

CCS HCS SS SCS SBs 45 & 90 -- HEALTH CARE

This bill modifies several provisions relating to health care.

HEALTH AWARENESS DESIGNATIONS (Sections 9.371, 9.381, and 9.388)

This bill designates:

- (1) The 1st Saturday of October as "Breast Cancer Awareness Day";
- (2) The 2nd of October as "Premenstrual Dysphoric Disorder (PMDD) Awareness Day"; and
- (3) The month of March as "Rare Kidney Disease Awareness Month".

OFFICE OF CHILD ADVOCATE (Section 37.725)

Currently, the identity of a complainant or recipient shall not be disclosed by the Office of Child Advocate unless the complainant or recipient or his or her legal representative consents or a court orders the disclosure. This bill also permits disclosure of such identities if the Child Advocate determines that disclosure to law enforcement is necessary to ensure immediate child safety.

MISSOURI AS A MODEL EMPLOYER INITIATIVE (Section 37.980)

This bill requires the Office of Administration to submit a report to the General Assembly by December 31st of each year beginning in 2023, relating to the "Missouri as a Model Employer" initiative under executive order 19-16. The content to be included in the report is specified in the bill, including data on the baseline number of employees in the state workforce who disclosed disabilities when the initiative began and the number of employees in the state workforce who disclose disabilities at the time of the compiling of the annual report and descriptions of specific efforts made by state agencies to recruit, hire, advance, and retain individuals with disabilities.

OPIOID OVERDOSES (Sections 190.255 and 195.206)

Currently, qualified first responders may obtain and administer naloxone to a person suffering from an apparent narcotic or opiate-related overdose. This bill allows first responders to obtain and administer any drug or device approved by the FDA to block the effects of an opioid overdose. Licensed drug distributors or pharmacies may sell such drugs or devices to first responders for this purpose.

Currently, state or local law enforcement agency staff members are required to be acting under the directives and protocols of a medical director of a local licensed ground ambulance service in order to administer naloxone or similar drugs or devices to a person suffering from an apparent narcotic or opiate-related overdose. As specified in this bill, state or local law enforcement agency staff members would not need to act under such directives and protocols to administer naloxone or similar drugs or devices.

Currently, "opioid antagonists" are defined as naloxone hydrochloride and this bill adds any other drug or device approved by the FDA that blocks the effect of an opioid overdose to this definition.

DO-NOT-RESUSCITATE 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 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 current law. Such orders shall function as outside the hospital do-not-resuscitate orders unless specifically stated otherwise. Persons who are not subject to civil, criminal, or administrative liability for certain actions taken upon the discovery of an adult outside the hospital do-not-resuscitate orders 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 in this bill, shall be accepted and may be revoked by the patient or patient's representative at any time and by any means.

PATIENT EXAMINATIONS (Section 191.240)

As specified in this bill, no health care provider, or any student or trainee under the supervision of a health care provider, shall perform a patient examination, defined as a prostate, anal, or pelvic examination, upon an anesthetized or unconscious patient in a health care facility, unless:

(1) The patient or person authorized to make health care decisions for the patient gives specific informed consent for nonmedical purposes;

(2) The patient examination is necessary for diagnostic or treatment purposes;

(3) The collection of evidence through a forensic examination for a suspected sexual assault is necessary because the evidence will be lost or the patient is unable to give informed consent due to a medical condition; or

(4) Emergency implied consent, as described in the bill, is present.

A health care provider shall notify a patient of certain examinations performed.

A health care provider who violates the provisions of this bill, or who supervises a student or trainee who violates the provisions of this bill, shall be subject to disciplinary action by the provider's licensing board.

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)

This bill establishes the "Health Professional Loan Repayment Program" 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 of 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, as well as funds generated by loan repayments.

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 as specified 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.

MEDICAL RESIDENCY GRANT PROGRAM (Section 191.592)

Subject to appropriation, this bill requires the Department of Health and Senior Services to establish a medical residency grant program, awarding grants to entities operating residency positions beyond the currently existing medical residency positions, that are within the fields of primary care and psychiatry. Funding will be available on a scaled basis, as the bill specifies, and the Department must expend moneys in the order provided in the bill.

This bill creates the "Medical Residency Grant Program Fund", which will consist of moneys appropriated to it by the General Assembly, reimbursements from entities unable to fill their residency positions, and any gifts, contributions, grants, or bequests received from federal, private, or other sources.

The Department shall establish eligibility criteria, criteria for determining the amount and duration of grants, the contents of the

grant application, and the procedures and timelines by which entities may apply for grants.

This bill provides additional stipulations for entities receiving grants, as specified in the bill, and requires the Department to submit an annual report to the General Assembly.

The provisions of this section expire on January 1, 2038.

This provision contains an emergency clause.

PHARMACY SETTLEMENTS (Section 196.1050)

This bill adds proceeds from opioid settlements with pharmacies to the Opioid Addiction Treatment and Recovery Fund.

RURAL EMERGENCY HOSPITALS (Section 197.020)

This bill modifies the term "hospital" for purposes of licensure to include facilities designated as rural emergency hospitals by the Centers for Medicare and Medicaid Services.

TRANSITIONAL BENEFITS FOR TANF, SNAP, AND CHILD CARE (Sections 208.035 and 208.053)

Subject to appropriations and any necessary waivers or approvals, the Department of Social Services shall develop and implement a transitional benefits program for Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP) that is designed in such a way that a TANF or SNAP beneficiary will not experience an immediate loss of benefits should the beneficiary's income exceed the maximum allowable income for such program. The transitional benefits offered shall provide for a transition to self-sufficiency while incentivizing work and financial stability. The transitional benefits offered will gradually step down the beneficiary's monthly benefit proportionate to the increase in the beneficiary's income as specified in the bill.

This bill makes permanent the program (formerly Hand-Up pilot program) for recipients to receive transitional child care benefits without the requirement that such recipients first be eligible for full child care benefit. Subject to appropriation, DESE shall implement the program by July 1, 2024. Under the program, transitional child care benefits will be determined on a sliding scale as specified in the bill.

PUBLIC ASSISTANCE APPLICATIONS (Sections 208.066 and 208.072)

The bill requires the Department of Social Services to limit any initial application for the Supplemental Nutrition Assistance Program (SNAP), the Temporary Assistance for Needy Families Program (TANF), the Child Care Assistance Program, or MO HealthNet to a one-page form that is easily accessible on the Department of Social Services' website.

Program participants who are required to complete a periodic eligibility review form can submit the form as an attachment to their Missouri state individual income tax return if the form is due at the same time as the tax return. The eligibility forms must be available and easily accessible on the Department of Social Service's and Department of Revenue's websites.

In accordance with 42 CFR 435.907(a), as amended, if the applicant to MO HealthNet is a minor or is incapacitated, the Family Support Division within the Department of Social Services or its successor shall accept an application from someone acting responsibly for the applicant.

TICKET TO WORK HEALTH ASSURANCE PROGRAM (SECTION 208.146)

The Ticket to Work Health Assurance Program provides medical assistance through MO HealthNet for employed disabled persons who meet certain qualifications, including asset limits and earned, net, and gross income calculations. Under current law, disabled individuals whose income exceeds 100% of the federal poverty level (FPL) pay a premium for participation in the Program. If an eligible person's employer offers employer-sponsored health insurance and the Department of Social Services determines the employer-sponsored insurance is more cost effective, the Department will instead pay that person's costs for the employer-sponsored health insurance.

This bill changes the Program in the following ways:

- (1) Excludes retirement accounts from asset limit calculations;
- (2) Modifies the income calculation from a net/gross calculation to a broader definition that would consider income for those disabled persons with incomes up to 250% FPL, with earned income of the disabled worker from 250% to 300% FPL disregarded, and retaining the requirement that persons with incomes over 100% FPL pay a premium;
- (3) Removes all earned income of the disabled worker from the list of disregards in income determinations;

(4) Adds to the list of disregards the first \$50,000 of earned income of a spouse;

(5) If the Department elects to pay the person's costs of employer-sponsored health insurance, MO HealthNet assistance shall be provided as a secondary or supplemental policy for only personal care assistance services and non-emergency medical transportation; and

(6) The Department shall provide an annual report to the General Assembly concerning the number of participants and outreach and education efforts.

MO HEALTHNET POSTPARTUM BENEFITS (Sections 208.151 and 208.662)

Currently, low-income pregnant and postpartum women receiving benefits through MO HealthNet for Pregnant Women or Show-Me Healthy Babies are eligible for pregnancy-related coverage throughout the pregnancy and for 60 days following the end of the pregnancy. As specified in this bill, MO HealthNet coverage for these low-income women will include full Medicaid benefits for the duration of the pregnancy and for one year following the end of the pregnancy. The Department shall submit any necessary state plan amendments or waivers, as described in the bill.

This provision contains an emergency clause.

OUT OF STATE MO HEALTHNET PAYMENTS (Section 208.186)

Under this bill, the state shall not provide any payments, add-ons, or reimbursements to health care providers through MO HealthNet for medical assistance services to persons who are not considered Missouri residents under federal regulations.

This provision contains an emergency clause.

MO HEALTHNET ELIGIBILITY REDETERMINATIONS (Section 208.239)

Within 30 days of the effective date of this bill, the Department of Social Services shall resume annual MO HealthNet eligibility redeterminations, renewals, and post-enrollment verifications.

This provision contains an emergency clause.

MISSOURI EMPLOYMENT FIRST ACT (Section 209.700)

The bill establishes the "Missouri Employment First Act". The Act specifies that all state agencies that provide employment-related services or services or support to persons with disabilities are

required to coordinate with other agencies, promote competitive integrated employment, and implement an employment-first policy when providing services to persons with disabilities of working age. In addition, state agencies will offer specified information to all working-age persons with disabilities and to the parents or guardians of youth with a disability, which shall include an explanation of the relationship between a person's earned income and his or her public benefits, information on Achieving a Better Life Experience (ABLE) accounts, and information on accessing assistive technology.

The bill provides that this shall not be construed as requiring any state agency or employer to give a preference in hiring to persons with disabilities, or require a state agency to perform an action not in conformity with federal law.

CONFIDENTIALITY OF INFORMATION OF CERTAIN CHILDREN (Section 210.1360)

Any personally identifiable information regarding any child receiving child care from a provider or applying for or receiving any services through a state program shall not be subject to disclosure, except as described in the bill.

APRN GEOGRAPHIC PROXIMITY (Section 334.104)

This bill modifies collaborative practice arrangements regarding geographic proximity between nurses and physicians. Currently, an advanced practice registered nurse (APRN) and physician in a collaborative practice arrangement must maintain a geographic proximity of 75 miles of each other, unless otherwise specified in law. Under this bill, and until August 28, 2025, an APRN and physician may practice within 200 miles by road of each other if the APRN is providing services in a correctional center.

ADMINISTRATION OF MEDICATIONS BY PHARMACISTS (Sections 338.010 and 338.012)

This bill modifies several provisions relating to the administration of medications by pharmacists. This bill repeals language from current law defining the "practice of pharmacy" as including the administration of specific vaccines by written physician protocol for specific patients and adds language defining the practice of pharmacy as including the ordering and administering of certain FDA-approved or authorized vaccines to persons at least seven years of age or the CDC-approved age, whichever is older, pursuant to rules promulgated by the Board of Pharmacy and the Board of Registration for the Healing Arts or rules promulgated under a state of emergency.

Currently, any pharmacist who accepts a prescription order for a medication therapeutic plan shall have a written protocol from the referring physician. This bill repeals this provision and permits a pharmacist with a certificate of medication therapeutic plan authority to provide medication therapy services pursuant to a written physician protocol to patients with an established physician-patient relationship with the protocol physician.

As specified in this bill, a licensed pharmacist may order and administer vaccines approved or authorized by the FDA to address a public health need, as authorized by the state or federal government, during a state or federally-declared public health emergency.

Finally, a pharmacist with a certificate of medication therapeutic plan authority may provide influenza, group A streptococcus, and COVID-19 medication therapy services pursuant to a statewide standing order issued by the Director of the Department of Health and Senior Services or a physician licensed by the Department.

ACCESS TO DENTAL PROVIDER NETWORKS (Section 376.1060)

This bill modifies a statute regarding access to dental provider networks to apply to dentists providing any health care service under network plans, as defined.

The bill repeals certain limitations on sale, assignment, or other grants of access to dentists' health care services, and specifies that a contracting entity can only grant a third party, as such terms are defined in the bill, access to the dentists' services if certain conditions are met.

The bill repeals a requirement that upon a dentist's request, a contracting entity must properly identify any third-party that has been granted access to the dentist's services. The bill also specifies that no dentist shall be required to perform health care services under a provider network to which access has been granted to a third party in violation of the bill.

The bill repeals a requirement that third parties who have contracted for access to participating dentists' discounted rates must comply with the dentists' contracts unless otherwise agreed by the dentists, including with regard to payment rates and methods.

Additionally, the bill repeals a provision of law specifying that a contracting entity will be deemed in compliance with the statute if the insured's identification card identifies the insurance carrier

to be used to reimburse the participating dentist for the covered services.

This bill will not apply if access to a provider network contract is granted to any entity operating in accordance with the same brand licensee program as the contracting entity, or to affiliates of the contracting entity.

A list of the contracting entity's affiliates will be made available to a provider on the contracting entity's website. This bill will not apply to provider network contracts for health care services provided to beneficiaries of state-sponsored health insurance programs, including but not limited to MO HealthNet and the Children's Health Insurance Program (CHIP).

FENTANYL TESTING (Section 579.088)

It shall not be unlawful to manufacture, possess, sell, deliver, or use any device, equipment, or other material for the purpose of analyzing controlled substances for the presence of fentanyl.