

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Bill No. 15, Page 25, Section 334.036, Line 65, by inserting
2 immediately after all of said section and line the following:

3
4 "334.037. 1. A physician may enter into collaborative practice arrangements with assistant
5 physicians. Collaborative practice arrangements shall be in the form of written agreements, jointly
6 agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative
7 practice arrangements, which shall be in writing, may delegate to an assistant physician the
8 authority to administer or dispense drugs and provide treatment as long as the delivery of such
9 health care services is within the scope of practice of the assistant physician and is consistent with
10 that assistant physician's skill, training, and competence and the skill and training of the
11 collaborating physician.

12 2. The written collaborative practice arrangement shall contain at least the following
13 provisions:

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

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

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

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

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

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

28 (b) Maintain geographic proximity; except, the collaborative practice arrangement may
29 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year
30 for rural health clinics as 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. Such exception to
32 geographic proximity shall apply only to independent rural health clinics, provider-based rural
33 health clinics if the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4,
34 and provider-based rural health clinics if the main location of the hospital sponsor is greater than
35 fifty miles from the clinic. The collaborating physician shall maintain documentation related to
36 such requirement and present it to the state board of registration for the healing arts when requested;

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1 and

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

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

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

10 (8) The duration of the written practice agreement between the collaborating physician and
11 the assistant physician;

12 (9) A description of the time and manner of the collaborating physician's review of the
13 assistant physician's delivery of health care services. The description shall include provisions that
14 the assistant physician shall submit a minimum of ten percent of the charts documenting the
15 assistant physician's delivery of health care services to the collaborating physician for review by the
16 collaborating physician, or any other physician designated in the collaborative practice arrangement,
17 every fourteen days; and

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

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

26 (1) Geographic areas to be covered;

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

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

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

36
37 Any rules relating to dispensing or distribution of medications or devices by prescription or
38 prescription drug orders under this section shall be subject to the approval of the state board of
39 pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription
40 or prescription drug orders under this section shall be subject to the approval of the department of
41 health and senior services and the state board of pharmacy. The state board of registration for the
42 healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with
43 guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall
44 not extend to collaborative practice arrangements of hospital employees providing inpatient care
45 within hospitals as defined in chapter 197 or population-based public health services as defined by
46 20 CSR 2150-5.100 as of April 30, 2008.

47 4. The state board of registration for the healing arts shall not deny, revoke, suspend, or
48 otherwise take disciplinary action against a collaborating physician for health care services

1 delegated to an assistant physician provided the provisions of this section and the rules promulgated
2 thereunder are satisfied.

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

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

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

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

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

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

38 11. All collaborating physicians and assistant physicians in collaborative practice
39 arrangements shall wear identification badges while acting within the scope of their collaborative
40 practice arrangement. The identification badges shall prominently display the licensure status of
41 such collaborating physicians and assistant physicians.

42 12. (1) An assistant physician with a certificate of controlled substance prescriptive
43 authority as provided in this section may prescribe any controlled substance listed in Schedule III,
44 IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the
45 authority to prescribe controlled substances in a collaborative practice arrangement. Prescriptions
46 for Schedule II medications prescribed by an assistant physician who has a certificate of controlled
47 substance prescriptive authority are restricted to only those medications containing hydrocodone.
48 Such authority shall be filed with the state board of registration for the healing arts. The

1 collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug
2 category that the assistant physician is permitted to prescribe. Any limitations shall be listed in the
3 collaborative practice arrangement. Assistant physicians shall not prescribe controlled substances
4 for themselves or members of their families. Schedule III controlled substances and Schedule II -
5 hydrocodone prescriptions shall be limited to a five-day supply without refill. Assistant physicians
6 who are authorized to prescribe controlled substances under this section shall register with the
7 federal Drug Enforcement Administration and the state bureau of narcotics and dangerous drugs,
8 and shall include the Drug Enforcement Administration registration number on prescriptions for
9 controlled substances.

10 (2) The collaborating physician shall be responsible to determine and document the
11 completion of at least one hundred twenty hours in a four-month period by the assistant physician
12 during which the assistant physician shall practice with the collaborating physician on-site prior to
13 prescribing controlled substances when the collaborating physician is not on-site. Such limitation
14 shall not apply to assistant physicians of population-based public health services as defined in 20
15 CSR 2150-5.100 as of April 30, 2009 or assistant physicians providing opioid addiction treatment.

16 (3) An assistant physician shall receive a certificate of controlled substance prescriptive
17 authority from the state board of registration for the healing arts upon verification of licensure under
18 section 334.036."; and

19
20 Further amend said bill by amending the title, enacting clause, and intersectional references
21 accordingly.