

CCS HCS#2 SB 710 -- HEALTH CARE

This bill modifies provisions relating to health care.

SICKLE CELL DISEASE(Sections 9.236 and 208.184, RSMo)

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.

BILIARY ATRESIA AWARENESS DAY (Section 9.350)

This bill designates October 1st of each year as "Biliary Atresia Awareness Day".

WILL'S LAW (Sections 167.625 and B)

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.

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.

This bill protects school employees from being held liable for any good faith act or omission while performing their duties.

#### ADMINISTRATION OF EPINEPHRINE AUTO SYRINGES (Section 167.630)

This bill authorizes agents contracted by a school and 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.

#### ALZHEIMER'S STATE PLAN TASK FORCE (Sections 172.800 and 191.116)

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.

#### MEDICAL STUDENT LOAN PROGRAMS (Sections 191.500, 191.515, 191.520, 191.525, 335.230, and 335.257)

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.

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 academic year for practical nursing programs to \$5,000 each academic year.

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.

HEALTH CARE FACILITY VISITATION (Sections 191.1400, 191.2290, and 630.202)

This bill establishes the "Compassionate Care Visitation Act". As specified in 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 include the patient's or resident's friend, family member, 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.

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. A 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.

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.

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.

The provisions of this bill shall not be terminated, suspended, or waived except by a declaration of the Governor of a state of

emergency, in which case the provisions of the "Essential Caregiver Program Act" shall apply.

This bill establishes the "Essential Caregiver Program Act". During a governor-declared state of emergency, a hospital, long-term care facility, or facility operated, licensed, or certified by the Department of Mental Health shall allow a resident of such facility, or the resident's guardian or legal representative, to designate an essential caregiver for in-person contact with the resident in accordance with the standards and guidelines developed under this bill. An "essential caregiver" is defined as a family member, friend, guardian, or other individual selected by a resident, or the guardian or legal representative of the resident. Essential caregivers shall be considered a part of the patient's care team, along with the resident's health care providers and facility staff.

The Department of Health and Senior Services and the Department of Mental Health shall develop the Program's standards and guidelines, including:

- (1) Allowing the resident to select at least two caregivers, although the facility may limit in-person contact to one at a time;
- (2) Establishing an in-person contact schedule allowing for at least four hours each day; and
- (3) Establishing procedures enabling physical contact between the caregiver and resident.

The facility may require the caregiver to follow infection control and safety measures, provided that such measures are no more stringent than required for facility employees. Caregiver in-person contact may be restricted or revoked for caregivers who do not follow such measures.

A facility may request a suspension of in-person contact for a period not to extend seven days. The suspension may be extended, but not for more than 14 consecutive days in a 12 month period or more than 45 days in a 12 month period. The Department shall suspend in-person contact by essential caregivers as specified in this bill if it determines that doing so is required under federal law, including a determination that federal law requires a suspension of in-person contact by members of the resident's care team.

The provisions of this bill shall not apply to those residents whose condition necessitates limited visitation for reasons unrelated to the stated reason for the declared state of emergency.

A facility, its employees, and its contractors shall be immune from civil liability for an injury or harm caused by or resulting from exposure of a contagious disease or harmful agent; or acts or omissions by essential caregivers who are present in the facility, as a result of the implementation of the Caregiver Program. This immunity shall not apply to any act or omission of the facility, its employees, or its contractors that constitutes recklessness or willful misconduct.

THE OLDER AMERICANS ACT (Sections 192.005, 251.070, and 660.010)

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.

OVERSIGHT OF HEALTH CARE FACILITIES (Sections 192.2225, 197.100, 197.256, 197.258, 197.415, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, and 198.545)

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.

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.

A hospice currently seeking annual renewal of its certification shall be inspected by the Department of Health and Senior Services. This bill specifies that, the Department may conduct a survey to evaluate the quality of services rendered by the applicant and requires inspections to be performed in accordance with the schedule set forth under federal Medicare law.

Currently, the Department conducts an inspection of licensed home health agencies at least every one to three years, depending on the number of months the agency has been in operation following the initial inspection. This bill specifies that, such inspections shall instead be performed in accordance with the schedule set forth under federal Medicare law.

This bill updates a reference to a Missouri regulation regarding long-term care facility orientation training.

Currently, the Department is required 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 license by certified mail to each person disclosed to be an owner or operator of a long-term care facility. This bill instead requires that such notice be sent by a delivery service that provides a dated receipt of delivery to the operator or administrator of the facility.

This bill modifies the "Missouri Informal Dispute Resolution Act" relating to informal dispute resolutions between the Department of Health and Senior Services and licensed long-term care facilities. Currently, the Department is required to send to a facility by certified mail, a statement of deficiencies following an inspection. This bill requires that such notice be sent by a delivery service that provides a dated receipt of delivery. Additionally, current law provides a facility 10 calendar days following receipt of notice to return a plan of correction to the Department. This bill changes the 10 calendar days to 10 working days.

ORGAN DONATION (Sections 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.304, 194.321, 301.020, and 302.171)

This bill modifies the "Revised Uniform Anatomical Gift Act". Currently, moneys in the Organ Donor Program Fund are limited to use for grants by the Department of Health and Senior Services to certified organ procurement organizations for the development and implementation of organ donation programs, publication of informational booklets, maintenance of an organ donor registry, and implementation of organ donation awareness programs in schools.

This bill modifies the Fund to be used by the Department for educational initiatives, donor family recognition efforts, training, and other initiatives, as well as reimbursement for expenses incurred by the Organ Donation Advisory Committee. The Department shall no longer be required to disperse grants to organ procurement organizations, but shall have the authority to enter into contracts with such organizations or other organizations and individuals for the development and implementation of awareness programs. Additionally, the moneys in the Fund shall be invested and interest earned shall be credited to the Fund. The Fund may seek other sources of moneys, including grants, bequests, and federal funds.

The bill prohibits any hospital, physician, or procurement organization from considering the COVID-19 vaccination status of a potential organ transplant recipient or potential donor, unless the

organ being transplanted is a lung.

Currently, applicants for motor vehicle registrations and driver's licenses may make a \$1.00 donation to the Organ Donor Program Fund. This bill changes that to a donation of not less than \$1.00.

This bill makes additional technical changes to the organ donation statutes.

#### HOME HEALTH LICENSING (Sections 197.400 and 197.445)

Currently, licensed home health agencies are limited to those that provide two or more home health services at the residence of a patient according to a physician's written and signed plan of treatment. This bill permits such licensed entities to provide treatment according to written plans signed by physicians, nurse practitioners, clinical nurse specialists, or physician assistants, as specified in the bill.

#### SUPPLEMENTAL HEALTH CARE SERVICES AGENCIES (Sections 198.640, 198.642, 198.644, 198.646, 198.648, and 210.921)

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.

A person operating a supplemental health care services 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.

The controlling person of a supplemental health care services 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.

In this bill, each registered supplemental health care services agency will be required, as a condition of registration, to meet the following minimum criteria: Provide documentation that each health care personnel meets all licensing or certification requirements; comply with all background checks and other requirements relating to personnel employed in health care

facilities; not restrict in any manner the employment opportunities of its health care personnel; carry medical malpractice; retain all records for 10 years; provide services to a health care facility during the year preceding the agency's registration renewal; indemnify and hold harmless a health care facility for any damages, sanctions, or civil monetary penalties that are proximately caused by an action or failure to act of any health care personnel the agency provides to the health care facility; provided that the amount for which the supplemental health care services agency may be liable to a health care facility for civil monetary penalties and sanctions shall not exceed \$100,000 for civil monetary penalties and sanctions that can be assessed against skilled nursing facilities by the United States Department of Health and Human Services or the Centers for Medicare and Medicaid Services. If the damages, sanctions, or civil monetary penalties are proximately caused by the negligence, action, or failure to act by the health care facility, then liability shall be determined by a percentage of fault and shall be the sole responsibility of the party against whom such determination is made. Such determinations shall be made by the agreement of the parties or a neutral third party who considers all of the relevant factors in making a determination.

#### MISSOURI RX PLAN (Section 208.798)

Currently, the state pharmaceutical assistance program, known as the "Missouri RX Plan", is set to terminate on August 28, 2022. This bill extends the Missouri RX Plan to instead terminate on August 28, 2029.

#### CONSUMER-DIRECTED SERVICES (Section 208.909)

A vendor participating in the MO HealthNet consumer-directed services program must ensure all payroll, employment, and other taxes are timely paid on behalf of the consumer and the vendor will be liable to the consumer for any garnishment action occurring or that has occurred as a result of the vendor's failure to timely pay such taxes. The vendor may be subject to a \$1,000 per occurrence penalty for failure to timely pay such taxes. The vendor must notify the consumer of any communication or correspondence from any federal, state, or local tax authority of any overdue or unpaid tax obligations, as well as any notice of an impending garnishment.

#### PREPAID DENTAL PLANS (Sections 376.427 and 376.1575)

This bill adds a prepaid dental plan to the definition of a health benefit plan and requires a prepaid dental plan to issue a payment within 30 days of the receiving of all documents reasonably needed to determine a claim.



## BLACK MATERNAL HEALTH WEEK (Section 1)

This bill designates April 11 through April 17 of each year as "Black Maternal Health Week". The citizens of this state are encouraged to engage in appropriate events and activities to commemorate black maternal health.

## REPEAL OF CERTAIN DEPARTMENT OF HEALTH AND SENIOR SERVICES STATUTES (Sections 191.743, 196.866, and 196.868)

Currently, physicians or health care providers who are providing services to women with high-risk pregnancies are required to identify such women and report them to the Department of Health and Senior Services within 72 hours for referral for services. The provision authorizing Department services for such women has previously been repealed and this bill repeals the reporting requirements for the physicians and health care providers.

Currently, producers of ice cream, mellorine, or other frozen dessert products are required to be licensed by the Department and pay an associated license fee. This bill repeals such requirement and fee.