

HCS HB 271 -- NURSES

SPONSOR: Riley

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Healthcare Reform by a vote of 12 to 1. Voted "Do Pass" by the Standing Committee on Rules- Legislative Oversight by a vote of 7 to 0.

The following is a summary of the House Committee Substitute for HB 271.

This bill modifies licensing and collaborative practice arrangements for advanced practice registered nurses (APRNs). Under this bill, an APRN may prescribe Schedule II controlled substances for hospice patients, as specified in the bill. Additionally, collaborative practice arrangements between the APRN and the collaborating physician may waive geographic proximity requirements when the arrangement outlines the use of telecommunications.

Currently, an APRN shall 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 physician enters into an arrangement with a primary care APRN, the physician is new to the patient population, and 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. Additionally, this 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 shall 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 further specifies requirements for an APRN's patient record retention, as well as modifies the names of the specific certifying organizations for nursing specialties.

Under the bill, the State Board of Registration for the Healing Arts, within the Department of Commerce and Insurance, shall make

information publicly available about which physicians and other health care providers have entered into collaborative practice arrangements.

The bill is similar to SCS SB 79 (2023); HB 1578 (2022) and HB 693 (2019).

The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill.

**PROPOSERS:** Supporters say that these regulatory reductions may increase healthcare worker access in rural and underserved areas within the state, particularly within nursing homes; that efforts to fill worker shortages have not always included expanding the scope of practice for APRNs, though other states have done as much; states that rank even lower than Missouri in several health-related outcomes have just as many, if not more, restrictions for their APRNs; current regulations can block competition for the provision of healthcare in rural areas; the requirement for collaborating physicians can make it difficult to establish oversight and a working relationship; existing providers in networks have had to reduce hours at certain sites or close them altogether; collaborating physicians are hard to find, prohibitively expensive to keep, and there are additional barriers to sustainably secure those relationships; and in states that have permitted nurses to practice to the full extent of their education and training, malpractice rates did not spike as a result of these changes.

Testifying in person for the bill were Representative Riley; Christian Dale Tanner; Missouri Behavioral Health Council; Theresa Spakowski; Missouri Farm Bureau; Missouri Health Care Association; Karen White, Missouri Highlands Health Care; Missouri Family Health Council; Missouri Nurses Association; Association of Missouri Nurse Practitioners; Americans For Prosperity; Missouri Hospital Association, University of MO Healthcare System; Chestnut Health Systems; United We; Delilah (Lila) Pennington, Missouri Nurses Association, Missouri APRNs For Full Practice Authority; Roy Holand MD; Missouri Chamber of Commerce & Industry; National Council of State Boards of Nursing; and BJC Healthcare.

**OPPOSERS:** Those who oppose the bill say that any proposed legislation should be judged on the basis of its delivery of high-quality care to residents and patients, which this bill does not offer; negative impacts on all professions from virtual learnings are as of yet undetermined; survey data indicates as much as 95% of patients want physicians involved in their care teams, up to 75% would wait longer and pay more to ensure as much, and 91% say the education and formal training of physicians is a vital aspect of

the profession; competition keeps APRNs in urban and suburban areas, where they want to live and practice; this bill does not address the "pipeline problem," wherein rural students need greater resources and opportunities in their communities upon graduation from medical school; this bill contains too few guardrails; and that there are several other ways that patient care may be improved upon.

Testifying in person against the bill were Jeffrey D. Davis, DO; Missouri College of Emergency Physicians; American College of OB GYNs; Missouri Dermatological Society; Missouri Society of Anesthesiologists; Misty Todd, Missouri Academy of Family Physicians; Matthew Casey; George J. Hruza, Missouri State Medical Association; Arnie C. Dienoff; Missouri State Orthopaedic Association; and Missouri Association of Osteopathic Physicians and Surgeons.

OTHERS: Others testifying on the bill say there will always be nuance in an issue as complex as APRNs and collaborative practice arrangements; there are a variety of factors that affect APRN supply in the workforce; that regarding access, APRNs may be able to improve service in rural areas and for those on Medicare, at similar costs and qualities of care; and that APRNs tend to work more hours and are often self-employed.

Testifying in person on the bill was Ramon Martinez, Most Policy Initiative.

Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.