

HCS HB 2372 -- HEALTH CARE

SPONSOR: Peters

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health by a vote of 17 to 1.

The following is a summary of the House Committee Substitute for HB 2372.

AWARENESS DAYS (Sections 9.412, 9.418, and 9.502, RSMo)

This bill designates each September as "Brain Aneurysm Awareness Month" in Missouri, the last full week of April each year as "Infertility Awareness Week" in Missouri, and March 26th of each year as "Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)/Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS) Awareness Day".

HOSPITAL INVESTMENTS AND SERVICE AREAS (Sections 96.192, 96.196, 206.110, and 206.158)

This bill modifies the investment authority of boards of trustees of municipal hospitals in third class cities and hospital district hospitals. Current law permits investment of up to 25% of funds not required for operations of the hospital or other obligations. This bill permits investment of up to 50% of funds not required for operations or other obligations in the manner described in the bill, with the remaining portion to be invested into any investment in which the state Treasurer is allowed to invest. These provisions will only apply if the hospital receives less than three percent of its annual revenues from municipal, county, hospital district, or state taxes, or appropriated funds from the municipality in which such hospital is located.

Under this bill, municipal hospitals in third class cities can operate in areas where hospital district hospitals and county hospitals operate. Hospital district hospitals can operate in areas where municipal hospitals in third class cities and county hospitals operate.

EPINEPHRINE PRODUCTS (Sections 167.627, 167.630, 190.246, 196.990, and 321.621)

This bill changes the term "epinephrine auto-injector" to "epinephrine delivery system" throughout statute, defined as a single-use device or system used for the delivery of a premeasured dose of epinephrine into the human body.

This bill adds epinephrine delivery systems 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.

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.

This bill additionally modifies existing provisions for epinephrine possession, use limitations, and stock supply by adding epinephrine delivery systems as eligible products and nursing homes and facilities, as well as child care facilities, to the list of authorized entities.

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 epinephrine delivery systems.

COMMUNITY PARAMEDIC SERVICES (Section 190.098)

This bill modifies provisions relating to certification of community paramedics and the provision of community paramedic services. Community paramedic services mean those services provided by an entity that employs licensed paramedics certified by the Department of Health and Senior Services (DHSS) as community paramedics for services that are provided in a nonemergent 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 (EMRAs) can provide community paramedic

services in a ground ambulance service's service area. If the ground ambulance service is already providing those services, then the EMRA and ground ambulance service can enter into a MOU for the coordination of services. If the ground ambulance service provides those services after the EMRA begins to provide them, then the ground ambulance service and EMRA must enter into a MOU for the coordination of services. A community paramedic program must notify the appropriate local ambulance service when providing services within the service area of an ambulance service.

The DHSS must establish regulations for the purpose of recognizing community paramedic services entities that have met the standards necessary to provide such services. The DHSS will endorse such entities to provide community paramedic services for a period of five years.

DOULA SERVICES (Sections 191.708, 208.662, and 208.1400-1425)

This bill allows for the chief medical officer or chief medical director of DHSS, the MO HealthNet division of the Department of Social Services, or any licensed physician acting with the written consent of any of the aforementioned department directors, to issue nonspecific recommendations for doula services, a medical standing order for prenatal vitamins, or a medical standing order for purposes not related to that of controlled substances or of nonemergency pregnancy termination.

Additionally, the bill requires MO HealthNet coverage of doula services and childbirth education classes for pregnant women and a support person. The bill adds childbirth education classes to covered services for unborn children enrolled in the Show-Me Healthy Babies program.

The bill also establishes the "Missouri Doula Reimbursement Act". Under the provisions of this bill, the MO HealthNet program is required to cover the following doula services:

- (1) A combined total of six support sessions, provided that a participant who needs more than the six is entitled to up to ten additional support sessions for a combined total of 16 support sessions;
- (2) One birth attendance, including attendance at a scheduled cesarean section;

(3) Up to two visits for general education and support on lactation at any time during the prenatal and postpartum periods; and

(4) Community navigation services, except that those services provided outside any of the above visits or sessions will only be billed up to 10 times total over the course of the pregnancy and postpartum period.

The bill specifies under what conditions a doula is eligible for participation as a provider of doula services and that once enrolled as a provider, a doula is eligible to enroll as a provider with fee-for-service, and managed care payers affiliated with MO HealthNet program, but that services must be reimbursed on a fee-for-service schedule.

The MO HealthNet division must promulgate all necessary rules and regulations for the administration of this provision.

TELEHEALTH (Sections 191.1146 and 334.108)

Currently, the establishment of a physician-patient relationship for purposes of telehealth must include an interview and a physical examination. Under this bill, an evaluation is required, but a physical examination will be required only if needed to meet the standard of care.

Current law prohibits the use of an internet or telephone questionnaire completed by a patient from constituting an acceptable medical interview for the provision of treatment by telehealth. This bill permits such questionnaires if the information provided is sufficient as though the medical evaluation was performed in person, with a report to be provided to the patient's primary health care provider within 14 days of evaluation, as described in the bill.

Additionally, current law requires a physician-patient relationship for purposes of telehealth to include a sufficient dialogue with the patient regarding treatment. This bill changes "dialogue" to "exchange" with the patient regarding treatment options.

Finally, current law prohibits a health care provider from prescribing any drug, controlled substance, or other treatment to a patient based solely on an internet request or questionnaire. Under this bill, a health care provider must not prescribe any drug, controlled substance, or other treatment to a patient in

the absence of a proper provider-patient relationship and medical records of such prescriptions must be collected, stored, and maintained in accordance with the Health Insurance Portability and Accountability Act of 1996.

DEPARTMENT OF HEALTH AND SENIOR SERVICES CONTRACTS FOR PUBLIC HEALTH (Section 192.021)

This bill authorizes DHSS to contract with an affiliate of a national public health associations or public health institutes in order to assist in carrying out its duties to promote the health and wellbeing of Missouri residents. Such contracts can include efforts to assist in the delivery of health services throughout the State and the administration of grant funds and related programs. The DHSS and the designated affiliate must provide a report to the General Assembly as specified in the bill.

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.

Beginning October 1, 2026, any manufacturer of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine sold in this state must, on a monthly basis, pay fees to the administrator of the real-time electronic pseudoephedrine tracking system, as specified in the bill. A manufacturer who fails to knowingly pay such fee will have committed the offense of unlawful sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs, which is a Class A misdemeanor.

HOSPITAL WORKPLACE VIOLENCE (Section 197.708)

This bill requires hospitals to display a printed sign in the waiting rooms of the emergency department and the labor and delivery department with the following text in all capital letters:

"WARNING: ASSAULTING A HEALTH CARE PROFESSIONAL WHO IS ENGAGED IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES, INCLUDING STRIKING A HEALTH CARE PROFESSIONAL WITH ANY BODILY FLUID, IS A SERIOUS CRIME AND WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW."

INSPECTIONS OF LONG-TERM CARE FACILITIES (Section 198.022)

Under this bill, DHSS can accept, in lieu of an inspection conducted by DHSS, a written report of a survey or inspection conducted by any State or Federal agency, provided the survey or inspection is comparable in scope or method to DHSS's inspections and conducted in accordance with Title XVIII of the Social Security Act. A residential care or assisted living facility will be subject to an inspection by DHSS if the facility fails to maintain an accredited status by a recognized accreditation entity. Finally, if a facility exempt from an annual inspection under this bill has one or more violations of any class I standards, then the facility must be subject to a full inspection by DHSS.

MO HEALTHNET COVERAGE OF CERTAIN CLINICAL PATHOLOGY SERVICES (Section 208.149)

This bill requires MO HealthNet to pay the fee for the portion of clinical pathology services for professional services provided by a hospital-based pathologist for clinical pathology services provided to patients covered by the MO HealthNet program. The reimbursement rate is set at no less than 30% of the approved MO HealthNet Independent Lab - Technical Component fee schedule. The payment will be made directly to the physician or to the entity that physician has assigned the right to receive payment for the services provided. The Department of Social Services is responsible for creating necessary rules and regulations for the provisions of this bill.

ELIJAH'S LAW (Section 210.225)

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 foodborne allergies. The policy must contain elements specified in the bill and be adopted before July 1, 2028. The adoption of this policy is required for licensure.

The Department of Elementary and Secondary Education must develop a model policy or policies on allergy prevention and response before July 1, 2027.

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.

LICENSURE RECIPROCITY (Section 324.009)

This bill specifies that a health care provider who has received his or her license to practice in Missouri via the state's licensure reciprocity law may provide telehealth services.

PRACTICE OF DENTISTRY IN CORRECTIONAL CENTERS (Section 332.081)

Current law provides that no corporation will practice dentistry unless that corporation is a nonprofit corporation or a professional corporation under Missouri law. This bill provides that such provision will not apply to entities contracted with the State to provide care in correctional centers.

ADMINISTRATION OF MEDICATIONS (Section 335.081)

This bill provides that the administration by technicians, nurses' aides, or their equivalent in long-term care facilities of epinephrine delivery systems and subcutaneous injectable medications to treat diabetes shall not be prohibited by nurse licensing laws.

ADMINISTRATION OF CERTAIN VACCINES (Section 338.010)

This bill provides that the practice of pharmacy will include the ordering and administering of vaccines, except for the vaccine for chikungunya and those vaccines approved by the U.S. Food and Drug Administration after January 1, 2026, instead of those after January 1, 2023.

LICENSURE OF WHOLESALE DRUG DISTRIBUTORS (Section 338.333)

Under this bill, the Board of Pharmacy can permit an out-of-state wholesale drug distributor or third-party logistics provider to be licensed in this state despite not having a license issued by the distributor's or provider's resident state if the distributor or provider has a current and valid drug distributor accreditation from the National Association of Boards of Pharmacy.

RX CARES FOR MISSOURI PROGRAM (Section 338.710)

This bill removes the expiration date of August 28, 2026, from the RX Cares for Missouri Program.

SPEECH-LANGUAGE PATHOLOGISTS (Section 345.050)

Currently, a requirement for licensure for speech-language 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.

340B DRUGS (Section 376.417)

Under this bill, a health carrier, a pharmacy benefits manager, or an agent or affiliate of such, will not discriminate against a "covered entity", as defined in the bill, including by reimbursing the covered entity for a quantity of a 340B drug in an amount less than it would pay similarly situated non-covered entities for such drugs, imposing different terms and conditions as compared to similarly situated entities, refusing to cover 340B drugs or discriminating in reimbursement for 340B drugs, and other situations described under this bill. The Director of the Department of Commerce and Insurance must impose a civil penalty on any health carrier, pharmacy benefits manager, or agent or affiliate of such, that violates this provision, not to exceed \$5,000 per violation, per day.

MULTIPLE EMPLOYER SELF-INSURED HEALTH PLANS (Sections 376.1000, 376.1012, and 376.1017)

This bill changes the definition of "multiple employer self-insured health plans" to include plans established for the purpose of offering benefits to two or more self-employed individuals, each with at least one common-law employee, and their dependents.

Current law requires funds collected from participating employers under multiple employer self-insured health plans to be held in trust subject to certain requirements, including filing an annual report with the director of the Department of Commerce and Insurance showing the condition and affairs of the plan. This bill modifies that requirement by adding the report must be in compliance with Section 375.041, RSMo and also requires that the plan file an RBC report with the director.

Additionally, current law requires health plans to establish loss reserves for incurred losses and unearned premiums, as well as surplus accounts equal to certain amounts. This bill requires the surplus accounts to be equal to the greater of the following:

- (1) \$600,000; or
- (2) An amount equal to two times the authorized control level risk-based capital.

INSURANCE COVERAGE OF ANESTHESIA SERVICES (Section 376.1245)

The bill prohibits health carriers or health benefit plans from establishing or implementing any policy or practice that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure. Moreover, health carriers or health benefit plans are prohibited from establishing or implementing any policy or practice that restricts or excludes all anesthesia time in calculating the payment of anesthesia services. Excepted benefit plans will be subject to the requirements of this bill.

INSURANCE COVERAGE OF ALTERNATIVES TO OPIOID DRUGS (Section 376.1280)

This bill requires that when a licensed health care professional acting within the scope of his or her license prescribes a

nonopioid medication for the treatment of acute or chronic pain to an enrollee, it will be unlawful for a health benefit plan to:

- (1) Deny coverage of the nonopioid prescription drug in favor of an opioid prescription drug;
- (2) Require the enrollee to try an opioid prescription drug before providing coverage of the nonopioid prescription drug; or
- (3) Require a higher level of cost-sharing for the nonopioid prescription drug than for an opioid prescription drug.

This will apply to health benefit plans delivered, issued for delivery, continued, or renewed on or after January 1, 2027.

INSURANCE COVERAGE OF DOULA SERVICES (Section 376.1758 & 376.1765)

This bill requires DHSS to create the doula registration application and review and approve doula registration to allow for health insurance reimbursement of doula services.

This bill requires health carriers and health benefit plans to provide coverage of doula services for plans that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2027.

DETENTION FOR EVALUATION AND TREATMENT FOR MENTAL HEALTH (Section 632.305)

Currently, an application for detention and evaluation for treatment at a mental health facility may be executed by any adult person, who is not required to be an attorney or represented by an attorney, without a notarization requirement.

This bill repeals the provision that notarization is not required and specifies that no notarization will be required for any application, or for any affidavits, declarations, or other supporting documents, that were completed or executed by certain peace officers, licensed physicians, mental health professionals, registered professional nurses, or employees acting on behalf of a hospital, as specified in the bill.

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

PROPOSERS: Supporters say that the bill combines provisions that have been extensively vetted by the committee in years past.

Testifying in person for the bill were Representative Peters; Consumer Healthcare Products Association; Mercy Healthcare Systems; Arnie C. Dienoff; Missouri Chapter of The American Academy of Pediatrics; Missouri Pharmacy Association; REACH Healthcare Foundation, Bjc Healthcare, and National Association of Social Workers MO Chapter; Ana Dale, Pharm , Katy Trail Community Health Center; Maria Lindbergh, Missouri Occupational Therapy Association; Missouri Health Care Association; Haleon; Missouri Society of Anesthesiologists; American College of Obstetrical & Gynecologists; Missouri Primary Care Association; Missouri Assisted Living Association; Missouri College of Emergency Physicians; Centurion; Wal-Mart Stores Inc.; Missouri Speech-Language-Hearing Association, Missouri Ambulance Association; Nurture KC; Golden Valley Memorial Healthcare, Missouri Association Of Nurse Anesthetists ; Linda Neumann, Missouri Association of School Nurses; Missouri Public Health Institute; Missouri Nurses Association; and Missouri State Medical Association.

OPPONENTS: Those who oppose the bill say that certain provisions relating to 340B, telehealth, nonopioid alternatives, and anesthesia time requirements obscure negotiating power and make oversight more murky. Other testimony signaled that PBMs need to be gone, but that the judicial system has been critical of large omnibus bills such as this in the past.

Testifying in person against the bill were Missouri Insurance Coalition; America's Health Insurance Plans; and Mary Cremer.

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.