SS SCS HCS HB 2372 -- HEALTH CARE

This bill modifies provisions relating to health care.

AWARENESS DAYS (Sections 9.021, 9.025, 9.238, 9.412, 9.418, 9.501, and 9.502)

This bill designates the following:

(1) The week beginning the last Monday of September each year as "Frontotemporal Degeneration (FTD) Awareness Week";

(2) The month of January as "Blood Donor Awareness Month";

(3) The month of September as "Pediatric Cancer Awareness Month";

(4) The month of September as "Brain Aneurysm Awareness Month";

(5) The last full week of April as "Infertility Awareness Week";

(6) The first full week in September each year as "June's Week" and "Rare Pediatric Disease Week";

(7) 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.

The bill permits investments of up to 50% of funds not required for operations or other obligations in the manner specified 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 apply only 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 the 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.

LYME DISEASE (Sections 103.190, 192.026, 192.027, 192.028, and 192.029)

This bill requires the Missouri Consolidated Health Care Plan (MCHCP) to provide coverage for testing, treatment, and management of Lyme disease and post-treatment Lyme disease syndrome for certain participants.

The bill creates the "Missouri Lyme Disease Eradication Act" and requires health care providers, laboratories, and local health departments to report confirmed or suspected cases of Lyme disease to the Department of Health and Senior Services (DHSS) within seven days of diagnosis. By December 31st each year DHSS must compile a report on the incidence and prevalence of Lyme disease in Missouri, as described in the bill. The report will be submitted to the Centers for Disease Control and Prevention (CDC) and the General Assembly, and made available to the public on the DHSS website. DHSS will also collaborate with public four-year institutions of higher education to integrate Lyme disease surveillance data into existing tick-borne disease monitoring programs.

This bill creates the "Lyme Research and Eradication Fund" within the State Treasury. DHSS will use the moneys in the Fund to distribute grants for the purposes of developing treatments, studying novel therapies, and researching eradication strategies. Grants will be prioritized as described in the bill, with no less than 20% of funds utilized to support eradication efforts in rural counties.

This bill also establishes within the Department the "Lyme Disease Task Force", with membership and responsibilities specified in the bill.

Under this bill, a health care provider will not be subject to any discipline, suspension, or revocation of license or denial of a license renewal, solely for prescribing, administering, or dispensing treatments or therapies for Lyme disease or Post-Treatment Lyme Disease Syndrome (PTLDS), including extended antibiotic therapy or similar treatment deemed medically necessary.

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 adding 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.

PEDIATRIC DISEASE TASK FORCE (Section 173.690)

This bill creates the "Pediatric Disease Task Force" within the Department of Higher Education and Workforce Development (DHEWD), with membership described in the bill, including two members appointed by the Speaker of the House of Representatives and two members appointed by the President Pro Tem of the Senate.

Beginning January 1, 2027, the Task Force will meet at least quarterly, and is required to submit an annual public report to the Governor and the General Assembly by December 31st of each year. Such report will detail research initiatives within the State focused on genetic and pediatric diseases, including rare pediatric diseases; summarize key outcomes achieved by the research initiatives; account for funds expended and leveraged by the research initiatives; and include any legislative recommendations.

This provision will expire on December 31, 2030.

COMMUNITY PARAMEDIC SERVICES (Sections 190.098 and 190.165)

This bill modifies provisions relating to certification of community paramedics and the provision of community paramedic services. "Community paramedic services" are defined as, 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.

Ambulance services will enter into written contracts with other ambulance service providers to provide community paramedic services in that provider's service area.

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.

EMERGENCY MEDICAL SERVICE SCOPE OF PRACTICE (Section 190.142)

The bill authorizes each level of licensed emergency medical technicians to perform only patient care that is consistent with the current National EMS Scope of Practice Model.

SICKLE CELL STANDING COMMITTEE (Section 191.117)

This bill creates the "Lori Zena Baker Act" and establishes the "Sickle Cell Standing Committee" as a subcommittee of the Missouri Genetic Advisory Committee within DHSS, with membership as specified in the bill. The Director of DHSS will appoint the committee members. The Committee will assess the impact of sickle cell disease on the State and make recommendations to the General Assembly and Governor, no later than December 31, 2027, regarding services and policies to address the State's needs, as described in the bill. After December 31, 2027, the Committee will meet at the request of the chair and at least one time annually for the purpose of continuing the study of sickle cell disease in this state, the impact of the Committee recommendations, and to provide an annual supplemental report on the findings to the Governor and the General Assembly.

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 10 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 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.

The laboratory and DHSS are prohibited from disclosing the identifiable test result or other protected health information relating to any individual for which a blood test is obtained to any person other than the individual for which the blood test is obtained and the health care provider ordering the blood test.

PREGNANCY-ASSOCIATED MORTALITY REVIEW BOARD (Section 192.990)

This bill modifies the "Pregnancy-Associated Mortality Review Board" within DHSS. Under this bill, Board membership includes at least one member from each congressional district and membership will be demographically diverse, including rural and urban populations. Board members are increased from no more than 18 members to no more than 22 members.

Additionally, the board will, in its study and review of maternal deaths, consider the level and timing of prenatal and postnatal care; the presence or absence of "maternity care deserts", as defined in the bill; approaches taken in this State and other states to reduce or eliminate racial inequities in maternal deaths; and the adequacy of data collected by the board. Data reported by the Board will be disaggregated by race, ethnicity, language, nationality, age, zip code, and level and timing of prenatal and postnatal care.

DEMENTIA SERVICES COORDINATOR (Section 192.2155)

This bill requires the Division of Senior and Disability Services within DHSS to establish a dementia services coordinator as a full-time position. The coordinator will perform duties specified in the bill including, but not limited to, coordinating information resources affecting Missourians living with dementia and their caregivers, streamlining applicable services to increase efficiency and improve the quality of care in certain settings, identifying any duplicated services, promoting public awareness and education, and collecting and monitoring relevant data.

MULTIDISCIPLINARY ADULT PROTECTION TEAMS (Sections 192.2400 and 192.2435)

This bill modifies current law relating to protective services for elderly and disabled adults by authorizing "multidisciplinary

adult protection teams", as defined in the bill, to access confidential reports of abuse and neglect and case information to the extent necessary to conduct team activities and to share such information with other team members.

DISCLOSURE OF VITAL RECORDS (Section 193.245)

This bill repeals a provision of law permitting DHSS to disclose a listing of persons who are born or who die on a particular date upon a person's request.

LIMITS ON THE 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 the 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.

CERTIFICATE OF NEED (Section 197.315)

This bill provides that if, within 30 days of an applicant's receipt of a certificate of need, the Missouri Health Facilities Review Committee obtains evidence that a material fact was withheld from or misrepresented to the Committee during the original hearing on the application, the Committee must, at the next regularly scheduled meeting, vote to rescind the granted certificate of need and require the applicant to file a new application that corrects any omissions or misstatements.

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, IS A SERIOUS CRIME AND WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW."

HOSPITAL PRICE TRANSPARENCY (Sections 197.1040 and 197.1045)

Under this bill, a hospital that is not in material compliance with Federal hospital price transparency laws on the date that items or services are purchased from, or provided to a patient by, the hospital, will not initiate or pursue a collection action against the patient for a debt owed for the items or services.

INSPECTIONS OF LONG-TERM CARE FACILITIES (Section 198.022)

Under this bill, DHSS can accept, in lieu of conducting an inspection, 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. If a facility exempt from an annual inspection under this bill has one or more violations of any class I standards, as described in current law, the facility must be subject to a full survey by DHSS.

TICKET TO WORK HEALTH ASSURANCE PROGRAM (Section 208.146)

The Ticket to Work Health Assurance Program is a program that provides medical assistance to certain people with disabilities who are employed. The Program expired on August 28, 2025. This bill reinstitutes the program.

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. The reimbursement amount will be set at no less than 30% of the approved MO HealthNet Independent Lab - Technical Component fee schedule. Payment will be made directly to the

licensed physician providing the services or the entity that has been assigned 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 THIRD PARTY LIABILITY (Section 208.215)

Under this bill, any health benefit plan, third-party administrator, administrative service organization, or pharmacy benefits manager paying all properly submitted medical assistance subrogation claims or MO HealthNet subrogation claims must respond to any inquiry by the State regarding a claim for payment for any health care item or service not later than 60 days after receiving the inquiry. Additionally, such entity must not deny a claim submitted by the State for failure to provide prior authorization for the item or service, except that this provision does not apply to certain programs or plans, including the original Medicare fee-for-service program, a Medicare Advantage plan, a reasonable cost reimbursement plan, a health care prepayment plan, or a prescription drug plan.

A health benefit plan, third-party administrator, administrative service organization, or pharmacy benefits manager will accept authorization provided by the State that an item or service is covered under the state plan or a waiver for the individual as if the authorization were the prior authorization made by the third party, except that this provision does not apply to certain programs or plans, including the original Medicare fee-for-service program, a Medicare Advantage plan, a reasonable cost reimbursement plan, a health care prepayment plan, or a prescription drug plan.

MO HEALTHNET WAIVER FOR NUTRITION SERVICES (Section 208.270)

This bill establishes the "Food is Medicine Act", allowing 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 will 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 provides that whenever feasible, the MO HealthNet Division within DSS will prioritize the inclusion of community-based organizations and local growers to support the purchase of locally grown food in nutrition prescriptions.

PRIOR AUTHORIZATION (Sections 208.440 and 376.1364)

Beginning July 1, 2028, health carriers will establish and maintain an online process that links directly to all e-prescribing systems and electronic health record systems that can accept and approve electronic prior authorization requests, as described in the bill. No health carrier will impose a fee or charge on any person accessing the online process under this provision. No later than July 1, 2028, a health carrier will provide the contact information of any third party vendor or other entity that the carrier will use to meet these requirements to any provider that requests such information. A carrier that fails to implement and maintain an online process for prior authorization of prescription drugs as required by this bill must not require providers to obtain prior authorization for prescription drugs, except as may be specified by the Department of Commerce and Insurance (DCI) by rule.

By January 1, 2028, health carriers and utilization review entities will implement and maintain a prior authorization application programming interface (API) that conforms with federal law. If a health carrier cannot implement the prior authorization API by January 1, 2028, the health carrier must provide written notice to DCI requesting an extension, accompanied by a documented plan to come into compliance. By January 1, 2028, an enrollee's health care provider may use the prior authorization API to submit requests for prior authorization of health care services, excluding prescription drugs. A health carrier must accept prior authorization requests submitted through the API.

For contracts between health carriers and participating health care providers entered into or renewed on or after January 1, 2028, a health carrier may include a provision that requires health care providers to submit prior authorization requests using the API. If a health care provider fails to utilize the API, cost-sharing for which the enrollee would have otherwise been responsible will not be affected.

For plan years beginning on or after January 1, 2027, a health carrier using prior authorization will make statistics available

regarding prior authorization approvals and denials for health care services, excluding drugs, on its website in a readily accessible format. The statistics will be updated annually, no later than June 30th, and include the required information as described in the bill. The URL for the statistics will be provided to DCI and DCI will publish the website locations in a central location on the Department's website.

Every health carrier in this State offering a health benefit plan with a managed care component must report annually to DCI with a complete list of the health care services, excluding drugs, for which prior authorization is required. The DCI will review the reports and compile an annual report to be published on DCI's website no later than October 1st of each year.

No later than May 31, 2028, and annually thereafter, every health carrier in this State offering a health benefit plan with a managed care component will provide a report to DCI with aggregated data related to practices and experience of the health carrier for the prior plan year for health care services submitted for payment, excluding drugs, as described in the bill.

By July 1, 2027, MO HealthNet managed care organizations, MO HealthNet managed care plans, and the MO HealthNet Division are required to comply with these provisions relating to the publishing of statistics regarding prior authorization approvals and denials for health care services; the annual reporting of a complete list of the health care services for which prior authorization is required; and the annual reporting of aggregated data related to practices and experience of the health carrier for the prior plan year for health care services submitted for payment. By July 1, 2028, in addition to compliance with the above-mentioned provisions, MO HealthNet managed care organizations, MO HealthNet managed care plans, and the MO HealthNet Division are required to comply with these provisions relating to the implementation and maintenance of an API.

CHILDREN'S HEALTH SCREENINGS (Section 210.110)

Under this provision, a physician or nurse practitioner will perform a physical health screening on an abused or neglected child within 72 hours of the child entering the custody of the State, as described in the bill. No vaccine can be administered to the child during the physical without the consent of the parent or legal guardian. Within 30 days of the physical, a referral will be made for additional screenings, which may be

performed by a licensed mental health professional or a primary care physician using a standardized assessment tool.

ELIJAH'S LAW (Section 210.225)

The bill 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 (DESE) 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. Additionally, removable windshield placards will be renewed every eight years, instead of the four years in current law. The Department of Transportation will have the authority to automatically renew placards, as described in the bill.

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.

LICENSURE OF PHYSICIANS (Section 334.031)

This bill requires a candidate applying for licensure as a physician to submit to a criminal background check and furnish certain educational and experience documents. This bill also allows the Board of Registration for the Healing Arts (Board) to require applicants to list all licenses to practice as a physician currently or previously held in another state, territory, or country and to disclose any past or pending investigations, discipline, or sanctions for such licenses. The Board can also obtain a report on the applicant from the National Practitioner Data Bank or the Federation of State Medical Boards.

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 will not be prohibited by nurse licensing laws.

SOCIAL WORKERS (Section 337.600)

This bill modifies the definitions of a "qualified advanced macro supervisor", "qualified baccalaureate supervisor", and "qualified clinical supervisor" to provide that such person is a licensed social worker who has practiced social work for which he or she is supervising the applicant for a minimum of three, instead of five, years.

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 and 338.206)

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 certain 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.

IVERMECTIN AND HYDROXYCHLOROQUINE (Section 338.208)

Under this bill, a pharmacist can 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. Any ivermectin or hydroxychloroquine that is dispensed by a pharmacist or by a pharmacy technician under a pharmacist's supervision without a prescription must be kept behind the counter or otherwise not available in a self-service area and be stored in a secure area accessible only to pharmacy personnel.

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, which is a program intended to promote medication safety and to prevent the abuse, misuse, or diversion of prescription drugs in the State.

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, must 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, or other situations described in the bill. The Director of DCI will 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 plans established for the purpose of offering benefits to employees of two or more employees and 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 DCI 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 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.

CONTRAST ENHANCED MAMMOGRAPHY (Section 376.1183)

Currently, each health carrier or health benefit plan that provides coverage for diagnostic breast examinations, supplemental breast examinations, coverage required under current law, or any combination of such coverage must not impose any cost-sharing requirements on diagnostic breast examinations or supplemental breast examinations. This bill modifies when

supplemental breast examinations may be necessary and specifies that diagnostic and supplemental examinations may include contrast enhanced mammographies.

INSURANCE COVERAGE OF SELF-ADMINISTERED HORMONAL CONTRACEPTIVES (Section 376.1240)

This bill requires health benefit plans issued or renewed on or after January 1, 2027, that provide coverage for self-administered hormonal contraceptives, as defined in the bill, to cover a supply of the contraceptives that is intended to last up to one year.

INSURANCE COVERAGE OF ANESTHESIA SERVICES (Section 376.1245)

Beginning January 1, 2027, health carriers or health benefit plans are prohibited 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. These provisions do not apply to anesthesia services provided in connection with dental procedures.

INSURANCE COVERAGE OF HOME BLOOD PRESSURE MONITORING DEVICES AND SERVICES (Section 376.1960)

This bill creates "Nora's Law" and beginning January 1, 2027, requires health benefit plans delivered, issued for delivery, continued, or renewed in this State to provide coverage for prescribed home blood pressure monitoring devices and home blood pressure monitoring device services for pregnant women and women within 12 months postpartum when determined to be medically appropriate by the prescribing practitioner in accordance with American College of Obstetricians and Gynecologist guidelines. Home blood pressure monitoring devices or home blood pressure monitoring device services prescribed will meet the requirements for medical necessity only and can only be prescribed again if the condition being monitored deteriorates as to necessitate another prescription, or as necessary for subsequent pregnancies.

MEDICAL MALPRACTICE JOINT UNDERWRITING ASSOCIATION (Section 383.155)

Current law authorizes the establishment of a medical malpractice joint underwriting association upon a determination that medical malpractice liability insurance is not reasonably available in the voluntary market. This bill authorizes the directors of the board of the association to suspend the operations of the association if such directors determine that medical malpractice insurance is reasonably available. The suspension will be in accordance with the plan of operations, and will include provisions for the administration of association funds. During any suspension of operations, the association will not collect dues or fees from its members, unless authorized by the Director of DCI.

CRITICAL INCIDENT STRESS MANAGEMENT PROGRAM (Section 590.192)

Under current law, all peace officers and first responders are required to have a mental health check-in with a program service provider once every three to five years. This bill allows a department to satisfy this requirement if it has an established behavioral health or mental health program that meets the requirements specified in the bill. This bill also adds first responder commanding officers to the list of people approved to receive notification that the check-in requirement has been met.

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.

STATE-BASED HEALTH EXCHANGES (Section 376.1186)

This bill repeals a provision of current law prohibiting the establishment of a state-based health benefit exchange under certain circumstances.