CCS#2 HCS SS SB 608 -- HEALTH CARE

(Vetoed by Governor)

MENINGOCOCCAL MENINGITIS (Sections 167.638 and 174.335, RSMo)

The bill requires the Department of Health and Senior Services to develop a brochure that includes information on all meningococcal vaccines receiving a Category A or B recommendation from the Advisory Committee on Immunization Practices and a recommendation that the current student or entering student receive meningococcal vaccines in accordance with the current Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention guidelines.

Currently, all public institutions of higher education, beginning with the 2004-05 school year, require all students who live on campus to have received the meningococcal vaccine no more than five years prior to enrollment and in accordance with the latest recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention unless the student has a signed statement of medical or religious exemption in his or her file. This bill includes sorority and fraternity residences as on campus living.

HEALTH CARE COST REDUCTION AND TRANSPARENCY ACT (Section 191.875)

This bill establishes the Health Care Cost Reduction and Transparency Act that requires each health care provider licensed in Missouri to make available to the public and on its Internet website the most current price information required under these provisions in a manner that is easily understood by the public.

Beginning July 1, 2018, ambulatory surgical centers and imaging centers must provide an estimate of the current direct payment price information for the 25 most common reported health care services or procedures or 20 of the most common imaging procedures.

Beginning July 1, 2017, the bill requires hospitals to provide the amount that would be charged without discounts for each of the 100 most prevalent diagnosis-related groups as defined by the Medicare program.

Upon written request of a patient for the direct payment cost of a particular health care service or procedure, imaging procedure, or surgery procedure reported under these provisions, a health care provider or facility must provide the information to the patient in writing, either electronically or by mail, within three business days after receiving the request. Posting of such charges on the

health care provider's or facility's website will constitute compliance with these provisions. It shall be a condition of participation in the MO HealthNet program for health care providers located in a Kansas border county to comply with these provisions. If such provider does not comply then a health care provider shall not include any provider located in a Missouri border county.

PALLIATIVE CARE (Sections 191.1075, 191.1080, and 191.1085)

The bill creates the "Missouri Palliative Care and Quality of Life Interdisciplinary Council," to consult with and advise the Department of Health and Senior Services on matters related to the establishment, maintenance, operation, and outcomes evaluation of palliative care initiatives in the state, as well as submit an annual report to the General Assembly assessing the availability of palliative care in the state for patients at early stages of serious disease and analyzing barriers with greater access to palliative care. The bill also creates the "Palliative Care Consumer and Professional Information and Education Program," which must be designed to maximize the effectiveness of palliative care in the state by ensuring the public availability of comprehensive and accurate information about palliative care. The program is required to encourage hospitals to have a palliative care presence on their Intranet or Internet website and to develop and distribute information about palliative care to patients.

These provisions of this bill expire on August 28, 2022.

The bill establishes this state as a member of a compact to facilitate the interstate practice of physical therapy. The primary purpose of the compact is to preserve the regulatory authority of states to protect public health and safety through the current system of state licensure. 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.

The 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.

CERTIFICATE OF NEED (Section 197.315)

Currently, facilities operated by the state are not required to obtain a certificate of need, appropriation of funds to such facilities by the General Assembly are deemed in compliance with certificate of need provisions, and such facilities are deemed to have received an appropriate certificate of need without payment of any fee or charge. The bill requires hospitals operated by the state and licensed under Chapter 197, to obtain a certificate of need and comply with the other provisions of certificate of need except for Department of Mental Health state-operated psychiatric hospitals. Certain types of equipment can still be purchased without a certificate of need.

ADMINISTRATIVE RULES REGULATING THE CONSTRUCTION OF HOSPITALS (Sections 197.065 and 536.031)

This bill requires the Department of Health and Senior Services to promulgate regulations for the construction and renovation of hospitals that will include standards that reflect the Life Safety Code standards imposed under Medicare. Hospitals shall not be required to meet the standards contained in the Facility Guidelines Institute for the Design and Construction of Health Care Facilities, but any hospital that complies with the 2010 or later version of such guidelines shall not be required to comply with any inconsistent or conflicting regulations.

The department may waive enforcement of these standards for licensed hospitals if the department determines that compliance with them would result in unreasonable hardship for the facility and the health and safety of hospital patients would not be compromised by such a waiver or if the hospital used other equivalent standards. Any conflicting regulations promulgated by the department that are currently in existence and that conflict with the standards shall lapse on and after January 1, 2018. Regulations developed under these sections may be incorporated by reference, later additions, or amendments to such rules, regulations, standards, or guidelines as needed to consistently apply current standards of safety and practice.

VACCINATIONS (Section 198.054)

Between October 1 and March 1 of each year, all licensed long-term care facilities must assist their employees, volunteers, and health care workers to obtain a vaccination for the influenza virus by either offering the vaccination at the facility or by providing information as to how to independently obtain it.

MO HEALTHNET COPAYMENTS (Section 208.142)

Beginning October 1, 2016, the Department of Social Services shall require MO HealthNet participants to pay an $8 co-payment fee for use of a hospital emergency department for the treatment of a condition that is not an emergency medical condition.

The bill permits the Department of Social Services to utilize best clinical practices to achieve cost efficacy when administering the MO HealthNet pharmacy program.

MO HEALTHNET MISSED APPOINTMENT FEES (Section 208.148)

This provision permits fee-for-service MO HealthNet health care providers, to the extent permitted by laws pertaining to the termination of patient care, to charge a missed appointment fee to MO HealthNet participants that such participants must pay before scheduling another appointment with that provider. The fee may be charged for missed appointments or for failing to cancel an appointment within 24 hours prior to the appointment. The permissible fees are as follows: No charge for the first missed appointment in a three-year period, $5 for the second missed appointment in a three-year period, $10 for the third missed appointment in a three-year period, and $20 for the fourth and each subsequent missed appointment in a three-year period. Health care providers shall waive the fee in cases of inclement weather. The health care provider shall not charge to nor shall the MO HealthNet participant be reimbursed by the MO HealthNet program for the missed appointment fee.

MO HEALTHNET REIMBURSEMENT (Section 208.152)

Beginning July 1, 2016, and subject to appropriations, the bill requires the MO HealthNet Division within the Department of Social Services to reimburse eligible providers, including psychologists of behavioral, social, and psychophysiological services, including psychologists for the prevention, treatment, or management of physical health problems. A provider must be reimbursed utilizing the specified behavior assessment and intervention reimbursement codes or their successor codes under the Current Procedural Terminology coding system maintained by the American Medical Association.

JOINT COMMITTEE ON PUBLIC ASSISTANCE (208.952)

This bill modifies the Joint Committee on MO HealthNet to create a permanent Joint Committee on Public Assistance. The committee must have as its purpose the study of the efficacy of public assistance programs within the state, determine the resources needed to continue and improve the programs, and develop recommendations on

how to reduce dependency and promote public assistance recipient self-sufficiency as may be appropriate. The committee must receive and obtain information from the departments of Social Services, Mental Health, Health and Senior Services, Elementary and Secondary Education, and any other department as applicable, regarding projected enrollment growth, budgetary matters, and any other information deemed relevant to the committee's purpose.

The committee must meet at least twice a year. A portion of the meeting must be set aside for public testimony. The committee is authorized to hire staff and enter into employment contracts, including an executive director, to conduct special reviews or investigations of the state's public assistance programs. The committee must also conduct an annual rolling five-year forecast of the state's public assistance programs and make recommendations to the General Assembly.

The bill also repeals a section of law relating to a rolling five-year MO HealthNet forecast conducted by the Legislative Budget Office.

PHYSICAL THERAPY LICENSURE COMPACT (Sections 334.1200-334.1233)

The bill establishes this state as a member of a compact to facilitate the interstate practice of physical therapy. The primary purpose of the compact is to preserve the regulatory authority of states to protect public health and safety through the current system of state licensure. 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.

In order to facilitate and coordinate implementation and administration of the compact, the bill establishes the Physical Therapy Compact Commission. The commission shall:

(1) Promulgate uniform rules, having the force and effect of laws, to be binding in all member states;

(2) Be comprised of one delegate from each of the member states, to be selected by the state's licensing board;

(3) Conduct meetings that are open to the public, except under specific circumstances;

(4) Pay the reasonable expenses of its establishment, organization and ongoing activities; and

(5) Provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action and investigative information on all licensed individuals in member states.

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.

NURSE LICENSURE COMPACT (Sections 335.360-335.415)

Codifies changes to the Nurse Licensure Compact adopted by the National Council of State Boards of Nursing on May 4, 2015.

The new Compact language must become effective and binding on the earlier of these dates:

(1) The date of legislative enactment of this Compact into law by at least 26 states; or

(2) December 31, 2018.

The bill repeals the current nurse licensure compact effective December 31, 2018 or upon the enactment of the new compact language by at least 26 states.

DISPENSING OF EMERGENCY SUPPLY OF MEDICATION (Section 338.200)

This bill provides that only a licensed pharmacist can make the determination to dispense an emergency supply of medication without the authorization from the prescriber.

MAINTENANCE MEDICATION (Section 338.202)

The bill permits a pharmacist to 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 must dispense no more than a 90-day supply and the patient must have already been prescribed the medication for three

months.

PRESCRIPTION DRUG COVERAGE (Section 376.379)

The bill requires health carriers or managed care plans offering health benefit plans with prescription drug coverage to offer medication synchronization services that align prescription refill dates. Charging more than the normal co-payment is prohibited for quantities less than prescribed.

PHARMACY BENEFIT MANAGERS (Section 376.388)

Requires each contract between a pharmacy benefit manager (PBM) and a pharmacy or pharmacy's contracting representative to include sources utilized to determine maximum allowable cost and update such pricing information at least every seven days. A PBM must maintain a procedure to eliminate products from the maximum allowable cost (MAC) list of drugs or modify maximum allowable cost pricing within seven days if the drugs do not meet the standards as provided in the bill.

A PBM must reimburse pharmacies for drugs subject to maximum allowable cost pricing based upon pricing information which has been updated within seven days. A drug must not be placed on a MAC list unless there are at least two therapeutically equivalent multi-source generic drugs, or at least one generic drug available from only one manufacturer and is generally available for purchase from national or regional wholesalers.

All contracts must include a process to internally appeal, investigate, and resolve disputes regarding MAC pricing as provided in the bill. Appeals must be upheld if the pharmacy being reimbursed for the drug on the MAC list was not reimbursed according to the provisions of the bill or the drug does not meet the requirements for being placed on the MAC list.

OCCUPATIONAL THERAPY SERVICES (Section 376.1235)

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 to impact health carriers, insureds, and other payers for occupational therapy coverage beginning September 1, 2016, and submit a report by December 31, 2016.

PRESCRIPTION EYE DROP REFILLS (Section 376.1237)

Extends the termination date on provisions relating to the refilling of prescription eye drops to January 1, 2020.

HEALTH CARE PRICE TRANSPARENCY (Section 376.2020)

Under this bill, no contract provision between a health carrier and a health care provider shall be enforceable if such provision prohibits, conditions, or in any way restricts any party to such contract from disclosing to an enrollee, patient, or potential patient the contractual payment amount for a health care service.