

HB 609 -- REGULATORY REFORM BILL

SPONSOR: Thompson

This bill modifies the definition of "hospital" for purposes of regulating the dispensation and distribution of controlled substances to include outpatient facilities owned and operated by a hospital. A hospital may obtain a separate registration for the distribution or dispensation of controlled substances from the Department of Health and Senior Services for each outpatient facility owned or operated by the hospital in which behavioral health or substance abuse services are delivered (Section 195.030, RSMo).

Currently, a health care practitioner cannot accept any portion of a controlled substance unused by a patient when the practitioner did not originally dispense the drug unless the controlled substance was delivered to the practitioner to administer to the patient for whom the medication was prescribed as authorized by federal law. The bill removes the "as authorized by federal law" limitation (Section 195.070).

This bill requires a candidate applying for licensure as a physician to submit to a criminal background check and furnish certain educational and experience documents. The bill also allows the Board of Registration for the Healing Arts to require applicants to list all licenses to practice as a physician currently or previously held in another state, territory, or country and to disclose any past or pending investigations, discipline, or sanctions for such licenses. The Board may also obtain a report on the applicant from the National Practitioner Data Bank. Furthermore, this bill provides that if the Board does not approve or deny an application for licensure as a physician within 45 days from the date of receipt, the application will be deemed approved and the candidate will be considered licensed (Section 334.031).

Additionally, this bill specifies that an applicant who has completed an unaccredited postgraduate training in a medical subspecialty for which there is no program accredited by the Accreditation Council for Graduate Medical Education (ACGME) will satisfy the training requirements for permanent licensure as required by state rules if the training occurred in a teaching hospital accredited by ACGME. The Board must waive the training requirements for any applicant who has been a licensed physician in good standing in another state for more than three years (Sections 334.035).

The bill modifies rulemaking authority regarding pharmacy services in hospitals. The Department of Health and Senior Services will have the sole authority to promulgate rules governing pharmacy services in hospitals. The Department and the Board of Pharmacy may jointly promulgate rules governing medication distribution and medication therapy services by a pharmacist at or within a hospital. The Board of pharmacy will have the sole authority to promulgate rules governing inspection and licensure of Class B pharmacies (Section 338.165).

This bill is similar to SB 292 (2025) and SB 1251, SB 1030, HB 2349, and HB 2753 (2024) and HB 1279 (2023).