if such protocols or standing
164 orders have been approved by the hospital's medical staff and pharmaceutical
165 therapeutics committee.

166 11. No contract or other agreement shall require a physician to act as a
167 collaborating physician for an advanced practice registered nurse against the
168 physician's will. A physician shall have the right to refuse to act as a
169 collaborating physician, without penalty, for a particular advanced practice
170 registered nurse. No contract or other agreement shall limit the collaborating

171 physician's ultimate authority over any protocols or standing orders or in the
172 delegation of the physician's authority to any advanced practice registered nurse,
173 but this requirement shall not authorize a physician in implementing such
174 protocols, standing orders, or delegation to violate applicable standards for safe
175 medical practice established by hospital's medical staff.

176 12. No contract or other agreement shall require any advanced practice
177 registered nurse to serve as a collaborating advanced practice registered nurse
178 for any collaborating physician against the advanced practice registered nurse's
179 will. An advanced practice registered nurse shall have the right to refuse to
180 collaborate, without penalty, with a particular physician.

334.747. 1. A physician assistant with a certificate of controlled
2 substance prescriptive authority as provided in this section may prescribe any
3 controlled substance listed in schedule III, IV, or V of section 195.017, **and may**
4 **have restricted authority in Schedule II**, when delegated the authority to
5 prescribe controlled substances in a supervision agreement. Such authority shall
6 be listed on the supervision verification form on file with the state board of
7 healing arts. The supervising physician shall maintain the right to limit a
8 specific scheduled drug or scheduled drug category that the physician assistant
9 is permitted to prescribe. Any limitations shall be listed on the supervision
10 form. **Prescriptions for Schedule II medications prescribed by a**
11 **physician assistant with authority to prescribe delegated in a**
12 **supervision agreement are restricted to only those medications**
13 **containing hydrocodone.** Physician assistants shall not prescribe controlled
14 substances for themselves or members of their families. Schedule III controlled
15 substances **and Schedule II - hydrocodone prescriptions** shall be limited to
16 a five-day supply without refill. Physician assistants who are authorized to
17 prescribe controlled substances under this section shall register with the federal
18 Drug Enforcement Administration and the state bureau of narcotics and
19 dangerous drugs, and shall include the Drug Enforcement Administration
20 registration number on prescriptions for controlled substances.

21 2. The supervising physician shall be responsible to determine and
22 document the completion of at least one hundred twenty hours in a four-month
23 period by the physician assistant during which the physician assistant shall
24 practice with the supervising physician on-site prior to prescribing controlled
25 substances when the supervising physician is not on-site. Such limitation shall
26 not apply to physician assistants of population-based public health services as

27 defined in 20 CSR 2150-5.100 as of April 30, 2009.

28 3. A physician assistant shall receive a certificate of controlled substance
29 prescriptive authority from the board of healing arts upon verification of the
30 completion of the following educational requirements:

31 (1) Successful completion of an advanced pharmacology course that
32 includes clinical training in the prescription of drugs, medicines, and therapeutic
33 devices. A course or courses with advanced pharmacological content in a
34 physician assistant program accredited by the Accreditation Review Commission
35 on Education for the Physician Assistant (ARC-PA) or its predecessor agency
36 shall satisfy such requirement;

37 (2) Completion of a minimum of three hundred clock hours of clinical
38 training by the supervising physician in the prescription of drugs, medicines, and
39 therapeutic devices;

40 (3) Completion of a minimum of one year of supervised clinical practice
41 or supervised clinical rotations. One year of clinical rotations in a program
42 accredited by the Accreditation Review Commission on Education for the
43 Physician Assistant (ARC-PA) or its predecessor agency, which includes
44 pharmacotherapeutics as a component of its clinical training, shall satisfy such
45 requirement. Proof of such training shall serve to document experience in the
46 prescribing of drugs, medicines, and therapeutic devices;

47 (4) A physician assistant previously licensed in a jurisdiction where
48 physician assistants are authorized to prescribe controlled substances may obtain
49 a state bureau of narcotics and dangerous drugs registration if a supervising
50 physician can attest that the physician assistant has met the requirements of
51 subdivisions (1) to (3) of this subsection and provides documentation of existing
52 federal Drug Enforcement Agency registration.

374.015. 1. For purposes of this section, "insurer" shall mean any
2 **person, reciprocal exchange, interinsurer, Lloyds insurer, fraternal**
3 **benefit society, and any other legal entity engaged in the business of**
4 **insurance including producers, adjusters and third-party**
5 **administrators, health services corporations, health maintenance**
6 **organizations, health carriers, prepaid limited health care service**
7 **plans, dental, optometric, and other similar health service**
8 **plans. "Insurer" shall also include all companies organized,**
9 **incorporated, or doing business under the provisions of chapters 325,**
10 **354, and 374 to 385.**

11 2. For purposes of this section, "bulletin" shall mean an informal
12 written communication to inform or educate the insurance industry
13 and the general public about a regulatory topic or issue. A bulletin is
14 informational in nature and is not an evaluation of specific facts and
15 circumstances.

16 3. Notwithstanding any law to the contrary, the director may at
17 his or her discretion issue bulletins addressing the business of
18 insurance in this state.

19 4. Bulletins do not have the force or effect of law and shall not
20 be considered statements of general applicability that would require
21 promulgation by rule.

22 5. Such bulletins shall not be binding on the department or an
23 insurer. The director may revise or withdraw any previously issued
24 bulletin; however such revision or withdrawal shall be prospective in
25 nature. The effective date for such bulletin which was withdrawn or
26 revised shall be ninety days after the date the revision or withdrawal
27 notice is published and, where applicable, shall apply to new policies
28 issued and policies that renew on or after that date.

374.018. 1. For purposes of this section, "no-action letter" shall
2 mean a letter that states the intention of the department to not take
3 enforcement actions under section 374.046 with respect to the
4 requesting insurer, based on the specific facts then presented and
5 applicable law, as of the date a no-action letter is issued.

6 2. For purposes of this section, "insurer" shall mean all insurance
7 companies organized, incorporated, or doing business under the
8 provisions of chapters 354, 376, 379, or 380.

9 3. Notwithstanding any law to the contrary, the director may at
10 his or her discretion issue no-action letters addressing the business of
11 insurance in this state.

12 4. No-action letters shall not be considered statements of general
13 applicability that would require promulgation by rule.

14 5. Insurers who seek guidance may submit a written request for
15 a no-action letter to the department.

16 6. An insurer is under an affirmative obligation to make full,
17 true, and accurate disclosure of all information related to the activities
18 for which the no-action letter is requested. Each request shall be
19 accompanied by all relevant supplementary information including, but

20 not limited to, background information regarding the request, policies,
21 procedures, and applicable marketing materials. Each request shall
22 also include complete copies of documents, and shall identify all
23 provisions of law applicable to the request.

24 7. The insurer requesting the no-action letter shall provide the
25 department with any additional information or documents the
26 department requests for its review of the matter.

27 8. The insurer may withdraw the request for a no-action letter
28 prior to the issuance of the no-action letter.

29 9. The department shall act on the no-action letter request
30 within ninety days after it receives all information necessary to
31 complete its review.

32 10. At the completion of its review of a request for a no-action
33 letter the department shall do one of the following:

34 (1) Issue a no-action letter;

35 (2) Decline to issue a no-action letter; or

36 (3) Take such other action as the department considers
37 appropriate.

38 11. A no-action letter shall be effective as of the date it is issued.

39 12. As long as there is no change in any material fact or law or
40 the discovery of a material misrepresentation or omission made by the
41 insurer, the department is estopped from bringing any enforcement
42 action under section 374.046 against the requesting insurer concerning
43 the specific conduct that is the subject of the no-action letter issued by
44 the department. However, this estoppel shall not apply to those
45 enforcement actions related to the financial condition of the
46 insurer. The determination of materiality shall be in the sole
47 discretion of the director.

48 13. A no-action letter request shall not be a public record as
49 defined in chapter 610 until the date of issuance by the department of
50 a response to the no-action letter request. The request for a no-action
51 letter and the department's response shall, after the date of issuance by
52 the department, be considered a public record as defined in chapter
53 610. Upon request of the insurer, information submitted with a request
54 for a no-action letter as required under this section that contains
55 proprietary or trade secret information as defined in sections 417.450
56 to 417.467 shall not be considered a public record.

376.791. 1. The provisions of subdivisions (4) and (5) of
2 subsection 2 of section 376.777 shall not apply to any individual health
3 insurance coverage. The term "individual health insurance coverage"
4 shall have the meaning assigned to it in section 376.450.

5 2. The director shall promulgate rules and regulations to
6 implement and administer the provisions of this section prior to
7 January 1, 2016. Any rule or portion of a rule, as that term is defined
8 in section 536.010 that is created under the authority delegated in this
9 section shall become effective only if it complies with and is subject to
10 all of the provisions of chapter 536, and, if applicable, section
11 536.028. This section and chapter 536 are nonseverable and if any of
12 the powers vested with the general assembly pursuant to chapter 536,
13 to review, to delay the effective date, or to disapprove and annul a rule
14 are subsequently held unconstitutional, then the grant of rulemaking
15 authority and any rule proposed or adopted after August 28, 2015, shall
16 be invalid and void.

Bill ✓

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