CCS HCS SB 635 -- HEALTH CARE

MUNICIPAL HOSPITALS (Section 96.192, RSMo)

This bill allows the board of trustees of any authorized municipal hospital to invest up to 25% of the hospital's funds not required for immediate disbursement in any U.S. investment grade fixed income funds or diversified stock funds, or both. The provisions of the bill must only apply if the hospital: (1) receives less than 1% of its annual revenue from municipal, county, or state taxes; and (2) receives less than 1% of its annual revenue from appropriated funds from the municipality in which such hospital is located.

MENINGOCOCCAL MENINGITIS (Sections 167.638 and 174.335)

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 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.

DYSLEXIA (Sections 167.950 and 633.420)

By December 31, 2017, the bill requires the Department of Elementary and Secondary Education to develop guidelines for the appropriate screening of students for dyslexia and related disorders and to develop the necessary classroom support for such students. Beginning in the 2018-19 school year, each public school, including charter schools, must conduct dyslexia screenings and provide reasonable classroom support consistent with the guidelines developed by the department. Practicing teacher assistance programs must include two hours of in-service training regarding dyslexia and related disorders provided by each school district for all practicing teachers and such training must count as two contact hours of professional development.

This bill creates the Legislative Task Force on Dyslexia. The Task Force will advise and make recommendations to the Governor, Joint Committee on Education, and relevant state agencies. The Task Force will consist of 20 members, as specified in the bill. Except for four legislative members and the Commissioner of Education, the members will be appointed by the President Pro Tem of the Senate and the Speaker of the House of Representatives. The task force will make recommendations for a statewide system for identification, intervention, and delivery of supports for students with dyslexia. The Task Force will hire or contract for hire specialist services to support the work of the Task Force as necessary with appropriations or from other available funding and the Task Force will terminate on August 31, 2018.

CPR INSTRUCTION IN SCHOOLS (Section 170.310)

Beginning in the 2017-18 school year, a student may not receive a certificate of graduation from any public or charter school unless he or she has received 30 minutes of cardiopulmonary resuscitation instruction and training in the proper performance of the heimlich maneuver or other first aid for choking given any time during the student's four years of high school and included in the school district's existing health or physical education curriculum.

EMERGENCY MEDICAL TECHNICIANS (Section 190.142)

Requires initial EMT-P licensure testing to occur through the national registry of EMTs or examinations developed and administered by the Department of Health and Senior Services.

STROKE CENTER DESIGNATIONS (Section 190.241)

The bill provides for an alternative stroke center designation for a hospital. The Department of Health and Senior Services must designate a hospital, upon receipt of an application, as follows:

(1) A level I stroke center if the hospital has been certified as a comprehensive stroke center by the Joint Commission or another certifying organization;

(2) A level II stroke center if the hospital has been certified as primary stroke center by the Joint Commission or other certifying organization; or

(3) A level III stroke center if the hospital has been certified as an acute stroke-ready hospital by the Joint Commission or other certifying organization.

The department must not require compliance with any additional

standards for establishing or renewing stroke designations and the designation must continue as long as the hospital remains certified. The department may remove a hospital's designation if the hospital so requests or if the department determines the certification has been suspended or revoked.

Any hospital receiving this alternative designation must submit annual proof of certification and other contact information, as well as the certification survey results and other specified documents.

Hospitals designated as STEMI or stroke centers must submit data to the department for use in the evaluation and improvement of hospital and emergency medical services' trauma, stroke, and STEMI care. The hospitals must submit data to the department as described in the bill.

MEDICAL HELICOPTERS (Section 190.265)

This bill specifies that any rules and regulations promulgated by the Department of Health and Senior Services, or any interpretation of such rules, must not require hospitals to have a fence or other barriers around a hospital helipad. Additionally, the department is prohibited from promulgating any rules and regulations with respect to the operation or construction of a helipad located at a hospital. The bill requires hospitals to ensure that helipads are free of obstruction and safe for use by a helicopter while on the ground, during approach, and takeoff.

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. The 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.

HOSPITAL EMERGENCY CARE (Section 192.737)

The Department of Health and Senior Services must use patient abstract data collected from hospital infection reporting, the trauma registry, motor vehicle crash and outcome data, and other publicly available data to provide information and create reports for the purpose of data analysis and needs assessment of traumatic brain and spinal cord-injured persons.

EMPLOYEE DISQUALIFICATION LIST (Sections 192.2490 and 192.2495)

Currently, the Department of Health and Senior Services must provide the employee disqualification list upon request to any person, corporation, organization, or association who employs nurses and nursing assistants. This bill changes this provision to any person, corporation, organization, or association who employs health care providers. The bill requires an applicant for a position to have contact with patients or residents of a provider to disclose if the applicant is listed on any of the background checks in the Family Care Safety Registry. A provider who is not otherwise prohibited from employing an individual listed on such background checks may deny employment to an individual listed on any of the background checks in such registry.

REGULATION OF HOSPITALS (Sections 197.065 and 536.031)

The bill requires the Department of Health and Senior Services to promulgate regulations for the construction and renovation of

hospitals that include life safety code standards for hospitals that exclusively reflect the life safety code standards imposed by the federal Medicare program under federal laws and regulations. The bill prohibits the department from requiring a hospital 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 for the construction and renovation of hospitals must not be required to comply with any regulation that is inconsistent or conflicts in any way with such guidelines. The department is authorized to waive the enforcement of the standards imposed by these provisions if the department determines that compliance with those specific standards would result in unreasonable hardship for the facility and if the health and safety of hospital patients would not be compromised by the waiver or waivers.

Regulations promulgated by the department to establish and enforce hospital licensure regulations that conflict with the standards established under these provisions must lapse on and after January 1, 2018.

Hospital licensure regulations governing life safety code standards may incorporate by reference later additions or amendments to the rules, regulations, standards, or guidelines as needed to consistently apply current standards of safety and practice.

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.

This provision of the bill has an emergency clause.

HEALTH CARE WORKFORCE ANALYSIS (Section 324.001)

The bill authorizes the State Board of Nursing, Board of Pharmacy, Missouri Dental Board, State Committee of Psychologists, State Board of Chiropractic Examiners, State Board of Optometry, Missouri Board of Occupational Therapy, or State Board of Registration for the Healing Arts within the Department of Insurance, Financial

Institutions and Professional Registration to individually or collectively enter into a contractual agreement with the Department of Health and Senior Services, a public institution of higher education, or a nonprofit entity for the purpose of collecting and analyzing workforce data. Information may be obtained from each board's licensees, registrants, or permit holders for future workforce planning and to assess the accessibility and availability of qualified health care services and practitioners in Missouri. The boards must work collaboratively with other state governmental entities to ensure coordination and avoid duplication of efforts.

The boards may expend appropriated funds necessary for operational expenses of the program and each board is authorized to accept grants to fund the collection or analysis authorized in these provisions. Any funds received under these provisions must be deposited in the respective board's fund.

Data collection must be controlled and approved by the applicable state board conducting or requesting the collection. The boards may release identifying data to the contractor to facilitate data analysis of the health care workforce including, but not limited to, geographic, demographic, and practice or professional characteristics of licensees. The state board must not request or be authorized to collect income or other financial earnings data. Data collected under these provisions must be deemed the property of the state board requesting the data and must be maintained by the state board in accordance with Chapter 610, the Open Meetings and Records Law, provided any information deemed closed or confidential must not be disclosed without consent of the applicable licensee or entity or as otherwise authorized by law. The data must only be released in an aggregate form as specified in the bill and in a manner that cannot be used to identify a specific individual or entity. Data suppression standards must be addressed and established in the contract.

A contractor must maintain the security and confidentiality of data received or collected and must not use, disclose, or release any data without approval of the applicable state board and the contract between the applicable state board and the contractor must establish a data release and research review policy.

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 Sections 335.300-335.355. The repeal and enactment of these sections is 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.

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 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.