

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Bill No. 275, Page 5, Section 191.1168, Line 5,
2 by inserting after said section and line the following:

3
4 "192.067. 1. The department of health and senior services, for purposes of conducting
5 epidemiological studies to be used in promoting and safeguarding the health of the citizens of
6 Missouri under the authority of this chapter is authorized to receive information from patient
7 medical records. The provisions of this section shall also apply to the collection, analysis, and
8 disclosure of nosocomial infection data from patient records collected pursuant to section 192.667
9 and to the collection of data under section 192.990.

10 2. The department shall maintain the confidentiality of all medical record information
11 abstracted by or reported to the department. Medical information secured pursuant to the provisions
12 of subsection 1 of this section may be released by the department only in a statistical aggregate form
13 that precludes and prevents the identification of patient, physician, or medical facility except that
14 medical information may be shared with other public health authorities and coinvestigators of a
15 health study if they abide by the same confidentiality restrictions required of the department of
16 health and senior services and except as otherwise authorized by the provisions of sections 192.665
17 to 192.667, or section 192.990. The department of health and senior services, public health
18 authorities and coinvestigators shall use the information collected only for the purposes provided for
19 in this section ~~and~~, section 192.667, or section 192.990.

20 3. No individual or organization providing information to the department in accordance with
21 this section shall be deemed to be or be held liable, either civilly or criminally, for divulging
22 confidential information unless such individual organization acted in bad faith or with malicious
23 purpose.

24 4. The department of health and senior services is authorized to reimburse medical care
25 facilities, within the limits of appropriations made for that purpose, for the costs associated with
26 abstracting data for special studies.

27 5. Any department of health and senior services employee, public health authority or
28 coinvestigator of a study who knowingly releases information which violates the provisions of this
29 section shall be guilty of a class A misdemeanor and, upon conviction, shall be punished as provided
30 by law."; and

31
32 Further amend said bill, Pages 10 to 16, Section 192.990, Lines 1-215, by deleting all of said section
33 and lines and inserting in lieu thereof the following:

34
35 "192.990. 1. There is hereby established within the department of health and senior services
36 the "Pregnancy-Associated Mortality Review Board" to improve data collection and reporting with

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1 respect to maternal deaths. The department may collaborate with localities and with other states to
 2 meet the goals of the initiative.

3 2. For purposes of this section, the following terms shall mean:

4 (1) "Department", the Missouri department of health and senior services;

5 (2) "Maternal death", the death of a woman while pregnant or during the one-year period
 6 following the date of the end of pregnancy, regardless of the cause of death and regardless of
 7 whether a delivery, miscarriage, or death occurs inside or outside of a hospital.

8 3. The board shall be composed of no more than eighteen members, with a chair elected
 9 from among its membership. The board shall meet at least twice per year and shall approve the
 10 strategic priorities, funding allocations, work processes, and products of the board. Members of the
 11 board shall be appointed by the director of the department. Members shall serve four-year terms,
 12 except that the initial terms shall be staggered so that approximately one-third serve three, four, and
 13 five-year terms.

14 4. The board shall have a multidisciplinary and diverse membership that represents a variety
 15 of medical and nursing specialties, including, but not limited to, obstetrics and maternal-fetal care,
 16 as well as state or local public health officials, epidemiologists, statisticians, community
 17 organizations, geographic regions, and other individuals or organizations that are most affected by
 18 maternal deaths and lack of access to maternal health care services.

19 5. The duties of the board shall include, but not be limited to:

20 (1) Conducting ongoing comprehensive, multidisciplinary reviews of all maternal deaths;

21 (2) Identifying factors associated with maternal deaths;

22 (3) Reviewing medical records and other relevant data, which shall include, to the extent
 23 available:

24 (a) A description of the maternal deaths determined by matching each death record of a
 25 maternal death to a birth certificate of an infant or fetal death record, as applicable, and an indication
 26 of whether the delivery, miscarriage, or death occurred inside or outside of a hospital;

27 (b) Data collected from medical examiner and coroner reports, as appropriate; and

28 (c) Using other appropriate methods or information to identify maternal deaths, including
 29 deaths from pregnancy outcomes not identified under paragraph (a) of this subdivision;

30 (4) Consulting with relevant experts, as needed;

31 (5) Analyzing cases to produce recommendations for reducing maternal mortality;

32 (6) Disseminating recommendations to policy makers, health care providers and facilities,
 33 and the general public;

34 (7) Recommending and promoting preventative strategies and making recommendations for
 35 systems changes;

36 (8) Protecting the confidentiality of the hospitals and individuals involved in any maternal
 37 deaths;

38 (9) Examining racial and social disparities in maternal deaths;

39 (10) Subject to appropriation, providing for voluntary and confidential case reporting of
 40 maternal deaths to the appropriate state health agency by family members of the deceased, and other
 41 appropriate individuals, for purposes of review by the board;

42 (11) Making publicly available the contact information of the board for use in such
 43 reporting;

44 (12) Conducting outreach to local professional organizations, community organizations, and
 45 social services agencies regarding the availability of the review board; and

46 (13) Ensuring that data collected under this section is made available, as appropriate and
 47 practicable, for research purposes, in a manner that protects individually identifiable or potentially
 48 identifiable information and that is consistent with state and federal privacy laws.

49 6. The board may contract with other entities consistent with the duties of the board.

1 7. (1) Before June 30, 2020, and annually thereafter, the board shall submit to the Director
2 of the Centers for Disease Control and Prevention, the director of the department, the governor, and
3 the general assembly a report on maternal mortality in the state based on data collected through
4 ongoing comprehensive, multidisciplinary reviews of all maternal deaths, and any other projects or
5 efforts funded by the board. The data shall be collected using best practices to reliably determine
6 and include all maternal deaths, regardless of the outcome of the pregnancy and shall include data,
7 findings, and recommendations of the committee, and, as applicable, information on the
8 implementation during such year of any recommendations submitted by the board in a previous
9 year.

10 (2) The report shall be made available to the public on the department's website and the
11 director shall disseminate the report to all health care providers and facilities that provide women's
12 health services in the state.

13 8. The director of the department, or his or her designee, shall provide the board with the
14 copy of the death certificate and any linked birth or fetal death certificate for any maternal death
15 occurring within the state.

16 9. Upon request by the department, health care providers, health care facilities, clinics,
17 laboratories, medical examiners, coroners, law enforcement agencies, driver's license bureaus, other
18 state agencies, and facilities licensed by the department shall provide to the department data related
19 to maternal deaths from sources such as medical records, autopsy reports, medical examiner's
20 reports, coroner's reports, law enforcement reports, motor vehicle records, social services records,
21 and other sources as appropriate. Such data requests shall be limited to maternal deaths which have
22 occurred within the previous twenty-four months. No entity shall be held liable for civil damages or
23 be subject to any criminal or disciplinary action when complying in good faith with a request from
24 the department for information under the provisions of this subsection.

25 10. (1) The board shall protect the privacy and confidentiality of all patients, decedents,
26 providers, hospitals, or any other participants involved in any maternal deaths. In no case shall any
27 individually identifiable health information be provided to the public or submitted to an information
28 clearinghouse.

29 (2) Nothing in this subsection shall prohibit the board or department from publishing
30 statistical compilations and research reports that:

31 (a) Are based on confidential information relating to mortality reviews under this section;
32 and

33 (b) Do not contain identifying information or any other information that could be used to
34 ultimately identify the individuals concerned.

35 (3) Information, records, reports, statements, notes, memoranda, or other data collected
36 under this section shall not be admissible as evidence in any action of any kind in any court or
37 before any other tribunal, board, agency, or person. Such information, records, reports, notes,
38 memoranda, data obtained by the department or any other person, statements, notes, memoranda, or
39 other data shall not be exhibited nor their contents disclosed in any way, in whole or in part, by any
40 officer or representative of the department or any other person. No person participating in such
41 review shall disclose, in any manner, the information so obtained except in strict conformity with
42 such review project. Such information shall not be subject to disclosure under chapter 610.

43 (4) All information, records of interviews, written reports, statements, notes, memoranda, or
44 other data obtained by the department, the board, and other persons, agencies, or organizations so
45 authorized by the department under this section shall be confidential.

46 (5) All proceedings and activities of the board, opinions of members of such board formed
47 as a result of such proceedings and activities, and records obtained, created, or maintained under this
48 section, including records of interviews, written reports, statements, notes, memoranda, or other data
49 obtained by the department or any other person, agency, or organization acting jointly or under

contract with the department in connection with the requirements of this section, shall be confidential and shall not be subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding; provided, however, that nothing in this section shall be construed to limit or restrict the right to discover or use in any civil or criminal proceeding anything that is available from another source and entirely independent of the board's proceedings.

(6) Members of the board shall not be questioned in any civil or criminal proceeding regarding the information presented in or opinions formed as a result of a meeting or communication of the board; provided, however, that nothing in this section shall be construed to prevent a member of the board from testifying to information obtained independently of the board or which is public information.

11. The department may use grant program funds to support the efforts of the board and may apply for additional federal government and private foundation grants as needed. The department may also accept private, foundation, city, county, or federal moneys to implement the provisions of this section.

Further amend said bill, Page 22, Section 196.100, Line 18, by inserting after all of said section and line the following:

"198.082. 1. Each certified nursing assistant hired to work in a skilled nursing or intermediate care facility after January 1, 1980, shall have successfully completed a nursing assistant training program approved by the department or shall enroll in and begin the first available approved training program which is scheduled to commence within ninety days of the date of the certified nursing assistant's employment and which shall be completed within four months of employment. Training programs shall be offered at any facility licensed ~~[or approved]~~ by the department of health and senior services; any skilled nursing or intermediate care unit in a Missouri veterans home, as defined in section 42.002; or any hospital, as defined in section 197.020. Training programs shall be ~~[which is most]~~ reasonably accessible to the enrollees in each class. The program may be established by ~~[the]~~ a skilled nursing or intermediate care facility, unit, or hospital; by a professional organization^[5]; or by the department, and training shall be given by the personnel of the facility, unit, or hospital; by a professional organization^[5]; by the department^[5]; by any community college; or by the vocational education department of any high school.

2. As used in this section the term "certified nursing assistant" means an employee^[5] who has completed the training required under subsection 1 of this section, who has passed the certification exam, and ~~[including a nurse's aide or an orderly,]~~ who is assigned by a skilled nursing or intermediate care facility, unit, or hospital to provide or assist in the provision of direct resident health care services under the supervision of a nurse licensed under the nursing practice law, chapter 335.

3. This section shall not apply to any person otherwise regulated or licensed to perform health care services under the laws of this state. It shall not apply to volunteers or to members of religious or fraternal orders which operate and administer the facility, if such volunteers or members work without compensation.

~~[3.] 4. The training program [after January 1, 1989, shall consist of at least the following:~~

~~—— (1) A training program consisting]~~ requirements shall be defined in regulation by the department and shall require ~~[of]~~ at least seventy-five classroom hours of training ~~[on basic nursing skills, clinical practice, resident safety and rights, the social and psychological problems of residents, and the methods of handling and caring for mentally confused residents such as those with Alzheimer's disease and related disorders,]~~ and one hundred hours supervised and on-the-job training. On-the-job training sites shall include supervised practical training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under

the direct supervision of a registered nurse or a licensed practical nurse. The ~~[one hundred hours]~~ training shall be completed within four months of employment and may consist of normal employment as nurse assistants or hospital nursing support staff under the supervision of a licensed nurse~~]; and~~

~~—— (2) Continuing in-service training to assure continuing competency in existing and new nursing skills. All nursing assistants trained prior to January 1, 1989, shall attend, by August 31, 1989, an entire special retraining program established by rule or regulation of the department which shall contain information on methods of handling mentally confused residents and which may be offered on premises by the employing facility].~~

[4.] 5. Certified nursing assistants who have not successfully completed the nursing assistant training program prior to employment may begin duties as a certified nursing assistant [only after completing an initial twelve hours of basic orientation approved by the department] and may provide direct resident care only if under the [general] direct supervision of a licensed nurse prior to completion of the seventy-five classroom hours of the training program.

6. The competency evaluation shall be performed in a facility, as defined in 42 CFR Sec. 483.5, or laboratory setting comparable to the setting in which the individual shall function as a certified nursing assistant.

7. Persons completing the training requirements of unlicensed assistive personnel under 19 CSR 30-20.125 or its successor regulation, and who have completed the competency evaluation, shall be allowed to sit for the certified nursing assistant examination and be deemed to have fulfilled the classroom and clinical standards for designation as a certified nursing assistant.

8. The department of health and senior services may offer additional training programs and certifications to students who are already certified as nursing assistants according to regulations promulgated by the department and curriculum approved by the board."; and

Further amend said bill, Page 44, Section 334.749, Line 43, by inserting after all of said section and line the following:

"334.1135. 1. There is hereby established a joint task force to be known as the "Joint Task Force on Radiologic Technologist Licensure".

2. The task force shall be composed of the following:

(1) Two members of the senate, one of whom shall be appointed by the president pro tempore and one by the minority leader of the senate;

(2) Two members of the house of representatives, one of whom shall be appointed by the speaker and one by the minority leader of the house of representatives;

(3) A clinic administrator, or his or her designee, appointed by the Missouri Association of Rural Health Clinics;

(4) A physician appointed by the Missouri State Medical Association;

(5) A pain management physician appointed by the Missouri Society of Anesthesiologists;

(6) A radiologic technologist appointed by the Missouri Society of Radiologic Technologists;

(7) A nuclear medicine technologist appointed by the Missouri Valley Chapter of the Society of Nuclear Medicine and Molecular Imaging;

(8) An administrator of an ambulatory surgical center appointed by the Missouri Ambulatory Surgical Center Association;

(9) A physician appointed by the Missouri Academy of Family Physicians;

(10) A certified registered nurse anesthetist appointed by the Missouri Association of Nurse Anesthetists;

(11) A physician appointed by the Missouri Radiological Society;

1 (12) The director of the Missouri state board of registration for the healing arts, or his or her
 2 designee; and

3 (13) The director of the Missouri state board of nursing, or his or her designee.

4 3. The joint task force shall review the current status of licensure of radiologic technologists
 5 in Missouri and shall develop a plan to address the most appropriate method to protect public safety
 6 when radiologic imaging and radiologic procedures are utilized. The plan shall include:

7 (1) An analysis of the risks associated if radiologic technologists are not licensed;

8 (2) The creation of a Radiologic Imaging and Radiation Therapy Advisory Commission;

9 (3) Procedures to address the specific needs of rural health care and the availability of
 10 licensed radiologic technologists;

11 (4) Requirements for licensure of radiographer, radiation therapist, nuclear medicine
 12 technologist, nuclear medicine advanced associate, radiologist assistant, limited x-ray machine
 13 operators;

14 (5) Reasonable exemptions to licensure;

15 (6) Continuing education and training;

16 (7) Penalty provisions; and

17 (8) Other items that the task force deems relevant for the proper determination of licensure
 18 of radiologic technologists in Missouri.

19 4. The task force shall meet within thirty days of its creation and select a chair and vice
 20 chair. A majority of the task force shall constitute a quorum, but the concurrence of a majority of
 21 total members shall be required for the determination of any matter within the joint task force's
 22 duties.

23 5. The task force shall be staffed by legislative personnel of as is deemed necessary to assist
 24 the task force in the performance of its duties.

25 6. The members of the task force shall serve without compensation, but may, subject to
 26 appropriation, be entitled to reimbursement for actual and necessary expenses incurred in the
 27 performance of their official duties.

28 7. The task force shall submit a full report of its activities, including the plan developed
 29 under subsection 3 of this section, to the general assembly on or before January 15, 2020. The task
 30 force shall send copies of the report to the director of the division of professional registration.

31 335.175. 1. No later than January 1, 2014, there is hereby established within the state board
 32 of registration for the healing arts and the state board of nursing the "Utilization of Telehealth by
 33 Nurses". An advanced practice registered nurse (APRN) providing nursing services under a
 34 collaborative practice arrangement under section 334.104 may provide such services outside the
 35 geographic proximity requirements of section 334.104 if the collaborating physician and advanced
 36 practice registered nurse utilize telehealth in the care of the patient and if the services are provided
 37 in a rural area of need. Telehealth providers shall be required to obtain patient consent before
 38 telehealth services are initiated and ensure confidentiality of medical information.

39 2. As used in this section, "telehealth" shall have the same meaning as such term is defined
 40 in section 191.1145.

41 3. (1) The boards shall jointly promulgate rules governing the practice of telehealth under
 42 this section. Such rules shall address, but not be limited to, appropriate standards for the use of
 43 telehealth.

44 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created
 45 under the authority delegated in this section shall become effective only if it complies with and is
 46 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
 47 chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to
 48 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently
 49 held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after

1 August 28, 2013, shall be invalid and void.

2 4. For purposes of this section, "rural area of need" means any rural area of this state which
3 is located in a health professional shortage area as defined in section 354.650.

4 ~~[5. Under section 23.253 of the Missouri sunset act:~~

5 ~~—— (1) The provisions of the new program authorized under this section shall automatically~~
6 ~~sunset six years after August 28, 2013, unless reauthorized by an act of the general assembly; and~~

7 ~~—— (2) If such program is reauthorized, the program authorized under this section shall~~
8 ~~automatically sunset twelve years after the effective date of the reauthorization of this section; and~~

9 ~~—— (3) This section shall terminate on September first of the calendar year immediately~~
10 ~~following the calendar year in which the program authorized under this section is sunset.]"; and~~

11
12 Further amend said bill by amending the title, enacting clause, and intersectional references
13 accordingly.