

FIRST REGULAR SESSION

SENATE BILL NO. 832

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR BLACK.

3205S.01I

KRISTINA MARTIN, Secretary

AN ACT

To repeal sections 195.070, 334.104, 334.735, and 334.747, RSMo, and to enact in lieu thereof four new sections relating to collaborative practice arrangements.

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

Section A. Sections 195.070, 334.104, 334.735, and
2 334.747, RSMo, are repealed and four new sections enacted in
3 lieu thereof, to be known as sections 195.070, 334.104, 334.735,
4 and 334.747, to read as follows:

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

11 2. An advanced practice registered nurse, as defined
12 in section 335.016, but not a certified registered nurse
13 anesthetist as defined in subdivision (8) of section
14 335.016, who holds a certificate of controlled substance
15 prescriptive authority from the board of nursing under
16 section 335.019 and who is delegated the authority to
17 prescribe controlled substances under a collaborative

18 practice arrangement under section 334.104 may prescribe any
19 controlled substances listed in Schedules III, IV, and V of
20 section 195.017, and may have restricted authority in
21 Schedule II. Prescriptions for Schedule II medications
22 prescribed by an advanced practice registered nurse who has
23 a certificate of controlled substance prescriptive authority
24 are restricted to only those medications containing
25 hydrocodone and Schedule II controlled substances for
26 hospice patients **and patients of providers designated as**
27 **administrative entities by the department of mental health**
28 **under section 630.407** pursuant to the provisions of section
29 334.104. However, no such certified advanced practice
30 registered nurse shall prescribe controlled substance for
31 his or her own self or family. Schedule III narcotic
32 controlled substance and Schedule II - hydrocodone
33 prescriptions shall be limited to a one hundred twenty-hour
34 supply without refill.

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

41 4. A practitioner shall not accept any portion of a
42 controlled substance unused by a patient, for any reason, if
43 such practitioner did not originally dispense the drug,
44 except:

45 (1) When the controlled substance is delivered to the
46 practitioner to administer to the patient for whom the
47 medication is prescribed as authorized by federal law.
48 Practitioners shall maintain records and secure the

49 medication as required by this chapter and regulations
50 promulgated pursuant to this chapter; or

51 (2) As provided in section 195.265.

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

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

13 2. (1) Collaborative practice arrangements, which
14 shall be in writing, may delegate to a registered
15 professional nurse the authority to administer, dispense or
16 prescribe drugs and provide treatment if the registered
17 professional nurse is an advanced practice registered nurse
18 as defined in subdivision (2) of section 335.016.
19 Collaborative practice arrangements may delegate to an
20 advanced practice registered nurse, as defined in section
21 335.016, the authority to administer, dispense, or prescribe
22 controlled substances listed in Schedules III, IV, and V of
23 section 195.017, and Schedule II - hydrocodone; except that,
24 the collaborative practice arrangement shall not delegate
25 the authority to administer any controlled substances listed
26 in Schedules III, IV, and V of section 195.017, or Schedule

II - hydrocodone for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill.

(2) Notwithstanding any other provision of this section to the contrary, a collaborative practice arrangement may delegate to an advanced practice registered nurse the authority to administer, dispense, or prescribe Schedule II controlled substances for hospice patients **or patients of providers designated as administrative entities by the department of mental health under section 630.407;** provided, that the advanced practice registered nurse is employed by a hospice provider certified pursuant to chapter 197 **or by a provider designated as an administrative entity by the department of mental health under section 630.407** and the advanced practice registered nurse is providing care to hospice **or patients of the provider designated as an administrative entity by the department of mental health under section 630.407** patients pursuant to a collaborative practice arrangement that designates the certified hospice **or the provider designated as an administrative entity by the department of mental health under section 630.407** as a location where the advanced practice registered nurse is authorized to practice and prescribe.

(3) Such collaborative practice arrangements shall be in the form of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.

(4) An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply without refill for patients receiving medication-assisted

59 treatment for substance use disorders under the direction of
60 the collaborating physician.

61 3. The written collaborative practice arrangement
62 shall contain at least the following provisions:

63 (1) Complete names, home and business addresses, zip
64 codes, and telephone numbers of the collaborating physician
65 and the advanced practice registered nurse;

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

70 (3) A requirement that there shall be posted at every
71 office where the advanced practice registered nurse is
72 authorized to prescribe, in collaboration with a physician,
73 a prominently displayed disclosure statement informing
74 patients that they may be seen by an advanced practice
75 registered nurse and have the right to see the collaborating
76 physician;

77 (4) All specialty or board certifications of the
78 collaborating physician and all certifications of the
79 advanced practice registered nurse;

80 (5) The manner of collaboration between the
81 collaborating physician and the advanced practice registered
82 nurse, including how the collaborating physician and the
83 advanced practice registered nurse will:

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

87 (b) Maintain geographic proximity, except as specified
88 in this paragraph. The following provisions shall apply
89 with respect to this requirement:

90 a. Until August 28, 2025, an advanced practice
91 registered nurse providing services in a correctional
92 center, as defined in section 217.010, and his or her
93 collaborating physician shall satisfy the geographic
94 proximity requirement if they practice within two hundred
95 miles by road of one another. An incarcerated patient who
96 requests or requires a physician consultation shall be
97 treated by a physician as soon as appropriate;

98 b. The collaborative practice arrangement may allow
99 for geographic proximity to be waived for a maximum of
100 twenty-eight days per calendar year for rural health clinics
101 as defined by Pub.L. 95-210 (42 U.S.C. Section 1395x, as
102 amended), as long as the collaborative practice arrangement
103 includes alternative plans as required in paragraph (c) of
104 this subdivision. This exception to geographic proximity
105 shall apply only to independent rural health clinics,
106 provider-based rural health clinics where the provider is a
107 critical access hospital as provided in 42 U.S.C. Section
108 1395i-4, and provider-based rural health clinics where the
109 main location of the hospital sponsor is greater than fifty
110 miles from the clinic;

111 c. The collaborative practice arrangement may allow
112 for geographic proximity to be waived when the arrangement
113 outlines the use of telehealth, as defined in section
114 191.1145;

115 d. In addition to the waivers and exemptions provided
116 in this subsection, an application for a waiver for any
117 other reason of any applicable geographic proximity shall be
118 available if a physician is collaborating with an advanced
119 practice registered nurse in excess of any geographic
120 proximity limit. The board of nursing and the state board
121 of registration for the healing arts shall review each

application for a waiver of geographic proximity and approve the application if the boards determine that adequate supervision exists between the collaborating physician and the advanced practice registered nurse. The boards shall have forty-five calendar days to review the completed application for the waiver of geographic proximity. If no action is taken by the boards within forty-five days after the submission of the application for a waiver, then the application shall be deemed approved. If the application is denied by the boards, the provisions of section 536.063 for contested cases shall apply and govern proceedings for appellate purposes; and

e. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested; and

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

(6) A description of the advanced practice registered nurse's controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician authorizes the nurse to prescribe and documentation that it is consistent with each professional's education, knowledge, skill, and competence;

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

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

(9) A description of the time and manner of the collaborating physician's review of the advanced practice

registered nurse's delivery of health care services. The description shall include provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the charts documenting the advanced practice registered nurse's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days;

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

(11) If a collaborative practice arrangement is used in clinical situations where a collaborating advanced practice registered nurse provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician or any other physician designated in the collaborative practice arrangement shall be present for sufficient periods of time, at least once every two weeks, except in extraordinary circumstances that shall be documented, to participate in a chart review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff.

4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements.

Such rules shall be limited to the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements including delegating authority to prescribe controlled substances. Any rules relating to geographic proximity shall allow a collaborating physician and a collaborating advanced practice registered nurse to practice within two hundred miles by road of one another until August 28, 2025, if the nurse is providing services in a correctional center, as defined in section 217.010. Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

5. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise take

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

6. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice arrangement, including collaborative practice arrangements delegating the authority to prescribe controlled substances, or physician assistant collaborative practice arrangement

and also report to the board the name of each licensed professional with whom the physician has entered into such arrangement. The board shall make this information available to the public. The board shall track the reported information and may routinely conduct random reviews of such arrangements to ensure that arrangements are carried out for compliance under this chapter.

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

8. A collaborating physician shall not enter into a collaborative practice arrangement with more than six full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008, or to a certified registered nurse

anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of this section.

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

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

11. No contract or other term of employment shall require a physician to act as a collaborating physician for an advanced practice registered nurse against the physician's will. A physician shall have the right to

314 refuse to act as a collaborating physician, without penalty,
315 for a particular advanced practice registered nurse. No
316 contract or other agreement shall limit the collaborating
317 physician's ultimate authority over any protocols or
318 standing orders or in the delegation of the physician's
319 authority to any advanced practice registered nurse, but
320 this requirement shall not authorize a physician in
321 implementing such protocols, standing orders, or delegation
322 to violate applicable standards for safe medical practice
323 established by hospital's medical staff.

324 12. No contract or other term of employment shall
325 require any advanced practice registered nurse to serve as a
326 collaborating advanced practice registered nurse for any
327 collaborating physician against the advanced practice
328 registered nurse's will. An advanced practice registered
329 nurse shall have the right to refuse to collaborate, without
330 penalty, with a particular physician.

334.735. 1. As used in sections 334.735 to 334.749,
2 the following terms mean:

3 (1) "Applicant", any individual who seeks to become
4 licensed as a physician assistant;

5 (2) "Certification" or "registration", a process by a
6 certifying entity that grants recognition to applicants
7 meeting predetermined qualifications specified by such
8 certifying entity;

9 (3) "Certifying entity", the nongovernmental agency or
10 association which certifies or registers individuals who
11 have completed academic and training requirements;

12 (4) "Collaborative practice arrangement", written
13 agreements, jointly agreed upon protocols, or standing
14 orders, all of which shall be in writing, for the delivery
15 of health care services;

16 (5) "Department", the department of commerce and
17 insurance or a designated agency thereof;

18 (6) "License", a document issued to an applicant by
19 the board acknowledging that the applicant is entitled to
20 practice as a physician assistant;

21 (7) "Physician assistant", a person who has graduated
22 from a physician assistant program accredited by the
23 Accreditation Review Commission on Education for the
24 Physician Assistant or its successor agency, prior to 2001,
25 or the Committee on Allied Health Education and
26 Accreditation or the Commission on Accreditation of Allied
27 Health Education Programs, who has passed the certifying
28 examination administered by the National Commission on
29 Certification of Physician Assistants and has active
30 certification by the National Commission on Certification of
31 Physician Assistants who provides health care services
32 delegated by a licensed physician. A person who has been
33 employed as a physician assistant for three years prior to
34 August 28, 1989, who has passed the National Commission on
35 Certification of Physician Assistants examination, and has
36 active certification of the National Commission on
37 Certification of Physician Assistants;

38 (8) "Recognition", the formal process of becoming a
39 certifying entity as required by the provisions of sections
40 334.735 to 334.749.

41 2. The scope of practice of a physician assistant
42 shall consist only of the following services and procedures:

- 43 (1) Taking patient histories;
44 (2) Performing physical examinations of a patient;
45 (3) Performing or assisting in the performance of
46 routine office laboratory and patient screening procedures;
47 (4) Performing routine therapeutic procedures;

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

51 (6) Instructing and counseling patients regarding
52 mental and physical health using procedures reviewed and
53 approved by a collaborating physician;

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

59 (8) Assisting in surgery; and

60 (9) Performing such other tasks not prohibited by law
61 under the collaborative practice arrangement with a licensed
62 physician as the physician assistant has been trained and is
63 proficient to perform.

64 3. Physician assistants shall not perform or prescribe
65 abortions.

66 4. Physician assistants shall not prescribe any drug,
67 medicine, device or therapy unless pursuant to a
68 collaborative practice arrangement in accordance with the
69 law, nor prescribe lenses, prisms or contact lenses for the
70 aid, relief or correction of vision or the measurement of
71 visual power or visual efficiency of the human eye, nor
72 administer or monitor general or regional block anesthesia
73 during diagnostic tests, surgery or obstetric procedures.
74 Prescribing of drugs, medications, devices or therapies by a
75 physician assistant shall be pursuant to a collaborative
76 practice arrangement which is specific to the clinical
77 conditions treated by the supervising physician and the
78 physician assistant shall be subject to the following:

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

81 (2) The types of drugs, medications, devices or
82 therapies prescribed by a physician assistant shall be
83 consistent with the scopes of practice of the physician
84 assistant and the collaborating physician;

85 (3) All prescriptions shall conform with state and
86 federal laws and regulations and shall include the name,
87 address and telephone number of the physician assistant;

88 (4) A physician assistant, or advanced practice
89 registered nurse as defined in section 335.016 may request,
90 receive and sign for noncontrolled professional samples and
91 may distribute professional samples to patients; and

92 (5) A physician assistant shall not prescribe any
93 drugs, medicines, devices or therapies the collaborating
94 physician is not qualified or authorized to prescribe.

95 5. A physician assistant shall clearly identify
96 himself or herself as a physician assistant and shall not
97 use or permit to be used in the physician assistant's behalf
98 the terms "doctor", "Dr." or "doc" nor hold himself or
99 herself out in any way to be a physician or surgeon. No
100 physician assistant shall practice or attempt to practice
101 without physician collaboration or in any location where the
102 collaborating physician is not immediately available for
103 consultation, assistance and intervention, except as
104 otherwise provided in this section, and in an emergency
105 situation, nor shall any physician assistant bill a patient
106 independently or directly for any services or procedure by
107 the physician assistant; except that, nothing in this
108 subsection shall be construed to prohibit a physician
109 assistant from enrolling with a third-party plan or the
110 department of social services as a MO HealthNet or Medicaid

111 provider while acting under a collaborative practice
112 arrangement between the physician and physician assistant.

113 6. The licensing of physician assistants shall take
114 place within processes established by the state board of
115 registration for the healing arts through rule and
116 regulation. The board of healing arts is authorized to
117 establish rules pursuant to chapter 536 establishing
118 licensing and renewal procedures, collaboration,
119 collaborative practice arrangements, fees, and addressing
120 such other matters as are necessary to protect the public
121 and discipline the profession. An application for licensing
122 may be denied or the license of a physician assistant may be
123 suspended or revoked by the board in the same manner and for
124 violation of the standards as set forth by section 334.100,
125 or such other standards of conduct set by the board by rule
126 or regulation. Persons licensed pursuant to the provisions
127 of chapter 335 shall not be required to be licensed as
128 physician assistants. All applicants for physician
129 assistant licensure who complete a physician assistant
130 training program after January 1, 2008, shall have a
131 master's degree from a physician assistant program.

132 7. At all times the physician is responsible for the
133 oversight of the activities of, and accepts responsibility
134 for, health care services rendered by the physician
135 assistant.

136 8. (1) A physician may enter into collaborative
137 practice arrangements with physician assistants.
138 Collaborative practice arrangements, which shall be in
139 writing, may delegate to a physician assistant the authority
140 to prescribe, administer, or dispense drugs and provide
141 treatment which is within the skill, training, and
142 competence of the physician assistant. Collaborative

practice arrangements may delegate to a physician assistant, as defined in section 334.735, the authority to administer, dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017, and Schedule II - hydrocodone. Schedule III narcotic controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form of a written arrangement, jointly agreed-upon protocols, or standing orders for the delivery of health care services.

(2) Notwithstanding any other provision of this section to the contrary, a collaborative practice arrangement may delegate to a physician assistant the authority to administer, dispense, or prescribe Schedule II controlled substances for hospice patients **or patients of providers designated as administrative entities by the department of mental health under section 630.407**; provided, that the physician assistant is employed by a hospice provider certified pursuant to chapter 197 **or by a provider designated as an administrative entity by the department of mental health under section 630.407** and the physician assistant is providing care to hospice patients **or patients of the provider designated as an administrative entity by the department of mental health under section 630.407** pursuant to a collaborative practice arrangement that designates the certified hospice **or the provider designated as an administrative entity by the department of mental health under section 630.407** as a location where the physician assistant is authorized to practice and prescribe.

9. The written collaborative practice arrangement shall contain at least the following provisions:

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

178 (2) A list of all other offices or locations, other
179 than those listed in subdivision (1) of this subsection,
180 where the collaborating physician has authorized the
181 physician assistant to prescribe;

182 (3) A requirement that there shall be posted at every
183 office where the physician assistant is authorized to
184 prescribe, in collaboration with a physician, a prominently
185 displayed disclosure statement informing patients that they
186 may be seen by a physician assistant and have the right to
187 see the collaborating physician;

188 (4) All specialty or board certifications of the
189 collaborating physician and all certifications of the
190 physician assistant;

191 (5) The manner of collaboration between the
192 collaborating physician and the physician assistant,
193 including how the collaborating physician and the physician
194 assistant will:

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

198 (b) Maintain geographic proximity, as determined by
199 the board of registration for the healing arts; and

200 (c) Provide coverage during absence, incapacity,
201 infirmity, or emergency of the collaborating physician;

202 (6) A list of all other written collaborative practice
203 arrangements of the collaborating physician and the
204 physician assistant;

(7) The duration of the written practice arrangement between the collaborating physician and the physician assistant;

(8) A description of the time and manner of the collaborating physician's review of the physician assistant's delivery of health care services. The description shall include provisions that the physician assistant shall submit a minimum of ten percent of the charts documenting the physician assistant's delivery of health care services to the collaborating physician for review by the collaborating physician, or any other physician designated in the collaborative practice arrangement, every fourteen days. Reviews may be conducted electronically;

(9) The collaborating physician, or any other physician designated in the collaborative practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in which the physician assistant prescribes controlled substances. The charts reviewed under this subdivision may be counted in the number of charts required to be reviewed under subdivision (8) of this subsection;

(10) A statement that no collaboration requirements in addition to the federal law shall be required for a physician-physician assistant team working in a certified community behavioral health clinic as defined by Pub.L. 113-93, or a rural health clinic under the federal Rural Health Services Act, Pub.L. 95-210, as amended, or a federally qualified health center as defined in 42 U.S.C. Section 1395x, as amended; and

(11) If a collaborative practice arrangement is used in clinical situations where a collaborating physician

assistant provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician or any other physician designated in the collaborative practice arrangement shall be present for sufficient periods of time, at least once every two weeks, except in extraordinary circumstances that shall be documented, to participate in a chart review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff.

10. The state board of registration for the healing arts under section 334.125 may promulgate rules regulating the use of collaborative practice arrangements.

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

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

269 13. The collaborating physician shall determine and
270 document the completion of a period of time during which the
271 physician assistant shall practice with the collaborating
272 physician continuously present before practicing in a
273 setting where the collaborating physician is not
274 continuously present. This limitation shall not apply to
275 collaborative arrangements of providers of population-based
276 public health services as defined by 20 CSR 2150-5.100 as of
277 April 30, 2009.

278 14. No contract or other arrangement shall require a
279 physician to act as a collaborating physician for a
280 physician assistant against the physician's will. A
281 physician shall have the right to refuse to act as a
282 supervising physician, without penalty, for a particular
283 physician assistant. No contract or other agreement shall
284 limit the collaborating physician's ultimate authority over
285 any protocols or standing orders or in the delegation of the
286 physician's authority to any physician assistant. No
287 contract or other arrangement shall require any physician
288 assistant to collaborate with any physician against the
289 physician assistant's will. A physician assistant shall
290 have the right to refuse to collaborate, without penalty,
291 with a particular physician.

292 15. Physician assistants shall file with the board a
293 copy of their collaborating physician form.

294 16. No physician shall be designated to serve as a
295 collaborating physician for more than six full-time
296 equivalent licensed physician assistants, full-time
297 equivalent advanced practice registered nurses, or full-time
298 equivalent assistant physicians, or any combination
299 thereof. This limitation shall not apply to physician
300 assistant collaborative practice arrangements of hospital

employees providing inpatient care service in hospitals as defined in chapter 197, or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of section 334.104.

17. No arrangement made under this section shall supercede current hospital licensing regulations governing hospital medication orders under protocols or standing orders for the purpose of delivering inpatient or emergency care within a hospital, as defined in section 197.020, if such protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical therapeutics committee.

334.747. 1. (1) A physician assistant with a certificate of controlled substance prescriptive authority as provided in this section may prescribe any controlled substance listed in Schedule III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the authority to prescribe controlled substances in a collaborative practice arrangement. Such authority shall be listed on the collaborating physician form on file with the state board of healing arts. The collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug category that the physician assistant is permitted to prescribe. Any limitations shall be listed on the collaborating physician form. Prescriptions for Schedule II medications prescribed by a physician assistant with authority to prescribe delegated in a collaborative practice arrangement are restricted to only those medications containing hydrocodone. Physician assistants shall not prescribe

19 controlled substances for themselves or members of their
20 families. Schedule III narcotic controlled substances and
21 Schedule II - hydrocodone prescriptions shall be limited to
22 a five-day supply without refill, except that buprenorphine
23 may be prescribed for up to a thirty-day supply without
24 refill for patients receiving medication-assisted treatment
25 for substance use disorders under the direction of the
26 collaborating physician. Physician assistants who are
27 authorized to prescribe controlled substances under this
28 section shall register with the federal Drug Enforcement
29 Administration and the state bureau of narcotics and
30 dangerous drugs, and shall include the Drug Enforcement
31 Administration registration number on prescriptions for
32 controlled substances.

33 (2) Notwithstanding any other provision of this
34 section to the contrary, a collaborative practice
35 arrangement may delegate to a physician assistant the
36 authority to administer, dispense, or prescribe Schedule II
37 controlled substances for hospice patients **or patients of**
38 **providers designated as administrative entities by the**
39 **department of mental health under section 630.407;** provided,
40 that the physician assistant is employed by a hospice
41 provider certified pursuant to chapter 197 **or by a provider**
42 **designated as an administrative entity by the department of**
43 **mental health under section 630.407** and the physician
44 assistant is providing care to hospice patients **or patients**
45 **of the provider designated as an administrative entity by**
46 **the department of mental health under section 630.407**
47 pursuant to a collaborative practice arrangement that
48 designates the certified hospice **or the provider designated**
49 **as an administrative entity by the department of mental**

50 **health under section 630.407** as a location where the
51 physician assistant is authorized to practice and prescribe.

52 2. The collaborating physician shall be responsible to
53 determine and document the completion of at least one
54 hundred twenty hours in a four-month period by the physician
55 assistant during which the physician assistant shall
56 practice with the collaborating physician on-site prior to
57 prescribing controlled substances when the collaborating
58 physician is not on-site. Such limitation shall not apply
59 to physician assistants of population-based public health
60 services as defined in 20 CSR 2150-5.100 as of April 30,
61 2009.

62 3. A physician assistant shall receive a certificate
63 of controlled substance prescriptive authority from the
64 board of healing arts upon verification of the completion of
65 the following educational requirements:

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

73 (2) Completion of a minimum of three hundred clock
74 hours of clinical training by the collaborating physician in
75 the prescription of drugs, medicines, and therapeutic
76 devices;

77 (3) Completion of a minimum of one year of supervised
78 clinical practice or supervised clinical rotations. One
79 year of clinical rotations in a program accredited by the
80 Accreditation Review Commission on Education for the
81 Physician Assistant (ARC-PA) or its predecessor agency,

82 which includes pharmacotherapeutics as a component of its
83 clinical training, shall satisfy such requirement. Proof of
84 such training shall serve to document experience in the
85 prescribing of drugs, medicines, and therapeutic devices;

86 (4) A physician assistant previously licensed in a
87 jurisdiction where physician assistants are authorized to
88 prescribe controlled substances may obtain a state bureau of
89 narcotics and dangerous drugs registration if a
90 collaborating physician can attest that the physician
91 assistant has met the requirements of subdivisions (1) to
92 (3) of this subsection and provides documentation of
93 existing federal Drug Enforcement Agency registration.

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