

SECOND REGULAR SESSION

# HOUSE JOINT RESOLUTION NO. 187

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE OVERCAST.

7094H.011

JOSEPH ENGLER, Chief Clerk

## JOINT RESOLUTION

Submitting to the qualified voters of Missouri an amendment to Article IV of the Constitution of Missouri, by adopting nine new sections relating to health care professionals.

*Be it resolved by the House of Representatives, the Senate concurring therein:*

That at the next general election to be held in the state of Missouri, on Tuesday next following the first Monday in November, 2026, or at a special election to be called by the governor for that purpose, there is hereby submitted to the qualified voters of this state, for adoption or rejection, the following amendment to Article IV of the Constitution of the state of Missouri:

Section A. Article IV, Constitution of Missouri, is amended by adopting nine new sections, to be known as Sections 55, 60, 63, 66, 69, 72, 75, 78, and 81, to read as follows:

**Section 55. 1. As used in this section, the following terms mean:**

- (1) "Advanced practice provider", an assistant physician, physician assistant, or advanced practice registered nurse;**
- (2) "Advanced practice registered nurse", a person who is licensed by the board to engage in the practice of advanced practice nursing as a certified clinical nurse specialist, certified nurse midwife, certified nurse practitioner, or certified registered nurse anesthetist;**
- (3) "Board", the state board of nursing;**
- (4) "Collaborative practice arrangement", a written agreement, jointly agreed-upon protocol, or standing order for the delivery of health care services entered into**

EXPLANATION — Matter enclosed in bold-faced brackets ~~thus~~ in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

11 between a physician and an advanced practice provider that specifies the manner of  
12 collaboration between the collaborating physician and the advanced practice provider  
13 and may delegate to the advanced practice provider the authority to administer or  
14 dispense drugs and provide treatment;

15 (5) "Eligible advanced practice registered nurse", an advanced practice  
16 registered nurse who is not a certified registered nurse anesthetist;

17 (6) "Exempt advanced practice registered nurse", an advanced practice  
18 registered nurse who is exempt from the requirement to work in a collaborative practice  
19 arrangement under subsection 2 of this section;

20 (7) "Practice of advanced practice nursing", the performance for compensation  
21 of activities and services consistent with the required education, training, certification,  
22 demonstrated competencies, and experiences of an advanced practice registered nurse  
23 including, but not limited to, the prescription of pharmacologic and nonpharmacologic  
24 therapies.

25 2. An eligible advanced practice registered nurse shall not be required to enter  
26 into or remain in a collaborative practice arrangement in order to practice in this state  
27 if the eligible advanced practice registered nurse:

28 (1) Has a license in good standing and has been in a collaborative practice  
29 arrangement or arrangements for a cumulative total of two thousand documented hours  
30 with a collaborating physician or physicians; or

31 (2) Has applied for and received licensure by endorsement and successfully  
32 demonstrated at the time of such application to the board the completion of a  
33 cumulative total of two thousand documented hours of practice.

34 3. Any law requiring a collaborative practice arrangement or delegation shall  
35 not apply to an exempt advanced practice registered nurse.

36 4. (1) Subject to the requirements of subdivision (2) of this subsection, an  
37 exempt advanced practice registered nurse's prescriptive authority shall include  
38 authority to prescribe, dispense, and administer any medication for which the  
39 authority to prescribe, dispense, or administer may be delegated in a collaborative  
40 practice arrangement including, but not limited to, scheduled controlled substances  
41 specified by general law.

42 (2) An exempt advanced practice registered nurse shall not have authority to  
43 prescribe, dispense, or administer a medication unless the exempt advanced practice  
44 registered nurse has satisfied all requirements for such prescriptive authority unrelated  
45 to practice in a collaborative practice arrangement that are provided by general law.  
46 The board shall not deny an exempt advanced practice registered nurse a certificate of

47 **controlled substance prescriptive authority or any other prescriptive authority on the**  
48 **basis that the nurse does not practice in a collaborative practice arrangement.**

49 **5. Collaborative practice arrangements between physicians and advanced**  
50 **practice registered nurses shall not:**

51 **(1) Contain any geographic proximity restrictions, including any mileage or**  
52 **distance restrictions for advanced practice registered nurses or physicians. Any such**  
53 **collaborative practice arrangements that contain provisions relating to geographic**  
54 **proximity requirements shall be deemed unenforceable; or**

55 **(2) Require a collaborating physician to determine and document the completion**  
56 **of a period of time during which the advanced practice registered nurse practices with**  
57 **the collaborating physician continuously present before practicing in a setting where the**  
58 **collaborating physician is not continuously present.**

59 **6. A collaborating physician shall not enter into a collaborative practice**  
60 **arrangement with more than ten full-time equivalent advanced practice providers. A**  
61 **collaborating physician may exceed the cap of ten advanced practice providers under**  
62 **circumstances provided by general law. A collaborating physician shall not be required**  
63 **to limit the number of advanced practice providers with whom he or she collaborates to**  
64 **a number less than ten.**

**Section 60. As used in sections 60 to 81 of this Article, the following terms mean:**

2 **(1) "Accreditation pathway", the accreditation of a residency program as a**  
3 **nationally accredited residency program or a state-accredited residency program;**

4 **(2) "Board", the state board of registration for the healing arts;**

5 **(3) "Demonstrated workforce shortage", a shortage of physicians in a particular**  
6 **specialty as demonstrated by the satisfaction of one or more of the following objective**  
7 **criteria:**

8 **(a) The specialty is identified as experiencing a current or projected shortage in**  
9 **a peer-reviewed or publicly issued workforce report by:**

10 **a. The department of health and senior services;**

11 **b. The Missouri Hospital Association;**

12 **c. A state university medical or public health program; or**

13 **d. A federal agency with jurisdiction over health workforce analysis;**

14 **(b) The specialty demonstrates persistent access deficiencies including, but not**  
15 **limited to:**

16 **a. Average new-patient wait times exceeding thirty days for routine care; or**

17 **b. Documented physician-to-population ratios below national or state**  
18 **benchmarks published by a governmental or academic entity; or**

19 (c) The specialty is the subject of a formal finding or resolution of the general  
20 assembly identifying a shortage impacting access to care;

21 (4) "Health care provider", a hospital, health system, federally qualified health  
22 center, or health clinic;

23 (5) "Nationally accredited residency program", a residency program accredited  
24 by the Accreditation Council for Graduate Medical Education or its successor  
25 organization;

26 (6) "Residency program" or "program", a postgraduate physician training  
27 program;

28 (7) "Resident physician", a physician enrolled in a residency program;

29 (8) "State-accredited residency program", a residency program approved by the  
30 board under sections 60 to 81 of this Article.

Section 63. 1. The board shall establish and administer a process for approval of  
2 residency programs as state-accredited residency programs.

3 2. Any health care provider may apply to sponsor a state-accredited residency  
4 program.

5 3. Approval to operate a state-accredited residency program shall be based  
6 solely on compliance with the standards of sections 60 to 81 of this Article.

7 4. The board shall not require national or private accreditation of a residency  
8 program as a condition of state approval.

9 5. The board may promulgate rules to implement application procedures for  
10 residency programs that apply for approval.

Section 66. Each state-accredited residency program shall meet the following  
2 minimum requirements:

3 (1) The program shall provide training of a duration sufficient to ensure that  
4 resident physicians achieve clinical competency in the applicable specialty. The board  
5 shall consider the duration requirement for training under this subdivision satisfied  
6 despite a program length shorter than the customary national program length if:

7 (a) The program is in family medicine or another specialty experiencing a  
8 demonstrated workforce shortage;

9 (b) The program demonstrates, through objective competency-based standards,  
10 that resident physicians in the program will achieve outcomes for clinical proficiency,  
11 patient safety, and scope-of-practice readiness equivalent to those achieved by graduates  
12 of longer programs;

13 (c) The shortened duration does not eliminate essential clinical rotations or  
14 required core competencies for the specialty; and

15           **(d) The program includes enhanced supervision, evaluation, and competency**  
16 **verification mechanisms sufficient to ensure that the quality of training is not**  
17 **diminished;**

18           **(2) The program shall ensure that the practice of medicine by resident**  
19 **physicians is under the supervision of physicians who hold an unrestricted license to**  
20 **practice medicine in this state and who possess demonstrated competence in the**  
21 **specialty area;**

22           **(3) The program shall ensure that the patient volume and diversity of clinical**  
23 **experience are sufficient for resident physicians to achieve competency in the specialty;**

24           **(4) The program shall implement written evaluation, remediation, and dismissal**  
25 **procedures for the resident physicians; and**

26           **(5) The program shall comply with all applicable state laws relating to patient**  
27 **safety, quality reporting, and professional conduct.**

**Section 69. 1. Every applicant for a permanent license as a physician shall**  
2 **provide the board with satisfactory evidence of having successfully completed:**

3           **(1) A nationally accredited residency program; or**

4           **(2) A state-accredited residency program approved by the board under sections**  
5 **60 to 81 of this Article.**

6           **2. The board shall not require any postgraduate training in addition to the**  
7 **postgraduate training in a residency program required under this section to obtain**  
8 **permanent licensure as a physician.**

9           **3. The board shall not vary the requirements for licensure as a physician based**  
10 **on the accreditation pathway of the residency program completed by the physician.**

**Section 72. 1. The privilege of a physician licensed in this state to practice**  
2 **medicine in any hospital, clinic, or health care facility in this state shall not vary based**  
3 **on the accreditation pathway of the residency program completed by the physician.**

4           **2. A hospital or health system shall not deny staff privileges to a physician**  
5 **licensed in this state based solely on the accreditation pathway of the residency program**  
6 **completed by the physician.**

**Section 75. 1. Any denial, limitation, or revocation of approval of a state-**  
2 **accredited residency program shall be based solely on failure to meet express**  
3 **constitutional requirements. Any denial, limitation, or revocation shall be in writing**  
4 **and state the specific constitutional grounds for the action.**

5           **2. Any state-accredited residency program that has had its approval denied,**  
6 **limited, or revoked by the board may seek a review of the board's action by the**  
7 **administrative hearing commission or its successor entity.**

8           **3. This section shall not be construed to grant the board authority to impose**  
9 **requirements not expressly authorized by sections 60 to 81 of this Article.**

**Section 78. 1. Nothing in sections 60 to 81 of this Article shall be construed to:**

2           **(1) Guarantee eligibility for federal graduate medical education funding; or**

3           **(2) Require any other state to accept completion of a state-accredited residency**  
4 **program for the purposes of licensure or authorization to practice in that state.**

5           **2. Nothing in sections 60 to 81 of this Article shall be construed to limit, replace,**  
6 **or interfere with nationally accredited residency programs operating within this state.**

7           **3. The department of social services may seek any federal waiver, state plan**  
8 **amendment, or other federal approval necessary to maximize federal reimbursement of**  
9 **health care services provided by resident physicians consistent with sections 60 to 81 of**  
10 **this Article.**

**Section 81. Before January 1, 2037, and every ten years thereafter, the board**  
2 **shall submit a report to the general assembly containing:**

3           **(1) Data on the state-accredited residency programs approved by the board**  
4 **including, but not limited to:**

5           **(a) The number of programs approved by the board;**

6           **(b) The geographic regions in which the programs primarily operate;**

7           **(c) The number and type of specialties offered by the programs; and**

8           **(d) The number of physicians who graduated from the programs;**

9           **(2) Data on the workforce participation of graduates of state-accredited**  
10 **residency programs, including data disaggregated by specialty, type of employer, and**  
11 **geographic region;**

12           **(3) Data on the outcomes for clinical proficiency, patient safety, and scope-of-**  
13 **practice readiness achieved by graduates of state-accredited residency programs as**  
14 **compared to the outcomes achieved by graduates of nationally accredited residency**  
15 **programs; and**

16           **(4) Data on insurance reimbursement practices for health care services provided**  
17 **by resident physicians and graduates of state-accredited residency programs.**

✓