

Frederick
~~_____~~ (2)



4902S03.01F

Mr. Speaker: I am instructed by the Senate to inform the House of Representatives that the Senate has taken up and passed

SCS HB 1682 _____ entitled:

AN ACT

To repeal sections 334.040 and 376.1237, RSMo, and to enact in lieu thereof six new sections relating to health care providers.

With SA 1, SA 2, SA 4, SA 5

In which the concurrence of the House is respectfully requested.

Respectfully,

Adriane D. Crouse

Adriane D. Crouse
Secretary of the Senate

APR 26 2016

SENATE AMENDMENT NO. 1Offered by Kraus of _____Amend SCS/House Bill No. 1682, Page 1, Section A, Line 3,

2 by inserting after all of said line the following:

3 "191.332. 1. By January 1, 2002, the department of health
 4 and senior services shall, subject to appropriations, expand the
 5 newborn screening requirements in section 191.331 to include
 6 potentially treatable or manageable disorders, which may include
 7 but are not limited to cystic fibrosis, galactosemia, biotinidase
 8 deficiency, congenital adrenal hyperplasia, maple syrup urine
 9 disease (MSUD) and other amino acid disorders,
 10 glucose-6-phosphate dehydrogenase deficiency (G-6-PD), MCAD and
 11 other fatty acid oxidation disorders, methylmalonic acidemia,
 12 propionic acidemia, isovaleric acidemia and glutaric acidemia
 13 Type I.

14 2. By January 1, 2017, the department of health and senior
 15 services shall, subject to appropriations, expand the newborn
 16 screening requirements in section 191.331 to include severe
 17 combined immunodeficiency (SCID), also known as bubble boy
 18 disease. The department may increase the fee authorized under
 19 subsection 6 of section 191.331 to cover any additional costs of
 20 the expanded newborn screening requirements under this
 21 subsection.

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1 3. The department of health and senior services may
2 promulgate rules to implement the provisions of this section. No
3 rule or portion of a rule promulgated pursuant to the authority
4 of this section shall become effective unless it has been
5 promulgated pursuant to chapter 536."; and

6 Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 2

Offered by Hegerman of 17th
 Amend SCS/ House Bill No. 1682, Page 1, Section A, Line 3,

2 by inserting immediately after said line the following:

3 "191.1075. As used in sections 191.1075 to 191.1085, the
 4 following terms shall mean:

5 (1) "Department", the department of health and senior
 6 services;

7 (2) "Health care professional", a physician or other health
 8 care practitioner licensed, accredited, or certified by the state
 9 of Missouri to perform specified health services;

10 (3) "Hospital":

11 (a) A place devoted primarily to the maintenance and
 12 operation of facilities for the diagnosis, treatment, or care of
 13 not less than twenty-four consecutive hours in any week of three
 14 or more nonrelated individuals suffering from illness, disease,
 15 injury, deformity, or other abnormal physical conditions; or

16 (b) A place devoted primarily to provide for not less than
 17 twenty-four consecutive hours in any week medical or nursing care
 18 for three or more unrelated individuals. "Hospital" does not
 19 include convalescent, nursing, shelter, or boarding homes as
 20 defined in chapter 198.

21 191.1080. 1. There is hereby created within the department
 22 of health and senior services the "Missouri Palliative Care and

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1 Quality of Life Interdisciplinary Council", which shall be a
2 palliative care consumer and professional information and
3 education program to improve quality and delivery of patient-
4 centered and family-focused care in this state.

5 2. On or before December 1, 2016, the following members
6 shall be appointed to the council:

7 (1) Two members of the senate, appointed by the president
8 pro tempore of the senate;

9 (2) Two members of the house of representatives, appointed
10 by the speaker of the house of representatives;

11 (3) Two board-certified hospice and palliative medicine
12 physicians licensed in this state, appointed by the governor with
13 the advice and consent of the senate;

14 (4) Two certified hospice and palliative nurses licensed in
15 this state, appointed by the governor with the advice and consent
16 of the senate;

17 (5) A certified hospice and palliative social worker,
18 appointed by the governor with the advice and consent of the
19 senate;

20 (6) A patient and family caregiver advocate representative,
21 appointed by the governor with the advice and consent of the
22 senate;

23 (7) A spiritual professional with experience in palliative
24 care and health care, appointed by the governor with the advice
25 and consent of the senate.

26 3. Council members shall serve for a term of three years.
27 The members of the council shall elect a chair and vice chair
28 whose duties shall be established by the council. The department
29 shall determine a time and place for regular meetings of the

1 council, which shall meet at least biannually.

2 4. Members of the council shall serve without compensation,
3 but shall, subject to appropriations, be reimbursed for their
4 actual and necessary expenses incurred in the performance of
5 their duties as members of the council.

6 5. The council shall consult with and advise the department
7 on matters related to the establishment, maintenance, operation,
8 and outcomes evaluation of palliative care initiatives in this
9 state, including the palliative care consumer and professional
10 information and education program established in section
11 191.1085.

12 6. The council shall submit an annual report to the general
13 assembly which includes an assessment of the availability of
14 palliative care in this state for patients at early stages of
15 serious disease and an analysis of barriers to greater access to
16 palliative care.

17 7. The council authorized under this section shall
18 automatically expire August 28, 2022.

19 191.1085. 1. There is hereby established the "Palliative
20 Care Consumer and Professional Information and Education Program"
21 within the department of health and senior services.

22 2. The purpose of the program is to maximize the
23 effectiveness of palliative care in this state by ensuring that
24 comprehensive and accurate information and education about
25 palliative care is available to the public, health care
26 providers, and health care facilities.

27 3. The department shall publish on its website information
28 and resources, including links to external resources, about
29 palliative care for the public, health care providers, and health

1 care facilities, including but not limited to:

2 (1) Continuing education opportunities for health care
3 providers;

4 (2) Information about palliative care delivery in the home,
5 primary, secondary, and tertiary environments; and

6 (3) Consumer educational materials and referral information
7 for palliative care, including hospice.

8 4. Each hospital in this state is encouraged to have a
9 palliative care presence on its intranet or internet website
10 which provides links to one or more of the following
11 organizations: the Institute of Medicine, the Center to Advance
12 Palliative Care, the Supportive Care Coalition, the National
13 Hospice and Palliative Care Organization, the American Academy of
14 Hospice and Palliative Medicine, and the National Institute on
15 Aging.

16 5. Each hospital in this state is encouraged to have
17 patient education information about palliative care available for
18 distribution to patients.

19 6. The department shall consult with the palliative care
20 and quality of life interdisciplinary council established in
21 section 191.1080 in implementing the section.

22 7. The department may promulgate rules to implement the
23 provisions of sections 191.1075 to 191.1085. Any rule or portion
24 of a rule, as that term is defined in section 536.010, that is
25 created under the authority delegated in sections 191.1075 to
26 191.1085 shall become effective only if it complies with and is
27 subject to all of the provisions of chapter 536 and, if
28 applicable, section 536.028. Sections 191.1075 to 191.1085 and
29 chapter 536 are nonseverable and if any of the powers vested with

1 the general assembly pursuant to chapter 536 to review, to delay
2 the effective date, or to disapprove and annul a rule are
3 subsequently held unconstitutional, then the grant of rulemaking
4 authority and any rule proposed or adopted after August 28, 2016,
5 shall be invalid and void.

6 8. Notwithstanding the provisions of section 23.253 to the
7 contrary, the program authorized under this section shall
8 automatically expire on August 28, 2022."; and

9 Further amend the title and enacting clause accordingly.

Riddle 10

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SENATE AMENDMENT NO. 4

Offered by Riddle of 10

Amend SCS/House Bill No. 1682, Page 6, Section 376.1237, Line 22,

2 by inserting after all of said line the following:

3 "630.175. 1. No person admitted on a voluntary or
4 involuntary basis to any mental health facility or mental health
5 program in which people are civilly detained pursuant to chapter
6 632 and no patient, resident or client of a residential facility
7 or day program operated, funded or licensed by the department
8 shall be subject to physical or chemical restraint, isolation or
9 seclusion unless it is determined by the head of the facility,
10 the attending licensed physician, or in the circumstances
11 specifically set forth in this section, by an advanced practice
12 registered nurse in a collaborative practice arrangement, or a
13 physician assistant or an assistant physician with a supervision
14 agreement, with the attending licensed physician that the chosen
15 intervention is imminently necessary to protect the health and
16 safety of the patient, resident, client or others and that it
17 provides the least restrictive environment. An advanced practice
18 registered nurse in a collaborative practice arrangement, or a
19 physician assistant or an assistant physician with a supervision
20 agreement, with the attending licensed physician may make a
21 determination that the chosen intervention is necessary for
22 patients, residents, or clients of facilities or programs

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1 operated by the department, in hospitals as defined in section
2 197.020 that only provide psychiatric care and in dedicated
3 psychiatric units of general acute care hospitals as hospitals
4 are defined in section 197.020. Any determination made by the
5 advanced practice registered nurse, physician assistant, or
6 assistant physician shall be documented as required in subsection
7 2 of this section and reviewed in person by the attending
8 licensed physician if the episode of restraint is to extend
9 beyond:

10 (1) Four hours duration in the case of a person under
11 eighteen years of age;

12 (2) Eight hours duration in the case of a person eighteen
13 years of age or older; or

14 (3) For any total length of restraint lasting more than
15 four hours duration in a twenty-four-hour period in the case of a
16 person under eighteen years of age or beyond eight hours duration
17 in the case of a person eighteen years of age or older in a
18 twenty-four-hour period.

19
20 The review shall occur prior to the time limit specified under
21 subsection 6 of this section and shall be documented by the
22 licensed physician under subsection 2 of this section.

23 2. Every use of physical or chemical restraint, isolation
24 or seclusion and the reasons therefor shall be made a part of the
25 clinical record of the patient, resident or client under the
26 signature of the head of the facility, or the attending licensed
27 physician, or the advanced practice registered nurse in a
28 collaborative practice arrangement, or a physician assistant or
29 an assistant physician with a supervision agreement, with the

1 attending licensed physician.

2 3. Physical or chemical restraint, isolation or seclusion
3 shall not be considered standard treatment or habilitation and
4 shall cease as soon as the circumstances causing the need for
5 such action have ended.

6 4. The use of security escort devices, including devices
7 designed to restrict physical movement, which are used to
8 maintain safety and security and to prevent escape during
9 transport outside of a facility shall not be considered physical
10 restraint within the meaning of this section. Individuals who
11 have been civilly detained under sections 632.300 to 632.475 may
12 be placed in security escort devices when transported outside of
13 the facility if it is determined by the head of the facility, or
14 the attending licensed physician, or the advanced practice
15 registered nurse in a collaborative practice arrangement, or a
16 physician assistant or an assistant physician with a supervision
17 agreement, with the attending licensed physician that the use of
18 security escort devices is necessary to protect the health and
19 safety of the patient, resident, client, or other persons or is
20 necessary to prevent escape. Individuals who have been civilly
21 detained under sections 632.480 to 632.513 or committed under
22 chapter 552 shall be placed in security escort devices when
23 transported outside of the facility unless it is determined by
24 the head of the facility, or the attending licensed physician, or
25 the advanced practice registered nurse in a collaborative
26 practice arrangement, or a physician assistant or an assistant
27 physician with a supervision agreement, with the attending
28 licensed physician that security escort devices are not necessary
29 to protect the health and safety of the patient, resident,

1 client, or other persons or is not necessary to prevent escape.

2 5. Extraordinary measures employed by the head of the
3 facility to ensure the safety and security of patients,
4 residents, clients, and other persons during times of natural or
5 man-made disasters shall not be considered restraint, isolation,
6 or seclusion within the meaning of this section.

7 6. Orders issued under this section by the advanced
8 practice registered nurse in a collaborative practice
9 arrangement, or a physician assistant or an assistant physician
10 with a supervision agreement, with the attending licensed
11 physician shall be reviewed in person by the attending licensed
12 physician of the facility within twenty-four hours or the next
13 regular working day of the order being issued, and such review
14 shall be documented in the clinical record of the patient,
15 resident, or client.

16 7. For purposes of this subsection, "division" shall mean
17 the division of developmental disabilities. Restraint or
18 seclusion shall not be used in habilitation centers or community
19 programs that serve persons with developmental disabilities that
20 are operated or funded by the division unless such procedure is
21 part of an emergency intervention system approved by the division
22 and is identified in such person's individual support plan.
23 Direct-care staff that serve persons with developmental
24 disabilities in habilitation centers or community programs
25 operated or funded by the division shall be trained in an
26 emergency intervention system approved by the division when such
27 emergency intervention system is identified in a consumer's
28 individual support plan."; and

29 Further amend the title and enacting clause accordingly.

SENATE AMENDMENT NO. 5

Offered by Schmütz of 10th

Amend SCS/House Bill No. 1682, Page 1, Section A, Line 3,

by inserting immediately after all of said line the following:

"192.947. 1. No individual or health care entity organized under the laws of this state shall be subject to any adverse action by the state or any agency, board, or subdivision thereof, including civil or criminal prosecution, denial of any right or privilege, the imposition of a civil or administrative penalty or sanction, or disciplinary action by any accreditation or licensing board or commission if such individual or health care entity, in its normal course of business and within its applicable licenses and regulations, acts in good faith upon or in furtherance of any order or recommendation by a neurologist authorized under section 192.945 relating to the medical use and administration of hemp extract with respect to an eligible patient.

2. The provisions of subsection 1 of this section shall apply to the recommendation, possession, handling, storage, transfer, destruction, dispensing, or administration of hemp extract, including any act in preparation of such dispensing or administration.

3. This section shall not be construed to limit the rights

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1 provided under law for a patient to bring a civil action for
2 damages against a physician, hospital, registered or licensed
3 practical nurse, pharmacist, any other individual or entity
4 providing health care services, or an employee of any entity
5 listed in this subsection."; and

6 Further amend the title and enacting clause accordingly.