

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for House Bill Nos. 671 & 683, Page 1, Section A, Line 2, by
2 inserting immediately after said line the following:

3
4 "334.035. [Except as otherwise provided in section 334.036,] Every applicant for a
5 permanent license as a physician and surgeon shall provide the board with satisfactory evidence of
6 having successfully completed such postgraduate training in hospitals or medical or osteopathic
7 colleges as the board may prescribe by rule."; and

8
9 Further amend said bill, Page 3, Section 334.280, Line 21, by inserting immediately after said line
10 the following:

11
12 "[334.036. 1. For purposes of this section, the following terms shall mean:

13 (1) "Assistant physician", any medical school graduate who:

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

15 (b) Has successfully completed Step 1 and Step 2 of the United States
16 Medical Licensing Examination or the equivalent of such steps of any other
17 board-approved medical licensing examination within the two-year period
18 immediately preceding application for licensure as an assistant physician, but
19 in no event more than three years after graduation from a medical college or
20 osteopathic medical college;

21 (c) Has not completed an approved postgraduate residency and has
22 successfully completed Step 2 of the United States Medical Licensing
23 Examination or the equivalent of such step of any other board-approved
24 medical licensing examination within the immediately preceding two-year
25 period unless when such two-year anniversary occurred he or she was serving
26 as a resident physician in an accredited residency in the United States and
27 continued to do so within thirty days prior to application for licensure as an
28 assistant physician; and

29 (d) Has proficiency in the English language;

30 (2) "Assistant physician collaborative practice arrangement", an agreement
31 between a physician and an assistant physician that meets the requirements of
32 this section and section 334.037;

33 (3) "Medical school graduate", any person who has graduated from a medical
34 college or osteopathic medical college described in section 334.031.

35 2. (1) An assistant physician collaborative practice arrangement shall limit
36 the assistant physician to providing only primary care services and only in

Action Taken _____ Date _____

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1 medically underserved rural or urban areas of this state or in any pilot project
2 areas established in which assistant physicians may practice.

3 (2) For a physician-assistant physician team working in a rural health clinic
4 under the federal Rural Health Clinic Services Act, P.L. 95-210, as amended:

5 (a) An assistant physician shall be considered a physician assistant for
6 purposes of regulations of the Centers for Medicare and Medicaid Services
7 (CMS); and

8 (b) No supervision requirements in addition to the minimum federal law shall
9 be required.

10 3. (1) For purposes of this section, the licensure of assistant physicians shall
11 take place within processes established by rules of the state board of
12 registration for the healing arts. The board of healing arts is authorized to
13 establish rules under chapter 536 establishing licensure and renewal
14 procedures, supervision, collaborative practice arrangements, fees, and
15 addressing such other matters as are necessary to protect the public and
16 discipline the profession. An application for licensure may be denied or the
17 licensure of an assistant physician may be suspended or revoked by the board
18 in the same manner and for violation of the standards as set forth by section
19 334.100, or such other standards of conduct set by the board by rule.

20 (2) Any rule or portion of a rule, as that term is defined in section 536.010,
21 that is created under the authority delegated in this section shall become
22 effective only if it complies with and is subject to all of the provisions of
23 chapter 536 and, if applicable, section 536.028. This section and chapter 536
24 are nonseverable and if any of the powers vested with the general assembly
25 under chapter 536 to review, to delay the effective date, or to disapprove and
26 annul a rule are subsequently held unconstitutional, then the grant of
27 rulemaking authority and any rule proposed or adopted after August 28, 2014,
28 shall be invalid and void.

29 4. An assistant physician shall clearly identify himself or herself as an
30 assistant physician and shall be permitted to use the terms "doctor", "Dr.", or
31 "doc". No assistant physician shall practice or attempt to practice without an
32 assistant physician collaborative practice arrangement, except as otherwise
33 provided in this section and in an emergency situation.

34 5. The collaborating physician is responsible at all times for the oversight of
35 the activities of and accepts responsibility for primary care services rendered
36 by the assistant physician.

37 6. The provisions of section 334.037 shall apply to all assistant physician
38 collaborative practice arrangements. To be eligible to practice as an assistant
39 physician, a licensed assistant physician shall enter into an assistant physician
40 collaborative practice arrangement within six months of his or her initial
41 licensure and shall not have more than a six-month time period between
42 collaborative practice arrangements during his or her licensure period. Any
43 renewal of licensure under this section shall include verification of actual
44 practice under a collaborative practice arrangement in accordance with this
45 subsection during the immediately preceding licensure period.]

46
47 [334.037. 1. A physician may enter into collaborative practice arrangements
48 with assistant physicians. Collaborative practice arrangements shall be in the

1 form of written agreements, jointly agreed-upon protocols, or standing orders
2 for the delivery of health care services. Collaborative practice arrangements,
3 which shall be in writing, may delegate to an assistant physician the authority
4 to administer or dispense drugs and provide treatment as long as the delivery
5 of such health care services is within the scope of practice of the assistant
6 physician and is consistent with that assistant physician's skill, training, and
7 competence and the skill and training of the collaborating physician.

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

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

12 (2) A list of all other offices or locations besides those listed in subdivision
13 (1) of this subsection where the collaborating physician authorized the
14 assistant physician to prescribe;

15 (3) A requirement that there shall be posted at every office where the assistant
16 physician is authorized to prescribe, in collaboration with a physician, a
17 prominently displayed disclosure statement informing patients that they may
18 be seen by an assistant physician and have the right to see the collaborating
19 physician;

20 (4) All specialty or board certifications of the collaborating physician and all
21 certifications of the assistant physician;

22 (5) The manner of collaboration between the collaborating physician and the
23 assistant physician, including how the collaborating physician and the
24 assistant physician shall:

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

27 (b) Maintain geographic proximity; except, the collaborative practice
28 arrangement may allow for geographic proximity to be waived for a
29 maximum of twenty-eight days per calendar year for rural health clinics as
30 defined by P.L. 95-210, as long as the collaborative practice arrangement
31 includes alternative plans as required in paragraph (c) of this subdivision.

32 Such exception to geographic proximity shall apply only to independent rural
33 health clinics, provider-based rural health clinics if the provider is a critical
34 access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based
35 rural health clinics if the main location of the hospital sponsor is greater than
36 fifty miles from the clinic. The collaborating physician shall maintain
37 documentation related to such requirement and present it to the state board of
38 registration for the healing arts when requested; and

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

41 (6) A description of the assistant physician's controlled substance prescriptive
42 authority in collaboration with the physician, including a list of the controlled
43 substances the physician authorizes the assistant physician to prescribe and
44 documentation that it is consistent with each professional's education,
45 knowledge, skill, and competence;

46 (7) A list of all other written practice agreements of the collaborating
47 physician and the assistant physician;

48 (8) The duration of the written practice agreement between the collaborating

1 physician and the assistant physician;

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

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

15 3. The state board of registration for the healing arts under section 334.125
16 shall promulgate rules regulating the use of collaborative practice
17 arrangements for assistant physicians. Such rules shall specify:

18 (1) Geographic areas to be covered;

19 (2) The methods of treatment that may be covered by collaborative practice
20 arrangements;

21 (3) In conjunction with deans of medical schools and primary care residency
22 program directors in the state, the development and implementation of
23 educational methods and programs undertaken during the collaborative
24 practice service which shall facilitate the advancement of the assistant
25 physician's medical knowledge and capabilities, and which may lead to credit
26 toward a future residency program for programs that deem such documented
27 educational achievements acceptable; and

28 (4) The requirements for review of services provided under collaborative
29 practice arrangements, including delegating authority to prescribe controlled
30 substances.

31
32 Any rules relating to dispensing or distribution of medications or devices by
33 prescription or prescription drug orders under this section shall be subject to
34 the approval of the state board of pharmacy. Any rules relating to dispensing
35 or distribution of controlled substances by prescription or prescription drug
36 orders under this section shall be subject to the approval of the department of
37 health and senior services and the state board of pharmacy. The state board of
38 registration for the healing arts shall promulgate rules applicable to assistant
39 physicians that shall be consistent with guidelines for federally funded clinics.
40 The rulemaking authority granted in this subsection shall not extend to
41 collaborative practice arrangements of hospital employees providing inpatient
42 care within hospitals as defined in chapter 197 or population-based public
43 health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

11 6. A collaborating physician shall not enter into a collaborative practice
12 arrangement with more than three full-time equivalent assistant physicians.
13 Such limitation shall not apply to collaborative arrangements of hospital
14 employees providing inpatient care service in hospitals as defined in chapter
15 197 or population-based public health services as defined by 20 CSR
16 2150-5.100 as of April 30, 2008.

17 7. The collaborating physician shall determine and document the completion
18 of at least a one-month period of time during which the assistant physician
19 shall practice with the collaborating physician continuously present before
20 practicing in a setting where the collaborating physician is not continuously
21 present. Such limitation shall not apply to collaborative arrangements of
22 providers of population-based public health services as defined by 20 CSR
23 2150-5.100 as of April 30, 2008.

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

30 9. No contract or other agreement shall require a physician to act as a
31 collaborating physician for an assistant physician against the physician's will.
32 A physician shall have the right to refuse to act as a collaborating physician,
33 without penalty, for a particular assistant physician. No contract or other
34 agreement shall limit the collaborating physician's ultimate authority over any
35 protocols or standing orders or in the delegation of the physician's authority to
36 any assistant physician, but such requirement shall not authorize a physician in
37 implementing such protocols, standing orders, or delegation to violate
38 applicable standards for safe medical practice established by a hospital's
39 medical staff.

40 10. No contract or other agreement shall require any assistant physician to
41 serve as a collaborating assistant physician for any collaborating physician
42 against the assistant physician's will. An assistant physician shall have the
43 right to refuse to collaborate, without penalty, with a particular physician.

44 11. All collaborating physicians and assistant physicians in collaborative
45 practice arrangements shall wear identification badges while acting within the
46 scope of their collaborative practice arrangement. The identification badges
47 shall prominently display the licensure status of such collaborating physicians
48 and assistant physicians.

1 12. (1) An assistant physician with a certificate of controlled substance
 2 prescriptive authority as provided in this section may prescribe any controlled
 3 substance listed in Schedule III, IV, or V of section 195.017 when delegated
 4 the authority to prescribe controlled substances in a collaborative practice
 5 arrangement. Such authority shall be filed with the state board of registration
 6 for the healing arts. The collaborating physician shall maintain the right to
 7 limit a specific scheduled drug or scheduled drug category that the assistant
 8 physician is permitted to prescribe. Any limitations shall be listed in the
 9 collaborative practice arrangement. Assistant physicians shall not prescribe
 10 controlled substances for themselves or members of their families. Schedule
 11 III controlled substances shall be limited to a five-day supply without refill.
 12 Assistant physicians who are authorized to prescribe controlled substances
 13 under this section shall register with the federal Drug Enforcement
 14 Administration and the state bureau of narcotics and dangerous drugs, and
 15 shall include the Drug Enforcement Administration registration number on
 16 prescriptions for controlled substances.

17 (2) The collaborating physician shall be responsible to determine and
 18 document the completion of at least one hundred twenty hours in a four-month
 19 period by the assistant physician during which the assistant physician shall
 20 practice with the collaborating physician on-site prior to prescribing
 21 controlled substances when the collaborating physician is not on-site. Such
 22 limitation shall not apply to assistant physicians of population-based public
 23 health services as defined in 20 CSR 2150-5.100 as of April 30, 2009.

24 (3) An assistant physician shall receive a certificate of controlled substance
 25 prescriptive authority from the state board of registration for the healing arts
 26 upon verification of licensure under section 334.036.]

27
 28 [334.038. 1. As used in this section, the following terms shall mean:

29 (1) "Assistant physician", a person licensed to practice under section 334.036
 30 in a collaborative practice arrangement under section 334.037;

31 (2) "Department", the department of health and senior services;

32 (3) "Medically underserved area":

33 (a) An area in this state with a medically underserved population;

34 (b) An area in this state designated by the United States secretary of health
 35 and human services as an area with a shortage of personal health services;

36 (c) A population group designated by the United States secretary of health
 37 and human services as having a shortage of personal health services;

38 (d) An area designated under state or federal law as a medically underserved
 39 community; or

40 (e) An area that the department considers to be medically underserved based
 41 on relevant demographic, geographic, and environmental factors;

42 (4) "Primary care", physician services in family practice, general practice,
 43 internal medicine, pediatrics, obstetrics, or gynecology;

44 (5) "Start-up money", a payment made by a county or municipality in this
 45 state which includes a medically underserved area for reasonable costs
 46 incurred for the establishment of a medical clinic, ancillary facilities for
 47 diagnosing and treating patients, and payment of physicians, assistant
 48 physicians, and any support staff.

1 2. (1) The department shall establish and administer a program under this
2 section to increase the number of medical clinics in medically underserved
3 areas. A county or municipality in this state that includes a medically
4 underserved area may establish a medical clinic in the medically underserved
5 area by contributing start-up money for the medical clinic and having such
6 contribution matched wholly or partly by grant moneys from the medical
7 clinics in medically underserved areas fund established in subsection 3 of this
8 section. The department shall seek all available moneys from any source
9 whatsoever, including but not limited to healthcare foundations to assist in
10 funding the program.

11 (2) A participating county or municipality that includes a medically
12 underserved area may provide start-up money for a medical clinic over a
13 two-year period. The department shall not provide more than one hundred
14 thousand dollars to such county or municipality in a fiscal year unless the
15 department makes a specific finding of need in the medically underserved
16 area.

17 (3) The department shall establish priorities so that the counties or
18 municipalities which include the neediest medically underserved areas eligible
19 for assistance under this section are assured the receipt of a grant.

20 3. (1) There is hereby created in the state treasury the "Medical Clinics in
21 Medically Underserved Areas Fund", which shall consist of any state moneys
22 appropriated, gifts, grants, donations, or any other contribution from any
23 source for such purpose. The state treasurer shall be custodian of the fund. In
24 accordance with sections 30.170 and 30.180, the state treasurer may approve
25 disbursements. The fund shall be a dedicated fund and, upon appropriation,
26 money in the fund shall be used solely for the administration of this section.

27 (2) Notwithstanding the provisions of section 33.080 to the contrary, any
28 moneys remaining in the fund at the end of the biennium shall not revert to the
29 credit of the general revenue fund.

30 (3) The state treasurer shall invest moneys in the fund in the same manner as
31 other funds are invested. Any interest and moneys earned on such
32 investments shall be credited to the fund.

33 4. To be eligible to receive a matching grant from the department, a county or
34 municipality that includes a medically underserved area shall:

35 (1) Apply for the matching grant; and

36 (2) Provide evidence satisfactory to the department that it has entered into an
37 agreement or combination of agreements with a collaborating physician or
38 physicians for the collaborating physician or physicians and assistant
39 physician or assistant physicians in accordance with a collaborative practice
40 arrangement under section 334.037 to provide primary care in the medically
41 underserved area for at least two years.

42 5. The department shall promulgate rules necessary for the implementation of
43 this section, including rules addressing:

44 (1) Eligibility criteria for a medically underserved area;

45 (2) A requirement that a medical clinic utilize an assistant physician in a
46 collaborative practice arrangement under section 334.037;

47 (3) Minimum and maximum county or municipality contributions to the
48 start-up money for a medical clinic to be matched with grant moneys from the

1 state;

2 (4) Conditions under which grant moneys shall be repaid by a county or
3 municipality for failure to comply with the requirements for receipt of such
4 grant moneys;

5 (5) Procedures for disbursement of grant moneys by the department;

6 (6) The form and manner in which a county or municipality shall make its
7 contribution to the start-up money; and

8 (7) Requirements for the county or municipality to retain interest in any
9 property, equipment, or durable goods for seven years including, but not
10 limited to, the criteria for a county or municipality to be excused from such
11 retention requirement.]" ; and

12
13 Further amend said bill by amending the title, enacting clause, and intersectional references
14 accordingly.