

HCS HB 1465 -- LICENSED PROFESSIONALS (Burlison)

COMMITTEE OF ORIGIN: Standing Committee on Professional
Registration and Licensing

This bill changes the laws regarding collaborative practice arrangements between advanced practice registered nurses and physicians and collaborative practice arrangements between assistant physicians and physicians. Currently, an advanced practice nurse or assistant physician must have the collaborating physician review a minimum of 10% of his or her charts every 14 days. This bill states that the collaborating physician does not need to be present at the health care practitioner's site. The bill allows the geographic proximity to be waived, as well as the one month requirement of practicing with the collaborating physician when the collaborative physician is new to a patient population that the collaborating advanced practice registered nurse, physician assistant, or assistant physician is already familiar. The bill also changes the number of collaborative practice arrangements that a physician may enter into from three to five.

This bill establishes this state as a member of a compact to facilitate the interstate practice of physical therapy. The compact will become effective after it has been approved by 10 member states. The bill outlines specific requirements that a state must complete in order to participate in the compact and that a licensee must adhere to in order to exercise privileges thereunder.

Any member state may withdraw from the compact at any time by enacting a statute repealing the compact. Such withdrawal shall take effect six months after the enactment of the repealing statute. In addition to the voluntary removal of a member state, the commission may make a determination that a member state has defaulted in the performance of its obligations or responsibilities under the compact. If the state fails to cure the default, a majority of the member states may vote to remove the state from the compact.

This bill establishes a new nursing licensure compact in which states who are members of the compact, known as party states, may issue multi-state nursing licenses for the practice of registered, licensed practical, or vocational nursing. A multi-state nursing license shall authorize a nurse to practice under a multi-state licensure privilege in each party state. The bill does not affect the requirements established by a party state for the issuance of a single-state license. All party states to this compact that were also parties to the prior nurse licensure compact shall be deemed

to have withdrawn from the prior compact within six months after the effective date of this compact. This bill shall become effective upon notification to the Revisor of Statutes by the commission that no less than 26 states have enacted the compact, or December 31, 2018, whichever occurs earlier.

This bill authorizes the State Board of Nursing, Board of Pharmacy, Missouri Dental Board, State Committee of Psychologists, State Board of Chiropractic Examiners, State Board of Optometry, Missouri Board of Occupational Therapy, or State Board of Registration for the Healing Arts within the Department of Insurance, Financial Institutions and Professional Registration to individually or collectively enter into a contractual agreement with the Department of Health and Senior Services, a public institution of higher education, or a nonprofit entity for the purpose of collecting and analyzing workforce data. Information may be obtained from each board's licensees, registrants, or permit holders for future workforce planning and to assess the accessibility and availability of qualified health care services and practitioners in Missouri.

The state board must not request or be authorized to collect income or other financial earnings data. Data collected under these provisions must be deemed the property of the state board requesting the data and must be maintained by the state board in accordance with Chapter 610, RSMo, the Open Meetings and Records Law, provided any information deemed closed or confidential must not be disclosed without consent of the applicable licensee or entity or as otherwise authorized by law. The data must only be released in an aggregate form as specified in the bill and in a manner that cannot be used to identify a specific individual or entity. A contractor must maintain the security and confidentiality of data received or collected and must not use, disclose, or release any data without approval of the applicable state board and the contract between the applicable state board and the contractor must establish a data release and research review policy.

This bill changes the law regarding advanced practice registered nurses (APRNs). In its main provisions, the bill:

Redefines "advanced practice registered nurse"; creates a scope of practice for an advanced practice registered nurse and lists six APRN role areas of practice; requires an APRN's prescriptive authority to include the authority to prescribe, dispense, and administer nonscheduled legend drugs and medications within an APRN's practice and specialty and prescribe, dispense, administer, and provide nonscheduled legend drug samples from pharmaceutical manufacturers to patients at no charge to the patient or any other party; and delineates what an application must contain for an

individual applying to be licensed to practice as an APRN.

This bill adds services rendered by licensed occupational therapists to services that cannot require a higher co-payment or coinsurance than is required for the services of a primary care physician office visit. The bill requires health carriers to clearly state the availability of occupational therapy services and requires the Oversight Division of the Joint Committee on Legislative Research to perform an actuarial analysis of the cost impact health carriers, insureds, and other payers for occupational therapy coverage beginning September 1, 2016, and submit a report by December 31, 2016.

This bill is similar to HB 633 (2015), HB 2328 (2016), HB 1816 (2016), HB 1850 (2016), HB 1866 (2016) and HB 2430 (2016).