

SS HCS HBs 115 & 99 -- HEALTH CARE PROFESSIONALS

This bill related to Health Care Professionals.

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

This bill modifies licensing and collaborative practice arrangements for advanced practice registered nurses (APRNs). The bill allows an APRN to prescribe Schedule II controlled substances for hospice patients and 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 when the APRN is providing services in a correctional center. Collaborating physicians or designated physicians shall be present with the APRN for sufficient periods of time, at least once every 2 weeks, to participate in chart reviews and supervision.

Currently, an APRN is required to 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, the physician is new to the patient population, and 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. The 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 must 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 shall result in the expiration of the APRN license. This bill modifies the names of the specific certifying organizations for nursing specialties and specifies that the State Board of Registration for the Healing Arts, within the Department of Insurance and Commerce, shall make information publicly available about which physicians and other health care providers have entered into collaborative practice arrangements

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. This bill provides that the applicant must be a graduate of a medical school accredited by organizations specified in the bill. The bill repeals a provision of law that authorizes an assistant physician collaborative practice arrangement in any pilot project areas established in which assistant physicians may practice.

PHYSICAL THERAPISTS (Sections 334.100, 334.506, and 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. The bill requires 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. This 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.

PROFESSIONAL COUNSELORS (Sections 337.510 and 337.550)

This bill modifies provisions relating to license reciprocity for professional counselors. This bill repeals the current provision allowing an applicant licensed in another state or territory to receive a license in this state if they are approved or in good standing with certain professional organizations and implements a provision permitting 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 Board, subject to procedures and limitations as specified in the bill.

This bill establishes a licensed professional counselors interstate compact. 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 must 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 powers and duties of the Commission are specified in the Compact and 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 come 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 provisions. The Compact is binding upon member states and shall supersede any conflict with state law.

ADMINISTRATION OF MEDICATIONS BY PHARMACISTS (Sections 338.010 and 338.012)

This bill modifies several provisions relating to the administration of medications by pharmacists. In its main provisions, this bill:

(1) Modifies the definition of a medication therapeutic plan by repealing language defining it by the prescription order so long as the prescription order is specific to each patient for care by a pharmacist.

(2) 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 7 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.

(3) Repeals the provisions requiring any pharmacist who accepts a prescription order for a medication therapeutic plan to have a written protocol from the referring physician.

(4) 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.

(5) 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.

(6) Allows 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 the Department of Health and Senior Services or a physician licensed by the Department.