

SENATE BILL NO. 1254

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR NICOLA.

5488S.02I

KRISTINA MARTIN, Secretary

AN ACT

To repeal section 336.010, RSMo, and to enact in lieu thereof four new sections relating to licensed medical professionals.

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

Section A. Section 336.010, RSMo, is repealed and four
2 new sections enacted in lieu thereof, to be known as sections
3 334.071, 336.010, 336.022, and 336.300, to read as follows:

**334.071. Only physicians licensed under this chapter
2 shall use the following medical titles or specialty
3 designations:**

- 4 (1) "Physician", except individuals licensed under
5 chapter 331 may use the term "chiropractic physician";
- 6 (2) "Doctor of medicine";
- 7 (3) "Medical doctor";
- 8 (4) "MD";
- 9 (5) "Doctor of osteopathic medicine";
- 10 (6) "Doctor of osteopathy";
- 11 (7) "DO";
- 12 (8) "Osteopath";
- 13 (9) "Osteopathic physician";
- 14 (10) "Osteopathic surgeon";
- 15 (11) "Surgeon";
- 16 (12) "Anesthesiologist";
- 17 (13) "Cardiologist";

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

18 (14) "Dermatologist";
19 (15) "Endocrinologist";
20 (16) "Emergency physician";
21 (17) "Family practice physician";
22 (18) "Gastroenterologist";
23 (19) "Gynecologist";
24 (20) "Hematologist";
25 (21) "Internist";
26 (22) "Laryngologist";
27 (23) "Nephrologist";
28 (24) "Neurologist";
29 (25) "Neurosurgeon";
30 (26) "Obstetrician";
31 (27) "Oncologist";
32 (28) "Ophthalmologist";
33 (29) "Orthopedic surgeon";
34 (30) "Orthopedist";
35 (31) "Otologist";
36 (32) "Otolaryngologist";
37 (33) "Otorhinolaryngologist";
38 (34) "Pathologist";
39 (35) "Pediatrician";
40 (36) "Physiatrist";
41 (37) "Primary care physician";
42 (38) "Proctologist";
43 (39) "Psychiatrist";
44 (40) "Radiologist";
45 (41) "Rheumatologist";
46 (42) "Rhinologist"; and
47 (43) "Urologist".

336.010. 1. The "practice of optometry" is the
2 examination, diagnosis, treatment, and preventative care of

the eye, adnexa, and vision. The practice includes, but is not limited to:

(1) The examination of the eye, adnexa, and vision to determine the accommodative and refractive states, visual perception, conditions, and diseases;

(2) The diagnosis and treatment of conditions or diseases of the eye, adnexa, and vision;

(3) The performance of diagnostic procedures and ordering of laboratory and imaging tests for the diagnosis of vision and conditions and diseases of the eye and adnexa;

(4) The prescription and administration of pharmaceutical agents[, excluding injectable agents,] **other than vaccines** for the purpose of examination, diagnosis, and treatment of vision and conditions or diseases of the eye and adnexa;

(5) **The performance of the following procedures:**

(a) The removal of superficial foreign bodies from the eye or adnexa;

(b) The removal of embedded foreign bodies from the eye or eyelid;

(c) The removal of corneal foreign bodies with or without a slit lamp and that are equal to or less than one-third depth off the visual axis;

(d) The removal of damaged or loose corneal epithelium without the use of a blade;

(e) Epilation only by forceps;

(f) The expression of conjunctival follicles;

(g) The placement of punctal plugs;

(h) The placement of bandage contact lenses;

(i) The placement of self-retaining amniotic membranes;

(j) Procedures employing thermal pulsation and noninvasive devices delivering intense pulsed light therapy

35 or low-level light therapy that do not rely on laser
36 technology, limited to the treatment of conditions and
37 diseases of the adnexa;

38 (k) Use of an intranasal stimulator in conjunction
39 with treatment of dry eye syndrome;

40 (l) The therapeutic release of aqueous through a pre-
41 existing wound; and

42 (m) The application of ultraviolet light for
43 components of light adjustable lens;

44 (6) The employment of objective or subjective
45 mechanical means to determine the accommodative or
46 refractive states of the human eye;

47 (7) The prescription or adaptation of lenses, prisms,
48 devices, or ocular exercises to correct defects or abnormal
49 conditions of the human eye or vision or to adjust the human
50 eye to special conditions;

51 (8) The prescription and fitting of ophthalmic or
52 contact lenses and devices;

53 (9) The prescription and administration of vision
54 therapy; and

55 (10) The prescription and administration of low vision
56 care.

57 2. An optometrist may not perform surgery, including
58 the use of lasers for treatment of any disease or condition
59 or for the correction of refractive error.

60 3. As used in this chapter, except as the context may
61 otherwise require, the following terms mean:

62 (1) "Eye", the human eye;

63 (2) "Adnexa", all structures adjacent to the eye and
64 the conjunctiva, lids, lashes, and lacrimal system;

65 (3) "Board", the Missouri state board of optometry;

(4) "Diagnostic pharmaceutical agents", topically applied pharmaceuticals used for the purpose of conducting an examination of the eye, adnexa, and vision;

(5) "Low vision care", the examination, treatment, and management of patients with visual impairments not treatable by conventional eyewear or contact lenses and may include a vision rehabilitation program to enhance remaining vision skills;

(6) "Pharmaceutical agents", any diagnostic and therapeutic drug or combination of drugs that assist the diagnosis, prevention, treatment, or mitigation of abnormal conditions or symptoms of the human eye, adnexa, and vision;

(7) "Therapeutic pharmaceutical agents", those pharmaceuticals[, excluding injectable agents,] **other than vaccines** used for the treatment of conditions or diseases of the eye, adnexa, and vision;

(8) "Vision therapy", a treatment regiment to improve a patient's diagnosed visual dysfunctions, prevent the development of visual problems, or enhance visual performance to meet the defined needs of the patient.

336.022. 1. Notwithstanding any other provision of the law to the contrary, an optometrist shall be required to disclose, either verbally or by written communication, to every patient of the optometrist that:

(1) The optometrist is not a physician licensed by chapter 334;

(2) The patient has the option to seek care from a physician for treatments; and

(3) The patient has waived a referral to a physician.

2. An optometrist shall be required to obtain from a patient informed written consent prior to the treatment of such patient. The optometrist shall retain records of the

13 written consent for no less than seven years from the date
14 the written consent was made by the patient. The records of
15 written consent of patients of an optometrist shall be made
16 available upon request for review by the board and the state
17 board of registration for the healing arts. Failure to
18 obtain informed written consent of the patient prior to
19 treatment may result in disciplinary action, including the
20 revocation or suspension of a license by the board under
21 section 336.

336.300. 1. As used in this section, the following
2 terms mean:

3 (1) "Ancillary personnel", a person who is not an eye
4 care provider;

5 (2) "Comanagement safe harbor", protection from
6 disciplinary proceedings against an eye care provider with
7 respect to surgical comanagement of an eye surgery patient
8 when the eye care provider adheres to the requirements of
9 this section;

10 (3) "Eye care provider", an ophthalmologist or
11 optometrist;

12 (4) "Eye surgery patient", a patient who has an eye
13 surgery performed by a licensed physician or surgeon;

14 (5) "Ophthalmologist", a physician licensed under
15 chapter 334 who specializes in care of the eye and who has
16 completed a residency in ophthalmology accredited by the
17 Accreditation Council for Graduate Medical Education;

18 (6) "Optometrist", an optometrist licensed to practice
19 under this chapter;

20 (7) "Surgical comanagement", the collaboration and
21 sharing of responsibilities among eye care providers with
22 respect to the preoperative or postoperative care of an eye
23 surgery patient. The term "surgical comanagement" shall not

24 include delegating tasks relating to the care of an eye
25 surgery patient to ancillary personnel working under the
26 direct supervision of an eye care provider.

27 2. Surgical comanagement is permitted when the
28 following are met:

29 (1) The eye surgery patient has indicated a preference
30 to have preoperative or postoperative care furnished by an
31 eye care provider other than the operating physician or
32 surgeon; or

33 (2) The distance from the eye surgery patient's home
34 to the operating physician or surgeon's office would result
35 in an unreasonable hardship for the eye surgery patient; or

36 (3) Extenuating circumstances exist which prevent the
37 eye surgery patient from visiting the physician or surgeon's
38 office for routine preoperative or postoperative care and
39 such care can be provided by another qualified eye care
40 provider; or

41 (4) The physician or surgeon chosen by the eye surgery
42 patient is not available to perform the operation and
43 associated care within a reasonable proximity to the eye
44 surgery patient's home; or

45 (5) The operating physician or surgeon will not be
46 available to provide postoperative care after the surgery,
47 provided that the absence of the operating physician or
48 surgeon does not fall within rules pertaining to patient
49 abandonment or improper itinerant surgery; and

50 (6) The eye surgery patient chooses to have
51 preoperative or postoperative care furnished by an eye care
52 provider other than the operating physician or surgeon after
53 being fully informed about the proposed comanagement
54 arrangement as described in subsection 5 of this section.

55 3. None of the comanaging eye care providers shall
56 receive a percentage of the global surgical fee that exceeds
57 the relative value of services provided to an eye surgery
58 patient which are reasonable and necessary for such eye
59 surgery patient's care.

60 4. Each comanaging eye care provider shall be licensed
61 or certified and qualified for the services the eye care
62 provider provides to an eye surgery patient. If surgical
63 intervention is required during the postoperative period for
64 medically necessary reasons, an eye surgery patient shall be
65 referred back to the original operating physician or surgeon
66 or to another physician or surgeon with comparable skills.

67 5. An eye surgery patient or legal guardian of an eye
68 surgery patient shall be fully informed in writing about the
69 surgical comanagement arrangement and shall sign and be
70 offered to receive a statement acknowledging that the
71 details of the surgical comanagement arrangement have been
72 fully explained to the eye surgery patient, including all of
73 the following:

74 (1) The licensure and qualifications of the comanaging
75 eye care providers who will be managing the eye surgery
76 patient's care preoperatively, during the operation, and
77 postoperatively;

78 (2) The financial arrangement between the comanaging
79 eye care providers, including the division of the global
80 surgical fee among the eye care providers participating in
81 the surgical comanagement arrangement;

82 (3) The eye surgery patient's right to receive care
83 from any of the comanaging eye care providers that they are
84 licensed and qualified to provide; and

85 (4) The eye surgery patient's right to accept or
86 decline to participate in the surgical comanagement
87 arrangement.

88 The comanagement informed consent shall be documented in the
89 eye surgery patient's medical records maintained by each of
90 the comanaging eye care providers, including the eye surgery
91 patient's acknowledgment of and agreement to the surgical
92 comanagement arrangement.

93 6. The comanaging eye care providers shall establish
94 protocols governing the manner in which care will be offered
95 and provided to an eye surgery patient, including but not
96 limited to:

- 97 (1) The nature of routine care expected;
98 (2) Who will deliver each aspect of care;
99 (3) How complications will be handled;
100 (4) The parameters which will determine when an eye
101 surgery patient is fully healed and may be released from
102 further care, and how the release will be accomplished; and
103 (5) The manner in which communication between the eye
104 care providers will occur.

105 7. Comanaging eye care providers shall communicate
106 regularly and in a timely manner consistent with the
107 comanagement surgical protocol procedures established in
108 subsection 6 of this section regarding an eye surgery
109 patient's care and progress during the postoperative period
110 or until the eye surgery patient is released from further
111 care.

112 8. (1) Any person who engages in the following acts
113 shall not receive the protection of the comanagement safe
114 harbor:

115 (a) Entering into a surgical comanagement arrangement
116 for the purpose of splitting a fee without providing a
117 commensurate medically necessary service to an eye surgery
118 patient;

119 (b) Demanding to manage the postoperative care in
120 return for making a surgical referral;

121 (c) Threatening to withhold referrals to a surgeon who
122 does not agree to comanage an eye surgery patient;

123 (d) Offering to comanage a patient in return for
124 receiving a surgical referral;

125 (e) Intentionally referring an eye surgery patient for
126 surgery in a manner that has no other legitimate purpose
127 than to justify a surgical comanagement arrangement;

128 (f) Initiating a surgical comanagement arrangement
129 when an eye surgery patient otherwise would have been
130 released from further care following surgery;

131 (g) Failing to fully inform an eye surgery patient
132 about the surgical comanagement arrangement;

133 (h) Misleading an eye surgery patient as to the
134 appropriateness of surgical comanagement for their
135 particular circumstances or leading the eye surgery patient
136 to believe that the eye surgery patient does not have the
137 right to receive postoperative care from the operating
138 surgeon or other comanaging eye care providers;

139 (i) Any other act that is not in the best interest of
140 the eye surgery patient as determined by the eye care
141 provider's respective licensing board.

142 (2) Nothing in this subsection shall be construed to
143 infringe upon an eye care provider's prerogative to
144 recommend a physician or surgeon or refer an eye surgery
145 patient to a physician or surgeon based on that eye care
146 provider's opinion or assessment of the physician or

147 surgeon's ability or fitness to provide appropriate surgical
148 care to the eye surgery patient.

149 9. The state board of registration for the healing
150 arts shall be responsible for enforcement of the provisions
151 of this section for ophthalmologist and other physicians or
152 surgeons licensed pursuant to chapter 334.

153 10. The board shall be responsible for enforcement of
154 the provisions of this section for optometrists.

155 11. The state board of registration for the healing
156 arts may promulgate rules to implement the provisions of
157 this section as it affects licensees pursuant to chapter
158 334. The board may promulgate rules to implement the
159 provisions of this section as it affects licensees pursuant
160 to this chapter. To the extent possible and appropriate,
161 the board of registration for the healing arts and the board
162 shall coordinate the content of any rules they may adopt.
163 Any rule or portion of a rule, as that term is defined in
164 section 536.010, that is created under the authority
165 delegated in this section shall become effective only if it
166 complies with and is subject to all of the provisions of
167 chapter 536 and, if applicable, section 536.028. This
168 section and chapter 536 are nonseverable and if any of the
169 powers vested with the general assembly pursuant to chapter
170 536 to review, to delay the effective date, or to disapprove
171 and annul a rule are subsequently held unconstitutional,
172 then the grant of rulemaking authority and any rule proposed
173 or adopted after August 28, 2026, shall be invalid and void.

174 12. Nothing in this section shall be construed to
175 infringe upon the right of any eye care provider to decide
176 whether or not to participate in comanagement arrangements
177 either as a matter of policy or in a particular instance.

178 13. Nothing in this section shall be construed to
179 limit civil liability of a physician or an optometrist with
180 respect to any aspect of patient care.

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