SS HB 402 -- HEALTH CARE

This bill amends, adds, and repeals several provisions relating to health care.

DESIGNATION (Section 9.384)

This bill designates March as “Rare Kidney Disease Awareness Month”.

EMERGENCY MEDICAL SERVICES (Sections 67.145, 105.500, 190.100, 190.103, 190.142, 190.147, 192.2405, 208.1032, 285.040, 321.225, 321.620, and 537.037)

This bill repeals references to ambulance attendants, drivers, emergency medical technician paramedics, mobile emergency medical technicians, emergency medical technician basic (EMT-B), and EMT intermediate and adds references to paramedics in various statutes relating to emergency medical services, including for the definition of “first responder” for the purposes of political subdivisions prohibiting first responders from engaging in political activity while off duty and not in uniform, from being a candidate for office, or from holding such office.

Paramedic training programs shall be accredited as required by the National Registry of Emergency Medical Technicians, instead of by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or by holding a CAAHEP letter of review.

DO-NOT-RESUCITATE ORDERS (Sections 190.600, 190.603, 190.606, 190.612, and 190.613)

This bill modifies the "Outside the Hospital Do-Not-Resuscitate Act" by expanding the provisions of the Act to cover persons under 18 years of age who have do-not-resuscitate orders issued on their behalf by a parent or legal guardian or by a juvenile or family court under a current provision of law. Such orders shall function as outside the hospital do-not-resuscitate orders unless specifically stated otherwise. Persons who are not subject to liability for certain actions taken upon the discovery of an adult outside the hospital do-no-resuscitate order shall not be subject to such liability in the case of a minor child's do-not-resuscitate order. Emergency services personnel shall be authorized to comply with the minor child's do-not-resuscitate order, except when the minor child, either parent, the legal guardian, or the juvenile or family court expresses to such emergency services personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire for the patient to be resuscitated.

Do-not-resuscitate orders from other states or territories, or Transportable Physician Orders for Patient Preferences/Physician Orders for Life-Sustaining Treatment (TPOPP/POLST) forms containing specific do-not-resuscitate provisions, as described, shall be accepted under this section and may be revoked by the patient or patient's representative at any time and by any means.

PATIENT EXAMINATIONS (Section 191.240)

This bill provides that a health care provider, or any student or trainee under the supervision of a health care provider, may not knowingly perform a prostate, anal, or pelvic examination on an anesthetized or unconscious patient unless the patient or a person authorized to make health care decisions for the patient has given informed consent, the patient is unable to given consent and the examination is necessary for diagnostic or treatment purposes, the examination is necessary for the collection of evidence through a forensic examination for a suspected sexual assault on the patient because the evidence will be lost or the patient is unable to give informed consent due to a medical condition, or circumstances are present which imply consent, as provided in law.

A health care provider or supervised student or trainee who violates the provisions of this bill shall be subject to discipline by any licensing board that licensed the health care provider.

HEALTH CARE ADVISORY COMMITTEES (SECTIONS 191.305, 192.745, and 194.300)

This bill modifies the "Missouri Genetic Advisory Committee", the "Missouri Brain Injury Advisory Council", and the "Organ Donation Advisory Committee" by authorizing the Director of the Department of Health and Senior Services to appoint committee members instead of the Governor. The bill also makes a technical changes to the Missouri Brain Injury Advisory Council membership provision.

HEALTH PROFESSIONAL GRANT AND LOAN PROGRAMS (Sections 191.430, 191.435, 191.440, 191.445, 191.450, 191.600, 191.828, 191.831, 335.203, and 335.205)

The bill establishes the "Health Professional Loan Repayment Program" within the Department of Health and Senior Services, offering forgivable loans to pay off existing student loans and other education expenses for health care, mental health, and public health professionals.

The Department of Health and Senior Services is the chief administrative agency and is responsible for oversight and rulemaking of the Program, the Director shall be in charge of

determining who will receive forgivable health professional loans, and the professionals or disciplines that receive funding in any given year are contingent on consultation with the Department of Mental Health and the Department of Higher Education and Workforce Development.

The Department will enter into a written contract with each qualifying individual for a forgivable loan, the provisions of which are specified in the bill. The contract shall include an agreement that the individual serve for a period equal to at least two years in an area of defined need, in order for the loan to be forgiven. The Department of Health and Senior Services will designate counties, communities, or sections of areas in the state as "areas of defined need" for health care, mental health, or public health services.

All health professional loans shall be made from funds appropriated to the Health Professional Loan Incentive Fund by the General Assembly, which also includes funds from an individual and/or funds generated by loan repayments. Further stipulations of the Fund may be found in the bill.

Any individual who enters into a written contract but fails to maintain acceptable employment is liable for any amount awarded by the state that has not yet been forgiven. If the individual engages in a breach of contract, they are liable to the state for an amount specified from provisions in the bill.

This bill repeals an existing loan program for students enrolled in certain health care degree programs.

The "Nursing Education Incentive Program" within the State Board of Nursing is a program that awards grants to eligible institutions of higher education based on criteria jointly determined by the Board and the Department of Higher Education and Workforce Development.

There is currently a $150,000 cap on the grants, this bill removes that cap. The bill also creates a new nursing education incentive program surcharge for initial license applications and renewal applications for nurses. Practical nurses will pay a $1 fee per year and registered professional nurses will pay $5 per year, to be deposited in the State Board of Nursing Fund.

This bill repeals both the Nursing Student Loan Program and the Nursing Student Loan Repayment Program.

PARKINSON'S DISEASE REGISTRY ACT (Sections 191.1820, 191.1825, 191.1830, 191.1835, 191.1840, 191.1845, 191.1850, and 191.1855)

Establishes the "Missouri Parkinson's Disease Registry Act". Beginning January 1, 2024, the University of Missouri, or any medical research university in a memorandum of understanding with the University, shall establish a Parkinson's Disease Registry in order to collect data on the incidence of Parkinson's disease in Missouri, as well as other epidemiological data, as described in the Act. All patients with Parkinson's disease or similar symptoms shall be given the opportunity to opt out of participation in the Registry. The University shall establish an advisory committee in order to assist in the development of the Registry and to determine the data to be collected.

Beginning August 28, 2024, all cases of Parkinson's disease and similar symptoms diagnosed or treated in Missouri shall be reported to the Registry, as described. The University may enter into agreements to share information in the Registry with other states, the federal government, local health agencies, or researchers; provided, that the confidentiality of the information is maintained. The Registry shall not contain any identifying information about patients.

The University shall provide a report to the General Assembly before January 1st of each year summarizing the year's incidence of the disease by county and other demographic information.

LICENSURE OF HEALTH CARE PROFESSIONALS (Sections 334.036, 334.104, 335.016, 335.019, 335.036, 335.046, 335.051, 335.056, 335.076, 335.086, and 335.175)

Currently, a requirement for licensure as an assistant physician is that the applicant must be a graduate of any medical school. This bill provides that the applicant must be a graduate of a medical school accredited by certain organizations as listed. This bill repeals a provision of law that authorizes an assistant physician collaborative practice arrangement in any pilot project areas established in which assistant physicians may practice.

An Advanced Registered Nurse Practitioner (APRN) may prescribe Schedule II controlled substances for hospice patients, as described.

The bill modifies certain provisions relating to the geographic proximity requirements for collaborative practice arrangements.

Until August 28, 2025, the geographic proximity requirement for a collaborative practice arrangement shall be satisfied for APRN's providing services in correctional centers when the APRN and collaborating physician practice within 200 miles of each other.

Further, geographic proximity may be waived when the arrangement outlines the use of telehealth, as that term is defined.

Additionally, an application for a waiver for any reason of any applicable geographic proximity shall be made available. The Board of Nursing and State Board of Registration for the Healing Arts shall, within 45 days, review each application for a waiver and approve such application if the boards determine that adequate supervision exists between the collaborating physician and the APRN. If no action is taken within 45 days, then the application shall be deemed approved.

If a collaborative practice arrangement is used in clinical situations where a collaborating APRN provides diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician or other designated physician shall be present for sufficient periods of time, at least once every two weeks excepting extraordinary circumstances to be documented, to participate in chart review and provide necessary direction.

The requirement an APRN practice with the collaborating physician continuously present for a one-month period when entering into an arrangement with the physician does not apply when a primary care or behavioral health physician enters into an arrangement with a primary care or behavioral health APRN, the physician is new to the patient population, and the APRN is familiar with the patient population.

Currently, a nurse may be licensed to practice professional or practical nursing. This bill adds a license to practice advanced practice nursing and modifies the definitions of APRN and the practice of professional nursing. Additionally, this bill specifies the requirements for the advanced practice nursing license. License renewals for APRN licenses and registered professional nurse licenses shall occur at the same time and failure to renew and maintain the registered professional nurse license or failure to provide evidence of an active required certification shall result in the expiration of the APRN license. The bill further modifies the names of the specific certifying organizations for nursing specialties.

The State Board of Registration for the Healing Arts shall make information publicly available about which physicians and other health care providers have entered into collaborative practice arrangements.

PRESCRIPTION REQUIREMENTS (Sections 195.070, 195.100, 334.735, and 334.747)

Currently, the name of the collaborating physician for an APRN or physician assistant shall be included on any label of a controlled substance sold or dispensed by a pharmacist. This bill repeals this requirement and only the name of the prescribing health care provider is needed.

A collaborative practice arrangement may delegate to a physician assistant, or an APRN with a certificate of controlled substance prescriptive authority, the authority to administer, dispense, or prescribe Schedule II controlled substances for hospice patients, subject to restrictions and requirements as described.

PHARMACIES (Section 196.1050)

This bill provides that, in addition to drug manufacturers and distributors, proceeds of monetary settlements or portions of global settlement between the Attorney General and pharmacies shall be deposited into the Opioid Addiction Treatment and Recovery Fund.

RURAL HOSPITALS (Sections 197.005 and 197.020)

This bill modifies the definition of hospital to include any facility designated as a rural emergency hospital by the Centers for Medicare and Medicaid Services for the purpose of the hospital licensing law.

A rural emergency hospital that complies with the "Medicare conditions of participation", as defined, shall be deemed to be in compliance with standards for hospital licensure.

AT-RISK BEHAVIORAL HEALTH HOLD (Section 197.145)

A treating physician in a hospital may place an at-risk behavioral health patient, as defined, on hold for further behavioral health assessment and, if necessary, for transfer to an appropriate treatment facility, as described in the bill. A physician employing a temporary hold shall not be civilly liable if the action was carried out in good faith and without gross negligence.

SURGICAL SMOKE PLUME EVACUATION (Section 197.185)

By January 1, 2026, every hospital and ambulatory surgical center that performs procedures that produce surgical smoke, as defined, must adopt policies and procedures for the implementation of a surgical smoke plume evacuation system to ensure reduction of surgical smoke.

Any procedure performed after December 31, 2025, that generates surgical smoke shall be subject to the policies and procedures adopted pursuant to the provisions this bill.

COUNTY OR TOWNSHIP-OWNED NURSING HOMES (Sections 205.375 and 205.377)

This bill authorizes the county commission or township board to rent or lease a nursing home, as defined, for the purpose of operating any other health care facility located within the county or township providing nursing care or other medical services to patients, including residents of the county or township.

Additionally, the bill authorizes county commissions to sell county-owned nursing homes. The proceeds of the sale shall be used to pay any outstanding indebtedness incurred in the purchase, construction, additions, or renovation of the nursing home. If the proceeds of the sale are insufficient to pay the outstanding debt, the county commission shall continue to provide for the collection of an annual tax on tangible property sufficient to pay the principal and interest of the debt. Any remaining proceeds from the sale shall be placed to the credit of the county's general fund to be used to provide health care services in the county. Any purchasers of the nursing home shall be limited to those who plan to offer medical services in the community for a period of at least 10 years.

SUPPLEMENTAL WELFARE ASSISTANCE (Section 208.030)

Currently, certain persons may be eligible for up to $156 a month in supplemental welfare assistance for home care in licensed residential care facilities. This bill removes that monthly cap and makes such assistance subject to appropriations.

NONOPIOID DIRECTIVE FORMS (Section 192.530)

The bill authorizes the Department of Health and Senior Services to develop and publish a voluntary nonopioid directive form, which can be used by a patient to deny or refuse administration or prescription of a controlled substance containing an opioid. The form will tell a health care provider that the patient cannot be offered or prescribed a controlled substance containing an opioid.

A patient can file a voluntary nonopioid directive form with a health care provider by signing and dating the form in the presence of the provider. A patient can revoke the form for any reason.

A provider who acts in good faith to comply with the nonopioid directive form and does not offer or administer a prescription for

a controlled substance is not subject to criminal or civil liability and cannot be considered to have engaged in unprofessional conduct. However, a professional licensing board may take action against a health care provider who recklessly or negligently fails to comply with a patient's directive form.

FENTANYL TESTING (Section 579.088)

This bill specifies that it is not against the law to manufacture, possess, sell, deliver, or use any device, equipment, or other material for the purpose of analyzing controlled substances to detect the presence of fentanyl.

MENTAL HEALTH SERVICES FOR VULNERABLE PERSONS (Section 630.1150)

The Department of Mental Health (DMH) and the Department of Social Services shall oversee and implement a collaborative project to assess the continued hospitalization without medical justification of foster children and DMH clients due to a lack of post-discharge placement options or because they are awaiting screening for appropriateness of residential treatment services, as well as to develop recommendations to ensure these patients receive treatment in the most cost-effective and efficacious settings consistent with federal and state standards for treatment in the least restrictive environment. The departments shall solicit information from specified persons and entities and shall issue interim reports by December 31, 2023, and July 1, 2024, before issuing a final report by December 1, 2024. The provisions of this section shall expire on January 1, 2025.

CIVIL DETENTION PROCEDURES (Section 632.305)

This bill removes the notarization requirement for any affidavits, declarations, or other documents supporting an application for detention for evaluation and treatment. The application for detention for evaluation and treatment, as well as any affidavits, declarations, or other supporting documents shall be subject to the provisions established in Section 492.060, RSMo, allowing for declaration under penalty of perjury.

EMERGENCY MEDICAL DISPATCHERS (Sections 650.320, and 650.340)

Currently, emergency medical dispatchers shall complete an emergency medical dispatcher course that meets or exceeds the national curriculum of the U.S. Department of Transportation. This bill modifies that training requirement and instead requires emergency medical dispatchers to complete training courses approved by the Missouri 911 Service Board. Additionally, the Service Board shall develop rules and regulations, in collaboration with the

State EMS Medical Director's Advisory Committee, relating to the medical aspects of pre-arrival medical instructions.

LEAD POISONING (Sections 701.336, 701.340, 701.342, 701.344, and 701.348)

This bill modifies current statute by removing a goal of testing 75% of children who receive Medicaid for lead poisoning and instead requiring that every medical provider serving children must annually provide education to parents and guardians of children under age four regarding lead hazards to children and also, annually, provide the option to test every child under age four for lead poisoning with the consent of the child's parent or guardian.

Every child under age six shall be assessed annually using a questionnaire to determine whether the child is at high risk for lead poisoning. Those who are deemed high risk shall be tested using a blood sample with the consent of the child's parent or guardian. This bill repeals the requirement that any child deemed high risk for lead poisoning who resides in housing that is currently undergoing renovations be tested at least once every six months.

The bill also modifies the provision that, in geographic areas determined to be of high risk for lead poisoning, every child care facility and every child care facility affiliated with a school system, business organization, or nonprofit, must require evidence of lead poisoning testing in all children within 30 days of enrollment to instead only require such testing for children between 12 months and age five. Currently, the parent or guardian must provide a reason for refusing such testing, but this bill amends that to only require a statement confirming the parent or guardian refused such testing.