

HCS HBs 2824 & 1723 -- HEALTH CARE

SPONSOR: Stephens

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health Policy by a vote of 12 to 0. Voted "Do Pass" by the Standing Committee on Rules- Administrative Oversight by a vote of 9 to 0.

The following is a summary of the House Committee Substitute for HB 2824.

EMERGENCY MEDICAL SERVICES (Sections 190.053, 190.076, 190.109, 190.112, and 190.166)

Currently, any ambulance district board member is required to attend a training session within 12 months of taking office or he or she will not be compensated for attending meetings and will be prohibited from running for reelection until the board member completes the training. This bill amends those provisions by requiring all members of the board of directors of an ambulance district to complete three hours of continuing education for each term of office. The continuing education will be offered by a statewide association organized for the benefit of ambulance districts or be approved by the State Advisory Council on Emergency Medical Services. Any board member who fails to complete the initial training and continuing education requirements on or before the anniversary date of the member's election or appointment will be immediately disqualified from office.

The bill requires each ambulance district to arrange, at least once every three years, for a certified public accountant or firm of certified public accountants to audit the records and accounts of the district. In addition to the rules promulgated by the Department of Health and Senior Services, the bill requires the Department to promulgate rules relating to participation with regional EMS advisory committees and ambulance service administrator qualifications.

Each ambulance service licensed under Chapter 190, RSMo, must identify to the Department of Health and Senior Services an individual as the ambulance service administrator, whose duties and training requirements are specified in the bill. Any individual serving as an ambulance service administrator as of August 28, 2024, will have until January 1, 2026, to meet the training requirements.

The bill specifies conditions under which the Department may refuse to issue, deny renewal of, or suspend a license under Section

190.109. If the Department determines an ambulance service is financially insolvent or its operations are insufficient, the Department may require the license holder to submit a corrective action plan within 15 days and may require implementation of the plan within 30 days. The bill specifies to whom the Department must provide notice of any determination of insolvency or insufficiency of operations of an ambulance service, as well as any action the Department must take after such a determination.

TELEHEALTH SERVICES (Section 191.1145)

This bill modifies the definition of "telehealth" under Chapter 191, RSMo, to include audiovisual and audio-only technologies. Health care providers will not be limited in their choice of which electronic platforms are used to deliver services, provided that all services delivered are in accordance with the Health Insurance Portability and Accountability Act of 1996.

LIMITS ON SELLING OR PURCHASING CERTAIN DRUGS (Sections 195.417 and 579.060)

Current law prohibits the sale, purchase, or dispensation of ephedrine, phenylpropanolamine, or pseudoephedrine to the same individual in a 12 month period in an amount greater than 43.2 grams. This bill changes that yearly limit to 61.2 grams.

ADMINISTRATION OF MEDICATIONS IN CERTAIN FACILITIES (Sections 196.990 and 335.081)

Current law relating to nurses, technicians, or nurses' aides exempts certain practices that would otherwise be prohibited under the scope of practice for nurses licensed under Chapter 335, RSMo, including the administration of insulin but excluding the administration of other injectable medications, when providing care in long-term care facilities.

This bill adds other subcutaneous injections to the list of exemptions, provided that such a medication was prescribed by the physician of the resident receiving the medication.

REFERRALS TO ASSISTED LIVING FACILITIES (Section 198.700)

Referral agencies are individuals or entities that provide referrals to assisted living facilities for fees that are collected from either the prospective resident or the facility. This bill requires referral agencies to disclose to prospective residents or their representative:

(1) Documentation, written or electronic, of the existence of any relationships between the referral agency and the assisted living facility, as specified in the bill;

(2) That the referral agency receives a fee from the assisted living facility for the referral; and

(3) Written documentation of the agreement between the referral agency and the prospective resident or representative thereof, with requirements to be included for the agreement that are specified in the bill.

The assisted living facility is:

(1) Prohibited from paying fees to the referral agency unless certain conditions are met, as specified in the bill;

(2) Required to maintain a written or electronic copy of the aforementioned agreement between the referral agency and the prospective resident or resident's representative; and

(3) Prohibited from selling or transferring contact information of the prospective resident or the resident's representative to a third party without obtaining written consent of the resident or representative.

Any referral agency that violates this section is subject to a civil penalty of up to \$500 per violation, and the Attorney General or a circuit attorney may bring a civil action on behalf of the state to seek the imposition of a civil penalty for the violation of the provisions of this bill.

DIALECTICAL BEHAVIORAL THERAPY TASK FORCE (Section 337.800)

This bill establishes the "Dialectical Behavior Therapy Task Force", with membership as described in the bill, which includes but is not limited to two members of the House of Representatives, with one being appointed by the Speaker and one appointed by the Minority Floor Leader, and two members of the Senate, with one being appointed by the President Pro Tem and one appointed by the Minority Floor Leader. The Task Force must hold its first meeting no later than October 31, 2024, at which time it shall determine the focus and schedule of additional meetings.

The Task Force must compile a report of its activities, which includes recommendations on strategies to implement dialectical behavioral therapy in the State, recommendations on whether to establish standards and procedures for obtaining certification, recommendations on whether to establish a voluntary registry for

providers and programs, and recommendations on initiatives by the Department of Mental Health and the Department of Commerce and Insurance to increase the practice of dialectical behavioral therapy in the State. The report shall be provided to the General Assembly, the Governor, and the Director of the Department of Commerce and Insurance no later than October 31, 2025, at which time the Task Force expires.

The Department of Commerce and Insurance will promulgate rules for standards and procedures for certifications in dialectical behavior therapy. Proposed rules must incorporate the recommendations of the Task Force.

The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill.

PROPONENTS: Supporters say that pseudoephedrine is safe and effective, and has been utilized responsibly over-the-counter for years. There is a national effort underway to ease overly restrictive policies relating to the purchasing of these drugs, and supporting an expanded yearly limit is pro-consumer, pro-healthcare, and pro-business. Additionally, there is no evidence to suggest an increased proliferation of methamphetamine production or laboratories to produce methamphetamine in areas that have relaxed these limits.

Testifying in person for the bill were Representative Stephens; Missouri Retailers Association; Carlos Gutierrez, Consumer Healthcare Products Association; and Haleon.

OPPONENTS: There was no opposition voiced to the committee.

Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.