

HCS SS SCS SB 106 -- PUBLIC HEALTH

This bill modifies several provisions relating to public health.

RARE KIDNEY DISEASE AWARENESS MONTH (Section 9.388)

This provision designates the month of March as "Rare Kidney Disease Awareness Month" and encourages citizens to participate in activities to raise awareness on the illness.

DISCLOSURES FROM THE OFFICE OF THE CHILD ADVOCATE (Section 37.725)

This bill allows for the Office of Child Advocate to disclose the identity of any complainant or recipient along with their files to law enforcement as part of an investigation if necessary to ensure immediate child safety.

EMPLOYMENT PROGRAMS FOR PERSONS WITH DISABILITIES (Sections 37.980, 208.146, and 209.700)

This bill requires the Office of Administration to submit a report to the General Assembly by December 31st of each year beginning in 2023. The report's content is specified in the bill and relates to the "Missouri as a Model Employer" initiative under executive order 19-16.

The bill also makes modifications to the Ticket to Work Health Assurance Program, which provides medical assistance through MO HealthNet for employed disabled persons who meet certain qualifications, including asset limits and earned, net, and gross income calculations. Currently, 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.

The bill also 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, as explained in the bill.

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.

This bill modifies the Program as follows:

- (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.

#### EDUCATION RECORDS (Section 167.027)

Beginning with the 2023-2024 school year, a student special education record, as defined in the bill, will be a permanent record and will be maintained as a part of a child's cumulative scholastic record.

#### DO-NOT-RESUSCITATE ORDERS (Sections 190.600 to 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 a current provision of law. Such orders will 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 will not be subject to such liability in the case of a minor child's do-not-resuscitate order. Emergency services personnel will 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.

#### PATIENT EXAMINATIONS (Section 191.240)

This bill provides that a healthcare provider, or any student or trainee under the supervision of a healthcare 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 healthcare decisions for the patient has given informed consent, the patient is unable to give 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 healthcare provider or supervised student or trainee who violates the provisions of this bill will be subject to discipline by any licensing board that licensed the healthcare provider.

#### HEALTH PROFESSIONAL LOAN AND GRANT PROGRAMS (Sections 191.430 to 191.450, 191.600, 191.828, 191.831, 335.203, and 335.205)

This 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 will 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 upon 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 must 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, as well as funds from an individual, and 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, he or she is liable to the state for an amount specified from provisions in the bill.

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.

This bill repeals both the Nursing Student Loan Program and the Nursing Student Loan Repayment Program. This bill also repeals an existing loan program for students enrolled in certain health care degree programs.

#### 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 eligible entities operating residency beyond the currently existing medical residency positions within the fields of primary care and psychiatry, as described within the bill. 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.

When awarding grants, the Department must prioritize entities operating programs that serve areas of greatest need, as determined by the Department; and that offer residency programs in primary care and psychiatry. The Department must publish eligibility criteria, criteria for determining the amount and duration of

grants, the contents of the grant applications, and the procedures and timelines by which entities may apply for grants.

The bill additionally provides stipulations for entities receiving grants, as specified in the bill, and the Department is required to submit a report to the General Assembly.

This bill creates the "Medical Residency Grant Program Fund", which will consist of moneys appropriated to it by the General Assembly, reimbursements from residency programs unable to fill all of their positions, and any gifts, contributions, grants, or bequests received from federal, private, or other sources. Additionally, the Department must conduct research on funding options and seek additional funding from federal, private, and other sources.

This provision contains an emergency clause.

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

MAMMOGRAMS (Sections 192.775, 376.782, and 376.1183)

The bill specifies that a mammography facility certified by the United States Food and Drug Administration shall not require any person to obtain a referral from a primary care provider or physician in order to receive a screening mammogram for breast cancer if consistent with the most current breast cancer screening guidelines established by the American College of Radiology.

Additionally, any health carrier or health benefit plan that offers or issues health benefit plans that provide coverage for diagnostic breast examinations, coverage for supplemental breast examinations, low-dose mammography screenings, breast magnetic resonance imaging, ultrasounds, or any combination of such coverages cannot impose any deductible, coinsurance, co-payment, or similar out-of-pocket expense with respect to such coverage. The provisions of the bill apply to health carriers or health benefit plans that are delivered, issued for delivery, continued, or renewed on or after January 1, 2024.

PHARMACIES (Section 196.1050)

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

RURAL HOSPITAL DESIGNATION (Section 197.020)

This bill modifies the definition of "hospital" to include facilities that are designated as rural emergency hospitals by the Centers for Medicare and Medicaid Services for the purposes of hospital licensing law.

#### RESIDENTIAL CARE FACILITIES (Section 208.030)

Currently, the amount of total state payments for home care in licensed residential care facilities cannot exceed \$156 per month, and the amount of total state payments for care in licensed assisted living facilities cannot exceed \$292.50 per month. This bill removes those dollar limits and subjects payments to appropriation.

#### PUBLIC BENEFITS (Sections 208.035, 208.053, 208.066, 208.186, and 208.239)

This bill establishes, subject to appropriations, a transitional benefits program for Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP). The transitional benefits are designed to assist any recipient, whose monthly income has exceeded the maximum allowable income for program eligibility, to continue receiving reduced benefits, as specified in the bill. Any recipient of transitional benefits must comply with all requirements for each program that the recipient is eligible for, including work requirements. Transitional benefits received under these provisions shall not be included in the lifetime limit for TANF benefits.

This bill modifies provisions relating to transitional childcare benefits by expanding what was formerly the Hand-Up pilot program statewide for any individual whose income exceeds the maximum allowable amount for the full childcare subsidy benefit. Transitional childcare benefits are reduced benefits determined on a sliding scale as the recipient's income increases, with the recipient paying the remainder of the fee to the childcare provider. Additionally, this bill removes the expiration date of the Hand-Up program.

The bill requires the Department of Social Services (DSS) to limit any initial application for SNAP, TANF, child care assistance, or MO HealthNet to a one-page form on the DSS website. Program participants who are required to complete a periodic eligibility review form may 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.

Additionally, the bill stipulates that the state must not provide payments, add-ons, or reimbursements to health care providers for any medical assistance provided to those who do not reside in the state. The Department of Social Services shall also resume annual eligibility redeterminations, renewals, and post-enrollment verifications for MO HealthNet no later than 30 days after the effective date of the bill.

#### MO HEALTHNET COVERAGE FOR PREGNANT WOMEN (Sections 208.151 and 208.662)

Currently, low-income pregnant and postpartum women receiving benefits through MO HealthNet for pregnant women or the Show-Me Healthy Babies Program are eligible for pregnancy-related coverage throughout the pregnancy and for 60 days following the end of the pregnancy. This bill specifies that MO HealthNet coverage for such women will include full Medicaid benefits for the duration of the pregnancy and for one year following the end of the pregnancy.

These provisions contain an emergency clause.

#### CHILDREN'S PERSONALLY IDENTIFIABLE INFORMATION (Section 210.1360)

This bill prohibits the disclosure of any personally identifiable information regarding any child receiving childcare from a provider or applying for or receiving any services through a state program.

The bill does not prohibit any state agency from disclosing personally identifiable information to governmental entities or its agents, vendors, and contractors relating to its official duties, nor does it prevent a parent or legal guardian from accessing his or her child's records.

#### SCOPE OF PRACTICE FOR PHYSICAL THERAPISTS (Sections 334.100, 334.506, and 334.613)

This bill changes the laws regarding physical therapists so that physical therapists no longer need a prescription or referral from a doctor in order to evaluate and initiate treatment on a patient, as long as the physical therapist has a doctorate of physical therapy degree or has five years of clinical practice as a physical therapist. However, the bill does require a physical therapist to refer to an approved health care provider any patient whose condition is beyond the physical therapist's scope of practice, or any patient who does not demonstrate measurable or functional improvement after 10 visits or 30 days, whichever occurs first.

The physical therapist must also consult with an approved health care provider before continuing therapy if after 10 visits or 30

days, whichever occurs first, the patient has demonstrated measurable or functional improvement from the physical therapy and the physical therapist believes that continuation of physical therapy is necessary. However, if the physical therapy services are performed within a school for individuals under 22 years of age, the physical therapist is not required to consult with an approved health care provider before continuing therapy.

Continued physical therapy must be in accordance with any direction of the health care provider. The physical therapist must notify the health care provider of continuing physical therapy every 30 days.

PRETRIAL EXAMINATIONS (Section 552.020, 552.030, 552.040 and 552.080)

Currently, a judge may order a pretrial examination of an accused person whom the judge has reasonable cause to believe lacks mental fitness to proceed. The psychiatrist, psychologist, or physician performing the examination shall submit a report with findings, opinions, and recommendations on treatment in suitable hospitals.

This bill requires the examination report to contain recommendations as to whether the accused, if found to lack mental fitness to proceed, should be committed to a suitable hospital for treatment or if the treatment can be provided in a county jail or other detention facility approved by the Director of the Department of Mental Health.

Additionally, the report shall contain a recommendation as to whether the accused, if found to lack mental fitness to proceed and if not charged with a dangerous felony, murder in the first degree, or rape in the second degree, should be committed to a suitable hospital facility or may be appropriately treated in the community, and whether the accused can comply with bond conditions and treatment conditions. The Director, or his or her designee, shall determine the locations and conditions under which treatment shall be provided to the accused.

MENTAL HEALTH COORDINATOR (Sections 441.740, 552.050, 630.045, 630.140, 630.175, and 631.120-633.125)

Additionally, this bill repeals all references to a "mental health coordinator", currently defined in statute as a mental health professional who has knowledge of the laws relating to hospital admissions and civil commitment, and who is authorized by the Director of the Department of Mental Health or their designee to serve a designated geographic area or mental health facility.

Associated duties, responsibilities, and powers of mental health coordinators are also repealed.

#### MENTAL HEALTH FACILITIES (Section 632.320 & 632.305)

For any respondent arriving at a mental health facility, this bill shortens the allotted time frame for designated facility staff to meet with the respondent and explain the respondent's statutory rights from four days to 48 hours.

The bill also provides that for applications, and any affidavits, declarations, or other supporting documents thereof, no notarization shall be required. The application, and any supporting documents thereof, will be subject to provisions in Chapter 492, RSMo, allowing for declaration under penalty of perjury.

#### LEAD POISONING (Sections 701.336 to 701.348)

Additionally, this bill modifies several provisions relating to lead poisoning. 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.

As specified in this bill, every child under age six must 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 currently undergoing renovations be tested at least once every six months.

This bill also modifies the provision that, in geographic areas determined to be of high risk for lead poisoning, every childcare facility and every childcare 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 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.