HCS SCS SB 230 -- HEALTH CARE

SPONSOR: Romine (Barnes)

COMMITTEE ACTIONS: Voted "Do Pass with Amendments" by the Standing Committee on Health and Mental Health Policy by a vote of 8 to 2. Voted "Do Pass with HCS" by the Select Committee on Social Services by a vote of 7 to 1.

This bill changes the laws regarding health care.

NEWBORN SCREENINGS (Section 191.332, RSMo)

The bill requires, by January 1, 2016, the Department of Health and Senior Services, subject to appropriations, to add severe combined immunodeficiency (SCID), also known as the bubble boy disease, to the list of newborn screening requirements.

INFECTION REPORTING (Sections 192.020 and 192.667)

The bill changes the laws regarding infection reporting. In its main provisions, the bill:

(1) Adds carbapenem-resistant enterobacteriaceae (CRE) to the list of communicable or infectious diseases that must be reported to the Department of Health and Human Services;

(2) Requires, by January 1, 2016, the infection control advisory panel to make recommendations to the department regarding implementation of the Centers for Medicare and Medicaid Services' health care-associated infection data collection, analysis, and public reporting requirements and specifies certain reporting requirements that must be considered by the panel;

(3) Requires as a condition of licensure that specified hospitals participate in the National Healthcare Safety Network (NHSN) and permit the NHSN to disclose facility-specific infection data to the department;

(4) Requires, by January 1, 2016, the advisory panel to recommend requirements for specified types of infections and by January 1, 2017, the department to adopt the recommendations in regulations;

(5) Requires the department to develop and disseminate publications based on data compiled for a period of 24 months;

(6) Requires the department to make specified reports available to the public for a minimum of two years;

(7) Requires, no later than August 28, 2016, each hospital, excluding mental health facilities, and each ambulatory surgical center, to establish an antimicrobial stewardship program for evaluating the judicious use of antimicrobials, especially antibiotics that are the last line of defense against resistant infections and specifies certain requirements of the stewardship program;

(8) Requires specified hospitals to meet the National Health Safety Network requirements for reporting antimicrobial usage or resistance by using the Center for Disease Control's Antimicrobial Use and Resistance (AUR) Module when regulations concerning stage three of Medicare and Medical Electronic Health Record incentive programs established by the Center for Medicare and Medicaid Services that enable the electronic interface for the reporting are effective and specifies the process for when the reporting takes effect; and

(9) Requires the department to make a report to the General Assembly beginning January 1, 2017, and on every January 1 thereafter on the incidence, type, and distribution of antimicrobial-resistant infections identified in the state and within regions of the state.

PERINATAL CARE (Section 192.380)

The bill establishes the Perinatal Advisory Council which must be composed of representatives from specified organizations who must focus on and have experience in perinatal care or infant mortality, one of whom must be elected chair by a majority of the members, to be appointed by the Governor with the advice and consent of the Senate. The Director of the Department of Health and Senior Services and the Director of the Department of Social Services or their designees must serve as ex officio members of the council and must not have a vote. After seeking broad public and stakeholder input, the council must make recommendations for the division of the state into neonatal and maternal care regions. When making the recommendations the council must make specified considerations. The council must establish criteria for levels of birthing center care including regional perinatal centers. The levels developed under these provisions must be based on specified criteria.

Nothing in these provisions must be construed in any way to modify or expand the licensure of any health care professional or to require a patient be transferred to a different facility.

Beginning January 1, 2017, hospital applications for license must include the appropriate level of maternal care designation and neonatal care designation as determined by the council under these

provisions. Beginning January 1, 2017, any hospital operated by a state university must report, as requested by the department, the appropriate level of maternal care designation and neonatal care designation as determined by the perinatal advisory council under these provisions.

Nothing in these provisions must be construed to impose liability for referral or failure to refer in accordance with the recommendations of the council. The department may partner with appropriate nationally recognized nonprofit organizations with demonstrated expertise in maternal and neonatal standards of care to administer these provisions.

TELEHEALTH STORE-AND-FORWARD TECHNOLOGY (Sections 208.671 and 208.673)

The bill changes the laws regarding the use of store-and-forward technology in the practice of telehealth services for MO HealthNet recipients. The bill defines "asynchronous store-and-forward" 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 bill requires the Department of Social Services, in consultation with the departments of Mental Health and Health and Senior Services, to promulgate rules governing the use of asynchronous store-and-forward technology in the practice of telehealth in MO HealthNet. The rules must address asynchronous store-and-forward usage issues as specified in the bill.

Telehealth providers using asynchronous store-and-forward technology must be required to obtain patient consent before asynchronous store-and-forward services are initiated and to ensure confidentiality of medical information. Asynchronous store-and-forward technology in the practice of telehealth may be utilized to service individuals who are qualified as MO HealthNet participants under Missouri law. The total payment for both the treating provider and the consulting provider must not exceed the payment for a face-to-face consultation of the same level. The standard of care for the use of asynchronous store-and-forward technology in the practice of telehealth must be the same as the standard of care for face-to-face care.

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 committee must be comprised of the following members:

(1) The Director of the MO HealthNet Division within the Department of Social Services, or the director's designee;

(2) The medical director of the MO HealthNet Division;

(3) A representative from a Missouri institution of higher education with expertise in telemedicine, appointed by the Governor;

(4) A representative from the Missouri Office of Primary Care and Rural Health within the Department of Health and Senior Services, appointed by the Governor;

(5) Two board-certified specialists licensed to practice medicine in Missouri, appointed by the Governor;

(6) A representative from a hospital located in Missouri that utilizes telehealth medicine, appointed by the Governor;

(7) A primary care provider from a federally qualified health center (FQHC) or rural health clinic, appointed by the Governor; and

(8) A primary care provider from a rural setting other than from an FQHC or rural health clinic, appointed by the Governor.

The first appointments to the committee must consist of three members to serve three-year terms, two members to serve two-year terms, and two members to serve one-year terms as designated by the Governor. Each member of the committee must serve for a term of three years thereafter. Members of the committee must not receive any compensation for their services but must be reimbursed for any actual and necessary expenses incurred in the performance of their duties. Any member appointed by the Governor may be removed from office by the Governor without cause. If there is a vacancy for any cause, the Governor must make an appointment to become effective immediately for the unexpired term.

TELEHEALTH PROVIDERS AND ORIGINATION SITES (Sections 208.675 and 208.677)

The bill requires specified individuals who are licensed in Missouri to be considered eligible health care providers for the provision of telehealth services in the MO HealthNet Program. Eligible individuals must include:

(1) Physicians, assistant physicians, and physician assistants;

(2) Advanced practice registered nurses;

(3) Dentists, oral surgeons, and dental hygienists under the supervision of a currently registered and licensed dentist;

(4) Psychologists and provisional licensees;

(5) Pharmacists;

(6) Speech, occupational, or physical therapists;

(7) Clinical social workers;

(8) Podiatrists;

(9) Licensed professional counselors; and

(10) Health care providers practicing in a rural health clinic, federally qualified health center, or community mental health center.

The bill defines "originating site" as a telehealth site where the MO HealthNet participant receiving the telehealth service is located for the encounter and "clinical staff" as any health care provider licensed to practice in Missouri. The originating site must ensure immediate availability of clinical staff during a telehealth encounter if a participant requires assistance; however, no originating site must be required to maintain immediate availability of on-site clinical staff during the telemonitoring services or activities. An originating site must be one of the following locations:

(1) Office of a physician or health care provider;

(2) Hospital;

(3) Critical access hospital;

(4) Rural health clinic;

(5) Federally qualified health center;

(6) Licensed long-term care facility;

(7) Dialysis center;

(8) Missouri state habilitation center or regional office;

(9) Community mental health center;

(10) Missouri state mental health facility;

(11) Missouri state facility;

(12) Missouri residential treatment facility licensed by and under contract with the Children's Division within the Department of Social Services that has a contract with the division. Facilities must have multiple campuses and have the ability to adhere to technology requirements. Missouri licensed psychiatrists, licensed psychologists, or provisionally licensed psychologists, and advanced practice registered nurses who are enrolled MO HealthNet providers must be the only consulting providers at these locations;

(13) Comprehensive Substance Treatment and Rehabilitation (CSTAR) Program;

(14) School;

(15) The MO HealthNet recipient's home; or

(16) Clinical designated area in a pharmacy.

If the originating site is a school, the school must obtain permission from the parent or guardian of any student receiving telehealth services prior to each provision of service.

HOME TELEMONITORING SERVICE (Section 208.686)

Subject to appropriations, the department must establish a statewide program that permits reimbursement under the MO HealthNet Program for home telemonitoring services. The bill defines "home telemonitoring service" as 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 program must:

(1) Provide that home telemonitoring services are available only to individuals who are diagnosed with conditions specified in the bill and who exhibit two or more of specified risk factors;

(2) Ensure that clinical information gathered by a home health agency or hospital while providing home telemonitoring services is shared with the patient's physician; and

(3) Ensure that the program does not duplicate any disease management program services provided by MO HealthNet.

If, after implementation, the department determines that the program established under these provisions is not cost effective, the department may discontinue the program and stop providing reimbursement under the MO HealthNet Program for home telemonitoring services. The department must determine whether the provision of home telemonitoring services to individuals who are eligible to receive benefits under both the MO HealthNet and Medicare programs achieves cost savings for the Medicare Program.

If, before implementing any of these provisions, the department determines that a waiver or authorization from a federal agency is necessary for implementation, it must request the waiver or authorization and may delay implementation until the waiver or authorization is granted.

SPECIALTY LICENSE PLATES (Section 301.142)

The bill adds physical therapists and assistant physicians to the list of authorized health care practitioners who may issue a prescription for his or her patient to receive a disabled placard or license plate.

HEALTH CARE WORKFORCE ANALYSIS (Section 324.001)

The bill authorizes the State Board of Nursing, Board of Pharmacy, Missouri Dental Board, State Committee of Psychologists, or State Board of Registration for the Healing Arts within the Department of Insurance, Financial Institutions and Professional Registration to individually or collectively enter into a contractual agreement with the Department of Health and Senior Services, a public institution of higher education, or a nonprofit entity for the purpose of collecting and analyzing workforce data. Information may be obtained from each board's licensees, registrants, or permit holders for future workforce planning and to assess the accessibility and availability of qualified health care services and practitioners in Missouri. The boards must work collaboratively with other state governmental entities to ensure coordination and avoid duplication of efforts.

The boards may expend appropriated funds necessary for operational expenses of the program and each board is authorized to accept grants to fund the collection or analysis authorized in these provisions. Any funds received under these provisions must be deposited in the respective board’s fund.

Data collection must be controlled and approved by the applicable state board conducting or requesting the collection. The boards may release identifying data to the contractor to facilitate data

analysis of the health care workforce including, but not limited to, geographic, demographic, and practice or professional characteristics of licensees. The state board must not request or be authorized to collect income or other financial earnings data. Data collected under these provisions must be deemed the property of the state board requesting the data and must be maintained by the state board in accordance with Chapter 610, the Open Meetings and Records Law, provided any information deemed closed or confidential must not be disclosed without consent of the applicable licensee or entity or as otherwise authorized by law. The data must only be released in an aggregate form in a manner that cannot be used to identify a specific individual or entity.

A contractor must maintain the confidentiality of data received or collected and must not use, disclose, or release any data without approval of the applicable state board.

PROPONENTS: Supporters say that telehealth is just a tool but it can provide better health care in underserved areas throughout Missouri. The idea is that through telehealth we can deliver services perhaps as effective and even more efficiently to those who wouldn't otherwise regularly have access to the services. The bill contains the current rules that govern telehealth for Medicaid in Missouri but with some improvements. The bill requires that someone is available to be with the patient when synchronized communication is occurring. This means there is someone at each end of communication to assist in treating the patient. The use of telehealth can cut out the cost of nonemergency medical transporting from rural Missouri to urban areas to see specialists by effectively bringing the specialist to the patient using telehealth.

Testifying for the bill were Senator Romine; Oxford Health Care; Missouri Alliance for Home Care; University of Missouri; and Missouri Association of Rural Health Clinics.

OPPONENTS: There was no opposition voiced to the committee.