

HOUSE _____ **AMENDMENT NO.** _____

Offered By

AMEND House Committee Substitute for Senate Bill No. 813, Page 1, Section A, Line 10, by inserting after all of said section and line the following:

“9.179. March twenty-seventh of each year shall be designated as "Medical Radiation Safety Awareness Day" in Missouri. The citizens of this state and our health care professionals community are encouraged to observe the day with activities designed to educate and enhance the awareness of not only the benefits of radiographic medical procedures, but the potential dangers of overexposure to radiation during diagnostic imaging and radiation therapy as well in order to reduce the frequency of adverse events and allow our citizens to make informed decisions about their medical care.”; and

FURTHER AMEND said Bill, Section 67.085, Page 2, Line 22, by inserting after all of said section and line the following:

“191.227. 1. All physicians, chiropractors, hospitals, dentists, and other duly licensed practitioners in this state, herein called "providers", shall, upon written request of a patient, or guardian or legally authorized representative of a patient, furnish a copy of his or her record of that patient's health history and treatment rendered to the person submitting a written request, except that such right shall be limited to access consistent with the patient's condition and sound therapeutic treatment as determined by the provider. Beginning August 28, 1994, such record shall be furnished within a reasonable time of the receipt of the request therefor and upon payment of a fee as provided in this section.

2. Health care providers may condition the furnishing of the patient's health care records to the patient, the patient's authorized representative or any other person or entity authorized by law to obtain or reproduce such records upon payment of a fee for:

(1) (a) [Copying] Search and retrieval, in an amount not more than [twenty-one] twenty-two dollars and [thirty-six cents] one cent plus [fifty] copying in an amount of fifty-two cents per page for the cost of supplies and labor plus, if the health care provider has contracted for off-site records storage and management, any additional labor costs of outside storage retrieval, not to exceed twenty dollars, as adjusted annually pursuant to subsection 5 of this section; or

(b) [If the health care provider stores records in an electronic or digital format, and provides the requested records and affidavit, if requested, in an electronic or digital format, not more than five dollars plus fifty cents per page or twenty-five dollars total, whichever is less] The records shall be furnished electronically upon payment of the search, retrieval and copying fees set under this section at the time of the request or one hundred dollars total, whichever is less, if such person:

a. Requests health records to be delivered electronically in a format of the health care provider's choice;

b. The health care provider stores such records completely in an electronic health record; and

c. The health care provider is capable of providing the requested records and affidavit, if requested, in an electronic format;

(2) Postage, to include packaging and delivery cost; and

(3) Notary fee, not to exceed two dollars, if requested.

3. Notwithstanding provisions of this section to the contrary, providers may charge for the reasonable cost of all duplications of health care record material or information which cannot routinely be copied or duplicated on a standard commercial photocopy machine.

4. The transfer of the patient's record done in good faith shall not render the provider liable to the patient or any other person for any consequences which resulted or may result from disclosure of the patient's record as required by this section.

5. Effective February first of each year, the fees listed in subsection 2 of this section shall be increased or decreased annually based on the annual percentage change in the unadjusted, U.S. city average, annual average inflation rate of the medical care component of the Consumer Price Index for All Urban Consumers (CPI-U). The current reference base of the index, as published by the Bureau of Labor Statistics of the United States Department of Labor, shall be used as the reference base. For purposes of this subsection, the annual average inflation rate shall be based on a twelve-month calendar year beginning in January and ending in December of each preceding calendar year. The department of health and senior services shall report the annual adjustment and the adjusted fees authorized in this section on the department's internet website by February first of each year.”; and

FURTHER AMEND said Bill, Section 313.817, Page 10, Line 55, by inserting after all of said section and line the following:

“338.255. Notwithstanding any other provision of law, no pharmacy licensed in this state shall be required to carry or maintain in inventory any prescription or nonprescription drug or device.

1 338.315. 1. Except as otherwise provided by the board by rule, it shall be unlawful for
2 any pharmacist, pharmacy owner or person employed by a pharmacy to knowingly purchase or
3 receive any legend drugs under 21 U.S.C. Section 353 from other than a licensed or registered
4 drug distributor or licensed pharmacy. Any person who violates the provisions of this section
5 shall, upon conviction, be adjudged guilty of a class A misdemeanor. Any subsequent conviction
6 shall constitute a class D felony.

7 2. Notwithstanding any other provision of law to the contrary, the sale, purchase, or trade
8 of a prescription drug by a pharmacy to other pharmacies is permissible if the total dollar volume
9 of such sales, purchases, or trades are in compliance with the rules of the board and do not exceed
10 five percent of the pharmacy's total annual prescription drug sales.

11 3. Pharmacies shall establish and maintain inventories and records of all transactions
12 regarding the receipt and distribution or other disposition of legend drugs. Such records shall be
13 maintained for two years and be readily available upon request by the board or its representatives.

14 4. The board shall promulgate rules to implement the provisions of this section. Any rule
15 or portion of a rule, as that term is defined in section 536.010, that is created under the authority
16 delegated in this section shall become effective only if it complies with and is subject to all of the
17 provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
18 nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to
19 review, to delay the effective date, or to disapprove and annul a rule are subsequently held
20 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
21 August 28, 2012, shall be invalid and void.

22 338.333. 1. Except as otherwise provided by the board of pharmacy by rule in the event
23 of an emergency or to alleviate a supply shortage, no person or distribution outlet shall act as a
24 wholesale drug distributor or pharmacy distributor without first obtaining license to do so from
25 the Missouri board of pharmacy and paying the required fee. The board may grant temporary
26 licenses when the wholesale drug distributor or pharmacy distributor first applies for a license to
27 operate within the state. Temporary licenses shall remain valid until such time as the board shall
28 find that the applicant meets or fails to meet the requirements for regular licensure. No license
29 shall be issued or renewed for a wholesale drug distributor or pharmacy distributor to operate
30 unless the same shall be operated in a manner prescribed by law and according to the rules and
31 regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be
32 required for each distribution site owned or operated by a wholesale drug distributor or pharmacy
33 distributor, unless such drug distributor or pharmacy distributor meets the requirements of section
34 338.335.

35 2. An agent or employee of any licensed or registered wholesale drug distributor or
36 pharmacy distributor need not seek licensure under this section and may lawfully possess

1 pharmaceutical drugs, if he is acting in the usual course of his business or employment.

2 3. The board may permit out-of-state wholesale drug distributors or out-of-state pharmacy
3 distributors to be licensed as required by sections 338.210 to 338.370 on the basis of reciprocity to
4 the extent that an out-of-state wholesale drug distributor or out-of-state pharmacy distributor both:

5 (1) Possesses a valid license granted by another state pursuant to legal standards
6 comparable to those which must be met by a wholesale drug distributor or pharmacy distributor of
7 this state as prerequisites for obtaining a license under the laws of this state; and

8 (2) Distributes into Missouri from a state which would extend reciprocal treatment under
9 its own laws to a wholesale drug distributor or pharmacy distributor of this state.”; and

10
11 FURTHER AMEND said Bill, Section 339.549, Page 30, Line 17, by inserting after all of said
12 section and line the following:

13 “376.1575. As used in sections 376.1575 to 376.1580, the following terms shall mean:

14 (1) "Completed application", a practitioner's application to a health carrier that seeks the
15 health carrier's authorization for the practitioner to provide patient care services as a member of
16 the health carrier's network and does not omit any information which is clearly required by the
17 application form or the accompanying instructions, including information requiring confirmation
18 from primary verification sources;

19 (2) "Credentialing", a health carrier's process of assessing and validating the qualifications
20 of a practitioner to provide patient care services and act as a member of the health carrier's
21 provider network;

22 (3) "Health carrier", the same meaning as such term is defined in section 376.1350;

23 (4) "Practitioner":

24 (a) A physician or physician assistant eligible to provide treatment services under chapter
25 334;

26 (b) A pharmacist eligible to provide services under chapter 338;

27 (c) A dentist eligible to provide services under chapter 332;

28 (d) A chiropractor eligible to provide services under chapter 331;

29 (e) A podiatrist eligible to provide services under chapter 330;

30 (f) A psychologist or licensed clinical social worker eligible to provide services under
31 chapter 337; or

32 (g) An advanced practice nurse eligible to provide services under chapter 335.

33 376.1578. 1. Within five business days after receipt of an electronically filed
34 credentialing application by a health carrier, the carrier shall send an electronic notice of receipt to
35 the practitioner.

36 2. A health carrier shall assess a health care practitioner's credentialing information and

1 make a decision as to whether to approve or deny the practitioner's credentialing application
2 within ninety calendar days of the date of receipt of the completed application. The ninety-day
3 deadline established in this section shall not apply if the application or subsequent verification of
4 information indicates that the practitioner has:

5 (1) A history of behavioral disorders or other impairments affecting the practitioner's
6 ability to practice, including but not limited to substance abuse;

7 (2) Licensure disciplinary actions against the practitioner's license to practice imposed by
8 any state or territory or foreign jurisdiction;

9 (3) Had the practitioner's hospital admitting or surgical privileges or other organizational
10 credentials or authority to practice revoked, restricted, or suspended based on the practitioner's
11 clinical performance; or

12 (4) A judgment or judicial award against the practitioner arising from a medical
13 malpractice liability lawsuit.

14 3. The department of insurance, financial institutions and professional registration shall
15 establish a mechanism for reporting alleged violations of this section to the department.

16 376.1580. 1. A health carrier shall permit a practitioner to bill and be paid directly by the
17 insurer for providing treatment services as of the date of receipt of the initial credentialing
18 application to the enrollees of the health carrier while the initial credentialing application is under
19 review, subject to the following limitations:

20 (1) The health carrier may limit the payment rate to the fee schedule or other
21 reimbursement mechanism applicable to practitioners who are not included in the health carrier's
22 network of contracted providers;

23 (2) The health carrier may refuse to allow a practitioner the capacity to bill and be directly
24 paid if the practitioner is not affiliated with an entity that has a current contractual relationship
25 with the health carrier to provide treatment services to the health carrier's enrollees as part of the
26 carrier's provider network;

27 (3) The health carrier may refuse to list the practitioner in a directory or other list of
28 providers made available to the health carrier's enrollees as part of the health carrier's provider
29 network;

30 (4) The health carrier may refuse to allow the practitioner to be designated as an enrollee's
31 designated primary care or care coordinating practitioner while the credentialing application is
32 pending;

33 (5) Any obligation to allow a practitioner to bill and be directly paid under this section
34 shall cease upon the health carrier's providing notice to the practitioner that the practitioner's
35 credentialing application has been denied, provided that treatment services rendered prior to the
36 date of receipt of the denial shall be eligible to be billed and directly paid; and

1 (6) Sections 376.383 and 376.384 shall not apply to the first fifteen business days after a
2 health carrier receives a practitioner's initial credentialing application.

3 2. Nothing in this section shall require a health carrier to pay for treatment services which
4 are excluded from the health carrier's benefit plan or require a health carrier to add a practitioner
5 to any of the health carrier's networks.

6 3. The provisions of this section shall not apply:

7 (1) To any practitioner who fails to sign, complete, and return to the health carrier within
8 ten business days after a contract offered by the carrier in response to the practitioner's application
9 for credentialing. Any claim made by such provider prior to the ten business days after a contract
10 is offered by the carrier shall be covered under the provision of sections 376.1575 to 376.1580;

11 (2) At any such time the contractual relationship between the entity with whom the
12 providers are affiliated and the health carrier is not in force or effect.

13 4. Nothing in sections 376.1575 to 376.1580 shall be construed to require a health carrier
14 to accept or add a practitioner to the carrier's provider network.”; and

15
16 Further amend said bill by amending the title, enacting clause, and intersectional references
17 accordingly.