

SS HCS HBs 115 & 99 -- HEALTH CARE PROFESSIONALS

This bill relates to Health Care Professionals.

ADVANCED PRACTICE REGISTERED NURSES (Section 195.070, 334.104, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, and 335.175)

This bill modifies licensing and collaborative practice arrangements for APRNs. Collaborative practice arrangements between the APRN and the collaborating physician may waive geographic proximity requirements, as described in the bill, when the arrangement outlines the use of telehealth or, until August 28, 2025, when the APRN is providing services in a correctional center and is practicing within 200 miles by road of his or her collaborating physician. Additionally, an APRN can apply for a waiver for any other reason and it shall be granted within 45 days if the Board of Healing Arts and the Board of Nursing determine that adequate supervision exists.

Under the provisions of this bill, if an APRN provides care that includes the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, the collaborating physician or designated physician must be present with the APRN for sufficient periods of time, at least once every two weeks, to participate in chart reviews and supervision.

The bill also allows an APRN to prescribe Schedule II controlled substances for hospice patients

Currently, an APRN is required to practice with the collaborating physician continuously present for a one-month period when entering into an arrangement with the physician. This bill waives that requirement when a primary care or behavioral health physician enters into an arrangement with a primary care or behavioral health APRN and the physician is new to the patient population but the APRN is familiar with the patient population.

Currently, a nurse may be licensed to practice professional or practical nursing. This bill adds a license to practice advanced practice nursing and modifies the definitions of "APRN" and the "practice of professional nursing". The bill specifies the requirements for the advanced practice nursing license, including the requirement that an applicant first hold a current registered professional nurse license, and have completed certain graduate-level programs and certifications, or hold a document of recognition to practice as an APRN that is current as of August 28, 2023. License renewals for APRN licenses and registered professional nurse licenses must occur at the same time and failure

to renew and maintain the registered professional nurse license or failure to provide evidence of an active required certification shall result in the expiration of the APRN license. This bill modifies the names of the specific certifying organizations for nursing specialties and specifies that the State Board of Registration for the Healing Arts, within the Department of Insurance and Commerce, shall make information publicly available about which physicians and other health care providers have entered into collaborative practice arrangements.

ASSISTANT PHYSICIANS (Section 334.036)

Currently, a requirement for licensure as an assistant physician is that the applicant must be a graduate of any medical school, as described in section 334.031. This bill provides that the applicant must be a graduate of a medical school accredited by certain organizations listed in the bill. This bill also limits an assistant physician to providing only primary care services and only to medically underserved rural or urban areas. Currently, they are authorized to also provide services in certain pilot project areas, this bill repeals that provision.

PHYSICAL THERAPISTS (Sections 334.100, 334.506, and 334.613)

This bill modifies the laws regarding physical therapists so that physical therapists no longer need a prescription or referral from a doctor in order to evaluate and initiate treatment on a patient, as long as the physical therapist has a doctorate of physical therapy degree or has five years of clinical practice as a physical therapist. The bill requires a physical therapist to refer to an approved health care provider any patient whose condition is beyond the physical therapist's scope of practice, or any patient who does not demonstrate measurable or functional improvement after 10 visits or 30 days, whichever occurs first.

The physical therapist must also consult with an approved health care provider before continuing therapy if after 10 visits or 30 days, whichever occurs first, the patient has demonstrated measurable or functional improvement from the physical therapy and the physical therapist believes that continuation of physical therapy is necessary. Continued physical therapy must be in accordance with any direction of the health care provider. The physical therapist must notify the health care provider of continuing physical therapy every 30 days. Physical therapy services performed within a primary or secondary school for individuals within ages not in excess of 21 years are exempt from this requirement.

PROFESSIONAL COUNSELORS (Sections 337.510 and 337.550)

This bill modifies provisions relating to license reciprocity for professional counselors. This bill repeals the current provision allowing an applicant licensed in another state or territory to receive a license in this state if they are approved or in good standing with certain professional organizations and implements a provision permitting any person who, for at least one year, has held a valid, current license issued by another state, a branch or unit of the military, a U.S. territory, or the District of Columbia, to apply for an equivalent Missouri license through the Board, subject to procedures and limitations as specified in the bill.

The Committee must, within six months, waive any examination, educational requirements, or experience requirements for the licensure if the Committee determines that the applicant met the minimum education and work experience in the other territory. For applications received from a nonresident or resident military spouse, the Committee must act within 30 days. The Board will not waive the requirements if:

- (1) The applicant had his or her license revoked by an oversight committee;
- (2) The applicant is currently under investigation;
- (3) The applicant has a complaint pending;
- (4) The applicant is currently under administrative disciplinary action;
- (5) The applicant does not hold a license in good standing with an oversight body outside of Missouri; or
- (6) The applicant has a criminal conviction that would disqualify him or her for licensure in Missouri.

This bill adopts the interstate compact of licensed professional counselors. The purpose of the Compact is to facilitate the interstate practice of licensed professional counselors with the goal of improving public access to professional counseling services. The Compact sets forth the requirements to be met in order for a state to join the Compact. Each member state must require an applicant for a professional counselor license to obtain or retain a license in the home state and meet the home state's qualifications for licensure or renewal of licensure as well as all other applicable state laws.

The Compact creates a joint public agency known as the "Counseling Compact Commission". The powers and duties of the Commission are specified in the Compact and enforce the provisions and rules of the Compact. The Commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licenses, adverse actions, and investigative information on all licensed individuals in member states.

The Compact will come into effect on the date on which the Compact is enacted into law in the 10th member state. Any member state may withdraw from the Compact by enacting a statute repealing the provisions. The Compact is binding upon member states and shall supersede any conflict with state law.

ADMINISTRATION OF MEDICATIONS BY PHARMACISTS (Sections 338.010 and 338.012)

This bill modifies several provisions relating to the administration of medications by pharmacists. In its main provisions, this bill:

- (1) Changes the current law so that a pharmacist with a certificate of medication therapeutic plan authority may provide medication therapy services pursuant to a written protocol from a licensed physician to patients who have established a physician-patient relationship with the protocol physician;
- (2) Repeals language from current law defining the practice of pharmacy as including the administration of specific vaccines by written physician protocol for specific patients and adds language defining the practice of pharmacy as including the ordering and administering of certain FDA-approved or authorized vaccines to persons at least seven years of age or the CDC-approved age, whichever is older, pursuant to rules promulgated by the Board of Pharmacy and the Board of Registration for the Healing Arts or rules promulgated under a state of emergency;
- (3) Allows a licensed pharmacist to order and administer vaccines approved or authorized by the FDA to address a public health need, as authorized by the state or federal government, during a state or federally-declared public health emergency; and
- (4) Allows a pharmacist with a certificate of medication therapeutic plan authority to provide influenza, group A streptococcus, and COVID-19 medication therapy services pursuant to a statewide standing order issued by the Director of the Department of Health and Senior Services or a physician licensed by the Department.