

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Section A. Section 334.036, RSMo, is repealed and one new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 medical
4 school [graduate] accredited by the Liaison Committee on
5 Medical Education, the Commission on Osteopathic College
6 Accreditation, or the Educational Commission for Foreign
7 Medical Graduates who:

8 (a) Is a resident and citizen of the United States or
9 is a legal resident alien;

10 (b) Has successfully completed Step 2 of the United
11 States Medical Licensing Examination or the equivalent of
12 such step of any other board-approved medical licensing
13 examination within the three-year period immediately
14 preceding application for licensure as an assistant
15 physician, or within three years after graduation from a
16 medical college or osteopathic medical college, whichever is
17 later;

18 (c) Has not completed an approved postgraduate
19 residency and has successfully completed Step 2 of the

20 United States Medical Licensing Examination or the
21 equivalent of such step of any other board-approved medical
22 licensing examination within the immediately preceding three-
23 year period unless when such three-year anniversary occurred
24 he or she was serving as a resident physician in an
25 accredited residency in the United States and continued to
26 do so within thirty days prior to application for licensure
27 as an assistant physician; and

28 (d) Has proficiency in the English language.

29 Any graduate of a medical school [graduate] who could have
30 applied for licensure and complied with the provisions of
31 this subdivision at any time between August 28, 2014, and
32 August 28, 2017, may apply for licensure and shall be deemed
33 in compliance with the provisions of this 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[;

38 (3) "Medical school graduate", any person who has
39 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.

55 3. (1) For purposes of this section, the licensure of
56 assistant physicians shall take place within processes
57 established by rules of the state board of registration for
58 the healing arts. The board of healing arts is authorized
59 to establish rules under chapter 536 establishing licensure
60 and renewal procedures, supervision, collaborative practice
61 arrangements, fees, and addressing such other matters as are
62 necessary to protect the public and discipline the
63 profession. No licensure fee for an assistant physician
64 shall exceed the amount of any licensure fee for a physician
65 assistant. An application for licensure may be denied or
66 the licensure of an assistant physician may be suspended or
67 revoked by the board in the same manner and for violation of
68 the standards as set forth by section 334.100, or such other
69 standards of conduct set by the board by rule. No rule or
70 regulation shall require an assistant physician to complete
71 more hours of continuing medical education than that of a
72 licensed physician.

73 (2) Any rule or portion of a rule, as that term is
74 defined in section 536.010, that is created under the
75 authority delegated in this section shall become effective
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
80 chapter 536 to review, to delay the effective date, or to
81 disapprove and annul a rule are subsequently held
82 unconstitutional, then the grant of rulemaking authority and
83 any rule proposed or adopted after August 28, 2014, shall be
84 invalid and void.

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.

90 4. An assistant physician shall clearly identify
91 himself or herself as an assistant physician and shall be
92 permitted to use the terms "doctor", "Dr.", or "doc". No
93 assistant physician shall practice or attempt to practice
94 without an assistant physician collaborative practice
95 arrangement, except as otherwise provided in this section
96 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,
111 consultation, or treatment of an insured or enrollee on the
112 same basis that the health carrier or health benefit plan
113 covers the service when it is delivered by another
114 comparable mid-level health care provider including, but not
115 limited to, a physician assistant.