

HCS HB 2372 -- HEALTH CARE (Peters)

COMMITTEE OF ORIGIN: Standing Committee on Health and Mental Health

AWARENESS DAYS (Sections 9.025, 9.412, 9.418, and 9.502, RSMo)

This bill designates the month of January as "Blood Donor Awareness Month", each September as "Brain Aneurysm Awareness Month", the last full week of April each year as "Infertility Awareness Week", 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 3% 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 and fourth 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.

AMBULANCE DISTRICTS (Sections 190.050, 190.051, 190.052, 190.070, 190.089, and 191.090)

Currently, county commissions divide newly-formed ambulance districts into six subdistricts for the election of members to the district's board of directors.

This bill allows county commissions to choose between the above-mentioned district plan or for the election of an at-large board of directors. Members of the board must be elected at a regularly scheduled election date. A director holding office as of August 28, 2026, will continue as an at-large director for the remainder of the director's existing term.

The bill allows an ambulance district, by a vote of 2/3 approval of the board of directors, to abolish the boundaries of its existing subdistricts if the board is unable to find a qualified candidate to fill each subdistrict position. This must occur after a public hearing.

The bill allows an ambulance to establish subdistricts by a vote of 2/3 approval of the board of directors. The boundaries of the subdistricts will be established by the county commission.

Currently, six-member ambulance district boards can adopt a resolution changing the size of the board to seven, with one board member running district wide, or decreased to five, or three members. This bill requires such a resolution to name any vacancy to be filled at a subsequent election, if the size of the board is increasing. If the size is decreasing, all existing board members will complete their terms.

This bill requires county commissions, upon written request of a majority of the remaining members of the ambulance board, to fill vacancies on the board by appointment within 30 calendar days.

Currently, if a question of annexation is submitted to voters and approved, the county commission declares by order the territory annexed. This bill requires the county commission to do this within 30 days of the filing of the petition.

The bill requires the Department of Health and Senior Services (DHSS) to prioritize and expedite any activities necessary to facilitate the consolidation of ambulance districts once the consolidation has been approved by voters.

This bill describes the necessary criteria that must be included on every petition or resolution calling for an ambulance district consolidation, as provided in the bill. The consolidation plan must be filed with the county clerk and presented to the county commission.

Notice of intent to consolidate is required to be published in a newspaper of general circulation in every county in which the consolidated district will be located. A joint public hearing will be held within 30 days after the date of the second publication. The bill details the formatting of the notice of intent.

Currently, consolidation of an ambulance district is only permissible if approved by voters. This bill requires a public vote on the consolidation if an objection is filed. If no objection is filed within 30 days of the public hearing, the county commission will order the districts consolidated. Objections must be signed by no less than 5% of the votes cast for Governor in the most recent gubernatorial election in the district.

A consolidated district can impose an initial tax levy up to the highest tax levy of the consolidating districts, provided the levy is specifically set forth in the ballot language and

submitted to and approved by voters. If no vote occurs, the consolidated district can impose a tax equal to the lowest of any existing property or sales tax rate of the districts to be consolidated.

All assets and obligations of the existing ambulance districts will become assets and obligations of the consolidated district.

#### 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 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.

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

ACCESS TO INDIVIDUALIZED INVESTIGATIONAL TREATMENT (Sections 191.455, 191.457, 191.459, 191.461, 191.463, 191.465, and 191.467)

This bill establishes the "Hope for Missouri Patients Act", which permits eligible manufacturers within eligible facilities to make available individualized investigational drugs, biological products, or devices for eligible patients, but does not mandate the provision of these drugs, products, or devices to patients.

The bill allows facilities or manufacturers to either provide these items to patients without receiving compensation or to require a patient to pay the costs of the manufacture of these drugs, products, or devices. The bill additionally permits, but does not require, health plans, third-party administrators, or governmental agencies to provide coverage for the costs of or associated with these drugs, products, or devices, and provides that hospitals or facilities licensed by DHSS are not required to provide new or additional services unless approved by the hospital or facility.

If a patient's death is proximately caused by treatment with these drugs, products, or devices, the patient's estate, heirs, or devisees are not liable for any remaining debt, but this is not construed to be an exemption to liability for any charges for nonexperimental treatments provided to the patient.

No licensing board or disciplinary subcommittee is to revoke, fail to renew, suspend, or take any action against a health care provider's license based solely on the provider's recommendations to an eligible patient regarding access to, or treatment with, these drugs, products, or devices, nor will an entity responsible for Medicare certification do the same for a provider's Medicare certification.

The bill additionally prohibits any state official, employee, or agent from blocking or attempting to block a patient's access to these drugs, products, or devices; provides that counseling from a licensed health care provider consistent with medical standards of care is not a violation of this bill; and that a private cause of action against a manufacturer of these drugs, products, or devices is not established through the provisions of this bill.

DOULA SERVICES (Sections 191.708, 208.662, 208.1400, 208.1405, 208.1410, 208.1415, 208.1420, and 208.1425)

This bill allows for the chief medical officer or chief medical director of DHSS, the MO HealthNet division of the Department of Social Services (DSS), 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 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 delivery;

(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 will 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.

#### DISEASE SURVEILLANCE (Section 192.020)

This bill adds alpha-gal syndrome to the list of diseases that must be reported to DHSS. Any alpha-gal syndrome case report must be submitted to DHSS within seven days of receiving a positive laboratory confirmation.

Subject to appropriations, DHSS can follow up on reported cases by applying a random sampling method for confirmation that the cases meet the most current surveillance case definition of alpha-gal syndrome of the Centers for Disease Control and Prevention (CDC).

The bill requires DHSS to submit an annual report to the CDC summarizing its findings related to the reporting and incidence of alpha-gal syndrome.

#### 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.

#### IVERMECTIN AND HYDROXYCHLOROQUINE (Sections 195.1000 and 338.208)

This bill provides that ivermectin tablets and hydroxychloroquine tablets will be available to the public for purchase as over-the-counter drugs in the State without the need for a prescription or a consultation with a pharmacist or other health care professional.

Under this bill, a pharmacist may dispense ivermectin and hydroxychloroquine to a person, without a prescription order, upon the approval of a warning label for the use and indication in accordance with any written, standardized procedures or protocols issued by the Board of Pharmacy.

#### 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 survey by DHSS.

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

This bill requires the professional component of clinical pathology services provided by a hospital-based pathologist to be recognized as distinct physician services by the MO HealthNet program, which will reimburse the professional component of clinical pathology services provided to MO HealthNet participants. Payment will be made directly to the licensed

physician providing the services or the entity that has been assigned by the right to receive payment for services provided.

If a state plan amendment is determined by DSS to be required, DSS must submit the amendment in a timely manner and make all reasonable efforts to obtain Federal approval.

#### MO HEALTHNET WAIVER FOR NUTRITION SERVICES (Section 208.270)

This bill establishes the "Food is Medicine Act", requiring DSS to apply to the Centers for Medicare and Medicaid Services, within the Federal Department of Health and Human Services, for a Section 1115 demonstration waiver to implement the "Food is Medicine" program.

The program must be designed to improve health outcomes for MO HealthNet participants with nutrition-related chronic diseases through nutrition services and to reduce the need for medical care for those participants.

The bill specifies the covered nutrition services under this program, and specifies that whenever feasible, the MO HealthNet Division, within DSS must prioritize the inclusion of community-based organizations and local growers to support the purchase of locally grown food.

The bill requires DSS to promulgate all the necessary rules and regulations for the administration 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 must not be prohibited by nurse licensing laws.

#### ADMINISTRATION OF CERTAIN VACCINES (Section 338.010)

Currently, the practice of pharmacy includes the ordering and administration of vaccines approved or authorized by the FDA, but excludes certain vaccines and those vaccines approved after January 1, 2023. This bill instead provides that the practice of pharmacy includes the ordering and administration of certain vaccines approved or authorized by the FDA as of January 1, 2026, but excludes certain vaccines and those that are not included by joint rules promulgated by the Board of Pharmacy and the State Board of Registration for the Healing Arts.

#### DUTIES OF A PHARMACIST (Sections 338.012, 338.206, and 338.312)

Currently, a pharmacist with a certificate of medication therapeutic plan authority can provide certain medication therapy services if there is a statewide order issued by the Director or the Chief Medical Officer of DHSS if such person is a licensed physician or by a licensed physician designated by DHSS. This bill repeals this language and authorizes the provision of such medication therapy services pursuant to rules established by the Board of Pharmacy and the State Board of Registration for the Healing Arts.

This bill authorizes pharmacists to prescribe medical devices, as defined in the bill. The Board of Pharmacy and the State Board of Registration for the Healing Arts will jointly promulgate rules to implement this provision within six months of the effective date of this bill.

The Board of Pharmacy must have the authority to waive compliance with any Missouri rule or regulation for a licensed pharmacy dispensing, shipping, or delivering prescription drugs into another state or United States territory that is experiencing a declared state disaster or emergency, provided that:

- (1) The pharmacy is a licensed pharmacy in good standing and is authorized to ship prescription drugs into such state or territory;
- (2) The pharmacy is responding to a declared state disaster or emergency;
- (3) The pharmacy complies with all emergency rules and regulations for pharmacies established by the state or territory for the duration of the disaster period;
- (4) The pharmacy complies with all applicable Federal laws and regulations; and
- (5) The waiver applies only to prescription drugs dispensed, shipped, or delivered to residents or health care facilities located within the geographic area specified in the declared state disaster or emergency.

#### 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 licensed 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.

#### ARTIFICIAL INTELLIGENCE IN MENTAL HEALTH (Section 407.3007)

This bill prohibits any person or entity that develops or deploys artificial intelligence (AI) in this State from advertising or representing to the public that the AI is, or is able to act as, a mental health professional or is capable of providing therapy services, psychotherapy services, or a mental health diagnosis.

A violation of this provision constitutes an unlawful practice under the Missouri merchandising practices act.

The Attorney General is required to enforce the provisions of this bill, though any individual can report violations to the Attorney General. If a violation is found to have occurred, the Attorney General must commence a civil action.

The bill provides for civil penalties as follows:

- (1) \$10,000 for the first violation; or
- (2) \$20,000 for any subsequent violation.

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.