

SS SCS HB 1816 -- HEALTH CARE PROVIDERS

This bill modifies provisions relating to health care professionals and prescription refills.

HEALTHCARE PROFESSIONALS WORKFORCE DATA COLLECTION (Section 324.001, RSMo)

This bill provides that the State Board of Nursing, Board of Pharmacy, Missouri Dental Board, State Committee of Psychologists, State Board of Chiropractic Examiners, State Board of Optometry, State Board of Occupational Therapy, and State Board of Registration for the Healing Arts may enter into contractual agreements with the Department of Health and Senior Services, public institutions of higher education, and nonprofit entities in order to collect and analyze workforce data from its licensees for the purpose of future workforce planning and to assess the accessibility and availability of qualified health care services and practitioners in Missouri.

LICENSURE REQUIREMENTS FOR PHYSICIANS (Sections 334.040 and 334.285)

The bill provides applicants for licensure as a physician or surgeon must provide proof of successful completion of the USMLE or the COMLEX, rather than just proof of completion. The bill repeals the provision authorizing the board to determine the passing score of the USMLE. Currently, an applicant must pass all three steps of the USMLE within seven years with no more than three attempts on any step. This bill adds that an applicant who took the COMLEX must also take all three steps in seven years with no more than three attempts on any step.

The bill removes the provision that states that in order for the board to waive licensure requirements for an applicant who is licensed in another state the applicant must be certified by a certifying agency in the applicant's area of speciality.

The state shall not require adherence to the Federation of State Medical Boards' framework as a condition for physician license renewal or any form of specialty medical board certification to practice medicine within the state. The State Board of Registration for the Healing Arts or any other state agency shall not discriminate against physicians who do not maintain specialty medical board certification.

PHYSICAL THERAPIST COMPACT (Sections 334.1200-334.1233)

The bill creates a physical therapist compact. A member state

shall grant the compact privilege to a licensee holding a valid license in another member state. The licensee providing physical therapy in a remote state is subject to the laws and regulations of the remote state.

To participate in the compact a state must: 1) Participate in the Physical Therapy Compact Commission's data system; 2) Have a mechanism in place for receiving and investigating complaints; 3) Notify the Commission of any adverse action regarding a licensee; 4) Implement a criminal background check; 5) Comply with the rules of the Commission; 6) Use a recognized national examination as a requirement for licensure; and 7) Have continuing education as a requirement for license renewal.

The compact shall not become effective until 10 states enact the compact into law.

NURSING EDUCATION INCENTIVE PROGRAM (Section 335.203)

Currently, the Nursing Education Incentive Program is administered by the Department of Higher Education. This bill makes the State Board of Nursing the administrative agency responsible for implementing the program.

NURSING LICENSURE COMPACT (Sections 335.360-335.415)

This bill establishes a new nursing licensure compact in which states who are members of the compact, known as party states, may issue multistate nursing licenses for the practice of registered, licensed practical, or vocational nursing. A multistate nursing license shall authorize a nurse to practice under a multistate 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.

This compact shall become effective and binding on the earlier of the date of legislative enactment of this compact by no less than 26 states or December 31, 2018. 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 requires a party state to adopt procedures for considering the criminal history of applicants for an initial multistate license, and require an applicant for multistate licensure to: 1) Meet certain educational requirements as specified in the bill; 2) Pass the NCLEX-RN or NCLEX-PN examination; 3) Hold or be eligible for an active, unencumbered license; 4) Submit fingerprints for a criminal background check; 5)

Not have been convicted of a felony or a misdemeanor related to the practice of nursing, or enrolled in an alternative licensure disciplinary program; and 6) Have a valid Social Security number.

A nurse practicing in a party state, not his or her home state, is subject to the jurisdiction of the licensing board, courts, and laws, of the party state in which the client is located at the time service is provided. A party state may take adverse action against a nurse's multistate licensure privilege, and shall notify the administrator of the coordinated licensure information system of any disciplinary action. The administrator shall then inform the licensee's home state of any such action by another state against the licensee.

OPTOMETRY STUDENTS (Section 336.020)

The bill provides that the statutory prohibition of the unlawful practice of optometry shall not apply to students enrolled in an accredited school of optometry training under the direct supervision of a licensed physician or optometrist.

MAINTENANCE MEDICATION (Section 338.202)

This bill provides that a pharmacist may dispense varying quantities of maintenance medication per fill up to the total number of dosage units as authorized by the prescriber, unless the prescriber has specified that dispensing a prescription for maintenance medication in an initial amount is medically necessary. When the dispensing of the maintenance medication is based on refills then the pharmacist shall dispense no more than a 90 day supply and the patient must have already been prescribed the medication for three months.

EARLY REFILLS OF PRESCRIPTION EYE DROPS (Section 376.1237)

The bill extends the sunset provision for coverage of early refills of prescription eye drops from January 1, 2017 to January 1, 2020.

USE OF RESTRAINT BY A PHYSICIAN ASSISTANT OR ASSISTANT PHYSICIAN (Section 630.175)

The bill allows a physician assistant or an assistant physician with a supervision agreement with the attending physician to determine that the physical or chemical restraint, isolation, or seclusion of a patient in a mental health facility or program is or is not necessary.