

SECOND REGULAR SESSION

# HOUSE BILL NO. 2094

## 96TH GENERAL ASSEMBLY

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INTRODUCED BY REPRESENTATIVE FREDERICK.

6314L.011

D. ADAM CRUMBLISS, Chief Clerk

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### AN ACT

To repeal section 334.735, RSMo, and to enact in lieu thereof one new section relating to supervision of physician assistants.

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

Section A. Section 334.735, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 334.735, to read as follows:

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

- 2 (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
- 3 (2) "Certification" or "registration", a process by a certifying entity that grants
- 4 recognition to applicants meeting predetermined qualifications specified by such certifying
- 5 entity;
- 6 (3) "Certifying entity", the nongovernmental agency or association which certifies or
- 7 registers individuals who have completed academic and training requirements;
- 8 (4) "Department", the department of insurance, financial institutions and professional
- 9 registration or a designated agency thereof;
- 10 (5) "License", a document issued to an applicant by the board acknowledging that the
- 11 applicant is entitled to practice as a physician assistant;
- 12 (6) "Physician assistant", a person who has graduated from a physician assistant program
- 13 accredited by the American Medical Association's Committee on Allied Health Education and
- 14 Accreditation or by its successor agency, who has passed the certifying examination administered
- 15 by the National Commission on Certification of Physician Assistants and has active certification
- 16 by the National Commission on Certification of Physician Assistants who provides health care
- 17 services delegated by a licensed physician. A person who has been employed as a physician

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 assistant for three years prior to August 28, 1989, who has passed the National Commission on  
19 Certification of Physician Assistants examination, and has active certification of the National  
20 Commission on Certification of Physician Assistants;

21 (7) "Recognition", the formal process of becoming a certifying entity as required by the  
22 provisions of sections 334.735 to 334.749;

23 (8) "Supervision", [control exercised over a physician assistant working within the same  
24 facility as the supervising physician sixty-six percent of the time a physician assistant provides  
25 patient care, except a physician assistant may make follow-up patient examinations in hospitals,  
26 nursing homes, patient homes, and correctional facilities, each such examination being reviewed,  
27 approved and signed by the supervising physician, except as provided by subsection 2 of this  
28 section. For the purposes of this section, the percentage of time a physician assistant provides  
29 patient care with the supervising physician on-site shall be measured each calendar quarter]  
30 **overseeing the activities of and accepting responsibility for the physician assistant's**  
31 **practice. The physician assistant shall practice at a location where the physician routinely**  
32 **provides patient care.** The supervising physician must be [readily] **immediately** available in  
33 person or via telecommunication during the time the physician assistant is providing patient care.  
34 **Prior to commencing practice, the supervising physician and physician assistant shall attest**  
35 **on a form provided by the board that the physician shall provide supervision appropriate**  
36 **to the physician assistant's training and experience and the acuity of patient conditions**  
37 **normally treated.** The board shall promulgate rules pursuant to chapter 536 for documentation  
38 of joint review of the physician assistant activity by the supervising physician and the physician  
39 assistant. The physician assistant shall be limited to practice at locations where the supervising  
40 physician is no further than thirty miles by road using the most direct route available, or in any  
41 other fashion so distanced as to create an impediment to effective intervention and supervision  
42 of patient care or adequate review of services. [Any other provisions of this chapter  
43 notwithstanding, for up to ninety days following the effective date of rules promulgated by the  
44 board to establish the waiver process under subsection 2 of this section, any physician assistant  
45 practicing in a health professional shortage area as of April 1, 2007, shall be allowed to practice  
46 under the on-site requirements stipulated by the supervising physician on the supervising  
47 physician form that was in effect on April 1, 2007.]

48 2. [The board shall promulgate rules under chapter 536 to direct the advisory  
49 commission on physician assistants to establish a formal waiver mechanism by which an  
50 individual physician-physician assistant team may apply for alternate minimum amounts of  
51 on-site supervision and maximum distance from the supervising physician. After review of an  
52 application for a waiver, the advisory commission on physician assistants shall present its  
53 recommendation to the board for its advice and consent on the approval or denial of the

54 application. The rule shall establish a process by which the public is invited to comment on the  
55 application for a waiver, and shall specify that a waiver may only be granted if a supervising  
56 physician and physician assistant demonstrate to the board's satisfaction in accordance with its  
57 uniformly applied criteria that:

58 (1) Adequate supervision will be provided by the physician for the physician assistant,  
59 given the physician assistant's training and experience and the acuity of patient conditions  
60 normally treated in the clinical setting;

61 (2) **A supervision agreement shall limit** the physician assistant [shall be limited] to  
62 practice **only** at locations where the supervising physician is no further than fifty miles by road  
63 using the most direct route available, or in any other fashion so distanced as to create an  
64 impediment to effective intervention and supervision of patient care or adequate review of  
65 services[;

66 (3) The community or communities served by the supervising physician and physician  
67 assistant would experience reduced access to health care services in the absence of a waiver;

68 (4) The applicant will practice in an area designated at the time of application as a health  
69 professional shortage area;

70 (5) Nothing in this section shall be construed to require a physician-physician assistant  
71 team to increase their on-site requirement allowed in their initial waiver in order to qualify for  
72 renewal of such waiver;

73 (6) If a waiver has been granted by the board of healing arts on or after August 28, 2009,  
74 to a physician-physician assistant team working in a rural health clinic under the federal Rural  
75 Health Clinic Services Act, P.L. 95-210, as amended, no additional waiver shall be required for  
76 the physician-physician assistant team, so long as the rural health clinic maintains its status as  
77 a rural health clinic under such federal act, and such physician-physician assistant team comply  
78 with federal supervision requirements. No supervision requirements in addition to the minimum  
79 federal law shall be required for the physician-physician assistant team in a rural health clinic if  
80 a waiver has been granted by the board. However, the board shall be able to void a current  
81 waiver after conducting a hearing and upon a finding of fact that the physician-physician  
82 assistant team has failed to comply with such federal act or either member of the team has  
83 violated a provision of this chapter;

84 (7) A physician assistant shall only be required to seek a renewal of a waiver every five  
85 years or when his or her supervising physician is a different physician than the physician shown  
86 on the waiver application or they move their primary practice location more than ten miles from  
87 the location shown on the waiver application].

88 3. The scope of practice of a physician assistant shall consist only of the following  
89 services and procedures:

- 90 (1) Taking patient histories;
- 91 (2) Performing physical examinations of a patient;
- 92 (3) Performing or assisting in the performance of routine office laboratory and patient  
93 screening procedures;
- 94 (4) Performing routine therapeutic procedures;
- 95 (5) Recording diagnostic impressions and evaluating situations calling for attention of  
96 a physician to institute treatment procedures;
- 97 (6) Instructing and counseling patients regarding mental and physical health using  
98 procedures reviewed and approved by a licensed physician;
- 99 (7) Assisting the supervising physician in institutional settings, including reviewing of  
100 treatment plans, ordering of tests and diagnostic laboratory and radiological services, and  
101 ordering of therapies, using procedures reviewed and approved by a licensed physician;
- 102 (8) Assisting in surgery;
- 103 (9) Performing such other tasks not prohibited by law under the supervision of a licensed  
104 physician as the physician's assistant has been trained and is proficient to perform[;
- 105 (10)] .

106

107 Physician assistants shall not perform abortions.

108 4. Physician assistants shall not prescribe nor dispense any drug, medicine, device or  
109 therapy unless pursuant to a physician supervision agreement in accordance with the law, nor  
110 prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the  
111 measurement of visual power or visual efficiency of the human eye, nor administer or monitor  
112 general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures.  
113 Prescribing and dispensing of drugs, medications, devices or therapies by a physician assistant  
114 shall be pursuant to a physician assistant supervision agreement which is specific to the clinical  
115 conditions treated by the supervising physician and the physician assistant shall be subject to the  
116 following:

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

119 (2) The types of drugs, medications, devices or therapies prescribed or dispensed by a  
120 physician assistant shall be consistent with the scopes of practice of the physician assistant and  
121 the supervising physician;

122 (3) All prescriptions shall conform with state and federal laws and regulations and shall  
123 include the name, address and telephone number of the physician assistant [and the supervising  
124 physician];

125 (4) A physician assistant or advanced practice nurse as defined in section 335.016 may  
126 request, receive and sign for noncontrolled professional samples and may distribute professional  
127 samples to patients;

128 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies  
129 the supervising physician is not qualified or authorized to prescribe; and

130 (6) A physician assistant may only dispense starter doses of medication to cover a period  
131 of time for seventy-two hours or less.

132 5. A physician assistant shall clearly identify himself or herself as a physician assistant  
133 and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr."  
134 or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician  
135 assistant shall practice or attempt to practice without physician supervision or in any location  
136 where the supervising physician is not immediately available for consultation, assistance and  
137 intervention, except as otherwise provided in this section, and in an emergency situation, nor  
138 shall any physician assistant bill a patient independently or directly for any services or procedure  
139 by the physician assistant.

140 6. For purposes of this section, the licensing of physician assistants shall take place  
141 within processes established by the state board of registration for the healing arts through rule  
142 and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536  
143 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and  
144 addressing such other matters as are necessary to protect the public and discipline the profession.  
145 An application for licensing may be denied or the license of a physician assistant may be  
146 suspended or revoked by the board in the same manner and for violation of the standards as set  
147 forth by section 334.100, or such other standards of conduct set by the board by rule or  
148 regulation. Persons licensed pursuant to the provisions of chapter 335 shall not be required to  
149 be licensed as physician assistants. All applicants for physician assistant licensure who complete  
150 a physician assistant training program after January 1, 2008, shall have a master's degree from  
151 a physician assistant program.

152 7. "Physician assistant supervision agreement" means a written agreement, jointly  
153 agreed-upon protocols or standing order between a supervising physician and a physician  
154 assistant, which provides for the delegation of health care services from a supervising physician  
155 to a physician assistant and the review of such services. **The agreement shall contain at least**  
156 **the following provisions:**

157 (1) **Complete names, home and business addresses, zip codes, and telephone**  
158 **numbers of the supervising physician and the physician assistant;**

159           (2) A list of all other offices or locations besides those listed in subdivision (1) of this  
160 subsection where the physician regularly provides patient care, and in which of such offices  
161 or locations the supervising physician has authorized the physician assistant to practice;

162           (3) All specialty or board certifications of the supervising physician and all  
163 certifications of the physician assistant;

164           (4) The manner of supervision between the supervising physician and the physician  
165 assistant, including how the supervising physician and the physician assistant shall:

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

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

170           (5) The duration of the supervision agreement between the supervising physician  
171 and physician assistant;

172           (6) A description of the time and manner of the supervising physician's review of  
173 the physician assistant's delivery of health care services. Such description shall include  
174 provisions that a supervising physician, or a designated supervising physician listed in the  
175 supervision agreement, review a minimum of ten percent of the charts of the physician  
176 assistant's delivery of health care services every fourteen days; and

177           (7) The supervising physician shall review every fourteen days a minimum of  
178 twenty percent of the charts which the physician assistant prescribes controlled substances.  
179 The charts reviewed under this subdivision may be counted in the number of charts  
180 required to be reviewed under subdivision (6) of this subsection.

181           8. When a physician assistant supervision agreement is utilized to provide health care  
182 services for conditions other than acute self-limited or well-defined problems, the supervising  
183 physician or other physician designated in the supervision agreement shall see the patient for  
184 evaluation and approve or formulate the plan of treatment for new or significantly changed  
185 conditions as soon as practical, but in no case more than two weeks after the patient has been  
186 seen by the physician assistant.

187           9. At all times the physician is responsible for the oversight of the activities of, and  
188 accepts responsibility for, health care services rendered by the physician assistant. **Failure to**  
189 **appropriately supervise a physician assistant in accordance with the provisions of this**  
190 **chapter shall be considered unprofessional conduct, as defined in this chapter.**

191           10. It is the responsibility of the supervising physician to determine and document the  
192 completion of at least a one-month period of time during which the licensed physician assistant  
193 shall practice with a supervising physician continuously present before practicing in a setting  
194 where a supervising physician is not continuously present.

195           11. No contract or other agreement shall require a physician to act as a supervising  
196 physician for a physician assistant against the physician's will. A physician shall have the right  
197 to refuse to act as a supervising physician, without penalty, for a particular physician assistant.  
198 No contract or other agreement shall limit the supervising physician's ultimate authority over any  
199 protocols or standing orders or in the delegation of the physician's authority to any physician  
200 assistant, but this requirement shall not authorize a physician in implementing such protocols,  
201 standing orders, or delegation to violate applicable standards for safe medical practice  
202 established by hospital's medical staff.

203           12. Physician assistants shall file with the board a copy of their supervising physician  
204 form.

205           13. No physician shall be designated to serve as supervising physician for more than  
206 three full-time equivalent licensed physician assistants. This limitation shall not apply to  
207 physician assistant agreements of hospital employees providing inpatient care service in hospitals  
208 as defined in chapter 197.

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