

CCS HCS SB 951 -- HEALTH CARE

This bill modifies provisions relating to health care.

DIABETES AWARENESS MONTH

This bill establishes November as "Diabetes Awareness Month" (Section 9.158, RSMo).

SHOW-ME FREEDOM FROM OPIOID ADDICTION DECADE

This bill establishes 2018 to 2028 as the "Show-Me Freedom from Opioid Addiction Decade" (Section 9.192).

HEALTH CARE RECORDS

Currently, health care providers are required to provide, upon request, copies of patients' health history or treatment records. However, providers are allowed to charge a search and retrieval and copying fees for producing the records. This bill allows a provider to respond to such a request with a statement or record that no such health history or treatment records exist and to charge a fee for providing such a statement or record.

Additionally, the amount of the fees for the search, retrieval, and copying of health care records stated in the statute shall be the fees in effect on February 1, 2018, to be increased or decreased annually under this provision (Section 191.227).

TELEHEALTH

This bill repeals existing provisions of law relating to MO HealthNet telehealth, including provisions relating to MO HealthNet reimbursement for asynchronous store-and-forward technology, MO HealthNet telehealth rules promulgation, originating sites, and the Telehealth Services Advisory Committee.

This bill requires the Department of Social Services to reimburse health care providers for telehealth services if such providers can ensure that the services are rendered with the same standard of care that would be provided in person. The department shall not restrict the originating site through rule or payment as long as the provider can ensure the services meet the requisite standard of care. No payment for telehealth services shall depend on a minimum distance requirement between the originating and distant sites. Reimbursement for asynchronous store-and-forward may be capped at the reimbursement rate for services provided in person. Prior to the provision of telehealth services provided in a school, the parent or guardian of a child shall provide the necessary

authorization.

Additionally, this bill specifies that a health carrier shall not be prohibited from reimbursing non-clinical staff for services provided through telehealth if otherwise allowable by law (Sections 191.1145, 208.670, 208.671, 208.673, 208.675, and 208.677).

DISPOSAL OF UNUSED CONTROLLED SUBSTANCES

Under this bill, a Drug Enforcement Agency-authorized collector, in accordance with federal regulations, may accept unused controlled substances even if the authorized collector did not originally dispense the drug. Unused controlled substances may be collected from ultimate users, from hospice or home health care providers on behalf of ultimate users, or from any person lawfully entitled to dispose of the ultimate users' property if the ultimate user died. The unused controlled substances can be collected via collection receptacles, drug disposal boxes, mail back packages, or drug take back programs. This provision shall supersede and preempt any local drug disposal ordinance or regulation to the extent it is in compliance with federal law.

Additionally, the Department of Health and Senior Services shall develop an education and awareness program regarding drug disposal, including the development of a web-based resource and promotional activities (Sections 195.070 and 195.265).

HOSPITAL REGULATIONS

Under this bill, an applicant or holder of a hospital license may define or revise the premises of a hospital campus to include property adjacent to the campus but for a single intersection.

Additionally, hospital licensure regulations may incorporate by reference Medicare conditions of participation (Sections 197.052 and 577.029).

LONG-TERM CARE CERTIFICATES OF NEED

This bill changes the definition of "new institutional health service," as it applies to changes in licensed bed capacity, to apply only to long-term care facilities. Currently, a health care facility seeking to increase its total number of beds by 10 or less or 10% or less of its total bed capacity over a two-year period may be eligible for a non-applicability review under the certificate of need program. Under this bill, a long-term care facility shall only be eligible for a non-applicability review if the facility has had no patient care class I deficiencies within the last 18 months and has maintained at least an 85% average occupancy rate for the

previous six quarters (Section 197.305).

DEPARTMENT OF MENTAL HEALTH CONTRACTS

Currently, the law permits the Department of Social Services to enter into contracts with an entity for the provision of the medical insurance information of certain persons applying for or receiving MO HealthNet benefits. Such information is limited to those insurance benefits that could have been claimed and paid by an insurance policy or are otherwise covered by MO HealthNet. Under this bill, the Department of Mental Health may enter into such contracts for the medical insurance information of persons receiving Department of Mental Health services (Section 208.217).

NEWBORN EYE DROPS

This bill modifies existing law regarding the administration of prophylactic eye drops to newborns after delivery by repealing the requirement that the administration of eye drops be reported within 48 hours to the local board of health or county physician. This bill also creates an exemption to the requirement to administer the eye drops if a parent or legal guardian objects (Section 210.070).

ASSISTANT PHYSICIANS

This bill changes the examination requirement for an assistant physician to require that an assistant physician complete Step 2 instead of Step 1 and Step 2, of the United States Medical Licensing Examination within a three-year period before applying for licensure, but in no event more than three years after graduation from a medical college. This bill repeals the requirement that an assistant physician has to enter into a collaborative practice agreement within six months of initial licensure.

An assistant physician licensure fee cannot be more than the licensure fee for a physician assistant. No rules can require an assistant physician to complete more hours of continuing medical education than a licensed physician. A health carrier or health benefit plan shall reimburse an assistant physician on the same basis that it covers a service when it is provided by another comparable mid-level provider.

No rule or regulation shall require the collaborating physician to review more than 10% of the assistant physician's patient charts or records during the one-month period that the physician is continuously present while the assistant physician is practicing medicine.

An assistant physician may prescribe buprenorphine for up to a 30-day supply without refill in certain circumstances. An assistant physician who is providing opioid addiction treatment may receive a certificate of prescriptive authority without having completed 120 hours of practice in a four-month period with a collaborating physician.

However nothing in these provisions shall limit the authority of hospitals or hospital medical staff to make employment or medical staff credentialing or privileging decisions (Sections 334.036 and 334.037).

COLLABORATIVE PRACTICE AND SUPERVISORY AGREEMENTS

Currently, the law authorizes physicians to enter into a collaborative practice agreement with up to three advanced practice registered nurses (APRN) and up three assistant physicians, and a supervising agreement with up to three licensed physician assistants. This bill authorizes physicians to enter into a total of six collaborative practice agreement or supervising agreements with APRNs, assistant physicians, or licensed physician assistants, in any combination thereof. However, the bill clarifies that the limitation on collaborative practice agreements shall not apply to the supervision of certified registered nurse anesthetists in the provision of anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed.

Currently, the law also states that a physician and a physician assistant in a supervisory agreement shall practice no further than 50 miles by road from each other. This bill repeals the 50-mile limitation and states that the physician assistant shall practice within a geographic proximity to be determined by the Board of Registration for the Healing Arts. No supervision requirements in addition to the minimum federal law shall be required for a physician-physician assistant team working in a certified community behavioral health clinic or a federally qualified health center.

Under this bill APRNs and physician assistants may prescribe buprenorphine for up to a 30-day supply without refill in certain circumstances (Sections 334.037, 334.104, 334.735, and 334.747).

PSYCHOLOGISTS

This bill provides that a doctoral degree in psychology from a program accredited, or provisionally accredited, by the Psychological Clinical Science Accreditation System is acceptable to meet various requirements for licensure as a psychologist if the degree program meets certain requirements as set forth in the bill

(Sections 337.025, 337.029, and 337.033).

PATIENT SATISFACTION SCORES

Under this bill, the Director of the Department of Insurance, Financial Institutions and Professional Registration shall not require patient scoring of pain control in defining data standards for quality of care and patient satisfaction. Beginning August 28, 2018, the director shall discontinue the use of patient satisfaction scores and shall not make them available to the public to the extent allowable by federal law (Section 374.426).

HEALTH INSURANCE COVERAGE

The bill requires every insurance company and health service corporation to offer, in all health insurance policies, coverage for medication-assisted treatment for substance use disorders (Sections 376.811 and 376.1550).

Additionally, this bill repeals the exclusion of chemical dependency from the definition of "mental health condition" in relation to mental health insurance coverage.

BLOOD DRAWS BY CERTAIN MEDICAL PROFESSIONALS

This bill requires a licensed physician, registered nurse, phlebotomist, or trained medical technician to draw blood at the request of a law enforcement officer to determine the alcohol content of the blood of a person in custody but only if such medical personnel has the consent of the patient or a warrant and the medical personnel does not believe it would endanger the life or health of the person in custody (Section 577.029).

IMPROVED ACCESS TO TREATMENT FOR OPIOID ADDICTION ACT

This bill establishes the "Improved Access to Treatment for Opioid Addictions Program" to disseminate information and best practices regarding opioid addiction and to facilitate collaborations to better treat and prevent opioid addiction in Missouri, as specified in the bill. The program shall facilitate collaborations between health care providers and provide resources to providers.

This bill also specifies that assistant physicians who participate in the program shall complete the necessary requirements to prescribe buprenorphine within 30 days of joining. The program may develop curriculum and benchmark examinations on the subject of opioid addiction and treatment. A remote collaborating physician working with an on-site assistant physician shall be considered on-site for the purposes of the program. Additionally, an assistant

physician collaborating with a physician who is waiver-certified for the use of buprenorphine may participate in the program in any area of the state and provide all services and functions of an assistant physician and other duties as specified in the bill.

Under this bill, when an overdose survivor arrives in an emergency department, the assistant physician serving as a recovery coach or another properly trained coach shall meet with the survivor and provide treatment options and support (Section 630.875).

MENTAL HEALTH PROFESSIONALS

The bill adds psychiatric physician assistants, psychiatric advanced practice registered nurses, and psychiatric assistant physicians to the definition of mental health professionals for the purposes of provisions of law relating to alcohol and drug abuse and comprehensive psychiatric services and adds a definition for each term (Section 632.005).