

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 840
100TH GENERAL ASSEMBLY

1815H.03C

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 193.015, 195.100, 334.037, 334.104, 334.108, 334.735, 334.736, 334.747, 334.749, 338.010, 630.175, and 630.875, RSMo, and to enact in lieu thereof twelve new sections relating to physician assistants.

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

Section A. Sections 193.015, 195.100, 334.037, 334.104, 334.108, 334.735, 334.736,
2 334.747, 334.749, 338.010, 630.175, and 630.875, RSMo, are repealed and twelve new sections
3 enacted in lieu thereof, to be known as sections 193.015, 195.100, 334.037, 334.104, 334.108,
4 334.735, 334.736, 334.747, 334.749, 338.010, 630.175, and 630.875, to read as follows:

193.015. As used in sections 193.005 to 193.325, unless the context clearly indicates
2 otherwise, the following terms shall mean:

3 (1) "Advanced practice registered nurse", a person licensed to practice as an advanced
4 practice registered nurse under chapter 335, and who has been delegated tasks outlined in section
5 193.145 by a physician with whom they have entered into a collaborative practice arrangement
6 under chapter 334;

7 (2) "Assistant physician", as such term is defined in section 334.036, and who has been
8 delegated tasks outlined in section 193.145 by a physician with whom they have entered into a
9 collaborative practice arrangement under chapter 334;

10 (3) "Dead body", a human body or such parts of such human body from the condition
11 of which it reasonably may be concluded that death recently occurred;

12 (4) "Department", the department of health and senior services;

13 (5) "Final disposition", the burial, interment, cremation, removal from the state, or other
14 authorized disposition of a dead body or fetus;

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.

15 (6) "Institution", any establishment, public or private, which provides inpatient or
16 outpatient medical, surgical, or diagnostic care or treatment or nursing, custodian, or domiciliary
17 care, or to which persons are committed by law;

18 (7) "Live birth", the complete expulsion or extraction from its mother of a child,
19 irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or
20 shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or
21 definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the
22 placenta is attached;

23 (8) "Physician", a person authorized or licensed to practice medicine or osteopathy
24 pursuant to chapter 334;

25 (9) "Physician assistant", a person licensed to practice as a physician assistant pursuant
26 to chapter 334, and who has been delegated tasks outlined in section 193.145 by a physician with
27 whom they have entered into a ~~[supervision agreement]~~ **collaborative practice arrangement**
28 under chapter 334;

29 (10) "Spontaneous fetal death", a noninduced death prior to the complete expulsion or
30 extraction from its mother of a fetus, irrespective of the duration of pregnancy; the death is
31 indicated by the fact that after such expulsion or extraction the fetus does not breathe or show
32 any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite
33 movement of voluntary muscles;

34 (11) "State registrar", state registrar of vital statistics of the state of Missouri;

35 (12) "System of vital statistics", the registration, collection, preservation, amendment and
36 certification of vital records; the collection of other reports required by sections 193.005 to
37 193.325 and section 194.060; and activities related thereto including the tabulation, analysis and
38 publication of vital statistics;

39 (13) "Vital records", certificates or reports of birth, death, marriage, dissolution of
40 marriage and data related thereto;

41 (14) "Vital statistics", the data derived from certificates and reports of birth, death,
42 spontaneous fetal death, marriage, dissolution of marriage and related reports.

195.100. 1. It shall be unlawful to distribute any controlled substance in a commercial
2 container unless such container bears a label containing an identifying symbol for such substance
3 in accordance with federal laws.

4 2. It shall be unlawful for any manufacturer of any controlled substance to distribute such
5 substance unless the labeling thereof conforms to the requirements of federal law and contains
6 the identifying symbol required in subsection 1 of this section.

7 3. The label of a controlled substance in Schedule II, III or IV shall, when dispensed to
8 or for a patient, contain a clear, concise warning that it is a criminal offense to transfer such
9 narcotic or dangerous drug to any person other than the patient.

10 4. Whenever a manufacturer sells or dispenses a controlled substance and whenever a
11 wholesaler sells or dispenses a controlled substance in a package prepared by him or her, the
12 manufacturer or wholesaler shall securely affix to each package in which that drug is contained
13 a label showing in legible English the name and address of the vendor and the quantity, kind, and
14 form of controlled substance contained therein. No person except a pharmacist for the purpose
15 of filling a prescription under this chapter, shall alter, deface, or remove any label so affixed.

16 5. Whenever a pharmacist or practitioner sells or dispenses any controlled substance on
17 a prescription issued by a physician, physician assistant, dentist, podiatrist, veterinarian, or
18 advanced practice registered nurse, the pharmacist or practitioner shall affix to the container in
19 which such drug is sold or dispensed a label showing his or her own name and address of the
20 pharmacy or practitioner for whom he or she is lawfully acting; the name of the patient or, if the
21 patient is an animal, the name of the owner of the animal and the species of the animal; the name
22 of the physician, physician assistant, dentist, podiatrist, advanced practice registered nurse, or
23 veterinarian by whom the prescription was written; the name of the collaborating physician if the
24 prescription is written by an advanced practice registered nurse or ~~the supervising physician if~~
25 ~~the prescription is written by~~ a physician assistant, and such directions as may be stated on the
26 prescription. No person shall alter, deface, or remove any label so affixed.

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

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

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

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

15 (3) A requirement that there shall be posted at every office where the assistant physician
16 is authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure

17 statement informing patients that they may be seen by an assistant physician and have the right
18 to see the collaborating physician;

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

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

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

25 (b) Maintain geographic proximity; except, the collaborative practice arrangement may
26 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar
27 year for rural health clinics as defined by Pub. L. 95-210 (42 U.S.C. Section 1395x), as amended,
28 as long as the collaborative practice arrangement includes alternative plans as required in
29 paragraph (c) of this subdivision. Such exception to geographic proximity shall apply only to
30 independent rural health clinics, provider-based rural health clinics if the provider is a critical
31 access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics
32 if the main location of the hospital sponsor is greater than fifty miles from the clinic. The
33 collaborating physician shall maintain documentation related to such requirement and present
34 it to the state board of registration for the healing arts when requested; and

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

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

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

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

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

51 (10) The collaborating physician, or any other physician designated in the collaborative
52 practice arrangement, shall review every fourteen days a minimum of twenty percent of the

53 charts in which the assistant physician prescribes controlled substances. The charts reviewed
54 under this subdivision may be counted in the number of charts required to be reviewed under
55 subdivision (9) of this subsection.

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

59 (1) Geographic areas to be covered;

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

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

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

70

71 Any rules relating to dispensing or distribution of medications or devices by prescription or
72 prescription drug orders under this section shall be subject to the approval of the state board of
73 pharmacy. Any rules relating to dispensing or distribution of controlled substances by
74 prescription or prescription drug orders under this section shall be subject to the approval of the
75 department of health and senior services and the state board of pharmacy. The state board of
76 registration for the healing arts shall promulgate rules applicable to assistant physicians that shall
77 be consistent with guidelines for federally funded clinics. The rulemaking authority granted in
78 this subsection shall not extend to collaborative practice arrangements of hospital employees
79 providing inpatient care within hospitals as defined in chapter 197 or population-based public
80 health services as defined by 20 CSR 2150- 5.100 as of April 30, 2008.

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

85 5. Within thirty days of any change and on each renewal, the state board of registration
86 for the healing arts shall require every physician to identify whether the physician is engaged in
87 any collaborative practice arrangement, including collaborative practice arrangements delegating
88 the authority to prescribe controlled substances, and also report to the board the name of each

89 assistant physician with whom the physician has entered into such arrangement. The board may
90 make such information available to the public. The board shall track the reported information
91 and may routinely conduct random reviews of such arrangements to ensure that arrangements
92 are carried out for compliance under this chapter.

93 6. A collaborating physician [~~or supervising physician~~] shall not enter into a
94 collaborative practice arrangement [~~or supervision agreement~~] with more than six full-time
95 equivalent assistant physicians, full-time equivalent physician assistants, or full-time equivalent
96 advance practice registered nurses, or any combination thereof. Such limitation shall not apply
97 to collaborative arrangements of hospital employees providing inpatient care service in hospitals
98 as defined in chapter 197 or population-based public health services as defined by 20 CSR
99 2150-5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing
100 anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or
101 podiatrist who is immediately available if needed as set out in subsection 7 of section 334.104.

102 7. The collaborating physician shall determine and document the completion of at least
103 a one-month period of time during which the assistant physician shall practice with the
104 collaborating physician continuously present before practicing in a setting where the
105 collaborating physician is not continuously present. No rule or regulation shall require the
106 collaborating physician to review more than ten percent of the assistant physician's patient charts
107 or records during such one-month period. Such limitation shall not apply to collaborative
108 arrangements of providers of population-based public health services as defined by 20 CSR
109 2150-5.100 as of April 30, 2008.

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

115 9. No contract or other agreement shall require a physician to act as a collaborating
116 physician for an assistant physician against the physician's will. A physician shall have the right
117 to refuse to act as a collaborating physician, without penalty, for a particular assistant physician.
118 No contract or other agreement shall limit the collaborating physician's ultimate authority over
119 any protocols or standing orders or in the delegation of the physician's authority to any assistant
120 physician, but such requirement shall not authorize a physician in implementing such protocols,
121 standing orders, or delegation to violate applicable standards for safe medical practice
122 established by a hospital's medical staff.

123 10. No contract or other agreement shall require any assistant physician to serve as a
124 collaborating assistant physician for any collaborating physician against the assistant physician's

125 will. An assistant physician shall have the right to refuse to collaborate, without penalty, with
126 a particular physician.

127 11. All collaborating physicians and assistant physicians in collaborative practice
128 arrangements shall wear identification badges while acting within the scope of their collaborative
129 practice arrangement. The identification badges shall prominently display the licensure status
130 of such collaborating physicians and assistant physicians.

131 12. (1) An assistant physician with a certificate of controlled substance prescriptive
132 authority as provided in this section may prescribe any controlled substance listed in Schedule
133 III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated
134 the authority to prescribe controlled substances in a collaborative practice arrangement.
135 Prescriptions for Schedule II medications prescribed by an assistant physician who has a
136 certificate of controlled substance prescriptive authority are restricted to only those medications
137 containing hydrocodone. Such authority shall be filed with the state board of registration for the
138 healing arts. The collaborating physician shall maintain the right to limit a specific scheduled
139 drug or scheduled drug category that the assistant physician is permitted to prescribe. Any
140 limitations shall be listed in the collaborative practice arrangement. Assistant physicians shall
141 not prescribe controlled substances for themselves or members of their families. Schedule III
142 controlled substances and Schedule II - hydrocodone prescriptions shall be limited to a five-day
143 supply without refill, except that buprenorphine may be prescribed for up to a thirty-day supply
144 without refill for patients receiving medication-assisted treatment for substance use disorders
145 under the direction of the collaborating physician. Assistant physicians who are authorized to
146 prescribe controlled substances under this section shall register with the federal Drug
147 Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall
148 include the Drug Enforcement Administration registration number on prescriptions for controlled
149 substances.

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

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

160 13. Nothing in this section or section 334.036 shall be construed to limit the authority
161 of hospitals or hospital medical staff to make employment or medical staff credentialing or
162 privileging decisions.

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

9 2. Collaborative practice arrangements, which shall be in writing, may delegate to a
10 registered professional nurse the authority to administer, dispense or prescribe drugs and provide
11 treatment if the registered professional nurse is an advanced practice registered nurse as defined
12 in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
13 advanced practice registered nurse, as defined in section 335.016, the authority to administer,
14 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,
15 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not
16 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V
17 of section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general
18 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled
19 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred
20 twenty-hour supply without refill. Such collaborative practice arrangements shall be in the form
21 of written agreements, jointly agreed-upon protocols or standing orders for the delivery of health
22 care services. An advanced practice registered nurse may prescribe buprenorphine for up to a
23 thirty-day supply without refill for patients receiving medication-assisted treatment for substance
24 use disorders under the direction of the collaborating physician.

25 3. The written collaborative practice arrangement shall contain at least the following
26 provisions:

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

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

32 (3) A requirement that there shall be posted at every office where the advanced practice
33 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently

34 displayed disclosure statement informing patients that they may be seen by an advanced practice
35 registered nurse and have the right to see the collaborating physician;

36 (4) All specialty or board certifications of the collaborating physician and all
37 certifications of the advanced practice registered nurse;

38 (5) The manner of collaboration between the collaborating physician and the advanced
39 practice registered nurse, including how the collaborating physician and the advanced practice
40 registered nurse will:

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

43 (b) Maintain geographic proximity, except the collaborative practice arrangement may
44 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar
45 year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice
46 arrangement includes alternative plans as required in paragraph (c) of this subdivision. This
47 exception to geographic proximity shall apply only to independent rural health clinics,
48 provider-based rural health clinics where the provider is a critical access hospital as provided in
49 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of
50 the hospital sponsor is greater than fifty miles from the clinic. The collaborating physician is
51 required to maintain documentation related to this requirement and to present it to the state board
52 of registration for the healing arts when requested; and

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

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

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

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

63 (9) A description of the time and manner of the collaborating physician's review of the
64 advanced practice registered nurse's delivery of health care services. The description shall
65 include provisions that the advanced practice registered nurse shall submit a minimum of ten
66 percent of the charts documenting the advanced practice registered nurse's delivery of health care
67 services to the collaborating physician for review by the collaborating physician, or any other
68 physician designated in the collaborative practice arrangement, every fourteen days; and

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

74 4. The state board of registration for the healing arts pursuant to section 334.125 and the
75 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
76 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas
77 to be covered, the methods of treatment that may be covered by collaborative practice
78 arrangements and the requirements for review of services provided pursuant to collaborative
79 practice arrangements including delegating authority to prescribe controlled substances. Any
80 rules relating to dispensing or distribution of medications or devices by prescription or
81 prescription drug orders under this section shall be subject to the approval of the state board of
82 pharmacy. Any rules relating to dispensing or distribution of controlled substances by
83 prescription or prescription drug orders under this section shall be subject to the approval of the
84 department of health and senior services and the state board of pharmacy. In order to take effect,
85 such rules shall be approved by a majority vote of a quorum of each board. Neither the state
86 board of registration for the healing arts nor the board of nursing may separately promulgate rules
87 relating to collaborative practice arrangements. Such jointly promulgated rules shall be
88 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this
89 subsection shall not extend to collaborative practice arrangements of hospital employees
90 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based
91 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

92 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
93 otherwise take disciplinary action against a physician for health care services delegated to a
94 registered professional nurse provided the provisions of this section and the rules promulgated
95 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
96 imposed as a result of an agreement between a physician and a registered professional nurse or
97 registered physician assistant, whether written or not, prior to August 28, 1993, all records of
98 such disciplinary licensure action and all records pertaining to the filing, investigation or review
99 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed
100 from the records of the state board of registration for the healing arts and the division of
101 professional registration and shall not be disclosed to any public or private entity seeking such
102 information from the board or the division. The state board of registration for the healing arts
103 shall take action to correct reports of alleged violations and disciplinary actions as described in
104 this section which have been submitted to the National Practitioner Data Bank. In subsequent

105 applications or representations relating to his medical practice, a physician completing forms or
106 documents shall not be required to report any actions of the state board of registration for the
107 healing arts for which the records are subject to removal under this section.

108 6. Within thirty days of any change and on each renewal, the state board of registration
109 for the healing arts shall require every physician to identify whether the physician is engaged in
110 any collaborative practice agreement, including collaborative practice agreements delegating the
111 authority to prescribe controlled substances, or physician assistant agreement and also report to
112 the board the name of each licensed professional with whom the physician has entered into such
113 agreement. The board may make this information available to the public. The board shall track
114 the reported information and may routinely conduct random reviews of such agreements to
115 ensure that agreements are carried out for compliance under this chapter.

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

125 8. A collaborating physician [~~or supervising physician~~] shall not enter into a
126 collaborative practice arrangement [~~or supervision agreement~~] with more than six full-time
127 equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants,
128 or full-time equivalent assistant physicians, or any combination thereof. This limitation shall not
129 apply to collaborative arrangements of hospital employees providing inpatient care service in
130 hospitals as defined in chapter 197 or population-based public health services as defined by 20
131 CSR 2150- 5.100 as of April 30, 2008, or to a certified registered nurse anesthetist providing
132 anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or
133 podiatrist who is immediately available if needed as set out in subsection 7 of this section.

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

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

145 11. No contract or other agreement shall require a physician to act as a collaborating
146 physician for an advanced practice registered nurse against the physician's will. A physician
147 shall have the right to refuse to act as a collaborating physician, without penalty, for a particular
148 advanced practice registered nurse. No contract or other agreement shall limit the collaborating
149 physician's ultimate authority over any protocols or standing orders or in the delegation of the
150 physician's authority to any advanced practice registered nurse, but this requirement shall not
151 authorize a physician in implementing such protocols, standing orders, or delegation to violate
152 applicable standards for safe medical practice established by hospital's medical staff.

153 12. No contract or other agreement shall require any advanced practice registered nurse
154 to serve as a collaborating advanced practice registered nurse for any collaborating physician
155 against the advanced practice registered nurse's will. An advanced practice registered nurse shall
156 have the right to refuse to collaborate, without penalty, with a particular physician.

334.108. 1. Prior to prescribing any drug, controlled substance, or other treatment
2 through telemedicine, as defined in section 191.1145, or the internet, a physician shall establish
3 a valid physician-patient relationship as described in section 191.1146. This relationship shall
4 include:

5 (1) Obtaining a reliable medical history and performing a physical examination of the
6 patient, adequate to establish the diagnosis for which the drug is being prescribed and to identify
7 underlying conditions or contraindications to the treatment recommended or provided;

8 (2) Having sufficient dialogue with the patient regarding treatment options and the risks
9 and benefits of treatment or treatments;

10 (3) If appropriate, following up with the patient to assess the therapeutic outcome;

11 (4) Maintaining a contemporaneous medical record that is readily available to the patient
12 and, subject to the patient's consent, to the patient's other health care professionals; and

13 (5) Maintaining the electronic prescription information as part of the patient's medical
14 record.

15 2. The requirements of subsection 1 of this section may be satisfied by the prescribing
16 physician's designee when treatment is provided in:

17 (1) A hospital as defined in section 197.020;

18 (2) A hospice program as defined in section 197.250;

19 (3) Home health services provided by a home health agency as defined in section
20 197.400;

21 (4) Accordance with a collaborative practice agreement as defined in section 334.104;

22 (5) Conjunction with a physician assistant licensed pursuant to section 334.738;

23 (6) Conjunction with an assistant physician licensed under section 334.036;

24 (7) Consultation with another physician who has an ongoing physician-patient
25 relationship with the patient, and who has agreed to supervise the patient's treatment, including
26 use of any prescribed medications; or

27 (8) On-call or cross-coverage situations.

28 3. No health care provider, as defined in section 376.1350, shall prescribe any drug,
29 controlled substance, or other treatment to a patient based solely on an evaluation over the
30 telephone; except that, a physician[,], **or** such physician's on-call designee, **or** an advanced
31 practice registered nurse, **a physician assistant, or an assistant physician** in a collaborative
32 practice arrangement with such physician, [~~a physician assistant in a supervision agreement with~~
33 ~~such physician, or an assistant physician in a supervision agreement with such physician~~] may
34 prescribe any drug, controlled substance, or other treatment that is within his or her scope of
35 practice to a patient based solely on a telephone evaluation if a previously established and
36 ongoing physician-patient relationship exists between such physician and the patient being
37 treated.

38 4. No health care provider shall prescribe any drug, controlled substance, or other
39 treatment to a patient based solely on an internet request or an internet questionnaire.

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) **"Collaborative practice arrangement", written agreements, jointly agreed upon**
9 **protocols, or standing orders, all of which shall be in writing, for the delivery of health care**
10 **services;**

11 (5) "Department", the department of insurance, financial institutions and professional
12 registration or a designated agency thereof;

13 [~~5~~] (6) "License", a document issued to an applicant by the board acknowledging that
14 the applicant is entitled to practice as a physician assistant;

15 ~~[(6)]~~ (7) "Physician assistant", a person who has graduated from a physician assistant
16 program accredited by the ~~[American Medical Association's Committee on Allied Health~~
17 ~~Education and Accreditation or by its successor agency]~~ **Accreditation Review Commission**
18 **on Education for the Physician Assistant or its successor agency, prior to 2001, or the**
19 **Committee on Allied Health Education and Accreditation or the Commission on**
20 **Accreditation of Allied Health Education Programs**, who has passed the certifying
21 examination administered by the National Commission on Certification of Physician Assistants
22 and has active certification by the National Commission on Certification of Physician Assistants
23 who provides health care services delegated by a licensed physician. A person who has been
24 employed as a physician assistant for three years prior to August 28, 1989, who has passed the
25 National Commission on Certification of Physician Assistants examination, and has active
26 certification of the National Commission on Certification of Physician Assistants;

27 ~~[(7)]~~ (8) "Recognition", the formal process of becoming a certifying entity as required
28 by the provisions of sections 334.735 to 334.749;

29 ~~[(8)]~~ "Supervision", control exercised over a physician assistant working with a
30 supervising physician and oversight of the activities of and accepting responsibility for the
31 physician assistant's delivery of care. ~~The physician assistant shall only practice at a location~~
32 ~~where the physician routinely provides patient care, except existing patients of the supervising~~
33 ~~physician in the patient's home and correctional facilities. The supervising physician must be~~
34 ~~immediately available in person or via telecommunication during the time the physician assistant~~
35 ~~is providing patient care. Prior to commencing practice, the supervising physician and physician~~
36 ~~assistant shall attest on a form provided by the board that the physician shall provide supervision~~
37 ~~appropriate to the physician assistant's training and that the physician assistant shall not practice~~
38 ~~beyond the physician assistant's training and experience. Appropriate supervision shall require~~
39 ~~the supervising physician to be working within the same facility as the physician assistant for at~~
40 ~~least four hours within one calendar day for every fourteen days on which the physician assistant~~
41 ~~provides patient care as described in subsection 3 of this section. Only days in which the~~
42 ~~physician assistant provides patient care as described in subsection 3 of this section shall be~~
43 ~~counted toward the fourteen-day period. The requirement of appropriate supervision shall be~~
44 ~~applied so that no more than thirteen calendar days in which a physician assistant provides~~
45 ~~patient care shall pass between the physician's four hours working within the same facility. The~~
46 ~~board shall promulgate rules pursuant to chapter 536 for documentation of joint review of the~~
47 ~~physician assistant activity by the supervising physician and the physician assistant.~~

48 ~~2. (1) A supervision agreement shall limit the physician assistant to practice only at~~
49 ~~locations described in subdivision (8) of subsection 1 of this section, within a geographic~~
50 ~~proximity to be determined by the board of registration for the healing arts.~~

51 ~~————(2) For a physician-physician assistant team working in a certified community behavioral~~
52 ~~health clinic as defined by P.L. 113-93 and a rural health clinic under the federal Rural Health~~
53 ~~Clinic Services Act, P.L. 95-210, as amended, or a federally qualified health center as defined~~
54 ~~in 42 U.S.C. Section 1395 of the Public Health Service Act, as amended, no supervision~~
55 ~~requirements in addition to the minimum federal law shall be required.~~

56 ~~————3.]~~ **2.** The scope of practice of a physician assistant shall consist only of the following
57 services and procedures:

58 (1) Taking patient histories;

59 (2) Performing physical examinations of a patient;

60 (3) Performing or assisting in the performance of routine office laboratory and patient
61 screening procedures;

62 (4) Performing routine therapeutic procedures;

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

65 (6) Instructing and counseling patients regarding mental and physical health using
66 procedures reviewed and approved by a [~~licensed~~] **collaborating** physician;

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

70 (8) Assisting in surgery; **and**

71 (9) Performing such other tasks not prohibited by law under the [~~supervision of~~]
72 **collaborative practice arrangement with** a licensed physician as the physician[~~'s~~] assistant has
73 been trained and is proficient to perform[~~; and~~

74 ~~————(10)] .~~

75 **3.** Physician assistants shall not perform or prescribe abortions.

76 **4.** Physician assistants shall not prescribe any drug, medicine, device or therapy unless
77 pursuant to a [~~physician supervision agreement~~] **collaborative practice arrangement** in
78 accordance with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or
79 correction of vision or the measurement of visual power or visual efficiency of the human eye,
80 nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery
81 or obstetric procedures. Prescribing of drugs, medications, devices or therapies by a physician
82 assistant shall be pursuant to a [~~physician assistant supervision agreement~~] **collaborative**
83 **practice arrangement** which is specific to the clinical conditions treated by the supervising
84 physician and the physician assistant shall be subject to the following:

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

87 (2) The types of drugs, medications, devices or therapies prescribed by a physician
88 assistant shall be consistent with the scopes of practice of the physician assistant and the
89 ~~[supervising]~~ **collaborating** physician;

90 (3) All prescriptions shall conform with state and federal laws and regulations and shall
91 include the name, address and telephone number of the physician assistant and the supervising
92 physician;

93 (4) A physician assistant, or advanced practice registered nurse as defined in section
94 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
95 professional samples to patients; and

96 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies
97 the ~~[supervising]~~ **collaborating** physician is not qualified or authorized to prescribe.

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

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

122 7. [~~"Physician assistant supervision agreement" means a written agreement, jointly~~
123 ~~agreed-upon protocols or standing order between a supervising physician and a physician~~
124 ~~assistant, which provides for the delegation of health care services from a supervising physician~~
125 ~~to a physician assistant and the review of such services. The agreement shall contain at least the~~
126 ~~following provisions:~~

127 ~~—— (1) Complete names, home and business addresses, zip codes, telephone numbers, and~~
128 ~~state license numbers of the supervising physician and the physician assistant;~~

129 ~~—— (2) A list of all offices or locations where the physician routinely provides patient care,~~
130 ~~and in which of such offices or locations the supervising physician has authorized the physician~~
131 ~~assistant to practice;~~

132 ~~—— (3) All specialty or board certifications of the supervising physician;~~

133 ~~—— (4) The manner of supervision between the supervising physician and the physician~~
134 ~~assistant, including how the supervising physician and the physician assistant shall:~~

135 ~~—— (a) Attest on a form provided by the board that the physician shall provide supervision~~
136 ~~appropriate to the physician assistant's training and experience and that the physician assistant~~
137 ~~shall not practice beyond the scope of the physician assistant's training and experience nor the~~
138 ~~supervising physician's capabilities and training; and~~

139 ~~—— (b) Provide coverage during absence, incapacity, infirmity, or emergency by the~~
140 ~~supervising physician;~~

141 ~~—— (5) The duration of the supervision agreement between the supervising physician and~~
142 ~~physician assistant; and~~

143 ~~—— (6) A description of the time and manner of the supervising physician's review of the~~
144 ~~physician assistant's delivery of health care services. Such description shall include provisions~~
145 ~~that the supervising physician, or a designated supervising physician listed in the supervision~~
146 ~~agreement review a minimum of ten percent of the charts of the physician assistant's delivery of~~
147 ~~health care services every fourteen days.~~

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

154 ~~—— 9.] At all times the physician is responsible for the oversight of the activities of, and~~
155 ~~accepts responsibility for, health care services rendered by the physician assistant.~~

156 ~~[10. It is the responsibility of the supervising physician to determine and document the~~
157 ~~completion of at least a one-month period of time during which the licensed physician assistant~~

158 ~~shall practice with a supervising physician continuously present before practicing in a setting~~
159 ~~where a supervising physician is not continuously present.~~

160 ~~———11.]~~ **8. A physician may enter into collaborative practice arrangements with**
161 **physician assistants. Collaborative practice arrangements, which shall be in writing, may**
162 **delegate to a physician assistant the authority to prescribe, administer, or dispense drugs**
163 **and provide treatment which is within the skill, training, and competence of the physician**
164 **assistant. Collaborative practice arrangements may delegate to a physician assistant, as**
165 **defined in section 334.735, the authority to administer, dispense, or prescribe controlled**
166 **substances listed in Schedules III, IV, and V of section 195.017, and Schedule II -**
167 **hydrocodone. Schedule III narcotic controlled substances and Schedule II - hydrocodone**
168 **prescriptions shall be limited to a one hundred twenty-hour supply without refill. Such**
169 **collaborative practice arrangements shall be in the form of a written arrangement, jointly**
170 **agreed-upon protocols, or standing orders for the delivery of health care services.**

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

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

175 **(2) A list of all other offices or locations, other than those listed in subdivision (1)**
176 **of this subsection, where the collaborating physician has authorized the physician assistant**
177 **to prescribe;**

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

182 **(4) All specialty or board certifications of the collaborating physician and all**
183 **certifications of the physician assistant;**

184 **(5) The manner of collaboration between the collaborating physician and the**
185 **physician assistant, including how the collaborating physician and the physician assistant**
186 **will:**

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

189 **(b) Maintain geographic proximity, as determined by the board of registration for**
190 **the healing arts; and**

191 **(c) Provide coverage during absence, incapacity, infirmity, or emergency of the**
192 **collaborating physician;**

193 **(6) A list of all other written collaborative practice arrangements of the**
194 **collaborating physician and the physician assistant;**

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

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

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

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

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

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

221 **12. Within thirty days of any change and on each renewal, the state board of**
222 **registration for the healing arts shall require every physician to identify whether the**
223 **physician is engaged in any collaborative practice arrangement, including collaborative**
224 **practice arrangements delegating the authority to prescribe controlled substances, and also**
225 **report to the board the name of each physician assistant with whom the physician has**
226 **entered into such arrangement. The board may make such information available to the**
227 **public. The board shall track the reported information and may routinely conduct random**

228 reviews of such arrangements to ensure that the arrangements are carried out in
229 compliance with this chapter.

230 **13. The collaborating physician shall determine and document the completion of**
231 **a period of time during which the physician assistant shall practice with the collaborating**
232 **physician continuously present before practicing in a setting where the collaborating**
233 **physician is not continuously present. This limitation shall not apply to collaborative**
234 **arrangements of providers of population-based public health services as defined by 20 CSR**
235 **2150-5.100 as of April 30, 2009.**

236 **14. No contract or other [agreement] arrangement shall require a physician to act as a**
237 **[supervising] collaborating physician for a physician assistant against the physician's will. A**
238 **physician shall have the right to refuse to act as a supervising physician, without penalty, for a**
239 **particular physician assistant. No contract or other agreement shall limit the [supervising]**
240 **collaborating physician's ultimate authority over any protocols or standing orders or in the**
241 **delegation of the physician's authority to any physician assistant[, but this requirement shall not**
242 **authorize a physician in implementing such protocols, standing orders, or delegation to violate**
243 **applicable standards for safe medical practice established by the hospital's medical staff]. No**
244 **contract or other arrangement shall require any physician assistant to collaborate with any**
245 **physician against the physician assistant's will. A physician assistant shall have the right**
246 **to refuse to collaborate, without penalty, with a particular physician.**

247 ~~[12.]~~ **15. Physician assistants shall file with the board a copy of their [supervising]**
248 **collaborating physician form.**

249 ~~[13.]~~ **16. No physician shall be designated to serve as [supervising physician or] a**
250 **collaborating physician for more than six full-time equivalent licensed physician assistants,**
251 **full-time equivalent advanced practice registered nurses, or full-time equivalent assistant**
252 **physicians, or any combination thereof. This limitation shall not apply to physician assistant**
253 **[agreements] collaborative practice arrangements of hospital employees providing inpatient**
254 **care service in hospitals as defined in chapter 197, or to a certified registered nurse anesthetist**
255 **providing anesthesia services under the supervision of an anesthesiologist or other physician,**
256 **dentist, or podiatrist who is immediately available if needed as set out in subsection 7 of section**
257 **334.104.**

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

334.736. Notwithstanding any other provision of sections 334.735 to 334.749, the board
2 may issue without examination a temporary license to practice as a physician assistant. Upon
3 the applicant paying a temporary license fee and the submission of all necessary documents as
4 determined by the board, the board may grant a temporary license to any person who meets the
5 qualifications provided in ~~[section]~~ **sections 334.735 to 334.749** which shall be valid until the
6 results of the next examination are announced. The temporary license may be renewed at the
7 discretion of the board and upon payment of the temporary license fee.

334.747. 1. A physician assistant with a certificate of controlled substance prescriptive
2 authority as provided in this section may prescribe any controlled substance listed in Schedule
3 III, IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated
4 the authority to prescribe controlled substances in a ~~[supervision agreement]~~ **collaborative**
5 **practice arrangement**. Such authority shall be listed on the ~~[supervision verification]~~
6 **collaborating physician** form on file with the state board of healing arts. The ~~[supervising]~~
7 **collaborating** physician shall maintain the right to limit a specific scheduled drug or scheduled
8 drug category that the physician assistant is permitted to prescribe. Any limitations shall be
9 listed on the ~~[supervision]~~ **collaborating physician** form. Prescriptions for Schedule II
10 medications prescribed by a physician assistant with authority to prescribe delegated in a
11 ~~[supervision agreement]~~ **collaborative practice arrangement** are restricted to only those
12 medications containing hydrocodone. Physician assistants shall not prescribe controlled
13 substances for themselves or members of their families. Schedule III controlled substances and
14 Schedule II - hydrocodone prescriptions shall be limited to a five-day supply without refill,
15 except that buprenorphine may be prescribed for up to a thirty-day supply without refill for
16 patients receiving medication-assisted treatment for substance use disorders under the direction
17 of the ~~[supervising]~~ **collaborating** physician. Physician assistants who are authorized to
18 prescribe controlled substances under this section shall register with the federal Drug
19 Enforcement Administration and the state bureau of narcotics and dangerous drugs, and shall
20 include the Drug Enforcement Administration registration number on prescriptions for controlled
21 substances.

2. The ~~[supervising]~~ **collaborating** physician shall be responsible to determine and
23 document the completion of at least one hundred twenty hours in a four-month period by the
24 physician assistant during which the physician assistant shall practice with the ~~[supervising]~~
25 **collaborating** physician on-site prior to prescribing controlled substances when the ~~[supervising]~~
26 **collaborating** physician is not on-site. Such limitation shall not apply to physician assistants
27 of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009.

28 3. A physician assistant shall receive a certificate of controlled substance prescriptive
29 authority from the board of healing arts upon verification of the completion of the following
30 educational requirements:

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

36 (2) Completion of a minimum of three hundred clock hours of clinical training by the
37 ~~supervising~~ **collaborating** physician in the prescription of drugs, medicines, and therapeutic
38 devices;

39 (3) Completion of a minimum of one year of supervised clinical practice or supervised
40 clinical rotations. One year of clinical rotations in a program accredited by the Accreditation
41 Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor
42 agency, which includes pharmacotherapeutics as a component of its clinical training, shall satisfy
43 such requirement. Proof of such training shall serve to document experience in the prescribing
44 of drugs, medicines, and therapeutic devices;

45 (4) A physician assistant previously licensed in a jurisdiction where physician assistants
46 are authorized to prescribe controlled substances may obtain a state bureau of narcotics and
47 dangerous drugs registration if a ~~supervising~~ **collaborating** physician can attest that the
48 physician assistant has met the requirements of subdivisions (1) to (3) of this subsection and
49 provides documentation of existing federal Drug Enforcement Agency registration.

334.749. 1. There is hereby established an "Advisory Commission for Physician
2 Assistants" which shall guide, advise and make recommendations to the board. The commission
3 shall also be responsible for the ongoing examination of the scope of practice and promoting the
4 continuing role of physician assistants in the delivery of health care services. The commission
5 shall assist the board in carrying out the provisions of sections 334.735 to 334.749.

6 2. The commission shall be appointed no later than October 1, 1996, and shall consist
7 of five members, one member of the board, two licensed physician assistants, one physician and
8 one lay member. The two licensed physician assistant members, the physician member and the
9 lay member shall be appointed by the director of the division of professional registration. Each
10 licensed physician assistant member shall be a citizen of the United States and a resident of this
11 state, and shall be licensed as a physician assistant by this state. The physician member shall be
12 a United States citizen, a resident of this state, have an active Missouri license to practice
13 medicine in this state and shall be a ~~supervising~~ **collaborating** physician, at the time of
14 appointment, to a licensed physician assistant. The lay member shall be a United States citizen

15 and a resident of this state. The licensed physician assistant members shall be appointed to serve
16 three-year terms, except that the first commission appointed shall consist of one member whose
17 term shall be for one year and one member whose term shall be for two years. The physician
18 member and lay member shall each be appointed to serve a three-year term. No physician
19 assistant member nor the physician member shall be appointed for more than two consecutive
20 three-year terms. The president of the Missouri Academy of Physicians Assistants in office at
21 the time shall, at least ninety days prior to the expiration of a term of a physician assistant
22 member of a commission member or as soon as feasible after such a vacancy on the commission
23 otherwise occurs, submit to the director of the division of professional registration a list of five
24 physician assistants qualified and willing to fill the vacancy in question, with the request and
25 recommendation that the director appoint one of the five persons so listed, and with the list so
26 submitted, the president of the Missouri Academy of Physicians Assistants shall include in his
27 or her letter of transmittal a description of the method by which the names were chosen by that
28 association.

29 3. Notwithstanding any other provision of law to the contrary, any appointed member
30 of the commission shall receive as compensation an amount established by the director of the
31 division of professional registration not to exceed seventy dollars per day for commission
32 business plus actual and necessary expenses. The director of the division of professional
33 registration shall establish by rule guidelines for payment. All staff for the commission shall be
34 provided by the state board of registration for the healing arts.

35 4. The commission shall hold an open annual meeting at which time it shall elect from
36 its membership a chairman and secretary. The commission may hold such additional meetings
37 as may be required in the performance of its duties, provided that notice of every meeting shall
38 be given to each member at least ten days prior to the date of the meeting. A quorum of the
39 commission shall consist of a majority of its members.

40 5. On August 28, 1998, all members of the advisory commission for registered physician
41 assistants shall become members of the advisory commission for physician assistants and their
42 successor shall be appointed in the same manner and at the time their terms would have expired
43 as members of the advisory commission for registered physician assistants.

338.010. 1. The "practice of pharmacy" means the interpretation, implementation, and
2 evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section
3 353; receipt, transmission, or handling of such orders or facilitating the dispensing of such
4 orders; the designing, initiating, implementing, and monitoring of a medication therapeutic plan
5 as defined by the prescription order so long as the prescription order is specific to each patient
6 for care by a pharmacist; the compounding, dispensing, labeling, and administration of drugs and
7 devices pursuant to medical prescription orders and administration of viral influenza, pneumonia,

8 shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and meningitis vaccines by
9 written protocol authorized by a physician for persons at least seven years of age or the age
10 recommended by the Centers for Disease Control and Prevention, whichever is higher, or the
11 administration of pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis,
12 meningitis, and viral influenza vaccines by written protocol authorized by a physician for a
13 specific patient as authorized by rule; the participation in drug selection according to state law
14 and participation in drug utilization reviews; the proper and safe storage of drugs and devices and
15 the maintenance of proper records thereof; consultation with patients and other health care
16 practitioners, and veterinarians and their clients about legend drugs, about the safe and effective
17 use of drugs and devices; and the offering or performing of those acts, services, operations, or
18 transactions necessary in the conduct, operation, management and control of a pharmacy. No
19 person shall engage in the practice of pharmacy unless he is licensed under the provisions of this
20 chapter. This chapter shall not be construed to prohibit the use of auxiliary personnel under the
21 direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties. This
22 assistance in no way is intended to relieve the pharmacist from his or her responsibilities for
23 compliance with this chapter and he or she will be responsible for the actions of the auxiliary
24 personnel acting in his or her assistance. This chapter shall also not be construed to prohibit or
25 interfere with any legally registered practitioner of medicine, dentistry, or podiatry, or veterinary
26 medicine only for use in animals, or the practice of optometry in accordance with and as
27 provided in sections 195.070 and 336.220 in the compounding, administering, prescribing, or
28 dispensing of his or her own prescriptions.

29 2. Any pharmacist who accepts a prescription order for a medication therapeutic plan
30 shall have a written protocol from the physician who refers the patient for medication therapy
31 services. The written protocol and the prescription order for a medication therapeutic plan shall
32 come from the physician only, and shall not come from a nurse engaged in a collaborative
33 practice arrangement under section 334.104, or from a physician assistant engaged in a
34 ~~[supervision agreement]~~ **collaborative practice arrangement** under section 334.735.

35 3. Nothing in this section shall be construed as to prevent any person, firm or corporation
36 from owning a pharmacy regulated by sections 338.210 to 338.315, provided that a licensed
37 pharmacist is in charge of such pharmacy.

38 4. Nothing in this section shall be construed to apply to or interfere with the sale of
39 nonprescription drugs and the ordinary household remedies and such drugs or medicines as are
40 normally sold by those engaged in the sale of general merchandise.

41 5. No health carrier as defined in chapter 376 shall require any physician with which they
42 contract to enter into a written protocol with a pharmacist for medication therapeutic services.

43 6. This section shall not be construed to allow a pharmacist to diagnose or independently
44 prescribe pharmaceuticals.

45 7. The state board of registration for the healing arts, under section 334.125, and the state
46 board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of
47 protocols for prescription orders for medication therapy services and administration of viral
48 influenza vaccines. Such rules shall require protocols to include provisions allowing for timely
49 communication between the pharmacist and the referring physician, and any other patient
50 protection provisions deemed appropriate by both boards. In order to take effect, such rules shall
51 be approved by a majority vote of a quorum of each board. Neither board shall separately
52 promulgate rules regulating the use of protocols for prescription orders for medication therapy
53 services and administration of viral influenza vaccines. Any rule or portion of a rule, as that term
54 is defined in section 536.010, that is created under the authority delegated in this section shall
55 become effective only if it complies with and is subject to all of the provisions of chapter 536
56 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of
57 the powers vested with the general assembly pursuant to chapter 536 to review, to delay the
58 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the
59 grant of rulemaking authority and any rule proposed or adopted after August 28, 2007, shall be
60 invalid and void.

61 8. The state board of pharmacy may grant a certificate of medication therapeutic plan
62 authority to a licensed pharmacist who submits proof of successful completion of a
63 board-approved course of academic clinical study beyond a bachelor of science in pharmacy,
64 including but not limited to clinical assessment skills, from a nationally accredited college or
65 university, or a certification of equivalence issued by a nationally recognized professional
66 organization and approved by the board of pharmacy.

67 9. Any pharmacist who has received a certificate of medication therapeutic plan authority
68 may engage in the designing, initiating, implementing, and monitoring of a medication
69 therapeutic plan as defined by a prescription order from a physician that is specific to each
70 patient for care by a pharmacist.

71 10. Nothing in this section shall be construed to allow a pharmacist to make a therapeutic
72 substitution of a pharmaceutical prescribed by a physician unless authorized by the written
73 protocol or the physician's prescription order.

74 11. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary
75 medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or
76 an equivalent title means a person who has received a doctor's degree in veterinary medicine
77 from an accredited school of veterinary medicine or holds an Educational Commission for

78 Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary Medical
79 Association (AVMA).

80 12. In addition to other requirements established by the joint promulgation of rules by
81 the board of pharmacy and the state board of registration for the healing arts:

82 (1) A pharmacist shall administer vaccines by protocol in accordance with treatment
83 guidelines established by the Centers for Disease Control and Prevention (CDC);

84 (2) A pharmacist who is administering a vaccine shall request a patient to remain in the
85 pharmacy a safe amount of time after administering the vaccine to observe any adverse reactions.
86 Such pharmacist shall have adopted emergency treatment protocols;

87 (3) In addition to other requirements by the board, a pharmacist shall receive additional
88 training as required by the board and evidenced by receiving a certificate from the board upon
89 completion, and shall display the certification in his or her pharmacy where vaccines are
90 delivered.

91 13. A pharmacist shall inform the patient that the administration of the vaccine will be
92 entered into the ShowMeVax system, as administered by the department of health and senior
93 services. The patient shall attest to the inclusion of such information in the system by signing
94 a form provided by the pharmacist. If the patient indicates that he or she does not want such
95 information entered into the ShowMeVax system, the pharmacist shall provide a written report
96 within fourteen days of administration of a vaccine to the patient's primary health care provider,
97 if provided by the patient, containing:

98 (1) The identity of the patient;

99 (2) The identity of the vaccine or vaccines administered;

100 (3) The route of administration;

101 (4) The anatomic site of the administration;

102 (5) The dose administered; and

103 (6) The date of administration.

630.175. 1. No person admitted on a voluntary or involuntary basis to any mental health
2 facility or mental health program in which people are civilly detained pursuant to chapter 632
3 and no patient, resident or client of a residential facility or day program operated, funded or
4 licensed by the department shall be subject to physical or chemical restraint, isolation or
5 seclusion unless it is determined by the head of the facility, the attending licensed physician, or
6 in the circumstances specifically set forth in this section, by an advanced practice registered
7 nurse in a collaborative practice arrangement, or a physician assistant or an assistant physician
8 with a ~~supervision agreement~~ **collaborative practice arrangement**, with the attending licensed
9 physician that the chosen intervention is imminently necessary to protect the health and safety
10 of the patient, resident, client or others and that it provides the least restrictive environment. An

11 advanced practice registered nurse in a collaborative practice arrangement, or a physician
12 assistant or an assistant physician with a ~~[supervision agreement]~~ **collaborative practice**
13 **arrangement**, with the attending licensed physician may make a determination that the chosen
14 intervention is necessary for patients, residents, or clients of facilities or programs operated by
15 the department, in hospitals as defined in section 197.020 that only provide psychiatric care and
16 in dedicated psychiatric units of general acute care hospitals as hospitals are defined in section
17 197.020. Any determination made by the advanced practice registered nurse, physician assistant,
18 or assistant physician shall be documented as required in subsection 2 of this section and
19 reviewed in person by the attending licensed physician if the episode of restraint is to extend
20 beyond:

- 21 (1) Four hours duration in the case of a person under eighteen years of age;
- 22 (2) Eight hours duration in the case of a person eighteen years of age or older; or
- 23 (3) For any total length of restraint lasting more than four hours duration in a
24 twenty-four-hour period in the case of a person under eighteen years of age or beyond eight hours
25 duration in the case of a person eighteen years of age or older in a twenty-four-hour period.

26

27 The review shall occur prior to the time limit specified under subsection 6 of this section and
28 shall be documented by the licensed physician under subsection 2 of this section.

29 2. Every use of physical or chemical restraint, isolation or seclusion and the reasons
30 therefor shall be made a part of the clinical record of the patient, resident or client under the
31 signature of the head of the facility, or the attending licensed physician, or the advanced practice
32 registered nurse in a collaborative practice arrangement, or a physician assistant or an assistant
33 physician with a ~~[supervision agreement]~~ **collaborative practice arrangement**, with the
34 attending licensed physician.

35 3. Physical or chemical restraint, isolation or seclusion shall not be considered standard
36 treatment or habilitation and shall cease as soon as the circumstances causing the need for such
37 action have ended.

38 4. The use of security escort devices, including devices designed to restrict physical
39 movement, which are used to maintain safety and security and to prevent escape during transport
40 outside of a facility shall not be considered physical restraint within the meaning of this section.
41 Individuals who have been civilly detained under sections 632.300 to 632.475 may be placed in
42 security escort devices when transported outside of the facility if it is determined by the head of
43 the facility, or the attending licensed physician, or the advanced practice registered nurse in a
44 collaborative practice arrangement, or a physician assistant or an assistant physician with a
45 ~~[supervision agreement]~~ **collaborative practice arrangement**, with the attending licensed
46 physician that the use of security escort devices is necessary to protect the health and safety of

47 the patient, resident, client, or other persons or is necessary to prevent escape. Individuals who
48 have been civilly detained under sections 632.480 to 632.513 or committed under chapter 552
49 shall be placed in security escort devices when transported outside of the facility unless it is
50 determined by the head of the facility, or the attending licensed physician, or the advanced
51 practice registered nurse in a collaborative practice arrangement, or a physician assistant or an
52 assistant physician with a ~~[supervision agreement]~~ **collaborative practice arrangement**, with
53 the attending licensed physician that security escort devices are not necessary to protect the
54 health and safety of the patient, resident, client, or other persons or is not necessary to prevent
55 escape.

56 5. Extraordinary measures employed by the head of the facility to ensure the safety and
57 security of patients, residents, clients, and other persons during times of natural or man-made
58 disasters shall not be considered restraint, isolation, or seclusion within the meaning of this
59 section.

60 6. Orders issued under this section by the advanced practice registered nurse in a
61 collaborative practice arrangement, or a physician assistant or an assistant physician with a
62 ~~[supervision agreement]~~ **collaborative practice arrangement**, with the attending licensed
63 physician shall be reviewed in person by the attending licensed physician of the facility within
64 twenty-four hours or the next regular working day of the order being issued, and such review
65 shall be documented in the clinical record of the patient, resident, or client.

66 7. For purposes of this subsection, "division" shall mean the division of developmental
67 disabilities. Restraint or seclusion shall not be used in habilitation centers or community
68 programs that serve persons with developmental disabilities that are operated or funded by the
69 division unless such procedure is part of an emergency intervention system approved by the
70 division and is identified in such person's individual support plan. Direct-care staff that serve
71 persons with developmental disabilities in habilitation centers or community programs operated
72 or funded by the division shall be trained in an emergency intervention system approved by the
73 division when such emergency intervention system is identified in a consumer's individual
74 support plan.

630.875. 1. This section shall be known and may be cited as the "Improved Access to
2 Treatment for Opioid Addictions Act" or "IATOA Act".

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

4 (1) "Department", the department of mental health;

5 (2) "IATOA program", the improved access to treatment for opioid addictions program
6 created under subsection 3 of this section.

7 3. Subject to appropriations, the department shall create and oversee an "Improved
8 Access to Treatment for Opioid Addictions Program", which is hereby created and whose

9 purpose is to disseminate information and best practices regarding opioid addiction and to
10 facilitate collaborations to better treat and prevent opioid addiction in this state. The IATOA
11 program shall facilitate partnerships between assistant physicians, physician assistants, and
12 advanced practice registered nurses practicing in federally qualified health centers, rural health
13 clinics, and other health care facilities and physicians practicing at remote facilities located in
14 this state. The IATOA program shall provide resources that grant patients and their treating
15 assistant physicians, physician assistants, advanced practice registered nurses, or physicians
16 access to knowledge and expertise through means such as telemedicine and Extension for
17 Community Healthcare Outcomes (ECHO) programs established under section 191.1140.

18 4. Assistant physicians, physician assistants, and advanced practice registered nurses
19 who participate in the IATOA program shall complete the necessary requirements to prescribe
20 buprenorphine within at least thirty days of joining the IATOA program.

21 5. For the purposes of the IATOA program, a remote collaborating [~~or supervising~~]
22 physician working with an on-site assistant physician, physician assistant, or advanced practice
23 registered nurse shall be considered to be on-site. An assistant physician, physician assistant,
24 or advanced practice registered nurse collaborating with a remote physician shall comply with
25 all laws and requirements applicable to assistant physicians, physician assistants, or advanced
26 practice registered nurses with on-site supervision before providing treatment to a patient.

27 6. An assistant physician, physician assistant, or advanced practice registered nurse
28 collaborating with a physician who is waiver-certified for the use of buprenorphine may
29 participate in the IATOA program in any area of the state and provide all services and functions
30 of an assistant physician, physician assistant, or advanced practice registered nurse.

31 7. The department may develop curriculum and benchmark examinations on the subject
32 of opioid addiction and treatment. The department may collaborate with specialists, institutions
33 of higher education, and medical schools for such development. Completion of such a
34 curriculum and passing of such an examination by an assistant physician, physician assistant,
35 advanced practice registered nurse, or physician shall result in a certificate awarded by the
36 department or sponsoring institution, if any.

37 8. An assistant physician, physician assistant, or advanced practice registered nurse
38 participating in the IATOA program may also:

- 39 (1) Engage in community education;
- 40 (2) Engage in professional education outreach programs with local treatment providers;
- 41 (3) Serve as a liaison to courts;
- 42 (4) Serve as a liaison to addiction support organizations;
- 43 (5) Provide educational outreach to schools;

- 44 (6) Treat physical ailments of patients in an addiction treatment program or considering
45 entering such a program;
- 46 (7) Refer patients to treatment centers;
- 47 (8) Assist patients with court and social service obligations;
- 48 (9) Perform other functions as authorized by the department; and
- 49 (10) Provide mental health services in collaboration with a qualified licensed physician.

50

51 The list of authorizations in this subsection is a nonexclusive list, and assistant physicians,
52 physician assistants, or advanced practice registered nurses participating in the IATOA program
53 may perform other actions.

54 9. When an overdose survivor arrives in the emergency department, the assistant
55 physician, physician assistant, or advanced practice registered nurse serving as a recovery coach
56 or, if the assistant physician, physician assistant, or advanced practice registered nurse is
57 unavailable, another properly trained recovery coach shall, when reasonably practicable, meet
58 with the overdose survivor and provide treatment options and support available to the overdose
59 survivor. The department shall assist recovery coaches in providing treatment options and
60 support to overdose survivors.

61 10. The provisions of this section shall supersede any contradictory statutes, rules, or
62 regulations. The department shall implement the improved access to treatment for opioid
63 addictions program as soon as reasonably possible using guidance within this section. Further
64 refinement to the improved access to treatment for opioid addictions program may be done
65 through the rules process.

66 11. The department shall promulgate rules to implement the provisions of the improved
67 access to treatment for opioid addictions act as soon as reasonably possible. Any rule or portion
68 of a rule, as that term is defined in section 536.010, that is created under the authority delegated
69 in this section shall become effective only if it complies with and is subject to all of the
70 provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
71 nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536
72 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held
73 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
74 August 28, 2018, shall be invalid and void.

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