

**HOUSE COMMITTEE SUBSTITUTE NO. 2 FOR SENATE BILL 710  
RELATING TO HEALTH CARE**

<b>Section</b>	<b>Original Bill</b>	<b>Status As of 4/28/2022</b>	<b>Description</b>
167.625	SB 710	Referred to House Rules	<p>This bill establishes "Will's Law," requiring individualized health care plans to be developed by school nurses in public schools and charter schools. Such plans shall be developed in consultation with a student's parent or guardian and appropriate medical professionals that address procedural guidelines and specific directions for particular emergency situations relating to the student's epilepsy or seizure disorder. Plans are to be updated at the beginning of each school year and as necessary. Notice must be given to any school employee that may interact with the student, including symptoms of the epilepsy or seizure disorder and any medical and treatment issues that may affect the educational process.</p> <p>All school employees shall be trained every two years in the care of students with epilepsy and seizure disorders. Training shall include an online or in-person course of instruction approved by the Department of Health and Senior Services. School personnel shall obtain a release from a student's parent to authorize the sharing of medical information with other school employees as necessary.</p> <p>This bill protects school employees from being held liable for any good faith act or omission while performing their duties.</p> <p>This bill contains an emergency clause.</p>
135.690	HB 2595	Legislative Oversight	<p>Beginning January 1, 2023, this bill creates a tax credit for any community-based faculty preceptor, as defined in the bill, who serves as the community-based faculty preceptor for a medical student core preceptorship or a physician assistant student core preceptorship, as defined in the bill. The amount of the tax credit will be worth \$1000 for each preceptorship, up to a maximum of \$3000 per tax year, if he or she completes up to three preceptorship rotations during the tax year and did not receive any direct compensation for the preceptorships. To receive the credit, a community-based faculty preceptor must claim the credit on his or her return for the tax year in which he or she completes the preceptorship rotations and must submit supporting documentation as prescribed by the Division of Professional Registration within the Department of Commerce and Insurance and the Missouri Department of Health and Senior Services. This tax credit is nonrefundable and cannot be carried forward or carried back, transferred, assigned or sold. No more than 200 preceptorship tax credits will be</p>

			<p>authorized for any one calendar year and will be awarded on a first-come, first-served basis, capped at a total amount of \$200,000 per year. Some discretion to use remaining funds in a particular fiscal year is provided. Additionally, this bill creates a "Medical Preceptor Fund" which is funded from a license fee increase of \$7.00 per license for physicians and surgeons and from a license fee increase of \$3.00 per license for physician assistants. This will be a dedicated fund designed to fund additional tax credits that may exceed the established cap of \$200,000 per year. The Department will administer the tax credit program. Each taxpayer claiming a tax credit must file an application with the Department verifying the number of hours of instruction and the amount of the tax credit claimed. The hours claimed on the application must be verified by the program director on the application. The certification by the Department affirming the taxpayer's eligibility for the tax credit provided to the taxpayer must be filed with the taxpayer's income tax return. The Departments of Commerce and Insurance and Health and Senior Services will jointly administer the tax credit and each taxpayer claiming a tax credit must file an affidavit with his or her income tax return, affirming that he or she is eligible for the tax credit. Additionally, the Departments of Commerce and Insurance and Health and Senior Services will jointly promulgate rules to implement the provisions of this bill.</p>
9.236, 208.184	HB 2658	House Rules- Administrative Oversight	<p>This bill designates the third full week of September of each year as "Sickle Cell Awareness Week". This bill also requires the Advisory Council on Rare Diseases and Personalized Medicine to conduct at least one review annually, at which time the Council shall dedicate time to: (1) Discuss and evaluate whether the available covered medications, treatments, and services are adequate to meet the needs of MO HealthNet beneficiaries with a diagnosis of sickle cell disease; (2) Review information on treatments for sickle cell disease in late-stage studies that show promise in peer-reviewed medical literature; and (3) Review the importance of provider education on the disproportionate impact of sickle cell disease on specific minority populations. After each such review, staff members of the MO HealthNet Division, within the Department of Social Services, under the guidance of the Council, may develop their own report on the issues addressed in the review to be made available to the public or may solicit expert testimony or input on such issues, which may be compiled and posted on the website of the MO HealthNet Division.</p>
167.630	SB 1210	Second read in Senate	<p>This bill authorizes school contracted agents trained by a nurse to administer an epinephrine auto syringe on any student who is having a life-threatening anaphylactic reaction. This bill also provides that trained contracted agents shall be immune from civil liability in the administration of a prefilled auto syringe.</p>

191.900, 191.905, 191.1400, 191.2290, 208.909, 565.184, 630.155, and 630.202	SS/SCS/SB 671	Senate Bills for Perfection	<p>This bill modifies current law on abuse and neglect of certain vulnerable persons. This bill contains provisions that prohibit a person from knowingly neglecting a person receiving health care, which shall be a class D felony, unless the bill involves no physical, sexual, or emotional harm or injury, in which case it shall be a class A misdemeanor. This bill also modifies the penalty of the existing offense of abuse of an elderly person, a person with a disability, or a vulnerable person from a class A misdemeanor to a class D felony. Finally, this bill modifies the existing offense of patient, resident, or client abuse or neglect against a person admitted on a voluntary or involuntary basis to a mental health facility or mental health program from a class E felony to a class D felony.</p> <p>This bill establishes the "Compassionate Care Visitation Act". Under this bill, a health care facility, defined as a hospital, hospice, or long-term care facility, shall allow a resident, patient, or guardian of such, to permit in-person contact with a compassionate care visitor during visiting hours. A compassionate care visitor may be the patient's or resident's friend, family member, clergy member or lay person offering religious or spiritual support, hairdresser or barber, or other person requested by the patient or resident. The compassionate care visitation is a visit necessary to meet the physical or mental needs of the patient or resident, including end-of-life care, assistance with hearing and speaking, emotional support, assistance with eating or drinking, or social support.</p> <p>A health care facility shall allow a resident to permit at least two compassionate care visitors simultaneously to have in-person contact with the resident during visitation hours. Visitation hours shall include evenings, weekends, and holidays, and shall be no less than six hours daily, 24-hour visitation may be allowed when appropriate. Visitors may leave and return during visitor hours. Visitors may be restricted within the facility to the patient or resident's room or common areas and may be restricted entirely for reasons specified in the bill.</p> <p>By January 1, 2023, the Department of Health and Senior Services shall develop informational materials for patients, residents, and their legal guardians regarding the provisions of this bill. Health care facilities shall make these informational materials accessible upon admission or registration and on the primary website of the facility.</p> <p>No health care facility shall be held liable for damages in an action involving a liability claim against the facility arising from compliance with the provisions of this bill; provided no recklessness or willful misconduct on the part of the facility, employees, or contractors has occurred.</p> <p>The provisions of this bill shall not be terminated, suspended, or waived except by a</p>
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194.321	HB 1861	Senate Commerce, Consumer Protection, Energy and the Environment	<p>This bill provides no hospital, physician, procurement organization, or other person may consider COVID-19 vaccination status of a potential organ transplant recipient or donor at any stage in organ transplant processing.</p>
172.800, 191.116, 191.500, 191.515, 191.520, 191.525, 192.005, 192.2225, 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.304, 197.100, 197.256, 197.258, 197.415, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, 198.545, 301.020, 302.171, 335.230, 335.257, and 660.010	SB 1045	Senate Voted Do Pass in the Seniors, Families, Veterans & Military Affairs Committee	<p>This bill modifies several provisions relating to the duties of the Department of Health and Senior Services, including:</p> <ol style="list-style-type: none"> <li>(1) The Alzheimer's State Plan Task Force</li> <li>(2) Medical student loan programs</li> <li>(3) The Older Americans Act</li> <li>(4) Oversight of health care facilities</li> <li>(5) Organ donation</li> <li>(6) Repeal of statutes relating to certain duties of the Department.</li> </ol> <p>This bill repeals an obsolete reference to the Alzheimer's Disease and Related Disorders Task Force. Additionally, the bill changes the date that the Alzheimer's State Plan Task Force shall submit a report of recommendations from June 1, 2022, to January 1, 2023, and extends the Task Force expiration date from December 31, 2026, to December 31, 2027.</p> <p>This bill modifies provisions of current law relating to the medical student loan program administered by the Department of Health and Senior Services by adding psychiatry, dental surgery, dental medicine, or dental hygiene students to the list of eligible students in the program, as well as adding psychiatric care, dental practice, and dental hygienists to the definition of "primary care". Additionally, this bill modifies the loan amount students may be eligible to receive from \$7,500 each academic year to \$25,000 each academic year.</p> <p>This bill also modifies the Nursing Student Loan Program by modifying the amount of financial assistance available to students from \$5,000 each academic year for professional nursing programs to \$10,000 each academic year and from \$2,500 each</p>

		<p>academic year for practical nursing programs to \$5,000 each academic year.</p> <p>This bill modifies the Nursing Student Loan Repayment Program by removing the June and December deadlines for qualified employment verification while retaining the requirement that such employment be verified twice each year.</p> <p>This bill transfers authority for the implementation of the federal Older Americans Act of 1965 from the Department of Social Services to the Department of Health and Senior Services.</p> <p>Currently, the Department of Health and Senior Services conducts at least two inspections per year for licensed adult day care programs, at least one of which is unannounced. Under this bill, the Department shall be required to conduct at least one unannounced inspection per year.</p> <p>Currently, the Department conducts an annual inspection of licensed hospitals. Under this bill, such inspections shall instead be performed in accordance with the schedule set forth under federal Medicare law.</p> <p>A hospice currently seeking annual renewal of its certification shall be inspected by the Department of Health and Senior Services. Under this bill, the Department may conduct a survey to evaluate the quality of services rendered by the applicant. Additionally, current law requires annual inspections of a certified hospice and this bill instead requires such inspections to be performed in accordance with the schedule set forth under federal Medicare law.</p> <p>Currently, the Department conducts an inspection of licensed home health agencies at least every 1 to 3 years, depending on the number of months the agency has been in operation following the initial inspection. Under this bill, such inspections shall instead be performed in accordance with the schedule set forth under federal Medicare law.</p> <p>This bill updates a reference to a Missouri regulation regarding long-term care facility orientation training.</p> <p>Current law requires the Department to inspect long-term care facilities at least twice a year, one of which shall be unannounced. Under this bill, the Department shall be required to conduct at least one unannounced inspection per year. Additionally, current law requires that the Department issue a notice of noncompliance or revocation of a</p>
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198.640, 198.642, 198.644, 198.646 198.648, 210.921	HB 2605  SB1011	House Informal Perfection Calendar  Hearing Condusted in Senate Small Business and Industry Committe	<p>This bill establishes procedures and requirements for the registration and qualifications of supplemental health care service agencies, defined as persons or entities engaged in the business of providing or procuring temporary employment in health care facilities for health care personnel.</p> <p>A person operating a supplemental health care service agency shall register annually with the Department of Health and Senior Services pursuant to forms and procedures established by the Department. Each agency as a condition of registration must meet minimum criteria as described in the bill, which may be supplemented by the Department by rules. Failure to comply with such criteria will subject the agency to revocation or nonrenewal, subject to administrative appeal, and if an agency is sold or ownership is transferred, registration shall be void.</p> <p>The controlling person of a supplemental health care service agency whose registration has been revoked under the provisions of this bill is not eligible to apply for or receive a registration for five years following such revocation.</p>
195.010	HCS SS SB 690		Exempts Fentanyl testing strips from the definition of “drug paraphernalia” for the purposes of the Narcotic Drug Act