SECOND REGULAR SESSION SENATE COMMITTEE SUBSTITUTE FOR

HOUSE BILL NO. 1383

100TH GENERAL ASSEMBLY

Reported from the Committee on Health and Pensions, April 29, 2020, with recommendation that the Senate Committee Substitute do pass.

3795S.04C

ADRIANE D. CROUSE, Secretary.

AN ACT

To repeal sections 190.092, 191.1146, 196.990, 334.285, 376.1345, 376.1575, and 376.1578, RSMo, and to enact in lieu thereof seventeen new sections relating to health care, with an emergency clause for a certain section.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Sections 190.092, 191.1146, 196.990, 334.285, 376.1345,

- 2 376.1575, and 376.1578, RSMo, are repealed and seventeen new sections enacted
- 3 in lieu thereof, to be known as sections 9.152, 9.166, 9.182, 9.300, 9.309, 190.092,
- 4 190.1005, 191.940, 191.1146, 195.805, 195.830, 196.990, 321.621, 334.285,
- 5 376.1345, 376.1575, and 376.1578, to read as follows:
 - 9.152. The month of May is hereby designated as "Mental Health
- 2 Awareness Month". The citizens of this state are encouraged to
- 3 participate in appropriate awareness and educational activities that
- 4 emphasize the importance of good mental health and the effects of
- 5 mental illness on Missourians.
- 9.166. The month of July shall be known as "Minority Mental
- 2 Health Awareness Month". The citizens of this state are encouraged to
- 3 observe the month with appropriate events and activities to raise
- 4 awareness of the effects of mental illness on minorities.
 - 9.182. The month of September shall be designated as "Deaf
- 2 Awareness Month" and the last week of September shall be designated
- 3 as "Deaf Awareness Week" in Missouri. The citizens of this state are
- 4 encouraged to participate in appropriate activities and events to
- 5 commemorate the first World Congress of the World Federation of the

- 6 Deaf in 1951 and to increase awareness of deaf issues, people, and 7 culture.
- 9.300. The twenty-second day of each month shall be designated as "Buddy Check 22 Day" in the state of Missouri. Citizens of this state
- 3 are encouraged to check in on veterans on the twenty-second day of
- 4 each month and participate in appropriate events and activities that
- 5 raise awareness of the problem of suicide facing military personnel.
- 9.309. The month of April is hereby designated as "Limb Loss
- 2 Awareness Month" in Missouri. Citizens of this state are encouraged to
- 3 engage in appropriate events and activities to spread awareness about
- 4 limb loss and limb difference.
 - 190.092. 1. This section shall be known and may be cited as the "Public
- 2 Access to Automated External Defibrillator Act".
- 2. [A person or entity who acquires an automated external defibrillator
- 4 shall ensure that:
- 5 (1) Expected defibrillator users receive training by the American Red
- 6 Cross or American Heart Association in cardiopulmonary resuscitation and the
- 7 use of automated external defibrillators, or an equivalent nationally recognized
- 8 course in defibrillator use and cardiopulmonary resuscitation;
- 9 (2) The defibrillator is maintained and tested according to the
- 10 manufacturer's operational guidelines;
- 11 (3) Any person who renders emergency care or treatment on a person in
- 12 cardiac arrest by using an automated external defibrillator activates the
- 13 emergency medical services system as soon as possible; and
- 14 (4) Any person or entity that owns an automated external defibrillator
- 15 that is for use outside of a health care facility shall have a physician review and
- 16 approve the clinical protocol for the use of the defibrillator, review and advise
- 17 regarding the training and skill maintenance of the intended users of the
- 18 defibrillator and assure proper review of all situations when the defibrillator is
- 19 used to render emergency care.
- 3. Any person or entity who acquires an automated external defibrillator
- 21 shall notify the emergency communications district or the ambulance dispatch
- 22 center of the primary provider of emergency medical services where the
- 23 automated external defibrillator is to be located.
- 4.] A person or entity that acquires an automated external
- 25 defibrillator shall:

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- 26 (1) Comply with all regulations governing the placement of an 27 automated external defibrillator;
- 28 (2) Ensure that the automated external defibrillator is 29 maintained and tested according to the operation and maintenance 30 guidelines set forth by the manufacturer;
 - (3) Ensure that the automated external defibrillator is tested at least every two years and after each use; and
 - (4) Ensure that an inspection is made of all automated external defibrillators on the premises at least every ninety days for potential issues related to the operation of the device, including a blinking light or other obvious defect that may suggest tampering or that another problem has arisen with the functionality of the automated external defibrillator.
- 39 3. Any person who gratuitously and in good faith renders emergency care by use of or provision of an automated external defibrillator shall not be held 40 liable for any civil damages or subject to any criminal penalty as a result of 41 42 such care or treatment, unless the person acts in a willful and wanton or reckless 43 manner in providing the care, advice, or assistance. The person who or entity [who] that provides [appropriate] training to the person using an automated 44 external defibrillator, the person or entity responsible for the site where the 45 automated external defibrillator is located, and the person or entity that owns 46 the automated external defibrillator, the person or entity that provided clinical 47 protocol for automated external defibrillator sites or programs, and the licensed 48 physician who reviews and approves the clinical protocol shall likewise not be 49 held liable for civil damages or subject to any criminal penalty resulting 50 from the use of an automated external defibrillator. [Nothing in this section shall 51 affect any claims brought pursuant to chapter 537 or 538.] 52
- [5.] **4.** All basic life support ambulances and stretcher vans operated in the state of Missouri shall be equipped with an automated external defibrillator and be staffed by at least one individual trained in the use of an automated external defibrillator.
- [6.] **5.** The provisions of this section shall apply in all counties within the state and any city not within a county.
 - 190.1005. Notwithstanding any other provision of law to the contrary, any training or course in cardiopulmonary resuscitation shall also include instruction on the proper use of automated external

- 4 defibrillators. Such training or course shall follow the standards
- 5 created by the American Red Cross or the American Heart Association,
- 6 or equivalent evidence-based standards from a nationally recognized
- 7 organization.
- 191.940. 1. This section shall be known and may be cited as the 2 "Postpartum Depression Care Act".
 - 2. As used in this section, the following terms shall mean:
- 4 (1) "Ambulatory surgical center", the same meaning as defined in 5 section 197.200;
- 6 (2) "Hospital", the same meaning as defined in section 197.020.
- 7 3. All hospitals and ambulatory surgical centers that provide
- 8 labor and delivery services shall, prior to discharge following
- 9 pregnancy, provide pregnant women and, if possible, fathers and other
- 10 family members with information about postpartum depression,
- 11 including its symptoms, methods of treatment, and available
- 12 resources. The department of health and senior services, in
- 13 cooperation with the department of mental health, shall provide
- 14 written information that hospitals and ambulatory surgical centers may
- 15 use and shall include such information on its website.
 - 191.1146. 1. Physicians licensed under chapter 334 who use telemedicine
 - 2 shall ensure that a properly established physician-patient relationship exists with
 - 3 the person who receives the telemedicine services. The physician-patient
 - 4 relationship may be established by:
 - 5 (1) An in-person encounter through a medical interview and physical
 - 6 examination;
 - 7 (2) Consultation with another physician, or that physician's delegate, who
 - 8 has an established relationship with the patient and an agreement with the
 - 9 physician to participate in the patient's care; or
- 10 (3) A telemedicine encounter, if the standard of care does not require an
- 11 in-person encounter, and in accordance with evidence-based standards of practice
- 12 and telemedicine practice guidelines that address the clinical and technological
- 13 aspects of telemedicine.
- 14 2. In order to establish a physician-patient relationship through
- 15 telemedicine:
- 16 (1) The technology utilized shall be sufficient to establish an informed
- 17 diagnosis as though the medical interview and physical examination has been

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- 18 performed in person; and
- 19 (2) Prior to providing treatment, including issuing prescriptions or 20 physician certifications under article XIV of the Missouri Constitution, 21 a physician who uses telemedicine shall interview the patient, collect or review 22 relevant medical history, and perform an examination sufficient for the diagnosis 23 and treatment of the patient. A questionnaire completed by the patient, whether
- 24 via the internet or telephone, does not constitute an acceptable medical interview
- 25 and examination for the provision of treatment by telehealth.
 - 195.805. 1. No edible marijuana-infused product sold in Missouri pursuant to article XIV of the Missouri Constitution shall be designed, produced, or marketed in a manner that is designed to appeal to persons under eighteen years of age, including, but not limited to, the following:
 - 6 (1) Candies, including gummies, lollipops, cotton candy, or any 7 product using the word "candy" or "candies" on the label; or
- 8 (2) Products in the shape of a human, animal, or fruit, including 9 realistic, artistic, caricature, or cartoon renderings. However, 10 geometric shapes, including, but not limited to, circles, squares, 11 rectangles, and triangles, shall be permitted.
 - 2. Any licensed or certified entity regulated by the department of health and senior services pursuant to article XIV of the Missouri Constitution found to have violated the provisions of this section shall be subject to department sanctions, including an administrative penalty, in accordance with the regulations promulgated by the department pursuant to article XIV of the Missouri Constitution.
 - 3. Each individually wrapped edible marijuana-infused product containing any amount of tetrahydrocannabinols (THC) shall be stamped or the package or wrapping otherwise labeled with a diamond containing the letters "THC" and the number of milligrams of THC in that individually wrapped product.
- 4. The department shall promulgate rules and regulations regarding edible marijuana-infused products designed to appeal to persons under eighteen years of age, as well as promulgate rules and regulations to establish a process by which a licensed or certified entity may seek approval of an edible product design, package, or label prior to such product's manufacture or sale in order to determine compliance with the provisions of this section and any rules

30 promulgated pursuant to this section. Any rule or portion of a rule, as that term is defined in section 536.010 that is created under the 31 authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are 34 nonseverable and if any of the powers vested with the general assembly 35 36 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, 37 38 then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2020, shall be invalid and void. 39

195.830. 1. The department of health and senior services shall require all officers, managers, contractors, employees, and other support staff of licensed or certified medical marijuana facilities, and all owners of such medical marijuana facilities who will have access to the facilities or to the facilities' medical marijuana, to submit fingerprints to the Missouri state highway patrol for the purpose of conducting a state and federal fingerprint-based criminal background check.

- 2. The department may require that such fingerprint submissions be made as part of a medical marijuana facility application for licensure or certification, a medical marijuana facility application for renewal of licensure or certification, and an individual's application for an identification card authorizing that individual to be an owner, officer, manager, contractor, employee, or other support staff of a medical marijuana facility.
- 16 3. Fingerprint cards and any required fees shall be sent to the Missouri state highway patrol's central repository. The fingerprints 17 shall be used for searching the state criminal records repository and 19 shall also be forwarded to the Federal Bureau of Investigation for a federal criminal records search under section 43.540. The Missouri 20 state highway patrol shall notify the department of any criminal 2122history record information or lack of criminal history record information discovered on the individual. Notwithstanding the 23provisions of section 610.120 to the contrary, all records related to any 24criminal history information discovered shall be accessible and available to the department. 26
 - 4. For purposes of this section, a "medical marijuana facility"

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shall include a medical marijuana cultivation facility, a medical marijuana dispensary facility, a medical marijuana-infused products manufacturing facility, and a medical marijuana testing facility, as such terms are defined in section 1 of article XIV of the Missouri Constitution, or any facility licensed or certified by the department under the authority of article XIV.

196.990. 1. As used in this section, the following terms shall mean:

- 2 (1) "Administer", the direct application of an epinephrine auto-injector to 3 the body of an individual;
- 4 (2) "Authorized entity", any entity or organization at or in connection with 5 which allergens capable of causing anaphylaxis may be present including, but not 6 limited to, qualified first responders, as such term is defined in section 7 321.621, restaurants, recreation camps, youth sports leagues, amusement parks, 8 and sports arenas. "Authorized entity" shall not include any public school or 9 public charter school;
- 10 (3) "Epinephrine auto-injector", a single-use device used for the automatic 11 injection of a premeasured dose of epinephrine into the human body;
 - (4) "Physician", a physician licensed in this state under chapter 334;
- 13 (5) "Provide", the supply of one or more epinephrine auto-injectors to an 14 individual;
- 15 (6) "Self-administration", a person's discretionary use of an epinephrine 16 auto-injector.
 - 2. A physician may prescribe epinephrine auto-injectors in the name of an authorized entity for use in accordance with this section, and pharmacists, physicians, and other persons authorized to dispense prescription medications may dispense epinephrine auto-injectors under a prescription issued in the name of an authorized entity.
- 22 3. An authorized entity may acquire and stock a supply of epinephrine auto-injectors under a prescription issued in accordance with this section. Such 23 24epinephrine auto-injectors shall be stored in a location readily accessible in an 25emergency and in accordance with the epinephrine auto-injector's instructions for use and any additional requirements established by the department of health and 26 senior services by rule. An authorized entity shall designate employees or agents 27 who have completed the training required under this section to be responsible for 28 the storage, maintenance, and general oversight of epinephrine auto-injectors 29 30 acquired by the authorized entity.

- 4. An authorized entity that acquires a supply of epinephrine auto-injectors under a prescription issued in accordance with this section shall ensure that:
 - (1) Expected epinephrine auto-injector users receive training in recognizing symptoms of severe allergic reactions including anaphylaxis and the use of epinephrine auto-injectors from a nationally recognized organization experienced in training laypersons in emergency health treatment or another entity or person approved by the department of health and senior services;
 - (2) All epinephrine auto-injectors are maintained and stored according to the epinephrine auto-injector's instructions for use;
 - (3) Any person who provides or administers an epinephrine auto-injector to an individual who the person believes in good faith is experiencing anaphylaxis activates the emergency medical services system as soon as possible; and
 - (4) A proper review of all situations in which an epinephrine auto-injector is used to render emergency care is conducted.
- 5. Any authorized entity that acquires a supply of epinephrine auto-injectors under a prescription issued in accordance with this section shall notify the emergency communications district or the ambulance dispatch center of the primary provider of emergency medical services where the epinephrine auto-injectors are to be located within the entity's facility.
 - 6. No person shall provide or administer an epinephrine auto-injector to any individual who is under eighteen years of age without the verbal consent of a parent or guardian who is present at the time when provision or administration of the epinephrine auto-injector is needed. Provided, however, that a person may provide or administer an epinephrine auto-injector to such an individual without the consent of a parent or guardian if the parent or guardian is not physically present and the person reasonably believes the individual shall be in imminent danger without the provision or administration of the epinephrine auto-injector.
 - 7. The following persons and entities shall not be liable for any injuries or related damages that result from the administration or self-administration of an epinephrine auto-injector in accordance with this section that may constitute ordinary negligence:
- 63 (1) An authorized entity that possesses and makes available epinephrine 64 auto-injectors and its employees, agents, and other trained persons;
- 65 (2) Any person who uses an epinephrine auto-injector made available 66 under this section;

- 67 (3) A physician that prescribes epinephrine auto-injectors to an authorized 68 entity; or
- 69 (4) Any person or entity that conducts the training described in this 70 section.
- 71 Such immunity does not apply to acts or omissions constituting a reckless 72 disregard for the safety of others or willful or wanton conduct. The
- 73 administration of an epinephrine auto-injector in accordance with this section
- 74 shall not be considered the practice of medicine. The immunity from liability
- 14 shall not be considered the practice of medicine. The immunity from hability
- provided under this subsection is in addition to and not in lieu of that provided under section 537.037. An authorized entity located in this state shall not be
- 77 liable for any injuries or related damages that result from the provision or
- 78 administration of an epinephrine auto-injector by its employees or agents outside
- 79 of this state if the entity or its employee or agent is not liable for such injuries
- 80 or related damages under the laws of the state in which such provision or
- 81 administration occurred. No trained person who is in compliance with this
- 82 section and who in good faith and exercising reasonable care fails to administer
- 83 an epinephrine auto-injector shall be liable for such failure.
- 84 8. All basic life support ambulances and stretcher vans operated in the 85 state shall be equipped with epinephrine auto-injectors and be staffed by at least 86 one individual trained in the use of epinephrine auto-injectors.
- 9. The provisions of this section shall apply in all counties within the state and any city not within a county.
- 89 10. Nothing in this section shall be construed as superseding the 90 provisions of section 167.630.
- 321.621. 1. For the purposes of this section, "qualified first responder" shall mean any state and local law enforcement agency staff, fire department personnel, fire district personnel, or licensed emergency medical technician who is acting under the directives and established protocols of a medical director of a local licensed ground ambulance service licensed under section 190.109 who comes in contact with a person suffering from an anaphylactic reaction and who has received training in recognizing and responding to anaphylactic reactions and the administration of epinephrine auto-injector devices to a person suffering from an apparent anaphylactic reaction. "Qualified first responder agencies" shall mean any state or local law enforcement agency, fire department, or ambulance service

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- that provides documented training to its staff related to the administration of epinephrine auto-injector devices in an apparent anaphylactic reaction. 15
- 16 2. The department of health and senior services shall issue epinephrine auto-injector devices for adult patients to fire protection 17 districts in nonmetropolitan areas in Missouri as such areas are 18 determined according to the United States Census Bureau's American 19 Community Survey, based on the most recent of five-year period 20 21estimate data in which the final year of the estimate ends in either zero 22 or five.
 - 3. Possession and use of epinephrine auto-injector devices for adult patients shall be limited as follows:
- (1) No person shall use an epinephrine auto-injector device unless such person has successfully completed a training course in the 26 use of epinephrine auto-injector devices for adult patients approved by 28 the director of the department of health and senior services. Nothing in this section shall prohibit the use of an epinephrine auto-injector 29 device:
- 31 (a) By a health care professional licensed or certified by this 32 state who is acting within the scope of his or her practice; or
 - (b) By a person acting pursuant to a lawful prescription;
 - (2) Every person, firm, organization and entity authorized to possess and use epinephrine auto-injector devices for adult patients pursuant to this section shall use, maintain and dispose of such devices for adult patients in accordance with the rules of the department;
- 38 (3) Every use of an epinephrine auto-injector device pursuant to this section shall immediately be reported to the emergency health care 39 provider as defined in section 190.246. 40
 - 4. (1) Use of an epinephrine auto-injector device pursuant to this section shall be considered first aid or emergency treatment for the purpose of any law relating to liability.
- 44 (2) Purchase, acquisition, possession or use of an epinephrine auto-injector device pursuant to this section shall not constitute the unlawful practice of medicine or the unlawful practice of a profession. 46
- (3) Any person otherwise authorized to sell or provide an 47 epinephrine auto-injector device may sell or provide it to a person 48 49 authorized to possess it pursuant to this section.

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- 50 5. (1) There is hereby created in the state treasury the "Epinephrine Auto-injector Devices for Fire Personnel Fund", which 51 shall consist of money collected under this section. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The moneys in 54 the fund as set forth in this section shall be subject to appropriation by 55 the general assembly for the particular purpose for which 56 collected. The fund shall be a dedicated fund and money in the fund 57 shall be used solely by the department of health and senior services for the purposes of providing epinephrine auto-injector devices for adult 59 60 patients to qualified first responder agencies as used in this section.
 - (2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.
 - (3) The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.
 - 334.285. 1. For purposes of this section, the following terms shall mean:
- 2 (1) "Continuing medical education", continued postgraduate medical 3 education intended to provide [medical professionals] **physicians** with 4 knowledge of new developments in their field;
 - (2) "Maintenance of certification", any process requiring periodic recertification examinations, or completion of proprietary activities, modules, or regular payment of fees, to maintain specialty medical board certification;
- 9 (3) "Maintenance of licensure", the Federation of State Medical Boards' 10 proprietary framework for physician license renewal including additional periodic 11 testing other than continuing medical education;
- 12 (4) "Specialty medical board certification", certification by a board that 13 specializes in one particular area of medicine and typically requires additional 14 and more strenuous exams than state board of registration for the healing arts 15 requirements to practice medicine.
- 2. The state shall not require any form of maintenance of licensure as a condition of physician licensure including requiring any form of maintenance of licensure tied to maintenance of certification. Current requirements including continuing medical education shall suffice to demonstrate professional

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- competency. 20
- 21 3. The state shall not require any form of specialty medical board certification or any maintenance of certification to practice medicine within the 22 23 state. There shall be no discrimination by the state board of registration for the 24 healing arts or any other state agency against physicians who do not maintain specialty medical board certification including recertification. 25
- 26 4. No hospital, health care facility, or institution or program owned, operated, or licensed by the state shall condition employment or the granting of medical staff privileges on a physician's maintenance of certification or maintenance of licensure.
- 30 5. No health carrier, as defined in section 376.1350, shall condition physician reimbursement or participation in the carrier's 31 32 health plans on a physician's maintenance of certification or maintenance of licensure. 33
- 376.1345. 1. As used in this section, unless the context clearly indicates otherwise, terms shall have the same meaning as ascribed to them in section 3 376.1350.
 - 2. No health carrier, nor any entity acting on behalf of a health carrier, shall restrict methods of reimbursement to health care providers for health care services to a reimbursement method requiring the provider to pay a fee, discount the amount of their claim for reimbursement, or remit any other form of remuneration in order to redeem the amount of their claim for reimbursement.
 - 3. If a health carrier initiates or changes the method used to reimburse a health care provider to a method of reimbursement that will require the health care provider to pay a fee, discount the amount of its claim for reimbursement, or remit any other form of remuneration to the health carrier or any entity acting on behalf of the health carrier in order to redeem the amount of its claim for reimbursement, the health carrier or an entity acting on its behalf shall:
- 15 (1) Notify such health care provider of the fee, discount, or other 16 remuneration required to receive reimbursement through the new or different reimbursement method; and
- 18 (2) In such notice, provide clear instructions to the health care provider 19 as to how to select an alternative payment method, and upon request such alternative payment method shall be used to reimburse the provider until the 20 21 provider requests otherwise.
- 22 4. A health carrier shall allow the provider to select to be reimbursed by

- an electronic funds transfer through the Automated Clearing House Network as required pursuant to 45 C.F.R. Sections 162.925, 162.1601, and 162.1602, and if the provider makes such selection, the health carrier shall use such reimbursement method to reimburse the provider until the provider requests otherwise.
- 5. An amount a health carrier claims was overpaid to a provider may only be collected, withheld, or recouped from the provider, or third party that submitted the provider's claim under the third party's provider identification number, to whom the overpaid amount was originally paid. The notice of withholding or recoupment by a health carrier shall also inform the provider or third party of the health care service, date of service, and patient for which the recoupment is being made.
- **6.** Violation of this section shall be deemed an unfair trade practice under sections 375.930 to 375.948.

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

- 3 (1) "Absent", when a practitioner is duly licensed and 4 credentialed but, by choice or otherwise, is not present in person or 5 through telehealth, as defined in section 376.1900, to deliver patient 6 care services to the patient;
- 7 **(2)** "Completed application", a practitioner's application to a health 8 carrier that seeks the health carrier's authorization for the practitioner to provide 9 patient care services as a member of the health carrier's network and does not 10 omit any information which is clearly required by the application form and the 11 accompanying instructions;
- 12 (3) "Covered patient care services", any services provided by a 13 practitioner which would be covered if provided by a credentialed 14 practitioner;
- [(2)] (4) "Credentialing", a health carrier's process of assessing and validating the qualifications of a practitioner to provide patient care services and act as a member of the health carrier's provider network;
- 18 (5) "Credentialing period", the time between the date a 19 practitioner submits a completed application to the health carrier to be 20 credentialed and the date the practitioner's credentialing is approved 21 by the health carrier;

- [(3)] (6) "Health carrier", the same meaning as such term is defined in section 376.1350;
- 24 [(4)] (7) "Practitioner":
- 25 (a) A physician or physician assistant eligible to provide treatment 26 services under chapter 334;
- 27 (b) A pharmacist eligible to provide services under chapter 338;
- 28 (c) A dentist eligible to provide services under chapter 332;
- 29 (d) A chiropractor eligible to provide services under chapter 331;
- 30 (e) An optometrist eligible to provide services under chapter 336;
- 31 (f) A podiatrist eligible to provide services under chapter 330;
- 32 (g) A psychologist or licensed clinical social worker eligible to provide 33 services under chapter 337; or
- 34 (h) An advanced practice nurse eligible to provide services under chapter 35 335.
 - 376.1578. 1. Within two working days after receipt of a [faxed or mailed completed] credentialing application, the health carrier shall send a notice of receipt to the practitioner. A health carrier shall provide access to a provider web portal that allows the practitioner to receive notice of the status of an electronically submitted application.
- 6 2. If a health carrier determines the application is not a completed application, the health carrier shall have ten days from the date the notice of receipt was sent as required in subsection 1 of this 9 section to request any additional information from the practitioner. The application shall be considered a completed 10 11 application upon receipt of the requested additional information from the practitioner. Within two working days of receipt of the requested additional information, the health carrier shall send a notice to the practitioner informing him or her that he or she has submitted a 14 completed application. If the health carrier does not request additional 15 information, the application shall be deemed completed as of the date 16 the notice of receipt was sent as required under subsection 1 of this 17 section. 18
- 3. A health carrier shall assess a health care practitioner's **completed** credentialing [information] **application** and make a decision as to whether to approve or deny the practitioner's credentialing application within sixty [business] days of the date of receipt of the completed application. The sixty-day

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23 deadline established in this section shall not apply if the application or 24 subsequent verification of information indicates that the practitioner has:

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- (1) A history of behavioral disorders or other impairments affecting the practitioner's ability to practice, including but not limited to substance abuse;
- 27 (2) Licensure disciplinary actions against the practitioner's license to 28 practice imposed by any state or territory or foreign jurisdiction;
- 29 (3) Had the practitioner's hospital admitting or surgical privileges or other 30 organizational credentials or authority to practice revoked, restricted, or 31 suspended based on the practitioner's clinical performance; or
- 32 (4) A judgment or judicial award against the practitioner arising from a 33 medical malpractice liability lawsuit.
 - 4. If a practitioner's application is approved, the health carrier shall provide payments for covered patient care services delivered by the practitioner during the credentialing period.
 - 5. A health carrier shall not require a practitioner to be credentialed in order to receive payments for covered patient care services if the practitioner is providing patient care services on behalf of an absent credentialed practitioner during a temporary period of time not to exceed one hundred eighty days.
 - 6. All claims eligible for payment under subsection 4 or 5 of this section shall be subject to section 376.383.
- 44 [3.] 7. The department of commerce and insurance shall establish a 45 mechanism for reporting alleged violations of this section to the department.

Section B. Because immediate action is necessary to ensure that all owners, officers, managers, contractors, employees, and other support staff of medical marijuana facilities be subjected to state and federal fingerprint-based criminal background checks to insure the integrity of the Missouri medical marijuana industry, the enactment of section 195.830 of this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the enactment of section 195.830 of this act shall be in full force and effect on July 1, 2020, or upon its passage and approval, whichever occurs later.

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