

HCS SB 501 -- HEALTH CARE

SPONSOR: Sater (Stephens)

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health Policy by a vote of 8 to 0. Voted "Do Pass" by the Standing Committee on Rules- Administrative Oversight by a vote of 12 to 0.

This bill modifies provisions relating to health care.

FREEDOM FROM OPIOID ADDICTION DECADE

This bill designates 2017 to 2027 as the "Show-Me Freedom From Opioid Addiction Decade" (Section 9.240, RSMo).

HEALTH CARE RECORDS OF DECEASED

This bill allows a health care provider to disclose a deceased patient's health care or payment records to the executor or administrator of his or her estate, or the power of attorney for health care that specifically directs the health care records be released to him or her after death. If no one has been appointed, and the deceased did not object to disclosure of his or her records in writing, the records may be released, upon written request, to his or her surviving spouse or personal representative, as specified in the bill. The bill specifies that disclosures under the bill cannot be inconsistent with any prior expressed preference of the deceased that is known to the health care provider (Section 191.227).

This is the same as HCS HB 381 (2017).

ADVANCE HEALTH CARE DIRECTIVE REGISTRY

This bill requires the Department of Health and Senior Services to contract with a third party for the establishment of a health care directives registry for the purpose of providing a place to securely store an advance health care directive online and to give authorized health care providers immediate access to the directive. The third party contractor shall be solely responsible for the administration and maintenance of the registry. All data and information contained in the registry shall remain confidential and shall be exempt from the Sunshine Law. An "advance health care directive" is defined as either a power of attorney for health care or a declaration signed by an adult declarant containing the person's direction concerning a health care decision.

All documents shall be submitted electronically to the registry at

intake points, such as licensed health care providers and licensed attorneys, and signed electronically with a unique identifier, such as a Social Security number, a driver's license number, or another unique government-issued identifier. The electronic submission will be accompanied by a fee not to exceed \$10.

The Department may promulgate rules to carry out the provisions of this bill which may include, but not be limited to, a determination of who may access the registry, including physicians, other licensed health care providers, the declarant, and his or her legal representative or designee (Section 194.600).

This is the same as SB 50 (2017).

IMMUNITY FOR MEDICAL ASSISTANCE

This bill specifies that an individual who, in good faith, seeks medical assistance for someone who is experiencing a drug or alcohol overdose or other medical emergency, including seeking assistance for himself or herself in these instances, or if the individual is the subject of a good faith request shall not be arrested, charged, prosecuted, convicted, or have his or her property subject to civil forfeiture or otherwise be penalized for certain specified offenses if the evidence for the arrest, charge, prosecution conviction, seizure, or penalty was gained as a result of seeking medical assistance. The bill also requires any police officer who is in contact with any person who is in need of emergency medical assistance because of a drug or alcohol overdose to provide appropriate information and resources for substance-related assistance (Section 195.205).

This is similar to HB 294 (2017).

EMERGENCY OPIOID ANTAGONISTS

This bill specifies that a law enforcement officer, paramedic, emergency services personnel, or other first responder who administers an emergency opioid antagonist to an individual shall report such use of the emergency opioid antagonist to the police or sheriff's department in the appropriate jurisdiction, and such police or sheriff's department shall produce and provide a police report to the appropriate prosecutor in order to supply such department with information that may support a charge for illegal possession of drugs and use of drugs or drug paraphernalia. Upon receipt and review of the police report, the prosecutor shall recommend the individual who received the emergency opioid antagonist to the appropriate circuit's drug court program (Section 195.206).

This is similar to HB 1137 (2017).

INFLUENZA EDUCATION

No later than October 1 of each year, this bill requires each assisted living and residential care facility to provide residents with education information on the influenza virus. The bill specifies what must be included in the information and nothing in the bill must be construed to require any assisted living or residential care facility to provide or pay for any vaccination against influenza (Section 198.053).

This is similar to SB 334 (2017).

ONLINE LICENSE RENEWAL

This bill provides the acceptable ways in which a professional licensee may submit payment, application, requests for educational time extensions, or notify his or her licensing board for changes to items required as part of licensure to the Division of Professional Registration or its component boards, committees, offices, and commissions (Section 324.003).

This provision is identical to SB 125 (2017).

PHYSICIAN SPORTS MEDICINE SERVICES

This bill permits a physician to travel into Missouri with an athletic team and provide sports-related medical services to specified individuals related to the athletic team so long as the physician is currently licensed to practice medicine in another state and has a written agreement with an athletic team located in the state where the physician is licensed. This bill prohibits such physician from providing medical services at a health care facility in Missouri (Section 334.010).

This is the same as SCS HB 122 (2017).

ASSISTANT PHYSICIANS

This bill requires any medical school graduate who has met the requirements to be an assistant physician between August 28, 2014 and August 28, 2017 and who applies for licensure as of the effective date of the bill to be deemed in compliance with the provisions of the bill (Section 334.036).

This is the same as HCS HB 330 (2017).

LICENSED PRACTICAL NURSES

This bill provides that a licensed practical nurse may provide certain services under the MO HealthNet Personal Care Program without the direction of a registered nurse without impacting the eligibility of a residential care facility or assisted living facility to participate in the Program or receive reimbursement for services (Section 335.099).

This is similar to SCS HB 815 (2017).

PHARMACISTS ADMINISTER VACCINES BY PROTOCOL

This bill requires pharmacists to administer vaccines by protocol in accordance with treatment guidelines established by the Centers for Disease Control and Prevention (CDC) (Section 338.010).

MAINTENANCE MEDICATIONS

Currently, the dispensing of maintenance medication based on refills authorized by a physician or prescriber are limited to a 90-day supply of the medication and the maintenance medication must have been previously prescribed to the patient for at least a three-month period. This bill increases the medication supply limit to 180 days and removes the requirement that the medication was previously prescribed to the patient for a three-month period (Section 338.202).

This is the same as HCS HB 657 (2017).

DRUG TAKE-BACK PROGRAM

This bill authorizes the Missouri Board of Pharmacy to develop a drug take-back program to collect and dispose of Schedule II and III drugs (Section 338.710).

LICENSE RENEWAL FOR SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

This bill provides that license renewal for speech-language pathologists and audiologists shall occur no less frequently than every three years. Additionally, the continuing education requirements for licensed speech-language pathologists and audiologists is limited to 30 hours triennially (Section 345.051).

This is similar to SCS HB 815 (2017).

PAIN CONTROL FOR PATIENT SATISFACTION

This bill provides that the Director of the Department of Insurance, Financial Institutions, and Professional Registration

shall not require patient scoring of pain control in defining the standards for quality of care and patient satisfaction (Section 374.426) .

DRUG, VETERANS, AND FAMILY COURTS

This bill specifies that a drug court, veterans court, or family court shall not prohibit a drug court participant from participating in and receiving medication assisted treatment under the care of a licensed physician if the drug court participant requires such treatment for opioid abuse dependence. A drug court participant assigned to a substance abuse treatment program for opioid abuse or dependence shall not be in violation of the terms or conditions of the program on the basis of his or her participation in medication assisted treatment (Sections 478.004 and 478.200) .

This is similar to HB 710 (2017) .

RISKS OF OPIOID MEDICATION

This bill requires the Department of Mental Health to publish and make available an information form that discloses the risks, benefits, and side effects of taking opioid medication including, but not limited to opioid addiction. The department shall also develop a statewide plan that includes prevention programs to educate the citizens about the potential dangers of misusing prescription medications. The department shall also provide evidence-based treatment services for parents or caregivers of children at risk of being placed out of the home due to the parents' or caregivers' use of opioid medications or other substance abuse. The plan shall be made available to the Governor and the General Assembly by January 3, 2018 (Sections 630.870 and 680.890) .

IMPROVED ACCESS TO TREATMENT FOR OPIOID ADDICTIONS ACT

This bill specifies that the Department of Mental Health shall create the "Improved Access to Treatment for Opioid Addictions Program" (IATOA) to disseminate information and best practices regarding opioid addiction. The program shall also facilitate collaborations to better treat and prevent opioid addiction. Assistant physicians, after completing the necessary requirements, shall collaborate with physicians practicing in the state of Missouri. The Department of Mental Health may choose to develop a curriculum and examination on the subject of opioid addiction and treatment. When an overdose survivor arrives in the emergency department, the assistant physician will meet with the overdose survivor and provide treatment options (Section 630.875) .

NEONATAL ABSTINENCE SYNDROME

This bill allows the Department of Mental Health to study the establishment and implementation of regional neonatal abstinence syndrome step-down units to provide high quality specialized care to infants affected by neonatal abstinence syndrome (Section 630.880).

This bill contains an emergency clause.

PROPOSERS: Supporters say that this bill is a technical fix that will require pharmacists to administer vaccines by protocol.

Testifying for the bill were Senator Sater and the Missouri Pharmacy Association.

OPPOSERS: There was no opposition voiced to the committee.