SENATE SUBSTITUTE

FOR

SENATE COMMITTEE SUBSTITUTE

FOR

SENATE BILL NO. 938

AN ACT

To repeal section 334.036, RSMo, and to enact in lieu thereof one new section relating to licensing of assistant physicians.

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

Section A. Section 334.036, RSMo, is repealed and one new

- 2 section enacted in lieu thereof, to be known as section 334.036,
- 3 to read as follows:
 - 334.036. 1. For purposes of this section, the
- 2 following terms shall mean:
- 3 (1) "Assistant physician", any graduate of a North
- 4 American medical school [graduate] accredited by the Liaison
- 5 Committee on Medical Education or the Commission on
- 6 Osteopathic College Accreditation who:
- 7 (a) Is a resident and citizen of the United States or
- 8 is a legal resident alien;
- 9 (b) Has successfully completed Step 2 of the United
- 10 States Medical Licensing Examination or the equivalent of
- 11 such step of any other board-approved medical licensing
- 12 examination within the three-year period immediately
- 13 preceding application for licensure as an assistant
- 14 physician, or within three years after graduation from a
- 15 medical college or osteopathic medical college, whichever is
- 16 later;
- 17 (c) Has not completed an approved postgraduate
- 18 residency and has successfully completed Step 2 of the
- 19 United States Medical Licensing Examination or the

- 20 equivalent of such step of any other board-approved medical
- 21 licensing examination within the immediately preceding three-
- 22 year period unless when such three-year anniversary occurred
- 23 he or she was serving as a resident physician in an
- 24 accredited residency in the United States and continued to
- 25 do so within thirty days prior to application for licensure
- 26 as an assistant physician; and
- 27 (d) Has proficiency in the English language.
- 28 Any graduate of a North American medical school [graduate]
- 29 who could have applied for licensure and complied with the
- 30 provisions of this subdivision at any time between August
- 31 28, 2014, and August 28, 2017, may apply for licensure and
- 32 shall be deemed in compliance with the provisions of this
- 33 subdivision;
- 34 (2) "Assistant physician collaborative practice
- 35 arrangement", an agreement between a physician and an
- 36 assistant physician that meets the requirements of this
- 37 section and section 334.037[;
- (3) "Medical school graduate", any person who has
- graduated from a medical college or osteopathic medical
- 40 college described in section 334.031].
- 41 2. (1) An assistant physician collaborative practice
- 42 arrangement shall limit the assistant physician to providing
- 43 only primary care services and only in medically underserved
- 44 rural or urban areas of this state [or in any pilot project
- 45 areas established in which assistant physicians may
- 46 practice].
- 47 (2) For a physician-assistant physician team working
- 48 in a rural health clinic under the federal Rural Health
- 49 Clinic Services Act, P.L. 95-210, as amended:
- 50 (a) An assistant physician shall be considered a
- 51 physician assistant for purposes of regulations of the
- 52 Centers for Medicare and Medicaid Services (CMS); and

- 53 (b) No supervision requirements in addition to the 54 minimum federal law shall be required.
- For purposes of this section, the licensure of 55 (1)assistant physicians shall take place within processes 56 established by rules of the state board of registration for 57 the healing arts. The board of healing arts is authorized 58 to establish rules under chapter 536 establishing licensure 59 60 and renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such other matters as are 61 62 necessary to protect the public and discipline the profession. No licensure fee for an assistant physician 63 shall exceed the amount of any licensure fee for a physician 64 65 assistant. An application for licensure may be denied or the licensure of an assistant physician may be suspended or 66 revoked by the board in the same manner and for violation of 67 the standards as set forth by section 334.100, or such other 68 69 standards of conduct set by the board by rule. No rule or regulation shall require an assistant physician to complete 70 71 more hours of continuing medical education than that of a 72 licensed physician.
- Any rule or portion of a rule, as that term is 73 74 defined in section 536.010, that is created under the authority delegated in this section shall become effective 75 76 only if it complies with and is subject to all of the 77 provisions of chapter 536 and, if applicable, section 78 536.028. This section and chapter 536 are nonseverable and 79 if any of the powers vested with the general assembly under chapter 536 to review, to delay the effective date, or to 80 disapprove and annul a rule are subsequently held 81 82 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2014, shall be 83 invalid and void. 84

- 85 (3) Any rules or regulations regarding assistant
 86 physicians in effect as of the effective date of this
 87 section* that conflict with the provisions of this section
 88 and section 334.037 shall be null and void as of the
 89 effective date of this section.
- 4. An assistant physician shall clearly identify
 himself or herself as an assistant physician and shall be
 permitted to use the terms "doctor", "Dr.", or "doc". No
 assistant physician shall practice or attempt to practice
 without an assistant physician collaborative practice
 arrangement, except as otherwise provided in this section
 and in an emergency situation.
- 97 5. The collaborating physician is responsible at all 98 times for the oversight of the activities of and accepts 99 responsibility for primary care services rendered by the 100 assistant physician.
- 101 6. The provisions of section 334.037 shall apply to
 102 all assistant physician collaborative practice
 103 arrangements. Any renewal of licensure under this section
 104 shall include verification of actual practice under a
 105 collaborative practice arrangement in accordance with this
 106 subsection during the immediately preceding licensure period.
- 107 7. Each health carrier or health benefit plan that 108 offers or issues health benefit plans that are delivered, 109 issued for delivery, continued, or renewed in this state 110 shall reimburse an assistant physician for the diagnosis, consultation, or treatment of an insured or enrollee on the 111 same basis that the health carrier or health benefit plan 112 covers the service when it is delivered by another 113 114 comparable mid-level health care provider including, but not limited to, a physician assistant. 115
- 116 <u>8. No individual shall hold an assistant physician</u>
 117 license for more than five years. However, all those

- individuals currently licensed as assistant physicians in
- 119 this state shall have five years from the effective date of
- 120 this act before their current license expires.