HCS SCS SB 38 -- HEALTH CARE

SPONSOR: Romine (Haahr)

COMMITTEE ACTIONS: Voted "Do Pass" by the Standing Committee on Emerging Issues by a vote of 7 to 2. Voted "Do Pass with HCS" by the Select Committee on General Laws by a vote of 9 to 0.

This bill changes the laws regarding health care. In its main provisions, the bill:

(1) Establishes the Missouri Health Information Exchange Commission that has authority to develop a process by which a health information organization may receive approval status from the commission. The process must include compliance with commonly and equally applied standards designed to ensure adherence to nationally recognized standards for interoperability between approved health information organizations, conduct operations in a transparent manner to promote consumer confidence, adoption and adherence to commission rules regarding access to and use and disclosure of protected health information, financial and operational sustainability in the absence of state and federal funding, and maintenance of policies and procedures to address data security. The commission must develop a re-approval process and a process for the investigation of reported complaints and concerns, as well as develop and impose the appropriate proactive and remedial measures to address any identified deficiencies. The state must end the practice of conveying state designated entity status to any health information organization and cease awarding and funding single source vendor contracts to health information organizations operating within the state. Approved organizations may respond to contracting opportunities. An organization must exchange standard-based clinical summaries for patients and all clinical and claims data from an agency with all other approved organizations in the state. Failure to exchange the information must result in the suspension or revocation of approval status by the commission and the immediate termination of any contracts, grants, and other forms of state funding (Sections 191.236 - 191.238, RSMo);

(2) Establishes the Perinatal Advisory Council comprised of representatives from specified community and health organizations and professions. After receiving public input, the council must make recommendations for the division of the state into neonatal and maternal care regions and establish criteria for levels of birthing center care and base its levels of care designations upon evidence and best practices as identified by the American Academy of Pediatrics, the American Congress of Obstetricians and Gynecologists, and the Society for Maternal-Fetal Medicine;

Beginning January 1, 2017, a hospital license application must include the appropriate level of maternal care and neonatal care designations as determined by the council. By January 1, 2017, any hospital operated by a state university must report to the Department of Health and Senior Services, upon the department's request, the appropriate level of maternal care designation and neonatal care designation. The department may partner with appropriate nationally recognized nonprofit organizations with relevant expertise to administer the provisions of the bill (Section 192.380);

(3) Prohibits cone beam computed tomography systems and panoramic x-ray systems from being required to be inspected more frequently than every six years. The bill defines "cone beam computed tomography system" as a medical imaging device using x-ray computed tomography to capture data using a cone-shaped x-ray beam. The bill defines "panoramic x-ray system" as an imaging device that captures the entire mouth in a single, two-dimensional image including the teeth, upper and lower jaws, and surrounding structures and tissues (Section 192.500);

(4) Allows specified advanced practice registered nurses (APRNs), physician assistants, and assistant physicians to prescribe Schedule II medications containing hydocodone. Currently, Schedule III narcotic controlled substance prescriptions written by an APRN must be limited to a 120-hour supply without refill. The bill removes Schedule III from these provisions and adds Schedule II--hydrocodone prescriptions. The bill specifies that in performing the required review under a collaborative practice agreement, the collaborating physician does not need to be present at the health care practitioner's site. Currently, it is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the advanced practice registered nurse must practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This limitation must not apply to a collaborative arrangement between a physician and an advanced practice registered nurse if the collaborative physician is new to a patient population with which the collaborating advanced practice registered nurse, assistant physician, or assistant physician is already familiar (Sections 195.070, 334.037, and 334.104);

(5) Requires all licensed hospitals to require admission staff to provide written notice to each patient when the patient is admitted to the hospital under observational status during the intake process, at any time the patient’s status changes, and upon discharge. Upon discharge, the hospital admission staff must provide written notice to the patient regarding the duration of the

patient’s inpatient status, observational status, or both. Each written notice must include:

(a) A statement regarding whether the patient is being admitted to the hospital under inpatient status or observational status;

(b) A statement that observation status may affect the patient’s Medicare, MO HealthNet, or private insurance coverage for hospital services including medications and pharmaceutical supplies and for home- and community-based care or rehabilitative services at a skilled nursing facility if needed upon discharge from the hospital; and

(c) A recommendation that the patient contact his or her health insurance provider to better understand the implications of a patient’s placement in observation status (Section 197.130);

(6) Requires, by January 1, 2016, Department of Social Services to procure and enter into a competitively bid contract with a contractor to verify an applicant's initial and ongoing eligibility data for recipients of public assistance, including the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Child Care Assistance Program, and MO HealthNet Program and to file an annual report with the Governor, Speaker of the House of Representatives, and President Pro Tem of the Senate regarding specified information regarding the data (Section 208.065);

(7) Specifies that when the Department of Social Services or its designated division receives information, including from a MO HealthNet managed care plan, that a MO HealthNet participant, excluding a child in the custody of the state, resides out of state, the participant's MO HealthNet services must be terminated as provided for under law (Section 208.078);

(8) Specifies the licensed individuals who must be considered eligible health care providers for the provision of telehealth services and the originating sites where a MO HealthNet participant may receive telehealth services. An originating site must ensure the immediate availability of clinical staff during the telehealth encounter if a participant requires assistance. The bill requires, subject to appropriations, the Department of Social Services to establish a statewide program that allows reimbursement under the MO HealthNet Program for home telemonitoring services. "Home telemonitoring services" means a health care service that requires scheduled remote monitoring of data related to a patient's health and transmission of the data to a Utilization Review Accreditation Commission accredited health call center. The bill specifies the individuals for whom home telemonitoring services may be made

available. An originating site for home telemonitoring cannot be required to maintain immediate availability of on-site clinical staff during the telemonitoring service. If the department determines that home telemonitoring is not cost effective, the department may discontinue the program and stop providing reimbursement under the MO HealthNet Program for the services. "Asynchronous store-and-forward" is defined as the transfer of a patient's clinically important digital samples, such as still images, videos, audio, and text files, and relevant data from an originating site through the use of a camera or similar recording device that stores digital samples that are forwarded via telecommunication to a distant site for consultation by a consulting provider without requiring the simultaneous presence of the patient and the patient's treating provider. The Department of Social Services, in consultation with the departments of Mental Health and Health and Senior Services, must promulgate rules governing the use of asynchronous store-and-forward technology in the practice of telehealth in the MO HealthNet Program. Reimbursement for the services must be made so that the total payment for the consultation must be divided between the treating provider and the consulting provider and must not exceed the payment for a face-to-face consultation of the same level. The bill establishes the Telehealth Services Advisory Committee to advise the Department of Social Services and propose rules regarding the coverage of telehealth services utilizing asynchronous store-and-forward technology. The bill specifies the committee members, appointments, and other terms (Sections 208.670 - 208.677 and 608.686);

(9) Renames the Joint Committee on MO HealthNet to the Joint Committee on Public Assistance to study the efficacy of public assistance programs within the state, determine the level of resources needed for the programs, and develop recommendations to the General Assembly on reducing dependency and promoting self-sufficiency among public assistance recipients as may be appropriate. The committee must receive and obtain information from the departments of Social Services, Mental Health, Health and Senior Services, and Elementary and Secondary Education and any other department as applicable, regarding the public assistance programs within the state including information on projected enrollment growth, budgetary matters, and any other information deemed to be relevant to the committee's purpose. The committee must meet at least twice a year and provide public notice of the meetings 30 days in advance. A portion of the meeting must be set aside to receive public testimony. The committee is authorized to hire staff and enter into employment contracts, including an executive director to conduct a special review or investigation of the public assistance programs in order to assist the committee with its duties. The committee must annually conduct a rolling

five-year forecast of the state's public assistance programs and make recommendations in an annual report to the General Assembly (Section 208.952);

(10) Changes and expands the Farm-to-School Program to the Farm-to-Table Program to include schools, correctional facilities, hospitals, nursing homes, and military bases. The bill requires the Department of Agriculture to establish parameters for program goals, including that participating institutions must purchase at least 5% of their food locally by December 31, 2018. The bill also changes and expands the Farm-to-School Taskforce to the Farm-to-Table Taskforce to include a representative from the departments of Corrections and Health and Senior Services and a representative from one of the state's military bases. The Director of the Department of Corrections will appoint one person who is employed as a correctional facility food service director and the Director of the Department of Health and Senior Services will appoint one person who is employed as a hospital or nursing home food service director. The bill repeals the December 31, 2015 expiration date of the provisions regarding the Farm-to-School Program and the Farm-to-School Act (Sections 262.960, 262.962, and 348.407);

(11) Includes physical therapists in the definition of specified health care practitioners under Section 301.142 that may sign the necessary statements for a person to receive a disabled license plate or placard (Section 301.142);

(12) Requires a health carrier or managed care plan offering a health benefit plan in this state that provides prescription drug coverage to offer medication synchronization services that allow for the alignment of refill dates for an enrollee's prescription drugs that are covered benefits. A pharmacy must not be required to process a claim through the health benefit plan if the result is less cost to the patient and a participating provider dispenses the prescription drug (Section 376.379);

(13) Requires each contract execution or renewal between a pharmacy benefit manager and a pharmacy or a pharmacy's contracting representative or agent to include the sources utilized to determine maximum allowable cost and update the pricing information at least every seven days and maintain a procedure to eliminate products from the maximum allowable cost list of drugs or modify maximum allowable cost pricing within seven days if the drugs do not meet the standards and requirements as specified in the bill in order to remain consistent with pricing changes in the marketplace. A manager must reimburse pharmacies for drugs subject to maximum allowable cost pricing based upon pricing information that has been updated within seven days and must not place a drug on a maximum allowable cost list unless there are at least two therapeutically

equivalent multi-source generic drugs or at least one generic drug available from only one manufacturer and is generally available for purchase from national or regional wholesalers. All contracts must include a process to internally appeal, investigate, and resolve disputes regarding maximum allowable cost pricing as specified in the bill. An appeal must be upheld if the pharmacy being reimbursed for the drug on the list was not reimbursed according to the provisions of the bill or the drug does not meet the requirements for being placed on the list. These provisions must not apply to any plans administered by a pharmacy benefits manager that are not health carriers or to a health plan sponsored by the state or a political subdivision of the state (Section 376.388); and

(14) Prohibits an agreement, for the provision of services on a preferred or in-network basis, between a health carrier or other insurer that writes vision insurance and an optometrist from requiring an optometrist to provide optometric or ophthalmic services or materials at a fee limited or set by the plan or carrier unless the services or materials are reimbursed as covered services under the contract. A provider is prohibited from charging more for services or materials that are not covered under a health benefit or vision plan than the usual and customary rate charged for those services or materials. The reimbursement paid by the health benefit or vision plan for covered services or materials must be reasonable and cannot provide minimal reimbursement in order to claim a service or material is a covered service. The bill prohibits a vision care insurance policy or vision care discount plan that provides covered services for materials from having the effect, directly or indirectly, of limiting the choice of sources and suppliers of materials by a patient of a vision care provider. A health carrier is prohibited from providing de minimis reimbursement or coverage in an attempt to avoid these provisions (Section 376.685).

The provisions of the bill regarding the inspection of x-ray systems will expire December 31, two years after the effective date of the bill.

The provisions of the bill regarding the Farm-to-Table Program have an effective date of January 1, 2016.

PROPONENTS: Supporters say that the bill will enhance the powers of the Joint Committee on MO HealthNet and allows it to conduct a comprehensive review of the entire health care budget. The committee will issue reports to the General Assembly.

Testifying for the bill was Senator Romine.

OPPONENTS: There was no opposition voiced to the committee.