

SS HCS HB 315 -- HEALTH CARE SERVICES

This bill changes the laws regarding health care services. In its main provisions, the bill:

(1) Requires an applicant for a physician's license who graduated from specified medical or osteopathic colleges prior to January 1, 1994, to provide proof of the successful completion of the Federal Licensing Examination (FLEX); the United States Medical Licensing Examination (USMLE); an exam administered by the National Board of Osteopathic Medical Examiners (NBOME); a state board examination approved by the State Board of Registration for the Healing Arts within the Department of Insurance, Financial Institutions and Professional Registration; or compliance with specified state rules and regulations. An applicant graduating on or after January 1, 1994, must provide proof of completion of the USMLE or an exam administered by NBOME or proof of compliance with a specified state statute (Section 334.040, RSMo);

(2) Allows the State Board of Registration for the Healing Arts to restrict or limit a person's athletic trainer's license for an indefinite period of time or revoke his or her license upon a finding by the Administrative Hearing Commission that the grounds for disciplinary action are met (Section 334.715);

(3) Revises the definition of "supervision" from control exercised over a physician assistant working within the same facility as the supervising physician 66% of the time the physician assistant provides care with specified exceptions to control exercised over a physician assistant working with a supervising physician and oversight of the activities of and accepting responsibility for the physician assistant's delivery of care. The physician assistant can only practice at a location where the physician routinely provides care, except for existing patients of the supervising physician in the patient's home and correctional facilities. The supervising physician must be immediately available in person or via telecommunication during the time the assistant is providing care. Prior to commencing practice, the supervising physician and physician assistant must attest on a form provided by the State Board of Registration for the Healing Arts that the physician will provide supervision appropriate to the assistant's training and that the assistant will not practice beyond his or her training and experience. Appropriate supervision must require the supervising physician to be working in the same facility as the physician assistant for at least four hours for every 14 days on which the assistant provides patient care. The bill repeals the provisions limiting a physician assistant to practice at locations where the supervising physician is not further than 30 miles away by road (Section 334.735.1);

(4) Specifies that a supervision agreement must limit the physician assistant to practice only at locations where the supervising physician is not further than 50 miles away by road and where the location is not so situated as to create an impediment to effective intervention and supervision of patient care or adequate review of services. The provisions regarding the criteria that the Advisory Commission on Physician Assistants must use in reviewing an application for a waiver for alternate minimum amounts of on-site supervision and the maximum distance from the supervising physician are repealed, and the bill specifies that a physician-physician assistant team working in a rural health clinic under the federal Rural Health Clinic Services Act has no state supervision requirements beyond the minimum requirements under federal law (Section 334.735.2);

(5) Revises the definition of "physician assistant supervision agreement" to require the agreement to contain specified information of the supervising physician and physician assistant, a list of all offices or locations where the physician assistant routinely provides patient care and in which of the offices or locations the supervising physician has authorized the assistant to practice, all specialty or board certifications of the supervising physician, and the manner of supervision between the physician and physician assistant (Section 334.735.7);

(6) Allows the State Board of Nursing in the Division of Professional Registration within the department to cause a complaint to be filed with the Administrative Hearing Commission for specified additional causes and to apply to the commission for an emergency suspension or restriction of a person's license for specified causes. The board must submit existing affidavits and certified court records together with a complaint alleging the facts in support of the board's request and must supply the commission with the last address on file for the licensee. The commission must return a service packet to the board within one business day of the filing of the complaint that includes the board's complaint, any affidavits or records the board intends to rely on that have been filed with the commission, and other information at the discretion of the commission. Within 24 hours of receiving the packet, the board must personally serve the licensee or leave a copy of the packet at all of the licensee's current addresses on file with the board. The licensee may file affidavits and certified court records for consideration by the commission prior to the hearing. Within five days of the board's filing of the complaint, the commission must review the information submitted by the board and licensee and determine based on that information if probable cause exists and enter the requested order if it finds that there is probable cause. The commission must hold

a hearing within 45 days of the board's filing of a complaint. If the commission finds no cause for discipline exists, it must issue its findings of fact, conclusions of law, and an order terminating the emergency suspension or restriction. If the commission does not find probable cause and does not grant the emergency suspension or restriction, the board must remove all references to the emergency suspension or restriction from its public records. The board may also initiate a hearing before the board for discipline of a licensee's license or certificate upon receipt of specified documents (Section 335.066);

(7) Requires, by January 1, 2014, the Board of Registration for the Healing Arts and the State Board of Nursing in the division to establish the Utilization of Telehealth by Nurses. An advanced practice registered nurse who provides nursing services in accordance with a collaborative practice arrangement under Section 334.104 is permitted to provide the services outside the geographic proximity requirements of Section 334.104 if the collaborating physician and the nurse utilize telehealth in the care of the patient and if the services are provided in a rural area located in a health professional shortage area in Missouri. All telehealth providers are required to obtain patient consent before telehealth services are initiated and to ensure confidentiality of medical information (Section 335.175);

(8) Allows the Board of Pharmacy in the division to establish and implement a program for testing drugs or drug products maintained, compounded, filled, or dispensed by a licensee, registrant, or permit holder of the board. The board must pay all testing costs and must reimburse the licensee, registrant, or permit holder for the reasonable, usual, and customary cost of the drug or drug product requested for testing (Section 338.150);

(9) Allows a pharmacist to dispense an emergency supply of medication in the event the pharmacist is unable to obtain refill authorization from the prescriber due to death, incapacity, or when the pharmacist is unable to obtain refill authorization from the prescriber if in the pharmacist's professional judgment, interruption of therapy might reasonably produce undesirable health consequences; the pharmacy previously dispensed or refilled a prescription from the prescriber for the same patient and medication; the medication is not a controlled substance; the pharmacist informs the patient or his or her agent that further refills will only occur upon authorization from the prescriber; and the pharmacist documents the emergency dispensing in the patient's prescription record as established by board rule. The pharmacist or permit holder must promptly notify the prescriber or his or her office of the emergency dispensing. If the pharmacist is unable to obtain refill authorization, the amount dispensed must not exceed a

seven-day supply. In the event of the prescriber's death, incapacity, or inability, the amount dispensed must not exceed a 30-day supply. An emergency supply may not be dispensed if the pharmacist has knowledge that the prescriber has otherwise prohibited or restricted emergency dispensing for the applicable patient (Section 338.200);

(10) Adds the following classes of pharmacy permits: Class M: Specialty (bleeding disorder), Class N: Automated dispensing system (health care facility), Class O: Automated dispensing system (ambulatory care), and Class P: Practitioner office/clinic (Section 338.220);

(11) Prohibits a contract between a health carrier or health benefit plan and a dentist from requiring the dentist to provide services to insureds under a dental plan at a fee established by the carrier or plan if the services are not covered under the plan (Section 376.1226); and

(12) Requires a health carrier or health benefit plan that offers or issues plans on or after January 1, 2014, that provide coverage for prescription eye drops to provide coverage for the refilling of an eye drop prescription prior to the last day of the prescribed dosage period without regard to a coverage restriction for early refill of a renewal as long as the prescribing health care provider authorizes the early refill and the health carrier or health benefit plan is notified. The coverage must not be subject to any greater deductible or co-payment than other similar health care services provided by the health plan. The bill exempts specified supplemental insurance policies from these provisions (Section 376.1237).

The provisions of the bill regarding utilization of telehealth by nurses expire six years after the effective date of the bill, and the provisions regarding the early refill of a prescription for eye drops expire January 1, 2017.