

HCS SS SB 7 (0565H.04C)
Health Care

Section #	Original Bill	Sponsor	Status as of 4/7/2025	Description
<p>190.053, 190.076, 190.109, 190.112, 190.166, 197.135, 537.038, RSMo.</p>	<p>SB 7 Underlying Bill</p>	<p>Bernskoetter</p>	<p>Reported Do Pass by Committee (H)</p>	<p>This bill modifies training requirements for members of an ambulance district board of directors. Under this bill, board members must complete three hours of continuing education for each term of office. Failure to do so will result in immediate disqualification and the office will be vacant until filled.</p> <p>Under this bill, each ambulance district must arrange for an audit of the district's records and accounts every three years by a certified public accountant. The audit will be made available to the public on the district's website or otherwise freely available by other electronic means.</p> <p>The Department of Health and Senior Services, as a part of regulating ground ambulance service licenses, will promulgate rules regarding participation with regional emergency medical services advisory committees and ambulance service administrator qualifications.</p> <p>This bill requires ambulance services to report to the Department individuals serving as ambulance service administrators. These administrators must be required to complete training, as described in the bill.</p> <p>Finally, the Department can refuse to issue, deny renewal of, or suspend a license required for ground ambulance services or take other corrective actions for reasons specified in the bill. If the Department decides of insolvency or insufficiency of services, then the Department may require the license holder to submit and complete a corrective plan, as described in the bill.</p> <p>The Department will be required to provide notice of any determination of insolvency or insufficiency of services to persons and entities specified in the bill. The Department will immediately engage with other license holders in the area to determine how ground ambulance services can be provided to the affected area during the service disruption. Assisting license holders can be compensated for such assistance as described in the bill.</p> <p>These provisions are substantially similar to SB 1340 (2024) and provisions in SCS/SB 1382 (2024).</p> <p>Under this bill, a specialty hospital, defined as a hospital other than a general acute care hospital, will not be required to comply with certain statutory provisions relating to forensic examinations of victims of sexual assault if such hospital has in place a policy for the transfer of such victims to an appropriate hospital with an emergency department.</p>

				<p>This provision is identical to SB 154 (2025) and SB 1326 (2024) and substantially similar to provisions in HCS/HB 2413 (2024).</p> <p>Under current law, certain medical professionals, individuals with first aid training, or in cases of suicide attempts, any other individual who renders emergency care or assistance at a scene of an emergency or accident, then such individual will not be liable for any civil damages except if damages are caused by gross negligence or willful or wanton acts. This bill expands such liability protections to any person rendering emergency care or assistance.</p>
<p>96.192, 96.196, 190.098, 190.101, 190.800, 191.648, 192.2521 195.417, 206.110, 206.158, 208.152, 210.030, 301.142, 332.081, 335.081, 338.010, 338.710.</p>	HCS HB 943	Peters	Public Hearing Scheduled (S)	<p>OPERATIONS OF AND INVESTMENTS BY HOSPITALS (Sections 96.192, 96.196, and 206.158)</p> <p>This bill authorizes, but does not require, the board of trustees of certain hospitals to invest up to 50% of the hospital's available funds, defined in the bill, into certain mutual funds, bonds, money market investments, or a combination thereof. This permission only applies if the hospital receives less than three percent of its annual revenue from municipal, county, or state taxes, as well as if the hospital receives less than three percent of its annual revenue from appropriated funds from the municipality in which the hospital is located. Following that, the remaining percentage of any available funds not invested as allowed are required to be invested into any investment in which the State Treasurer is allowed to invest. Additionally, with the exception of counties of the third and fourth classification where there already exists a hospital organized under Chapters 96, 205, or 206, RSMo, county commissions are authorized to establish, construct, equip, improve, extend, repair, and maintain public hospitals, engage in health care activities, and issue bonds. This bill removes the exception for hospitals established under the provisions of Chapters 205 and 206 in counties of the third and fourth classification. The bill authorizes, but does not require, the board of directors of any hospital district that receives less than three percent of its annual revenues from a hospital district or State taxes to invest up to 50% of its available funds, defined in the bill, into certain mutual funds, bonds, money market investments, or a combination thereof. Following that, the remaining percentage of any available funds not invested as allowed are required to be invested into any investment in which the State Treasurer is allowed to invest.</p> <p>AMBULANCE DISTRICT BOARDS OF DIRECTORS (Section 190.053)</p> <p>The bill modifies training requirements for members of an ambulance district board of directors. Under this bill, board members must complete three hours of continuing education for each term of office. Failure to do so will result in immediate disqualification and the office will be vacant until filled.</p> <p>AMBULANCE DISTRICT AUDITS (Section 190.076)</p> <p>The bill requires each ambulance district to arrange for an audit of the district's records and</p>

accounts every three years by a certified public accountant. The audit must be made available to the public on the district's website or otherwise freely available by other electronic means.

COMMUNITY PARAMEDICS (Section 190.098)

This bill modifies provisions relating to certification of community paramedics and the provision of community paramedic services. Currently, community paramedics practice in accordance with protocols and supervisory standards of the ambulance service's medical director.

Ambulance services that provide community paramedic services in another ambulance service area must enter into a written contract to do so. The bill repeals these provisions. Under this bill, community paramedic services mean those services provided by an entity that employs licensed paramedics certified by the Department of Health and Senior Services as community paramedics for services that are provided in a non-emergent setting, consistent with the education and training of a community paramedic and the supervisory standard approved by the medical director, and documented in the entity's patient care plans or protocols. Any ambulance service that seeks to provide community paramedic services outside of its service area must have a memorandum of understanding (MOU) with the ambulance service of that area if that ambulance service is already providing those services or must notify the ambulance services of that area if that ambulance service is not providing community paramedic services. Emergency medical response agencies (EMRA) can provide community paramedic services in a ground ambulance service's service area. If the ground ambulance service is already providing those services or provides them after the EMRA offers them, then the EMRA and ground ambulance service must enter into a MOU for the coordination of services. The Department will promulgate rules and regulations for the purpose of certifying community paramedic services entities and the standards necessary to provide the services. Certified entities are eligible to provide community paramedic services for five years.

STATE ADVISORY COUNCIL ON EMERGENCY MEDICAL SERVICES (Section 190.101)

The bill modifies the State Advisory Council on Emergency Medical Services by changing the number of council members from 16 to no more than 23 and specifying the members who will serve on the Council. Currently, members are appointed by the Governor with the advice and consent of the Senate. Under this bill, the Director of the Department of Health and Senior Services, the regional EMS advisory committees, and the Time-Critical Diagnosis Advisory Committee will appoint members.

AMBULANCE LICENSES (Sections 190.109, 190.112, and 190.166)

The Department of Health and Seniors Services, as a part of regulating ground ambulance

service licenses, will promulgate rules regarding participation with regional emergency medical services advisory committees and ambulance service administrator qualifications. The bill requires ambulance services to report to the Department individuals serving as ambulance service administrators.

These administrators are required to complete training as provided in the bill. Finally, the Department can refuse to issue, deny renewal of, or suspend a license required for ground ambulance services or take other corrective actions if the license holder is determined to be financially insolvent, has inadequate personnel for the service provided, requires an inordinate amount of mutual aid from neighboring services, has been determined to be criminally liable for actions related to the license or service provided, has been determined to be ineligible for participation in Medicare or MO HealthNet, whose ambulance district administrator has failed to meet the required qualifications or training, or if three or more board members have failed to complete required training. If the Department decides of insolvency or insufficiency of services, then the Department can require the license holder to submit and complete a corrective plan, as specified in the bill. The Department is required to provide notice of any determination of insolvency or insufficiency of services to other license holders operating in the license holder's vicinity, members of the General Assembly who represent that area, other governing officials, the appropriate regional emergency medical services advisory committee, and the State Advisory Council on Emergency Medical Services. The Department must immediately engage with other license holders in the area to determine how ground ambulance services can be provided to the affected area during the service disruption. Assisting license holders can be compensated for the assistance, as provided in the bill.

GROUND AMBULANCE SERVICE REIMBURSEMENT ALLOWANCE TAX (Section 190.800)

For the purposes of reimbursement allowance taxes, current law exempts ambulance services that are owned and operated by an entity owned and operated by the State from being required to pay an ambulance service reimbursement allowance tax. This bill repeals that exemption.

HEALTH CARE RECORDS (Section 191.227)

This bill provides that any records containing a patient's health history and treatment that were created by an emergency care provider or telecommunicator first responder in the course of the provider's or responder's official duties must be made available to any person, upon his or her request, authorized to obtain the patient's health care records. A fee can be levied for furnishing the health care records, as specified in the bill. The bill does not limit the release of information regarding the general nature of the event that resulted in the request for assistance, as long as personal health information is redacted. Additionally, this bill does not limit the release of information to facilitate the normal delivery of patient care or for an established quality improvement program.

SEXUALLY TRANSMITTED INFECTIONS (Section 191.648)

Currently, a physician can utilize expedited partner therapy, meaning the practice of treating the sex partners of persons with chlamydia or gonorrhea without an intervening medical evaluation or professional prevention counseling, to prescribe and dispense medications for the treatment of chlamydia or gonorrhea even without an established physician/patient relationship. Under this bill, certain health care professionals can use expedited partner therapy, and the therapy can be used for designated sexually transmitted infections beyond chlamydia and gonorrhea. The bill repeals the requirement that antibiotic medications prescribed and dispensed through expedited partner therapy for the treatment of chlamydia or gonorrhea be in pill form.

SPECIALTY HOSPITALS (Section 192.2521)

This bill provides that a "specialty hospital", defined as a hospital that has been designated by the Department of Health and Senior Services as something other than a general acute care hospital, is exempt from two provisions of existing law relating to victims of sexual offenses if the specialty hospital has a policy for the transfer of a victim of a sexual assault to an appropriate hospital with an emergency department.

LIMITS ON SALE OF OVER-THE-COUNTER 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 any total amount greater than 43.2 grams without a valid prescription. This bill changes the total amount to 61.2 grams.

ADMINISTRATION OF MEDICATIONS (Sections 196.990 and 335.081)

The bill adds licensed long-term care facilities to the definition of "authorized entity" in current law, permitting the entities to stock a supply of epinephrine auto-injectors for use in an emergency. Additionally, the administration by technicians, nurses' aides, or their equivalent in long-term care facilities of epinephrine auto-injectors and subcutaneous injectable medications to treat diabetes are not to be prohibited by nurse licensing laws.

MO HEALTHNET HEARING AIDS (Section 208.152)

Currently, reimbursable MO HealthNet services include hearing aids for eligible needy children, pregnant women, and blind persons. The bill mandates MO HealthNet coverage of medically necessary cochlear implants and hearing instruments for all eligible participants.

PRENATAL TESTS FOR CERTAIN DISEASES (Section 210.030)

Currently, a physician or other health care provider must draw and test a pregnant woman's blood at or soon after her first prenatal examination, with her consent, for syphilis, hepatitis B, or other similar diseases. Under this bill, the testing of the pregnant woman's blood must also occur at the 28th week of her pregnancy, as well as immediately after birth. Additionally, the test must include hepatitis C and HIV. If a mother tests positive for syphilis, hepatitis B, hepatitis C, or HIV, the physician or other health care provider will treat the mother in accordance with the most recent accepted medical practice. Current law requires the Department of Health and Senior Services to work in consultation with the Missouri Genetic Disease Advisory Committee to make rules pertaining to these blood tests. The bill repeals the requirement to work with the Committee and requires that the tests be approved or accepted by the U.S. Food and Drug Administration.

LICENSE PLATES AND PLACARDS FOR PERSONS WITH DISABILITIES (Section 301.142)

This bill adds occupational therapists to the list of licensed professionals who can issue a statement so that disabled plates or a disabled windshield placard can be obtained by a patient.

PRACTICE OF DENTISTRY IN CORRECTIONAL CENTERS (Section 332.081)

Current law provides that a corporation cannot practice dentistry unless that corporation is a nonprofit corporation or a professional corporation under Missouri law. This bill provides that this provision does not apply to entities contracted with the State to provide care in correctional centers.

ADMINISTRATION OF CERTAIN VACCINES (Section 338.010)

Currently, the practice of pharmacy includes the ordering and administering of vaccines, with exceptions. This bill adds the vaccine for chikungunya to the exceptions and those vaccines approved by the U.S. Food and Drug Administration after January 1, 2025, instead of those approved after January 1, 2023.

RX CARES FOR MISSOURI PROGRAM (Section 338.710)

Currently, there is a program called the "RX Cares for Missouri Program. The Missouri Board of Pharmacy, in consultation with the Missouri department of mental health, can allocate funds to public or private entities for relevant programs or education. However, funds cannot be used for State prescription drug monitoring programs. The Board, in consultation with the Department, manages the program and can also enter interagency agreements to assist in the program's management or operation. After the program's first year, the Board must submit a report to the Governor and the General Assembly detailing the program's operation and fund allocation. The program is currently set to expire on August 28, 2026.

				This bill removes that expiration date.
332.211, 332.281, 332.700, 332.705, 332.710, 332.715, 332.720, 332.725, 332.730, 332.735, 332.740, 332.745, 332.750, 332.755, 332.760, 579.060.	HB 56	Coleman	Reported Do Pass by Committee (H)	<p>Currently, the Missouri Dental Board can grant, without an examination, a certificate of registration and a license to a dentist or a dental hygienist who has been licensed in another state if the Board is satisfied that the applicant's qualifications are equivalent to or higher than requirements in Missouri. A dentist must have been licensed for five consecutive years immediately preceding his or her application and a dental hygienist must have been licensed for two consecutive years immediately preceding his or her application.</p> <p>The Missouri Dental Board can, by rule, require the applicant to take any examination over Missouri laws that is given to dentists or dental hygienists in Missouri when he or she applies for licensure. If the applicant's licensure in any State was ever denied, revoked, or suspended for incompetency or inability to practice in a safe manner, the Dental Board can require that the applicant take a practical examination. The Dental Board can also require the applicant take a practical examination if he or she has failed any practical examination given as a prerequisite to licensure as a dentist in any state.</p> <p>The bill repeals outdated license reciprocity language and replaces it with new language in accordance with Section 324.009, RSMo.</p> <p>This bill also creates the "Dentist and Dental Hygienist Compact". Dentists and dental hygienists licensed in a state that are participating in the Interstate Compact can practice in other participating states without additional requirements. The bill also enhances the ability of participating states to protect the public health and safety and cooperate in regulating the practice of dentistry and dental hygiene.</p> <p>The bill specifies the conditions for a state to join and continue as a participating state, such as enacting a compact that is not materially different from the model compact, implementing a criminal background check requirement, accepting certain examinations and accreditations, and paying a participation fee to the Dentist and Dental Hygienist Compact Commission.</p> <p>The bill also defines the qualifications and obligations of a licensee who seeks to obtain and exercise a compact privilege in a remote state, such as having a qualifying license, meeting any jurisprudence requirement, reporting any adverse action, and complying with the scope of practice of the remote state.</p> <p>The bill establishes the "Dentist and Dental Hygienist Compact Commission", composed of one commissioner from each participating state, to administer and enforce the Compact. The Commission will have the power to adopt rules and bylaws, maintain a data system, charge fees, conduct investigations, take disciplinary actions, issue subpoenas, and initiate legal proceedings. Nothing herein will prevent or inhibit the enforcement of any other law of a</p>

				participating state that is not inconsistent with the Compact. The bill also outlines the procedures and standards for the Commission's meetings, financial review, executive board, and annual report.
292.606	HCS HB 70	Taylor (48)	Reported Do Pass by Committee (H)	This bill extends the authority of the Missouri Emergency Response Commission to collect fees from August 28, 2024, to August 28, 2031. It authorizes a one-time fee to be assessed, which is to be calculated based on filings due March 1, 2025, and is to be paid by November 1, 2025.
210.225	HCS HBs 222 & 580	Schulte	Placed on the Informal Perfection Calendar	This bill adds child care facilities to the list of authorized entities for which a physician can prescribe an epinephrine delivery device. The bill also establishes "Elijah's Law" and requires licensed child care providers to adopt a policy on allergy prevention and response, with priority given to addressing deadly food-borne allergies. The policy must contain elements specified in the bill and be adopted before July 1, 2027. The Department of Elementary and Secondary Education must develop a model policy or policies on allergy prevention and response before July 1, 2026.
191.227	HB 457	Taylor (48)	Placed on the Informal Perfection Calendar	<p>This bill provides that any records containing a patient's health history and treatment that were created by an emergency care provider or telecommunicator first responder in the course of such provider's or responder's official duties must be made available to any person, upon his or her request, authorized to obtain the patient's health care records.</p> <p>A fee can be levied for furnishing the health care records as specified in the bill. The bill does not limit the release of information regarding the general nature of the event that resulted in the request for assistance, as long as personal health information is redacted. Additionally, this bill does not limit the release of information to facilitate the normal delivery of patient care or for an established quality improvement program.</p>
167.627, 167.630, 190.246, 196.990, 321.621,	HB 553	Violet	Referred to Rules – Admin	<p>This bill adds single-use epinephrine delivery devices to provisions of statute that permit the possession and self-administration of the medication to treat a student's chronic health condition, such as asthma or anaphylaxis.</p> <p>The bill authorizes each board of education in this State to grant permission to pupils, as well as each school board in this State to grant permission to school nurses to use this medication.</p> <p>This bill additionally modifies existing provisions for epinephrine possession, use limitations, and stock supply by adding single-use epinephrine nasal sprays as eligible products.</p> <p>Current law authorizes qualified first responders, as defined in the bill, to administer epinephrine auto-injectors to a person who is suffering from an apparent anaphylactic reaction. This bill extends that authorization to single-use epinephrine delivery devices.</p>
191.600, 191.603, 191.605,	HCS HB 720	Diehl	Referred to Rules – Admin	This bill modifies provisions relating to the existing "Health Professional Student Loan Repayment Program" by renaming it to the "Missouri State Loan Repayment Program (MOSLRP)" and expanding the Program to include those who have graduated from an

191.607, 191.611, 191.614, 191.615.				<p>accredited graduate training program in a discipline designated by the Department of Health and Senior Services.</p> <p>Current law requires, in order to be eligible to participate in the Program, that a person is enrolled as either a full-time medical student, dental student, or chiropractic student, and is in the final year of course study, or that a person is licensed to practice in these fields. This provision and the designation for an area in need of chiropractic services are repealed and replaced with the requirements that the person is authorized to practice as any type of health professional and is going to practice in an area of defined need.</p> <p>The bill requires that 35% of the annual appropriated funds that are allocated to this loan repayment program must be designated for awards to primary care physicians and general dentists, and unused portions of those designated funds will be made available in the same fiscal year to the other types of health professions designated by the Department.</p> <p>Current law establishes liability to the State for individuals who have entered into written contracts with the Department and who either fail to maintain an acceptable level of academic standing, who voluntarily terminate enrollment, or who are dismissed from the institution; these persons are liable to the State for the amount that has been paid on their behalf under the contract. This bill repeals that provision.</p>
537.038	HB 738	Gallick	Reported Do Pass by Committee (H)	<p>The bill provides that a person who renders emergency care, without compensation, at the scene of an accident or other emergency, is not to be held liable for any civil damages for acts or omissions, other than damages caused by gross negligence or willful, wanton acts or omissions.</p> <p>Emergency care or assistance that is provided by respiratory care practitioners, physicians, surgeons, registered professional nurses, licensed practical nurses, or emergency medical technicians, who are subject to the provisions of existing statute, are not subject to the provisions of this bill.</p>
345.050	HB 765	Stinnett	Read First Time (S)	<p>Currently, a requirement for licensure for speech pathologists and audiologists is submitting evidence of completion of a clinical fellowship from supervisors. The period of employment must be under the direct supervision of a person who is licensed by the State of Missouri in the profession in which the applicant seeks to be licensed. This bill changes the period of employment to be under the direct supervision of a speech-language pathologist in good standing.</p>
191.1145	HB 825	Stinnett	Read First Time (S)	<p>This bill adjusts the definition of "telehealth services" under Chapter 191, RSMo, to include audiovisual and audio-only technologies. Health care providers are not to be limited in their choice of electronic platforms used to deliver telehealth or telemedicine, provided that all services that are delivered are in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996.</p>

376.1280	SB 158	Henderson	Reported Do Pass (S)	<p>This bill provides that if an enrollee has an elevated risk of opioid misuse, as defined in the bill, the enrollee's health benefit plan must not deny coverage of a non-opioid prescription drug in favor of an opioid drug, require the enrollee to try an opioid drug before covering the non-opioid prescription drug, or require a higher level of cost-sharing for a non-opioid prescription drug than for an opioid drug.</p> <p>This bill will apply to health benefit plans delivered, issued for delivery, continued, or renewed in this State on or after January 1, 2026.</p>
376.1240 192.769 (REPEAL)	HB 398	Peters	Placed on the Informal Perfection Calendar	<p>Beginning January 1, 2025, this bill requires any health benefit plan in Missouri to reimburse a health care provider or dispensing entity for the dispensing of a supply of self-administered hormonal contraceptives intended to last up to one year. The bill prohibits the coverage from being subject to any greater deductible or co-payment than other similar health care services provided by the health benefit plan.</p> <p>The bill repeals provisions relating to the required notice provided to patients upon their completion of a mammogram.</p>