

HCS SS SCS SB 70 -- PROFESSIONS REQUIRING LICENSURE

This bill relates to professions requiring licensure.

OPIOID OVERDOSES AND FENTANYL TESTING (Sections 190.255, 195.206, and 579.088)

Currently, qualified first responders are allowed to administer naloxone to a person suffering from an apparent overdose. This bill clarifies the definition of first responders so that state and local law enforcement agency staff members do not need to be acting under the directives and established protocols of a medical director of a licensed ground ambulance service. That requirement only applies to fire department personnel, fire district personnel, and licensed emergency medical technicians under this bill.

The bill changes the definition of "opioid antagonists" to be inclusive of other drugs or devices that block the effects of an opioid overdose. Additionally, this bill allows first responders to administer, and drug distributors and pharmacies to sell, other drugs or devices approved by the United States Food and Drug Administration that block the effects of an opioid overdose.

This bill also specifies that it is not against the law to manufacture, sell, possess, deliver, or use any device, equipment, or other material to analyze a controlled substance to detect the presence of fentanyl.

HEALTH PROFESSIONAL GRANT AND LOAN PROGRAMS (Sections 191.430, 191.435, 191.440, 191.445, 191.450, 191.600, 191.828, and 191.831)

This bill establishes the "Health Professional Loan Repayment Program" within the Department of Health and Senior Services (DHSS), offering forgivable loans to pay off existing student loans and other education expenses for health care, mental health, and public health professionals.

DHSS is the chief administrative agency and is responsible for oversight and rulemaking of the program, the Director will be in charge of determining who will receive forgivable health professional loans, and the professionals or disciplines that receive funding in any given year are contingent on consultation with the Department of Mental Health (DMH) and the Department of Higher Education and Workforce Development (DHEWD).

DHSS will enter into a written contract with each qualifying individual for a forgivable loan, the provisions of which are specified in the bill. The contract must include an agreement that the individual serve for a period equal to at least two years in an

area of defined need, in order for the loan to be forgiven. DHSS will designate counties, communities, or sections of areas in the state as "areas of defined need" for health care, mental health, or public health services.

This bill establishes the "Health Professional Loan Incentive Fund", which shall consist of funds appropriated by the General Assembly, funds from an individual, and funds generated by loan repayments. Further stipulations of the fund may be found in the bill.

Any individual who enters into a written contract but fails to maintain acceptable employment is liable for any amount awarded by the state that has not yet been forgiven. If the individual engages in a breach of contract, they are liable to the state for an amount as specified in the bill.

CONTROLLED SUBSTANCES (Sections 195.070, 195.100, 334.104, 334.735, 334.757)

Under the provisions of this bill, an advanced practice registered nurse (APRN) may prescribe Schedule II controlled substances for hospice patients, as described in the bill.

Currently, if an APRN or a physician assistant is in a collaborative practice arrangement with a physician and prescribes a drug, the prescription must include the name of the physician assistant or APRN and the supervising physician. This bill repeals the requirement to include the name of the supervising physician.

Currently, Section 334.747, RSMo allows a physician assistant with a certificate of controlled substance prescriptive authority to prescribe any controlled substance listed in Schedule III, IV, or V of Section 195.017, and to have restricted authority in Schedule II, when given the authority to prescribe controlled substances in a collaborative practice arrangement. This bill adds the word "narcotic" before the words "controlled substance" in Section 334.747.

HEALTH CARE PROFESSIONALS (Sections 334.036, 334.104, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, and 335.175)

Currently, a requirement for licensure as an assistant physician is that the applicant must be a graduate of any medical school. This bill provides that the applicant must be a graduate of a medical school accredited by certain organizations listed in the bill. This bill 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.

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 and, 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 physicians 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.

Currently, an APRN must 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. 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 will 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 will result in the expiration of the APRN license. This bill further modifies the names of the specific certifying organizations for nursing specialties.

Currently, the Board of Registration for the Healing Arts, within the Department of Commerce and Insurance, requires every physician to identify whether the physician is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances, or physician assistant agreement arrangement and also report to the Board the name of each licensed professional with whom the physician has entered into such agreement. The Board may make this information available to the public. This bill changes the word "agreement" to the word "arrangement" and requires the Board to make information about which physicians and other health care providers have entered into collaborative practice arrangements publicly available.

TATTOOING (Section 324.520)

This bill changes the definition of tattoo, in the tattooing requirements of Chapter 324 to include the insertion of ink or both ink and pigment with the aid of needles or blades using hand-held or machine-powered instruments; or a mark made on the face or body of another person for cosmetic purposes or to any part of the body for scar coverage or other corrective purposes by insertion of a pigment, ink, or both pigment and ink under the skin with the aid of needles.

INTERSTATE MEDICAL LICENSURE COMPACT (Sections 334.043, 334.1600, 334.1605, 334.1610, 334.1615, 334.1620, 334.1625, 334.1630, 334.1635, 334.1640, 334.1645, 334.1650, 334.1655, 334.1660, 334.1665, 334.1670, 334.1675, 334.1680, 334.1685, 334.1690, 334.1695, 334.1700, 334.1705, 334.1710, 334.1715, and 334.1720)

This bill allows any person who holds a valid current physician and surgeon license issued by another state, a branch or unit of the military, a territory of the United States, or the District of Columbia, who has been licensed for at least one year in that location, to apply for a physician or surgeon license in Missouri.

The Board of Healing Arts must, within six months, waive any examination, educational requirements, or experience requirements for the licensure if the Board 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 Board 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 Medical Licensure Compact". The Compact allows a physician who meets the eligibility requirements to receive an expedited license. The state must perform a criminal background check on an applicant and the state cannot require any additional verification beyond primary-source verification of medical education or results of medical or licensing examinations by the state of principal license.

A physician may renew his or her expedited license as a member of the Compact.

The Compact establishes a confidential database of all physicians who have been granted an expedited license or who have applied for an expedited license, for the purpose of allowing member states to report disciplinary or investigatory information.

Member states may participate in joint investigations of physicians with other member states, and any disciplinary action taken by one member state may subject the physician to discipline with other member states. If a physician's license is revoked, surrendered, or relinquished in one state, it shall automatically be placed on the same status in the other member states.

The Compact establishes the "Interstate Medical Licensure Compact Commission" to act as a corporate and joint agency of the member states and to oversee and maintain administration of the Compact.

The Compact outlines procedures for any member state that fails to perform its obligations of the Compact.

The Compact will only be effective once seven states have enacted legislation to join the Compact.

The Compact outlines the procedure to withdraw from the Compact. The Compact supersedes all other laws that conflict with provisions of the Compact.

PHYSICAL THERAPISTS (Sections 334.100, 334.506, 334.613)

This bill changes 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. However, the bill does require 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 10 visits or 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.

The bill removes a provision that allows the State Board of Registration for the Healing Arts to file a complaint against a physical therapist who provides physical therapy without a prescription.

NURSING EDUCATION INCENTIVE (Sections 335.203 and 335.205)

The "Nursing Education Incentive Program" within the State Board of Nursing is a program that awards grants to eligible institutions of higher education based on criteria jointly determined by the Board and the DHEWD. There is currently a cap on the grants of \$150,000. This bill removes that cap. The bill also creates a new nursing education incentive program surcharge for initial license applications and renewal applications for nurses. Practical nurses will pay a \$1 fee per year and registered professional nurses will pay \$5 per year. The fee will be deposited in the State Board of Nursing Fund.

This bill also repeals both the Nursing Student Loan Program and the Nursing Student Loan Repayment Program.

COUNSELING INTERSTATE COMPACT (Sections 337.510 and 337.550)

This bill modifies provisions relating to license reciprocity for professional counselors. The bill authorizes 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 Committee for Professional Counselors, 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 Committee 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 shall 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 Commission has powers and duties as specified in the Compact and shall 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 go 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 same. The Compact shall be binding upon member states and will supersede any conflict with state law.

SOCIAL WORK LICENSURE COMPACT (Sections 337.615, 337.644, 337.665, 337.1000, 337.1005, 337.1010, 337.1015, 337.1020, 337.1025, 337.1030, 337.1035, 337.1040, 337.1045, 337.1050, 337.1055, 337.1060, 337.1065, 337.1070, and 337.1075)

This bill allows any person who holds a valid current social worker license issued by another state, a branch or unit of the military, a territory of the United States, or the District of Columbia, who has been licensed for at least one year in that location, to apply for a social worker license in Missouri. The State Committee for Social Workers must, within six months, waive any examination, educational requirements, or experience requirements for the licensure if the Committee determines that the applicant has 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 Committee will not waive the requirements if:

- (1) The applicant had his or her license revoked by an oversight body;
- (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 establishes the "Social Work Licensure Compact".

The Compact allows a social worker who meets the eligibility requirements to receive an expedited license. A social worker may renew his or her expedited license as a member of the Compact. The Compact establishes a confidential database of all social workers

who have been granted an expedited license or who have applied for an expedited license, for the purpose of allowing member states to report disciplinary or investigatory information. Member states may participate in joint investigations of social workers with other member states, and any disciplinary action taken by one member state may subject the social worker to discipline by other member states. If a social worker's license is revoked, surrendered, or relinquished in one state, the social worker's multi-state authorization to practice in all other member states will be deactivated until all encumbrances have been removed from the multi-state license.

The Compact establishes the "Social Work Licensure Compact Commission" to act as a corporate and joint agency of the member states and to oversee and maintain administration of the Compact.

The Compact outlines procedures for any member state that fails to perform its obligations under the Compact. The Compact will only be effective once seven states have enacted legislation to join the Compact.

The Compact outlines the procedure to withdraw from the Compact.

The Compact supersedes all other laws that conflict with provisions of the Compact.

ADVANCE HEALTH CARE DIRECTIVE (Sections 192.530 and 1)

HB 402 (2023) created a new section which requires the Department of Health and Senior Services to develop and publish a voluntary nonopioid directive form, that can be used by a patient to deny or refuse administration or prescription of a controlled substance containing an opioid. This bill will repeal that new section and instead requires DHSS to include on its website an advance healthcare directive form and directions for completing such form, as specified in the bill. The DHSS must include a listing of possible uses for an advance health care directive, including to limit pain control to nonopioid measures.