

HCS SCS SB 146 -- PROFESSIONS REGULATED UNDER THE DIVISION OF PROFESSIONAL REGISTRATION

SPONSOR: Pearce (Burlison)

COMMITTEE ACTIONS: Voted "Do Pass" by the Standing Committee on Professional Registration and Licensing by a vote of 12 to 0. Voted "Do Pass with HCS" by the Select Committee on General Laws by a vote of 10 to 0.

This bill changes the laws regarding professions regulated under the Division of Professional Registration within the Department of Insurance, Financial Institutions and Professional Registration.

REMOVAL OF A LAW ENFORCEMENT OFFICER (Section 71.1000, RSMo)

Any law enforcement officer not subject to removal under Section 43.150 or 57.257 must be subject to removal from office or employment by the governing body of the employing political subdivision if the governing body issues a written notice to the officer at least 10 business days prior to the meeting at which his or her removal will be considered; the officer has been given written notice as to the governing body's intent to remove him or her that includes specified information; the officer is given an opportunity to be heard before the governing body, together with any witnesses, evidence, and counsel of his or her choosing; and the governing body, by a simple majority vote, finds just cause for removal as specified in the bill. Upon the satisfaction of the removal procedure, the officer must be immediately removed from office or employment, must be relieved of all duties and responsibilities of the office or employment, and must not be entitled to any further compensation or benefits not already earned, accrued, or agreed upon. Any officer removed under these provisions must be issued a written notice of the grounds of his or her removal with 14 days of the removal.

SECURITY PERSONNEL IN KANSAS CITY (Section 84.720)

The bill specifies that any person who has been issued an occupational license by the Missouri Gaming Commission while working on an excursion gambling boat or an adjacent facility must be exempt from the requirement to be licensed by the police commissioners of the city.

YOUTH SUICIDE AWARENESS AND PREVENTION EDUCATION (Sections 170.047 and 170.048)

Beginning in the 2016-17 school year, any licensed educator may annually complete up to two hours of training or professional

development in youth suicide awareness and prevention as part of the professional development hours required for State Board of Education certification.

The Department of Elementary and Secondary Education must develop suitable guidelines for training or professional development in youth suicide awareness and prevention and materials that may be used for the training or professional development.

Each district must adopt a policy for youth suicide awareness and prevention by July 1, 2017. The department must develop a model policy by July 1, 2016, that districts may adopt. The department must cooperate, consult with, and seek input from organizations that have expertise in youth suicide awareness and prevention. By July 1, 2020, and at least every three years thereafter, the department must request information and seek feedback from districts on their experience with the policy. The department must review this information and may use it to adapt the department's model policy. The department must post the information it receives from districts on its website that it deems relevant but must not post any confidential information or any information that personally identifies a student or school employee.

HEALTH INFORMATION ORGANIZATIONS (Sections 191.236 - 191.238)

The Missouri Health Information Exchange Commission is established with the authority to develop a process by which a health information organization may receive approval status from the commission. The approval process must include compliance with commonly and equally applied standards designed to ensure adherence to nationally recognized standards for interoperability between approved health information organizations and the promotion of standards that allow data to flow as seamlessly as possible between the approved organizations, conduct operations in a transparent manner to promote consumer confidence, adoption and adherence to commission rules regarding access to and use and disclosure of protected health information, financial and operational sustainability in the absence of state and federal funding, and maintenance of policies and procedures to address data security. The commission must also develop a process for the investigation of reported complaints and concerns regarding an approved health information organization, develop and impose the appropriate proactive and remedial measures to address any identified deficiencies, and develop a process by which an approved organization can be re-approved at appropriate intervals.

The bill requires the state to end the practice of conveying state designated entity status to any health information organization and to cease appropriating any moneys for all existing single feasible

source vendor contractors awarded to health information organizations operating within the state. Only approved health information organizations will be qualified to respond to contracting procurement opportunities and be awarded any contract. The state must not restrict the availability of or access to any state agency-sponsored data sets to any approved health information organization.

All approved health information organizations must exchange standard-based clinical summaries for patients and all clinical and claims data from any agency within the state with all other approved health information organizations within the state. Failure to do so must result in the suspension or revocation of approval status and the immediate termination of any contracts, grants, and any other forms of state funding.

PERINATAL ADVISORY COUNCIL (Section 192.380)

The Perinatal Advisory Council is established comprised of representatives from specified community and health organizations and professions. After receiving public input, the council must make recommendations for the division of the state into neonatal and maternal care regions. The council must establish criteria for levels of birthing center care and base its levels of care designations upon evidence and best practices as identified by the American Academy of Pediatrics and the American Congress of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine. Beginning January 1, 2017, hospital license applications must include the appropriate level of maternal care and neonatal care designations as determined by the council. Beginning January 1, 2017, any hospital operated by a state university must report to the Department of Health and Senior Services, upon the department's request, the appropriate level of maternal care designation and neonatal care designation. The department may partner with appropriate nationally recognized nonprofit organizations with relevant expertise to administer the provisions of the bill.

DISABLED PLACARDS AND LICENSE PLATES (Section 301.142)

The bill adds licensed physical therapists to the list of authorized health care practitioners who may issue a statement for his or her patient to receive a disabled placard or license plate.

REGULATION OF PREVIOUSLY UNREGULATED PROFESSIONS AND OCCUPATIONS (Sections 324.001 and 621.280)

The bill specifies that all individuals may engage in the occupation of their choice, free from unreasonable government regulation. The state may not impose a substantial burden on an

individual's pursuit of his or her occupation or profession unless there is an important governmental interest for the state to protect the general welfare. If an important governmental interest does exist, then the regulation adopted must be substantially related to the public interest to be protected.

All bills introduced in the General Assembly to regulate an occupation or profession for the first time must be reviewed according to specified criteria. After evaluating the criteria and considering governmental, economic, and societal costs and benefits, if the General Assembly finds that the state has an important interest in regulating the occupation or profession, the least restrictive type of regulation must be implemented, consistent with the need to protect the general welfare and the provisions of the bill.

After January 1, 2016, an applicant group, defined as an organization or individual that proposes that any occupation or profession be regulated, must submit a written report to the applicable standing committees in the Senate and House of Representatives explaining specified factors to the extent requested by the committee including a definition of the problem and why regulation of the profession is necessary, the description and quantification of the actual harm to the public by not regulating the profession, the efforts made to address the harm caused, the alternatives considered, the benefit to the public if the regulation is granted, the extent to which the public can be confident that qualified practitioners are competent and have maintained their competence, the extent to which regulation might harm the public or restrict entry into the occupation or profession, and the expected costs of regulation. A legislative proposal that contains a continuing education requirement must be accompanied by a detailed explanation of how the requirement could be effective for the profession addressed in the legislation. Nothing in these provisions must be construed to create a right of action against a private party or to require a private party to do business with an individual who is not licensed, certified, or registered with the government or to create a right of action against the state, county, municipal, or other level of government in the state.

The bill specifies that a practitioner actively engaged in a newly regulated occupation or profession for at least one year prior to the effective date of the regulatory statute must have a property right in his or her continued legal ability to engage in his or her occupation or profession. The decision of any newly created board or commission charged with regulating or licensing an occupation or profession to refuse licensure to a pre-existing practitioner must be in writing, specify the reasons for denial, and inform the

practitioner of his or her right to appeal before a neutral decision-maker at the Administrative Hearing Commission.

NONBINDING OPINIONS ISSUED BY BOARDS AND COMMISSIONS (Section 324.023)

The bill specifies that certain professional boards and commissions, as specified in the bill, that license professions may, at its discretion, issue oral or written opinions addressing topics relating to the qualifications, functions, or duties of any profession licensed by the board or commission issuing the guidance. The opinions are for educational purposes, are not binding on the licensee, and cannot be used as the basis for discipline against a licensee. A board or commission may not address topics relating to the qualifications, functions, or duties of any profession licensed by a different board or commission.

COLLABORATIVE PRACTICE ARRANGEMENTS (Section 334.104)

The bill specifies that a collaborative practice arrangement may delegate the authority to administer Schedule II - hydrocodone to an advanced practice registered nurse.

The bill specifies that when a physician performs the required chart review pursuant to a collaborative practice arrangement of an advanced practice registered nurse's delivery of health care services, the collaborating physician need not be present at the health care practitioner's site.

Currently, an advanced practice registered nurse must practice with the collaborating physician continuously present for at least one month before practicing in a setting where the collaborating physician is not continuously present. The bill specifies that this requirement does not apply to collaborative arrangements between a physician and an advanced practice registered nurse if the collaborative physician is new to a patient population with which the collaborating advanced practice registered nurse, assistant physician, or assistant physician is already familiar.

SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS (Sections 345.015 - 345.080)

The bill changes the laws regarding the licensing of speech-language pathologists and audiologists. The bill requires a speech-language pathology assistant to work under the direction and supervision of a licensed speech-language pathologist who has been practicing for at least one year or is licensed by the state, employed by a federal agency, or licensed by the Department of Elementary and Secondary Education for at least one year.

An applicant for registration with the Board of Registration for the Healing Arts within the Department of Insurance, Financial Institutions and Professional Registration as a speech-language pathology assistant must also submit supervising speech-language pathologist information if employment is confirmed, and if not the information must be provided after registration. An applicant must submit evidence of the completion of bachelor's level course work and requirements in the field of speech-language pathology and the completion of the number and type of clinical hours as established by the board through rules and regulations.

The provisions are repealed that require a corporation or other like organization engaged in the business of speech-language pathology or audiology that employs licensed persons in the direct practice of that activity to file a statement with the board specifying that the corporation submits itself to the rules and regulations of the board and specified provisions which the board deems applicable.

Current licensing requirements do not apply to a person who holds a valid certificate as a speech-language pathologist issued by the Department of Elementary and Secondary Education and who is an employee of a public school while providing speech-language pathology services in the school system. The bill specifies that the licensing requirements must not apply to a person who holds a current valid certificate issued by the department prior to January 1, 2016. The licensing requirements must also not apply to a person completing the required number and type of clinical hours required to obtain registration as a speech-language pathology assistant as long as the person is under the direct supervision of a licensed speech-language pathologist and has not completed more than the number of hours required by rule.

The bill repeals the provisions requiring an applicant for licensure as a speech-language pathologist or audiologist to present written evidence of completion of a clinical fellowship. The bill specifies that following the administrative hearing proceedings and a finding that grounds for disciplinary action have been met, the board may restrict or limit the person's ability to practice for an indefinite period of time.

A person who has served as a member of the Advisory Commission for Speech-Language Pathologists and Audiologist for two consecutive terms cannot be reappointed until a lapse of at least two years has occurred following the completion of the person's two consecutive terms.

The bill repeals the provisions allowing the board to issue a

provisional license to practice speech-language pathology or audiology to an applicant who has met specified requirements.

PROPONENTS: Supporters say that currently there are shortages of speech language pathologists throughout the state, especially in rural areas. The bill makes the statute less restrictive which allows speech language pathologist assistants to fill the shortage. The bill makes needed changes to update the provisions regarding credentialing.

Testifying for the bill were Senator Pearce and Diane Golden, Missouri Council of Administration of Special Education.

OPPONENTS: There was no opposition voiced to the committee.