AN ACT

To repeal sections 334.035 and 334.036, RSMo, and to enact in lieu thereof three new sections relating to assistant physicians.

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

Section A. Sections 334.035 and 334.036, RSMo, are repealed and three new sections enacted in lieu thereof, to be known as sections 334.035, 334.036, and 334.039, to read as follows:

334.035. Except as otherwise provided in section 334.036 or 334.039, every applicant for a permanent license as a physician and surgeon shall provide the board with satisfactory evidence of having successfully completed such postgraduate training in hospitals or medical or osteopathic colleges as the board may prescribe by rule.

334.036. 1. For purposes of this section, the following terms shall mean:

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

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

(b) Has successfully completed Step 2 of the United States Medical Licensing Examination or the equivalent of such step of any other board-approved medical licensing examination within the three-year period immediately preceding application for licensure as an assistant physician, or within three years after graduation from a medical college or osteopathic medical college, whichever is later;

(c) Has not completed an approved postgraduate residency and has successfully completed Step 2 of the United States Medical Licensing Examination or the equivalent of such step of any other board-approved medical licensing examination within the immediately preceding three-year period unless when such three-year anniversary occurred he or she was...

EXPLANATION — Matter enclosed in bold-faced brackets [thems] 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.
serving as a resident physician in an accredited residency in the United States and continued
to do so within thirty days prior to application for licensure as an assistant physician; and
(d) Has proficiency in the English language.

Any medical school graduate who could have applied for licensure and complied with the
provisions of this subdivision at any time between August 28, 2014, and August 28, 2017,
may apply for licensure and shall be deemed in compliance with the provisions of this
subdivision;
(2) "Assistant physician collaborative practice arrangement", an agreement between a
physician and an assistant physician that meets the requirements of this section and section
334.037;
(3) "Medical school graduate", any person who has graduated from a medical college
or osteopathic medical college described in section 334.031.

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

a. Medically underserved rural or urban areas of this state;
b. A federally qualified health center, as defined under 42 U.S.C. Section 1395x,
located in any area of this state; or [in]
c. Any pilot project areas established in which assistant physicians may practice.

(b) The provisions of this subdivision shall not apply to an assistant physician
receiving postgraduate training under an authorized preceptor under subdivision (3) of
subsection 1 of section 334.039.
(2) For a physician-assistant physician team working in a rural health clinic under the
federal Rural Health Clinic Services Act, P.L. 95-210, as amended, or in a federally
qualified health center as defined under 42 U.S.C. Section 1395x:
(a) An assistant physician shall be considered a physician assistant for purposes of
regulations of the Centers for Medicare and Medicaid Services (CMS); and
(b) No supervision requirements in addition to the minimum federal law shall be
required.

3. (1) For purposes of this section, the licensure of assistant physicians shall take
place within processes established by rules of the state board of registration for the healing
arts. The board of healing arts is authorized to establish rules under chapter 536 establishing
licensure and renewal procedures, supervision, collaborative practice arrangements, fees, and
addressing such other matters as are necessary to protect the public and discipline the
profession. No licensure fee for an assistant physician shall exceed the amount of any
licensure fee for a physician assistant. An application for licensure may be denied or the
licensure of an assistant physician may be suspended or revoked by the board in the same
manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule. No rule or regulation shall require an assistant physician to complete more hours of continuing medical education than that of a licensed physician.

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

(3) Any rules or regulations regarding assistant physicians in effect as of the effective date of this section that conflict with the provisions of this section and section 334.037 shall be null and void as of the effective date of this section.

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

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

6. The provisions of section 334.037 shall apply to all assistant physician collaborative practice arrangements. Any renewal of licensure under this section shall include verification of actual practice under a collaborative practice arrangement in accordance with this subsection during the immediately preceding licensure period.

7. Each health carrier or health benefit plan that offers or issues health benefit plans that are delivered, issued for delivery, continued, or renewed in this state shall reimburse an assistant physician for the diagnosis, consultation, or treatment of an insured or enrollee on the same basis that the health carrier or health benefit plan covers the service when it is delivered by another comparable mid-level health care provider including, but not limited to, a physician assistant.

334.039. 1. An assistant physician with a license in good standing shall be eligible to become a licensed physician if the assistant physician has not been the subject of any disciplinary actions and has completed:

(1) Step 3 of the United States Medical Licensing Examination or the equivalent of such step of any board-approved medical licensing examination in fewer than three
attempts and within a seven-year period of completing Steps 1 and 2 of the United States Medical Licensing Examination;

(2) Sixty months of cumulative, full-time, hands-on, active collaborative practice. The sixty-month period shall begin on the date the assistant physician entered into a collaborative practice arrangement and began practicing. Any time the assistant physician was not working within a collaborative practice arrangement with a collaborating physician shall not count toward the sixty-month requirement;

(3) The following postgraduate training under a preceptor within the sixty-month requirement under subdivision (2) of this subsection:

(a) One hundred twenty hours from each of the following five required core categories, for a total of six hundred hours of core categories:

   a. Family medicine;
   b. Pediatrics;
   c. Inpatient or outpatient psychiatry;
   d. Internal medicine; and
   e. Gynecology; and

(b) One hundred twenty hours from seven of the following elective categories, for a total of eight hundred forty hours of elective categories:

   a. Primary care;
   b. Emergency medicine;
   c. Urgent care;
   d. Dermatology;
   e. Geriatrics;
   f. Sports medicine;
   g. Wound care;
   h. Imaging;
   i. Urology;
   j. Nephrology;
   k. Endocrinology;
   l. Cardiology;
   m. Surgery;
   n. Pulmonology;
   o. Rheumatology;
   p. Obstetrics;
   q. Family medicine;
   r. Neurology;
   s. Addiction medicine;
The postgraduate training required under this subdivision shall consist of on-the-job, hands-on training, including performing medical procedures, and shall not consist of merely observing. The postgraduate training required under this subdivision may be completed at any time during the applicant's licensure as an assistant physician as long as it is completed during the time frame the applicant is working within a collaborative practice arrangement with a collaborating physician; and

(4) At least one hundred hours of continuing medical education every two years.

2. (1) All postgraduate training under subdivision (3) of subsection 1 of this section shall be completed under the supervision of a preceptor who is:
   (a) Accredited by the Accreditation Council for Graduate Medical Education;
   (b) A physician practicing under a program or community clinic affiliated with the Accreditation Council for Graduate Medical Education; or
   (c) An independent physician who is board-certified in the particular discipline or postgraduate category that the assistant physician is studying.

   (2) The postgraduate training may be administered by the collaborating physician if the collaborating physician satisfies paragraph (a), (b), or (c) of subdivision (1) of this subsection.

3. Assistant physicians shall obtain medical malpractice liability insurance during their postgraduate training.

4. Assistant physicians shall complete a final research report, which shall be approved by the preceptor, for each category chosen under subdivision (3) of subsection 1 of this section. The assistant physician shall retain all research reports for five years.

5. During postgraduate training, collaborating physicians shall still oversee assistant physicians while not in postgraduate training. Postgraduate training shall not pause the sixty-month collaborative practice requirement under subdivision (2) of subsection 1 of this section.

6. In order to meet the sixty-month collaborative practice requirement of subdivision (2) of subsection 1 of this section, an assistant physician shall present bimonthly didactic training reports to the collaborating physician during the sixty-month period. The reports may consist of the workup of a current case of the assistant physician or a subject relevant to the clinical practice. The collaborating physician shall keep the didactic training reports on file during the sixty-month period.
7. Upon completion of subdivisions (1) to (4) of subsection 1 of this section, the assistant physician shall be eligible for licensure as a physician with the state of Missouri and eligible to sit for board certification or any other appropriate advanced fellowships or certifications.

8. Any assistant physician obtaining licensure as a physician under this section shall be fully licensed as a physician and shall be subject to all statutes and regulations pertaining to physicians.