HCS SB 1092 -- PROFESSIONAL LICENSURE

SPONSOR: Lewis

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Emerging Issues by a vote of 12 to 0. Voted "Do Pass" by the Standing Committee on Rules-Administrative by a vote of 8 to 0.

The following is a summary of the House Committee Substitute for SB 1092.

LICENSE APPLICATION FOR OUT OF STATE PROFESSIONALS (Section 324.004)

This bill allows a person with at least three years of work experience in an occupation or profession in a different state that does not require a license for such work, but who now wishes to practice that occupation or profession in Missouri, to apply for a one-time, nonrenewable, two-year temporary license. The requirements to receive a temporary license from the appropriate oversight body is described in the bill. If the applicant does not reside in Missouri, the oversight body will conditionally approve the application upon receipt of proof of domicile in Missouri within 60 days of the applicant receiving the temporary license; if the applicant does not provide such proof within 60 days, the oversight may terminate the temporary license.

Upon expiration of the temporary license, the individual will be required to apply for a permanent license, consistent with the licensure and application requirements of that license as set forth in statute and rule. A license issued under this bill will not be qualified for reciprocity with another state or to be a part of an interstate compact.

This provision is similar to HB 2300 (2026).

LICENSE RECIPROCITY FOR HEALTHCARE PROVIDERS (Section 324.009)

This bill specifies that a health care provider who has received his or her licenses to practice in Missouri via our license reciprocity law can provide telehealth services within the profession's scope of practice.

This provision is similar to HB 2300; and HB 2974.

DIETITIAN LICENSURE COMPACT (Section 324.218, 324.1800-1865)

This bill establishes the "Dietitian Licensure Compact", which is an interstate agreement that allows the practice of dietetics across state lines within other states that are a part of the Compact. The bill outlines the licensing requirements, education requirements for the dietitians, and the duties of the member states.

The bill further proposes to establish a joint government agency known as the "Dietitian Licensure Compact Commission", which will administer and enforce the Compact, adopt rules and bylaws, maintain a data system, investigate complaints, report complaints to home states of dietitians, and perform other functions necessary or appropriate to achieve the purposes of the Compact.

Provisions of the bill ensure the Compact will not affect Missouri's license reciprocity laws.

This bill specifies that, a first time applicant who has not previously taken or passed an examination may obtain without examination a nonrenewable temporary license by paying a temporary license fee and submitting an agreement-to-supervise form that is signed by a licensed dietitian who has agreed to supervise the applicant. Such temporary licensee may practice dietetics, but any such practice must be under the supervision of a dietitian licensed in this State.

The supervising dietitian must have an unencumbered license to practice and he or she cannot be an immediate family member of the temporary licensee.

The temporary license obtained by an applicant will expire the date the licensee's employment with the supervising dietitian has ceased or within 180 days of its issuance, whichever occurs first.

These provisions are similar to HB 1961 (2026).

DENTAL AND DENTAL HYGIENIST COMPACT (Section 332.081, 332.700-760)

This bill establishes the Dentist and Dental Hygienist Compact ("Compact"), which facilitates the interstate practice of dentistry and dental hygiene and provides for dentists and dental hygienists licensed in a participating state the ability to practice in other participating states.

The Compact sets forth the requirements to be met in order for a state to join and the requirements for a dentist or dental hygienist to obtain and exercise the ability to practice in other participating states. The Compact further provides that a dentist or dental hygienist with compact privilege shall function within the scope of practice authorized by the participating state in which they seek to practice and shall be subject to that state's regulatory authority. A dentist or dental hygienist whose privilege in a participating state is encumbered or removed is not eligible for compact privilege in other participating states until the encumbrance or removal has passed and all requirements are met.

Additionally, the Compact creates the "Dentist and Dental Hygienist Compact Commission" (Commission), which is a joint government agency of the participating states tasked with administering and implementing the Compact. Each participating state shall have one Commissioner, who shall be selected within 60 days by the licensing authority of the participating state. Additionally, there shall be an Executive Board of the Commission, composed of seven Commissioners, to act on behalf of the Commission.

The bill provides for the powers and duties of the Commission, including the development and maintenance of a coordinated database and reporting system containing licensure, adverse actions, and investigative information on all licensees and applicants. The Commission may levy on and collect an annual assessment from each participating state and impose fees on licensees for the compact privilege in order to cover the cost of the operations and activities of the Commission and its staff.

Upon enactment, the Compact shall be reviewed by the Commission to determine if it is materially different from the Model Compact and whether the state qualifies for participation in the Compact. Any state that adopts the Compact subsequent to the Commission’s initial adoption of the rules and bylaws shall be subject to the rules and bylaws existing on the date on which the Compact becomes law.

Any participating state may withdraw from the Compact by repealing the Compact, but such withdrawal shall not take effect until 180 days after the enactment of the repeal. Finally, the Compact shall be binding upon participating states and shall supersede any conflict with state law.

These provisions are similar to HB 1847 (2026).

PHYSICIAN ASSISTANT LICENSURE COMPACT (Sections 334.1800-1860)

This bill creates the "Physician Assistant Licensure Compact".

Physician assistants licensed in states that are participating in the interstate compact can practice in other participating states without additional requirements.

The bill defines the qualifications and obligations of a licensee who seeks to obtain and exercise a compact privilege in a remote state, such as having a qualifying license, meeting any jurisprudence requirement, reporting any adverse action, and complying with the scope of practice of the remote state.

Participating states have the authority to impose adverse actions against qualifying licenses. Remote states can take adverse actions against compact privileges within that state's jurisdiction. States can take necessary legal actions to protect citizens' health and safety. States can issue subpoenas for hearings and investigations, which must be enforced by courts in other participating states. Subpoenas cannot be used to gather evidence for lawful conduct in another state to take adverse action against a licensee's compact privilege. States cannot impose discipline for lawful practice in another state.

States must treat reported conduct from other states as if it occurred within their own jurisdiction. States can take adverse actions based on findings from other states, following their own procedures. States can participate in joint investigations and share materials. Adverse actions against a qualifying license result in the deactivation of the compact privilege in all remote states for two years after restrictions are removed. States must notify the compact data system administrator promptly of any adverse actions.

The bill establishes the "Physician Assistant Compact Commission", composed of one commissioner from each participating state, to administer and enforce the compact. The Commission will have the power to adopt rules and bylaws, maintain a data system, charge fees, conduct investigations, take disciplinary actions, issue subpoenas, and initiate legal proceedings. The bill also specifies the procedures and standards for the Commission's meetings, financial review, purchasing, borrowing, executive board, and annual report. This bill specifies how commission meetings can be held and legal actions the Commission can take.

These provisions are similar to HB 2300; and HB 3129 (2026).

SUPERVISION OF SOCIAL WORK SUPERVISORS (Section 337.600)

This bill modifies the definitions of a "qualified advanced macro supervisor," "qualified baccalaureate supervisor," and "qualified clinical supervisor" to provide that such person is a licensed social worker who has practiced social work for which he or she is supervising the applicant for a minimum of three, instead of five, years.

This provision is similar to HB 1963; and HB 2300 (2026).

SPEECH-LANGUAGE PATHOLOGIST LICENSURE (Section 345.050)

Currently, a requirement for licensure for speech-language pathologists and audiologists is submitting evidence of completion of a clinical fellowship from supervisors. The period of employment must be under the direct supervision of a person who is licensed by the State of Missouri in the profession in which the applicant seeks to be licensed.

This bill changes the period of employment to be under the direct supervision of a speech-language pathologist in good standing in any state.

This provision is similar to HB 2300; HB 2372; and HB 2591 (2026).

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

PROPONENTS: Supporters say that Missouri is ranked #42 in terms of healthcare availability; each county in Missouri has a shortage of healthcare workers and lacks the necessary manpower to provide such services. Supporters further state that Missouri is currently only one of four states that requires more than three years of experience for social workers, and that reducing the number of years of service will result in far greater outcomes for patients that require such care.

Testifying in person for the bill were Senator Lewis; Arnie C. Dienoff; Burrell Behavioral Health; and National Association of Social Workers Mo Chapter.

OPPONENTS: There was no opposition voiced to the committee.

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.