

SECOND REGULAR SESSION

# SENATE BILL NO. 752

98TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR MUNZLINGER.

Pre-filed December 1, 2015, and ordered printed.

ADRIANE D. CROUSE, Secretary.

4744S.011

## AN ACT

To repeal sections 195.070, 334.037, 334.104, and 334.747, RSMo, and to enact in lieu thereof four new sections relating to prescriptive authority.

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

Section A. Sections 195.070, 334.037, 334.104, and 334.747, RSMo, are  
2 repealed and four new sections enacted in lieu thereof, to be known as sections  
3 195.070, 334.037, 334.104, and 334.747, to read as follows:

195.070. 1. A physician, podiatrist, dentist, a registered optometrist  
2 certified to administer pharmaceutical agents as provided in section 336.220, or  
3 an assistant physician in accordance with section 334.037 or a physician assistant  
4 in accordance with section 334.747 in good faith and in the course of his or her  
5 professional practice only, may prescribe, administer, and dispense controlled  
6 substances or he or she may cause the same to be administered or dispensed by  
7 an individual as authorized by statute.

8 2. An advanced practice registered nurse, as defined in section 335.016,  
9 but not a certified registered nurse anesthetist as defined in subdivision (8) of  
10 section 335.016, who holds a certificate of controlled substance prescriptive  
11 authority from the board of nursing under section 335.019 and who is delegated  
12 the authority to prescribe controlled substances under a collaborative practice  
13 arrangement under section 334.104 may prescribe any controlled substances  
14 listed in Schedules II, III, IV, and V of section 195.017[, and may have restricted  
15 authority in Schedule II. Prescriptions for Schedule II medications prescribed by  
16 an advanced practice registered nurse who has a certificate of controlled  
17 substance prescriptive authority are restricted to only those medications  
18 containing hydrocodone]. However, no such certified advanced practice registered

**EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

19 nurse shall prescribe controlled substance for his or her own self or  
20 family. Schedule III narcotic controlled substance and Schedule II [-  
21 hydrocodone] prescriptions shall be limited to a one hundred twenty-hour supply  
22 without refill.

23           3. A veterinarian, in good faith and in the course of the veterinarian's  
24 professional practice only, and not for use by a human being, may prescribe,  
25 administer, and dispense controlled substances and the veterinarian may cause  
26 them to be administered by an assistant or orderly under his or her direction and  
27 supervision.

28           4. A practitioner shall not accept any portion of a controlled substance  
29 unused by a patient, for any reason, if such practitioner did not originally  
30 dispense the drug.

31           5. An individual practitioner shall not prescribe or dispense a controlled  
32 substance for such practitioner's personal use except in a medical emergency.

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

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

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

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

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

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

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

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

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

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

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

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

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

53 (9) A description of the time and manner of the collaborating physician's  
54 review of the assistant physician's delivery of health care services. The  
55 description shall include provisions that the assistant physician shall submit a  
56 minimum of ten percent of the charts documenting the assistant physician's  
57 delivery of health care services to the collaborating physician for review by the  
58 collaborating physician, or any other physician designated in the collaborative

59 practice arrangement, every fourteen days; and

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

66 3. The state board of registration for the healing arts under section  
67 334.125 shall promulgate rules regulating the use of collaborative practice  
68 arrangements for assistant physicians. Such rules shall specify:

69 (1) Geographic areas to be covered;

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

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

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

82 Any rules relating to dispensing or distribution of medications or devices by  
83 prescription or prescription drug orders under this section shall be subject to the  
84 approval of the state board of pharmacy. Any rules relating to dispensing or  
85 distribution of controlled substances by prescription or prescription drug orders  
86 under this section shall be subject to the approval of the department of health  
87 and senior services and the state board of pharmacy. The state board of  
88 registration for the healing arts shall promulgate rules applicable to assistant  
89 physicians that shall be consistent with guidelines for federally funded  
90 clinics. The rulemaking authority granted in this subsection shall not extend to  
91 collaborative practice arrangements of hospital employees providing inpatient  
92 care within hospitals as defined in chapter 197 or population-based public health  
93 services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

94 4. The state board of registration for the healing arts shall not deny,

95 revoke, suspend, or otherwise take disciplinary action against a collaborating  
96 physician for health care services delegated to an assistant physician provided  
97 the provisions of this section and the rules promulgated thereunder are satisfied.

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

108         6. A collaborating physician shall not enter into a collaborative practice  
109 arrangement with more than three full-time equivalent assistant  
110 physicians. Such limitation shall not apply to collaborative arrangements of  
111 hospital employees providing inpatient care service in hospitals as defined in  
112 chapter 197 or population-based public health services as defined by 20 CSR  
113 2150-5.100 as of April 30, 2008.

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

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

127         9. No contract or other agreement shall require a physician to act as a  
128 collaborating physician for an assistant physician against the physician's will. A  
129 physician shall have the right to refuse to act as a collaborating physician,  
130 without penalty, for a particular assistant physician. No contract or other

131 agreement shall limit the collaborating physician's ultimate authority over any  
132 protocols or standing orders or in the delegation of the physician's authority to  
133 any assistant physician, but such requirement shall not authorize a physician in  
134 implementing such protocols, standing orders, or delegation to violate applicable  
135 standards for safe medical practice established by a hospital's medical staff.

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

140 11. All collaborating physicians and assistant physicians in collaborative  
141 practice arrangements shall wear identification badges while acting within the  
142 scope of their collaborative practice arrangement. The identification badges shall  
143 prominently display the licensure status of such collaborating physicians and  
144 assistant physicians.

145 12. (1) An assistant physician with a certificate of controlled substance  
146 prescriptive authority as provided in this section may prescribe any controlled  
147 substance listed in Schedule II, III, IV, or V of section 195.017[, and may have  
148 restricted authority in Schedule II,] when delegated the authority to prescribe  
149 controlled substances in a collaborative practice arrangement. [Prescriptions for  
150 Schedule II medications prescribed by an assistant physician who has a  
151 certificate of controlled substance prescriptive authority are restricted to only  
152 those medications containing hydrocodone.] Such authority shall be filed with the  
153 state board of registration for the healing arts. The collaborating physician shall  
154 maintain the right to limit a specific scheduled drug or scheduled drug category  
155 that the assistant physician is permitted to prescribe. Any limitations shall be  
156 listed in the collaborative practice arrangement. Assistant physicians shall not  
157 prescribe controlled substances for themselves or members of their  
158 families. Schedule III controlled substances and Schedule II [- hydrocodone]  
159 prescriptions shall be limited to a five-day supply without refill. Assistant  
160 physicians who are authorized to prescribe controlled substances under this  
161 section shall register with the federal Drug Enforcement Administration and the  
162 state bureau of narcotics and dangerous drugs, and shall include the Drug  
163 Enforcement Administration registration number on prescriptions for controlled  
164 substances.

165 (2) The collaborating physician shall be responsible to determine and  
166 document the completion of at least one hundred twenty hours in a four-month

167 period by the assistant physician during which the assistant physician shall  
168 practice with the collaborating physician on-site prior to prescribing controlled  
169 substances when the collaborating physician is not on-site. Such limitation shall  
170 not apply to assistant physicians of population-based public health services as  
171 defined in 20 CSR 2150-5.100 as of April 30, 2009.

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

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

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

27 3. The written collaborative practice arrangement shall contain at least  
28 the following provisions:

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

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

35 (3) A requirement that there shall be posted at every office where the  
36 advanced practice registered nurse is authorized to prescribe, in collaboration  
37 with a physician, a prominently displayed disclosure statement informing  
38 patients that they may be seen by an advanced practice registered nurse and  
39 have the right to see the collaborating physician;

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

42 (5) The manner of collaboration between the collaborating physician and  
43 the advanced practice registered nurse, including how the collaborating physician  
44 and the advanced practice registered nurse will:

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

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

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

61 (6) A description of the advanced practice registered nurse's controlled  
62 substance prescriptive authority in collaboration with the physician, including a  
63 list of the controlled substances the physician authorizes the nurse to prescribe  
64 and documentation that it is consistent with each professional's education,



65 knowledge, skill, and competence;

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

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

70 (9) A description of the time and manner of the collaborating physician's  
71 review of the advanced practice registered nurse's delivery of health care  
72 services. The description shall include provisions that the advanced practice  
73 registered nurse shall submit a minimum of ten percent of the charts  
74 documenting the advanced practice registered nurse's delivery of health care  
75 services to the collaborating physician for review by the collaborating physician,  
76 or any other physician designated in the collaborative practice arrangement,  
77 every fourteen days; and

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

84 4. The state board of registration for the healing arts pursuant to section  
85 334.125 and the board of nursing pursuant to section 335.036 may jointly  
86 promulgate rules regulating the use of collaborative practice arrangements. Such  
87 rules shall be limited to specifying geographic areas to be covered, the methods  
88 of treatment that may be covered by collaborative practice arrangements and the  
89 requirements for review of services provided pursuant to collaborative practice  
90 arrangements including delegating authority to prescribe controlled  
91 substances. Any rules relating to dispensing or distribution of medications or  
92 devices by prescription or prescription drug orders under this section shall be  
93 subject to the approval of the state board of pharmacy. Any rules relating to  
94 dispensing or distribution of controlled substances by prescription or prescription  
95 drug orders under this section shall be subject to the approval of the department  
96 of health and senior services and the state board of pharmacy. In order to take  
97 effect, such rules shall be approved by a majority vote of a quorum of each  
98 board. Neither the state board of registration for the healing arts nor the board  
99 of nursing may separately promulgate rules relating to collaborative practice  
100 arrangements. Such jointly promulgated rules shall be consistent with guidelines

101 for federally funded clinics. The rulemaking authority granted in this subsection  
102 shall not extend to collaborative practice arrangements of hospital employees  
103 providing inpatient care within hospitals as defined pursuant to chapter 197 or  
104 population-based public health services as defined by 20 CSR 2150-5.100 as of  
105 April 30, 2008.

106           5. The state board of registration for the healing arts shall not deny,  
107 revoke, suspend or otherwise take disciplinary action against a physician for  
108 health care services delegated to a registered professional nurse provided the  
109 provisions of this section and the rules promulgated thereunder are  
110 satisfied. Upon the written request of a physician subject to a disciplinary action  
111 imposed as a result of an agreement between a physician and a registered  
112 professional nurse or registered physician assistant, whether written or not, prior  
113 to August 28, 1993, all records of such disciplinary licensure action and all  
114 records pertaining to the filing, investigation or review of an alleged violation of  
115 this chapter incurred as a result of such an agreement shall be removed from the  
116 records of the state board of registration for the healing arts and the division of  
117 professional registration and shall not be disclosed to any public or private entity  
118 seeking such information from the board or the division. The state board of  
119 registration for the healing arts shall take action to correct reports of alleged  
120 violations and disciplinary actions as described in this section which have been  
121 submitted to the National Practitioner Data Bank. In subsequent applications  
122 or representations relating to his medical practice, a physician completing forms  
123 or documents shall not be required to report any actions of the state board of  
124 registration for the healing arts for which the records are subject to removal  
125 under this section.

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

136           7. Notwithstanding any law to the contrary, a certified registered nurse

137 anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to  
138 provide anesthesia services without a collaborative practice arrangement provided  
139 that he or she is under the supervision of an anesthesiologist or other physician,  
140 dentist, or podiatrist who is immediately available if needed. Nothing in this  
141 subsection shall be construed to prohibit or prevent a certified registered nurse  
142 anesthetist as defined in subdivision (8) of section 335.016 from entering into a  
143 collaborative practice arrangement under this section, except that the  
144 collaborative practice arrangement may not delegate the authority to prescribe  
145 any controlled substances listed in Schedules II, III, IV, and V of section  
146 195.017[, or Schedule II - hydrocodone].

147       8. A collaborating physician shall not enter into a collaborative practice  
148 arrangement with more than three full-time equivalent advanced practice  
149 registered nurses. This limitation shall not apply to collaborative arrangements  
150 of hospital employees providing inpatient care service in hospitals as defined in  
151 chapter 197 or population-based public health services as defined by 20 CSR  
152 2150-5.100 as of April 30, 2008.

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

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

166       11. No contract or other agreement shall require a physician to act as a  
167 collaborating physician for an advanced practice registered nurse against the  
168 physician's will. A physician shall have the right to refuse to act as a  
169 collaborating physician, without penalty, for a particular advanced practice  
170 registered nurse. No contract or other agreement shall limit the collaborating  
171 physician's ultimate authority over any protocols or standing orders or in the  
172 delegation of the physician's authority to any advanced practice registered nurse,

173 but this requirement shall not authorize a physician in implementing such  
174 protocols, standing orders, or delegation to violate applicable standards for safe  
175 medical practice established by hospital's medical staff.

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

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

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

28         3. A physician assistant shall receive a certificate of controlled substance

29 prescriptive authority from the board of healing arts upon verification of the  
30 completion of the following educational requirements:

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

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

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

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

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