

HCS SB 528 -- PROFESSIONAL REGISTRATION

SPONSOR: Wallingford (Cox)

COMMITTEE ACTION: Voted "Do Pass" by the Committee on Professional Registration and Licensing by a vote of 23 to 0.

This bill contains provisions relating to the licensing of certain professions within the Division of Professional Registration.

HAIR BRAIDING

The bill provides that an employee or employer who primarily engages in the practice of combing, braiding, or curling hair without the use of harmful chemicals will not be subject to the licensing requirements of cosmetologists or barbers under Chapter 329 while working with a licensee for a public amusement or entertainment venue.

SOCIAL SECURITY NUMBERS IN PROFESSIONAL LICENSING APPLICATIONS

Under current law, every application for a renewal of a professional license, certificate, registration, or permit must contain the applicant's Social Security number. This bill states that an application for a professional license renewal only has to include a Social Security number in situations where the original application did not contain a Social Security number. After the initial application for license renewal which includes a Social Security number, an applicant is no longer required to provide a Social Security number in subsequent renewal applications.

COLLABORATIVE PRACTICE ARRANGEMENTS WITH ASSISTANT PHYSICIANS

This bill establishes provisions for licensing of an assistant physician. An assistant physician is any medical school graduate who is a resident and citizen of the United States or is a legal resident alien, has successfully completed Step 1 and Step 2 of the United States Medical Licensing Examination or the equivalent of the steps of any other board-approved medical licensing examination within the two-year period immediately preceding application for licensure as an assistant physician, has not completed an approved postgraduate residency and has successfully completed Step 2 of the United States Medical Licensing Examination or the equivalent of such step of any other board-approved medical licensing examination within the immediately preceding two-year period, and has proficiency in the English language.

The bill requires an assistant physician collaborative practice arrangement to limit the assistant physician to providing only

primary care services and only in medically underserved rural or urban areas of this state. For a physician-assistant physician team working in a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as amended, an assistant physician must be considered a physician assistant for purposes of regulations of the Centers for Medicare and Medicaid Services (CMS) and no supervision requirements in addition to the minimum federal law must be required.

For purposes of these provisions, the licensure of assistant physicians must take place within processes established by rules of the State Board of Registration for the Healing Arts within the Department of Insurance, Financial Institutions and Professional Registration. An application for licensure may be denied or the licensure of an assistant physician may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by Section 334.100, RSMo, or the other standards of conduct set by the board by rule.

An assistant physician must clearly identify himself or herself as an assistant physician and must be permitted to use the terms "doctor," "Dr.," or "doc." An assistant physician is prohibited from practicing or attempting to practice without an assistant physician collaborative practice arrangement, except as otherwise provided in these provisions and in an emergency situation. The collaborating physician is responsible at all times for the oversight of the activities of, and accepts responsibility for, primary care services rendered by the assistant physician.

The provisions of Section 334.037 governs collaborative practice arrangements. To be eligible to practice as an assistant physician, a licensed assistant physician must enter into an assistant physician collaborative practice arrangement within six months of his or her initial licensure and must not have more than a six-month time period between collaborative practice arrangements during his or her licensure period. Any renewal of licensure under these provisions must include verification of actual practice under a collaborative practice arrangement during the immediately preceding licensure period.

The bill adds assistant physicians to those health professionals who may enter into a collaborative practice arrangement with a physician. A collaborative practice arrangement may delegate an assistant physician the authority to dispense or prescribe drugs and provide treatment to the extent permitted within the assistant physician's scope of practice and licensure.

The State Board of Registration for the Healing Arts must promulgate rules regulating the use of collaborative practice

arrangements for assistant physicians including geographic areas to be covered, methods of treatment that is covered by collaborative practice arrangements, develop and implement educational methods and programs in conjunction with deans of medical schools and primary care residency program directors in the state, and requirements for the review of services, including delegating authority to prescribe controlled substances.

The bill requires all assistant physicians in collaborative practice arrangements to wear identification badges while acting within the scope of their collaborative practice agreement. The identification badges must prominently display the licensure status of the collaborating physician and assistant physicians.

The bill limits the number of assistant physicians a physician may collaborative with to three.

PHYSICIAN ASSISTANTS

The bill specifies that physician assistants may enroll with the Department of Social Services as a Medicaid provider while billing under a supervision agreement with a physician.

ADVANCED PRACTICE REGISTERED NURSE

Under the bill an advanced practice registered nurse is a person licensed and authorized to engage in the practice of advanced practice professional nursing, and accountable for the quality of care rendered and for consulting with or referring patients to other providers, when appropriate, and recognizing the scope of APRN practice. Advanced practice registered nursing is defined as the performance of advanced nursing with advanced education and specialized training, and includes the performance of certain bills specified in the bill such as patient assessment, performing tests and procedures, and ordering medications in accordance with prescriptive authority. All licensed APRNs are authorized to prescribe medication and prescribe, administer, and dispense samples. The bill provides application requirements in order to become licensed as an APRN. Once an APRN license has been issued, the license holder's APRN license and RN license must be treated as one license for renewal purposes.

CLINICAL SOCIAL WORKER

Currently, an applicant for clinical social worker or advanced macro social worker licensure must complete 3,000 hours of supervised experience within 48 months. This bill states that an applicant who completes at least 4,000 hours of supervised experience within 48 calendar months must be eligible for

application of licensure at 3,000 hours and must be furnished a certificate by the State Committee for Social Workers acknowledging the completion of additional hours. The bill also specifies that a licensed master social worker must not practice independently the scope of practice reserved for clinical social workers or advanced macro social workers.

PHARMACY

The bill adds to the description of the "practice of pharmacy" the administration of hepatitis A, hepatitis B, diphtheria, tetanus, and pertussis vaccines by written protocol authorized by a physician. Also, a pharmacist may administer vaccines in accordance with the treatment guidelines established by the Centers for Disease Control and Prevention and rules jointly promulgated by the Board of Pharmacy and the State Board of Registration for the Healing Arts. A pharmacist must receive additional training for the administration of vaccines as required by the Board of Pharmacy. Within 14 days of administering a vaccine a pharmacist must provide specified information to the patient's primary health care provider.

The bill specifies that a federally employed pharmacist who does not hold him or herself out as a Missouri licensed pharmacist and who is engaged in the practice of pharmacy while in the performance of official duties will not require a Missouri pharmacist license.

The bill provides that pharmacists may label prescription drugs using either a sequential number or a unique identifier.

The bill states that the Board of Pharmacy may inspect class B hospital pharmacies that are not under the inspection authority of the Department of Health and Senior Services. The board and the Department of Health and Senior Services may jointly promulgate rules governing medication services by a pharmacist at or within a hospital. A drug distributor license is not required to transfer medication from a class B hospital pharmacy to a hospital clinic for patient care. Medication dispensed by a hospital to a hospital patient for use outside of the hospital will be dispensed only by a prescription order for medication therapy from a physician.

All pharmacists providing medication therapy services must obtain a certificate of medication therapeutic plan authority as provided by rule. There will be an advisory committee, with members appointed by the board, which will make recommendations to the board and review all rules jointly promulgated by the board and the department.

The bill defines a "class B hospital pharmacy," and provides that

any hospital that holds a pharmacy license on the effective date of the bill must be eligible to obtain a class B pharmacy license without the payment of a fee.

HEARING INSTRUMENT SPECIALISTS

The bill modifies the definition of "hearing instrument" or "hearing aid" by adding language to provided that a wearable instrument is one which provides more than 15 decibel full-on gain via a two cc coupler at any single frequency from 200 through 6,000 cycles per second. In order to obtain a license as a hearing instrument specialist the applicant must successfully pass a qualifying examination.

MEDICALLY UNDERSERVED AREAS

The bill provides that the Department of Health and Senior Services must establish and administer a program to increase the number of medical clinics in medically underserved areas. A county or municipality may establish a medical clinic in an underserved area by contributing start up money for the clinic and may qualify for a matching grant disbursed by the department from the "Medical Clinics in Medically Underserved Areas Fund," which is established in the bill. The Department of Health and Senior Services must not provide more than \$100,000 to any county or municipality in a fiscal year unless the department makes a specific finding of need in the area. The department will promulgate rules establishing eligibility criteria for a medically underserved area, the requirement that a medical clinic utilize an assistant physician in a collaborative practice arrangement, and establish minimum and maximum start up contributions to be matched with grant money and disbursement of the funds.

PROPOSERS: Supporters say that with all the identity theft occurring these days the boards within the Division of Professional Registration are concerned with the licensees providing their Social Security numbers on their license renewals. This will just provide an extra bit of safety in regards to identity theft.

Testifying for the bill were Senator Wallingford; Division of Professional Registration; and the Missouri Society of CPA's.

OPPOSERS: There was no opposition voiced to the committee.