Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2150—State Board of Registration for the Healing Arts
Chapter 7—Licensing of Physician Assistants

PROPOSED AMENDMENT

20 CSR 2150-7.135 Physician Assistant *[Supervision Agreements]* **Collaborative Practice Arrangements**. The board is amending the title, sections (1)-(5) and (9), deleting sections (6), (8) and (9), adding new section (7) and (8), and renumbers as necessary.

PURPOSE: The amendment updates the requirements of a collaborative practice arrangement.

PURPOSE: This rule defines the terms used throughout this chapter as applicable to physician assistants, specifies the requirements for [supervision agreements] ***collaborative practice arrangements*** *and practice of a physician assistant pursuant to a* [supervision agreement] ***collaborative practice arrangement*** *pursuant to section 334.735, RSMo, and physician assistant involvement in the "Improved Access to Treatment for Opioid Addictions Act" (IATOA) pursuant to section 630.875, RSMo.*

(1) As used in this rule, unless specifically provided otherwise, the term—

(A) *[Supervising]* **Collaborating** physician—shall mean a physician who holds a permanent license to practice medicine in the state of Missouri and who is actively engaged in the practice of medicine, except that this shall not include physicians who hold a limited license pursuant to section 334.112, RSMo, or a temporary license pursuant to section 334.045 or 334.046, RSMo, or physicians who have retired from the practice of medicine. A physician meeting these requirements, but not so designated, may serve as a *[supervising]* **collaborating** physician, upon signing a physician assistant *[supervision agreement]* **collaborative practice arrangement** for times not to exceed fifteen (15) days, when the *[supervising]* **collaborating** physician is unavailable if so specified in the physician assistant *[supervision agreement]* **collaborative practice arrangement**. For the sole purpose of physician assistants practicing in federal facilities, the *[supervising]* **collaborating** physician must be licensed in the state of Missouri or lawfully practicing pursuant to federal law;

(B) Physician assistant *[supervision agreements]* **collaborative practice arrangements**—refers to written agreements, jointly agreed upon protocols, or standing orders between a *[supervising]* **collaborating** physician and a licensed physician assistant which provide for the delegation of health care services from a *[supervising]* **collaborating** physician to a licensed physician assistant and the review of such services;

(C) Consultation—shall mean the process of seeking a *[supervising]* **collaborating** physician's input and guidance regarding patient care including, but not limited to, the methods specified in the physician assistant *[supervision agreement]* **collaborative practice arrangement**;

(D) Assistance—shall mean participation by a *[supervising]* **collaborating** physician in patient care;
(E) Intervention—refers to the direct management of a patient's care by a *[supervising]* **collaborating** physician; and
(F) Actively engaged—as used in subsection (1)(A) of this rule shall mean a physician who, in addition to the patients being treated by the physician assistant, has an established practice of patients for whom they are responsible for their ongoing care.

(2) No physician assistant shall practice pursuant to the provisions of sections 334.735 through 334.748, RSMo, or to the provisions of this rule unless licensed and pursuant to a written physician assistant *[supervision agreement]* **collaborative practice arrangement**. A physician assistant shall not practice until informing the board, in writing, of the *[supervising]* **collaborating** physician's name and practice address(es).

(3) Upon entering into a physician assistant *[supervision agreement]* **collaborative practice arrangement**, the *[supervising]* **collaborating** physician shall be familiar with the level of skill, training, and the competence of the licensed physician assistant whom the physician will be *[supervising]* **collaborating**. The provisions contained in the physician assistant *[supervision agreement]* **collaborative practice arrangement** between the licensed physician assistant and the *[supervising]* **collaborating** physician shall be within the scope of practice of the licensed physician assistant and consistent with the licensed physician assistant's skill, training, and competence.

(4) The delegated health care services provided for in the physician assistant *[supervision agreement]* **collaborative practice arrangement** shall be consistent with the scopes of practice of both the *[supervising]* **collaborating** physician and licensed physician assistant including, but not limited to, any restrictions placed upon the *[supervising]* **collaborating** physician's practice or license.

(5) The physician assistant *[supervision agreement]* **collaborative practice arrangement** between a *[supervising]* **collaborating** physician and a licensed physician assistant shall—
(A) Include consultation, transportation, and referral procedures for patients needing emergency care or care beyond the scope of practice of the licensed physician assistant if the licensed physician assistant practices in a setting where a *[supervising]* **collaborating** physician is not continuously present;
(B) Include the method and frequency of review of the licensed physician assistant's practice activities;
(C) Be reviewed at least annually and revised as the *[supervising]* **collaborating** physician and licensed physician assistant deem necessary;
(D) Be maintained by the *[supervising]* **collaborating** physician and licensed physician assistant for a minimum of eight (8) years after the termination of the agreement;
(E) Be signed and dated by *[the supervising physician, alternate supervising]* **collaborating** physician(s), and licensed physician assistant prior to its implementation; and
(F) Contain the mechanisms for input for serious or significant changes to a patient.

[(6) In addition to administering and dispensing controlled substances, a physician assistant, who meets the requirements of 20 CSR 2150-7.130, may be delegated the authority to prescribe controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, in a written supervision agreement, except that, the supervision agreement shall not delegate the authority to administer any controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the physician assistant shall comply with requirements set forth in section 195.080, RSMo. Schedule II (hydrocodone) and Schedule III narcotic controlled substance prescriptions shall be limited to a five- (5-) day supply without refill. Pursuant to section 334.747, RSMo, a physician assistant may prescribe Schedule III buprenorphine for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.735 and 630.875, RSMo.]

*[(7)]***(6)** It is the responsibility of the supervising physician to determine and document the completion of a one- (1-) month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before practicing in a setting where a supervising physician is not continuously present. A one- (1-) month period shall consist of a minimum of one hundred (100) hours in a consecutive thirty- (30-) day period.

(7) The collaborating physician shall complete a review of ten percent (10%) of the total health care services delivered by the physician assistant. If the physician assistant practice includes the prescribing of controlled substances, the physician shall review a minimum of twenty percent (20%) of the cases in which the physician assistant wrote a prescription for a controlled substance. If the controlled substance chart review meets the minimum total ten percent (10%) as described above, then the minimum review requirements have been met. The physician assistant's documentation shall be submitted for review to the collaborating physician at least every fourteen (14) days. This documentation submission may be accomplished in person or by other electronic means and reviewed by the collaborating physician. The collaborating physician must produce evidence of the chart review upon request of the Missouri State Board of Registration for the Healing Arts. If a collaborative practice arrangement is used in clinical situations where a physician assistant provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician shall be present for sufficient periods of time, at least once every two (2) weeks, except in extraordinary circumstances that shall be documented, to participate in such review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff. If the physician assistant is utilizing telehealth in providing services the collaborating physician may be present

in person or the collaboration may occur via telehealth in order to meet the requirements of this section. Telehealth providers shall obtain patient's or the patient's guardian's consent before telehealth services are initiated and shall document the patient's or the patient's guardian's consent in the patient's file or chart. All telehealth activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, as amended and all other applicable state and federal laws and regulations.

[(8) The following shall apply in the use of a supervision agreement by a physician assistant who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

(A) If the collaborating physician and physician assistant are utilizing telehealth in providing services in medically underserved area as defined in 20 CSR 2150-2.001(11), no mileage limitation shall apply;

(B) If the physician assistant is providing services pursuant to section 334.735.2(2), RSMo, no supervision requirements in addition to the minimum federal law shall be required;

(C) If the collaborating physician and physician assistant are not utilizing telehealth in providing services in the medically underserved area, the practice location where the collaborating physician, or other physician designated in the collaborative practice agreement, shall be no further than seventy-five (75) miles by road, using the most direct route available, from the collaborating physician assistant;

(D) If the physician assistant is collaborating with a physician who is waiver-certified for the use of buprenorphine, pursuant to section 630.875 RSMo, the physician assistant may participate in the "Improved Access to Treatment for Opioid Addictions Program" (IATOAP) in any area of the state and provide all services and functions of a physician assistant. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.]

(8) Pursuant to section 630.875, RSMo, a physician assistant collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the "Improved Access to Treatment for Opioid Addictions Program" (IATOAP) in any area of the state and provide all services and functions of a physician assistant. A remote collaborating physician working with an on-site physician assistant shall be considered to be on-site for the purposes of IATOAP.

[(9) Pursuant to section 334.104, RSMo, a supervising physician shall not enter into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent APRNs, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule or to a certified registered nurse anesthetist providing anesthesia services under the

supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in section 334.104(7), RSMo.

(10) It is the responsibility of the supervising physician and licensed physician assistant to jointly review and document the work, records, and practice activities of the licensed physician assistant at least once every two (2) weeks. The supervising physician must review a minimum of ten percent (10%) of the physician assistant's patients' records every two (2) weeks and have documentation supporting the review. For nursing home practice, such review shall occur at least once a month. The documentation of this review shall be available to the Board of Registration for the Healing Arts for review upon request.]

*[(11)]***(9)** If any provisions of these rules are deemed by the appropriate federal or state authority to be inconsistent with guidelines for federally funded clinics, individual provisions of these rules shall be considered severable and *[supervising]* **collaborating** physicians and licensed physician assistants practicing in such clinics shall follow the provisions of such federal guidelines in these instances. However, the remainder of the provisions of these rules not so affected shall remain in full force and effect for such practitioners.

AUTHORITY: section 334.735, RSMo ***Cum*** *Supp. [2018]* ***2020.**** *This rule originally filed as 4 CSR 150-7.135. Original rule filed Jan. 3, 1997, effective July 30, 1997. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Nov. 9, 2021.*

PUBLIC COST: This proposed amendment will not cost the state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support or opposition to this proposed amendment with the Board of Registration for the Healing Arts, ATTN: Jimmy Leggett, Executive Director, PO Box 4, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.