

HCS HB 943 -- HEALTH CARE (Peters)

COMMITTEE OF ORIGIN: Standing Committee on Health and Mental Health

This bill modifies several provisions relating to health care.

OPERATIONS OF AND INVESTMENTS BY HOSPITALS (Sections 96.192, 96.196, and 206.158)

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 3% of its annual revenue from municipal, county, or state taxes, as well as if the hospital receives less than 3% 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 3% 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.

AMBULANCE DISTRICT BOARDS OF DIRECTORS (Section 190.053)

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.

AMBULANCE DISTRICT AUDITS (Section 190.076)

The bill requires each ambulance district to arrange for an audit of the district's records and 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) may 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 may 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 makes a determination of insolvency or insufficiency of services, then the Department may 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 may be provided to the affected area during the service disruption. Assisting license holders may 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 of Missouri 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 may 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 may 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 may use expedited partner therapy and the therapy may 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.

LONG-TERM CARE FACILITIES (Section 198.700)

This bill requires referral agencies, individuals or entities that provide referrals to assisted living facilities for fees that are collected from either the prospective resident or the facility, to disclose to prospective residents or their representative documentation of the existence of any relationships between the referral agency and the assisted living facility, as specified in the bill; that the referral agency receives a fee from the assisted living facility for the referral; and 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: prohibited from paying fees to the referral agency unless certain conditions are met, as specified in the bill; 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 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 can 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.

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 can not 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.

This bill is similar to SB 548 (2025).