

CCS HCS SS SCS SB 157 -- PROFESSIONS REQUIRING LICENSURE

This bill modifies provisions relating to professions requiring licensure.

ADMINISTERING OF NALOXONE (Sections 190.255 and 195.206)

Currently, qualified first responders may obtain and administer naloxone to a person suffering from an apparent narcotic or opiate-related overdose. This bill allows first responders to obtain and administer any drug or device approved by the FDA to block the effects of an opioid overdose. Licensed drug distributors or pharmacies may sell such drugs or devices to first responders for this purpose.

Currently, state or local law enforcement agency staff members are required to act under the directives and protocols of a medical director of a local licensed ground ambulance service in order to administer naloxone or similar drugs or devices to a person suffering from an apparent narcotic or opiate-related overdose. This bill allows state or local law enforcement agency staff members to act without such directives and protocols.

This bill modifies the definition of "opioid antagonist" in a statute relating to standing orders for opioid antagonists. Currently, opioid antagonists are defined as naloxone hydrochloride and the bill adds any other drug or device approved by the FDA that blocks the effect of an opioid overdose.

HEALTH PROFESSIONAL LOAN REPAYMENT PROGRAM(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" offering forgivable loans to pay off existing student loans and other education expenses for health care, mental health, and public health professionals.

The Department of Health and Senior Services is the chief administrative agency and is responsible for oversight and rulemaking of the Program, the Director shall 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 and the Department of Higher Education and Workforce Development.

The Department of Health and Senior Services 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 shall include an agreement that the individual serves a period equal to at least two years in an area of defined need in order for the loan to be forgiven. The Department of Health and Senior Services 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. All health professional loans shall be made from funds appropriated to the Health Professional Loan Incentive Fund by the General Assembly, which also includes funds generated by loan repayments.

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 as specified in the bill.

This bill repeals an existing loan program for students enrolled in certain health care degree programs.

MEDICAL RESIDENCY GRANT PROGRAM (191.592)

Subject to appropriation, this bill requires DHSS to establish a medical residency grant program, awarding grants to entities establishing new general primary care and psychiatry medical residency positions as described in the bill. Funding will be available on a scaled basis and the Department must expend moneys in the order specified in the bill.

When awarding grants, the Department must prioritize entities operating programs that serve the areas of greatest need, as determined by the Department, and that offer residency programs in primary care and psychiatric care. The Department must establish criteria for determining the amount and duration of grants, the contents of the grant application, and the procedures and timelines by which entities may apply for grants.

This bill provides additional stipulations for entities receiving grants, as specified in the bill, and the Department is required to submit an annual report to the General Assembly.

This bill also establishes the "Medical Residency Grant Program Fund", which consists of moneys appropriated by the General Assembly, reimbursements from entities unable to fill the new residency positions, and any gifts, contributions, grants, or bequests received from federal, private, or other sources.

This bill contains an emergency clause for the Medical Residency Grant Program. The Program will expire on January 1, 2038.

DEATH CERTIFICATES (Sections 193.145 and 193.265)

Currently, physicians are not required to register with the state's electronic death registration system for certifying death certificates. This bill makes registration compulsory for physicians in order to certify a death certificate.

LABELING OF PRESCRIPTIONS (Sections 195.100 and 334.735)

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

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.

PHYSICIAN ASSISTANTS (Sections 334.735, and 334.747)

This bill authorizes a physician assistant in a collaborative practice arrangement to administer, dispense, or prescribe Schedule II controlled substances for hospice patients.

Currently, a physician assistant with a certificate of controlled substance prescriptive authority can prescribe any controlled substance listed in Schedule III, IV, or V of Section 195.017, RSMo, and 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 this provision.

For clinical situations where a physician assistant provides services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, the collaborating physicians or other designated physicians shall be present for sufficient periods of time, at least once every two weeks, to participate in chart reviews and provide necessary medical direction, medical services, consultations, and supervision.

ADVANCED PRACTICE REGISTERED NURSES (Sections 195.070, 334.036, 334.104, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, and 335.175)

The bill modifies licensing and collaborative practice arrangements for advanced practice registered nurses (APRNs). As specified in this bill, an APRN may prescribe Schedule II controlled substances for hospice patients.

Additionally, collaborative practice arrangements between the APRN and the collaborating physician may waive geographic proximity requirements, as specified in the bill, including when the arrangement outlines the use of telehealth and, until August 28, 2025, when the APRN is providing services in a correctional center and practicing with 200 miles by road of his or her collaborating physician. Waiver for any other reason will require application to be reviewed by the Board of Nursing and the State Board of Registration for the Healing Arts and must be approved within 45 days if the boards determine that adequate supervision exists.

For clinical situations where an APRN provides services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, the collaborating physicians or other designated physicians must be present with the APRN for sufficient periods of time, at least once every two weeks, to participate in chart reviews and provide necessary medical direction, medical services, consultations, 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 results in the expiration of the APRN license.

This bill further modifies the names of the specific certifying organizations for nursing specialties. In this bill, the State Board of Registration for the Healing Arts, within the Department of Commerce and Insurance, must make information publicly available about which physicians and other health care providers have entered into collaborative practice arrangements.

PESTICIDES CERTIFICATION AND TRAINING (Section 281.102)

Currently, changes to the Department of Agriculture's pesticides certification and training program become effective January 1, 2024. This bill delays the effective date of those changes to January 1, 2025.

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.

ANIMAL CHIROPRACTIC PRACTITIONERS (Sections 331.020, 331.060, 340.200, 340.216, 340.218, and 340.222)

This bill defines an "animal chiropractic practitioner" as someone who is a licensed veterinarian or a licensed chiropractor who is certified by a veterinary chiropractic organization. The bill allows an animal chiropractic practitioner to engage in animal chiropractic without the supervision of a licensed veterinarian so long as the animal chiropractic practitioner has obtained a patient referral from a licensed veterinarian. The bill authorizes the Board of Chiropractic Examiners to refuse to issue a permit or license to a chiropractor if the chiropractor has engaged in the practice of animal chiropractic without a patient referral from a licensed veterinarian.

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 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.

NURSING EDUCATION INCENTIVE PROGRAM (Sections 335.203 and 335.205)

The "Nursing Education Incentive Program" within the State Board of Nursing awards grants to eligible institutions of higher education based on criteria jointly determined by the Board and the Department of Higher Education and Workforce Development. There is currently a cap on the grants of \$150,000.

This bill removes that cap and 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.

PROFESSIONAL COUNSELORS (Sections 337.510 and 337.550)

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 can 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 establishes an interstate compact for licensed professional counselors to facilitate professional counseling services. The Compact sets 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 their 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 listed in the Compact and must enforce the provisions and rules of the Compact. The Commission must 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 in 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 will be binding upon member states and will supersede any conflict with state law.

SOCIAL WORKERS (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 sixty days, waive any examination, educational requirements, or experience requirements for the licensure if the State Committee for Social Workers 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 State Committee for Social Workers can 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 multistate authorization to practice in all other member states will be deactivated until all encumbrances have been removed from the multistate 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.

ADMINISTRATION OF MEDICATIONS BY PHARMACISTS (Sections 338.010 and 338.012)

This bill modifies several provisions relating to the administration of medications by pharmacists. This bill 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.

Currently, any pharmacist who accepts a prescription order for a medication therapeutic plan must have a written protocol from the referring physician. The bill repeals this provision and permits a pharmacist with a certificate of medication therapeutic plan authority to provide medication therapy services pursuant to a written physician protocol to patients with an established physician-patient relationship with the protocol physician.

This bill 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.

Finally, a pharmacist with a certificate of medication therapeutic plan authority may provide influenza, group A streptococcus, and COVID-19 medication therapy services pursuant to a statewide standing order issued by the Director of DHSS or a physician licensed by the Department.

COMPLAINTS AGAINST LICENSEES' PROFESSIONAL PRACTICES (Sections 344.045, 344.055, 344.102)

This bill specifies that the Board of Nursing Home Administrators must establish a procedure for handling complaints against licensees' professional practices. The Board must investigate complaints and document the findings.

The Board can disclose complaints and investigatory reports if the disclosure is:

- (1) In the course of voluntary interstate exchange of information;
- (2) In accordance with a lawful request; or
- (3) To other state or federal administrative or law enforcement agencies acting within the scope of their statutory authority.

All educational transcripts, test scores, and personal information pertaining to an applicant for a license or a licensee of the Board are also confidential and can only be disclosed for the same reasons the investigatory reports are disclosed.

Deliberations, votes, or minutes of closed proceedings will not be subject to disclosure or discovery. Once an investigation is

complete and a final disposition has been rendered, that decision will be made public.

This bill specifies that no person can practice as a nursing home administrator if his or her license is expired.

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.