

HCS SS SCS SBs 70 & 128 -- HEALTHCARE SERVICES

SPONSOR: Hough

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Insurance Policy by a vote of 15 to 0. Voted "Do Pass" by the Standing Committee on Rules- Administrative Oversight by a vote of 6 to 0.

This bill modifies several provisions relating to the health care services.

SUBSTANCE USE DISORDERS

This bill establishes the "Ensuring Access to High Quality Care for the Treatment of Substance Use Disorders Act."

The bill requires that medication-assisted treatment (MAT) services shall include pharmacologic and behavioral therapies.

All MAT medications must be placed on the lowest cost-sharing tier of the formulary managed by the health insurer or the pharmacy benefits manager.

MAT services shall not be subject to:

- (1) Annual or lifetime dollar limitations;
- (2) Financial requirements and quantitative treatment limitations that do not comply with the Mental Health Parity and Addition Equity Act of 2008;
- (3) Step therapy that conflicts with a prescribed course of treatment; and
- (4) Prior authorization for MAT services.

The health care benefits and MAT services required by the bill apply to all health insurance plans in the state.

Any treatment program must disclose the MAT services it provides, as well as which of its level of care have been certified.

MO HealtNet must cover the MAT medications and services provided for in this section.

Drug courts and other diversion programs must ensure that all persons under their care are assessed for substance use disorders and make available MAT services (Sections 191.1164 to 191.1168,

RSMo) .

#### QUALIFICATIONS OF THE DIRECTOR OF THE DEPARTMENT OF HEALTH AND SENIOR SERVICES

This bill requires the Director of the Department of Health and Senior Services (DHSS) to have specified qualifications regarding education and experience (Section 192.007).

This provision is similar to provisions in SB 177 (2019).

#### INFECTION CONTROL DATA REPORTING

Under this bill, hospitals and the DHSS shall not be required to comply with infection data reporting requirements of current law applying to hospitals if the Centers for Medicare and Medicaid Services (CMS) also requires the submission of such data, except that the department shall post a link on its website to the publicly reported data on CMS's website. Additionally, hospitals that have established antimicrobial stewardship programs, as required under current law, shall meet the National Healthcare Safety Network requirements for reporting antimicrobial usage or resistance when CMS's conditions of participation requiring such reporting become effective. Nothing shall prohibit a hospital from voluntarily reporting the data prior to the effective date of the conditions of participation (Section 192.667).

This provision is identical to SB 435 (2019).

#### EXEMPTION TO PRESCRIPTION LIMITATIONS

Currently, a practitioner cannot issue an initial prescription for more than a seven-day supply of any opioid controlled substance. This bill gives an exception to this limitation for a prescription for an opioid for a patient who is currently undergoing treatment for sickle cell disease (Section 195.080).

#### HOSPITAL INSPECTORS AND SURVEYORS

This bill prohibits the DHSS from assigning an individual to inspect or survey a hospital if the inspector or surveyor was an employee of such hospital or another hospital within its organization or a competing hospital within 50 miles of the hospital to be surveyed within the previous two years. The department shall require inspectors or surveyors to disclose the name of every hospital in which he or she was employed in the previous 10 years, the length of service, and the job title held, as well as the same information for any immediate family member employed at a hospital. Such information shall be considered a

public record.

If any person has reason to believe that an inspector or surveyor has any personal or business affiliation that would result in a conflict of interest, he or she may notify the department. If the department has reason to believe the information to be true, the department shall not assign the inspector or surveyor to the hospital or any hospital within its organization (Section 197.108).

This provision is identical to SB 415 (2019) and substantially similar to HB 758 (2019).

#### CERTIFIED NURSING ASSISTANT TRAINING REQUIREMENTS

This bill requires certified nursing assistant training programs to be offered at skilled nursing or intermediate care facility units in Missouri veterans homes and hospitals. Certified nursing assistants shall include certain employees at such units and hospitals who have completed the training and passed the certification examination. Training shall include on-the-job training at certain locations and the bill repeals language pertaining to continuing in-service training. Persons who have completed the required hours of classroom instruction and clinical practicum for unlicensed assistive personnel under state regulations shall be allowed to take the certified nursing assistant examination and shall be deemed to have fulfilled the classroom and clinical standards requirements for designation as a certified nursing assistant. Finally, the DHSS may offer additional training programs and certifications to students already certified as nursing assistants as specified in the bill (Section 198.082).

This provision is the same as SB 490 (2019) and HB 817 (2019) and similar to SB 1062 (2018) and HB 2597 (2018).

#### PERSONAL CARE ASSISTANCE VENDORS

Under current law, vendors of consumer-directed services shall monitor the performance of personal care assistance service plans. This bill requires the consumer to permit the vendor to comply with its quality assurance and supervision process, including bi-annual face-to-face home visits and monthly case management activities. During the home visits, the vendor shall document if the attendant was present and providing services as set forth in the plan of care and report to the DHSS if the attendant is not present or providing services, which may result in a suspension of services to the consumer.

This bill repeals language permitting the DHSS to establish certain

pilot projects for telephone tracking systems.

This bill also requires vendors to notify consumers during orientation that falsification of personal care attendant time sheets shall be considered and reported to the DHSS as fraud.

Under this bill, a vendor shall submit an annual financial statement audit or annual financial statement review performed by a certified public accountant to the DHSS upon request. The DHSS shall require the vendor to maintain a business location in compliance with any and all city, county, state, and federal requirements. Additionally, this bill requires the DHSS to create a consumer-directed services division provider certification manager course. No state or federal funds shall be authorized or expended if the owner, primary operator, certified manager, or any direct employee of the consumer-directed services vendor is also the personal care attendant, unless such person provides services solely on a temporary basis for no more than three days in a 30 day period.

Currently, a consumer's services may be discontinued if the consumer has falsified records. This bill adds language to include providing false information of his or her condition, functional capacity, or level of care needs (Sections 208.909, 208.918, and 208.924).

These provisions are similar to provisions in HCS HB 1885 and HB 2500 (2018) and SB 969 (2018) and provisions of SB 526 (2017).

#### INTERACTIVE ASSESSMENT TOOL FOR CERTAIN HOME AND COMMUNITY-BASED SERVICES

This bill requires the DHSS, subject to appropriations, to develop an interactive assessment tool for utilization by the Division of Senior and Disability Services when implementing the assessment and authorization process for home and community-based services authorized by the division (Section 208.935).

This provision is similar to SB 441 (2019).

#### SUSPENSION OF MO HEALTHNET BENEFITS FOR CERTAIN OFFENDERS

Under this bill, MO HealthNet benefits shall be suspended, rather than canceled or terminated, for offenders entering into a correctional facility or jail if the Department of Social Services is notified of the person's entry into the correctional center or jail, the person was currently enrolled in MO HealthNet, and the person is otherwise eligible for MO HealthNet benefits but for his or her incarcerated status. Upon release from incarceration, the

suspension shall end and the person shall continue to be eligible for MO HealthNet benefits until such time as he or she is otherwise ineligible.

The Department of Corrections shall notify the Department of Social Services within 20 days of receiving information that a person receiving MO HealthNet benefits is or will become an offender in a correctional center or jail and within 45 days prior to the release of such person whose benefits have been suspended under this bill. City, county, and private jails shall notify the Department of Social Services within 10 days of receiving information that the person receiving MO HealthNet benefits is or will become an offender in the jail (Sections 217.930 and 221.125).

These provisions are identical to SB 393 (2019).

#### TELEHEALTH FOR NURSES

This bill removes the sunset provision on the utilization of telehealth for advanced practice registered nurses (Section 335.175).

This is the same as HB 226.

#### NURSING HOME ADMINISTRATOR LICENSES

Currently, an applicant for a nursing home administrator license must have a minimum of three years of experience or two years of postsecondary education in health care administration or have satisfactorily completed a course of instruction prescribed by the Missouri Board of Nursing Home Administrators and passed the examination administered by the board. This bill, allows an applicant to meet this requirement if he or she has an associate degree or higher from an accredited academic institution.

Currently, law allows the board to issue a temporary emergency license for a period of 90 days to a person 21 years of age or older. This bill permits the board to issue such license for a period of 120 days to a person 18 years of age or older.

The bill repeals the provisions relating to the renewal of a temporary emergency license (Section 344.030).

This provision is similar to SB 375 (2019).

#### UNANTICIPATED OUT-OF-NETWORK HEALTH CARE SERVICES

This bill specifies that health care professionals shall, rather than may, utilize the process outlined in statute for claims for

unanticipated out-of-network care (Section 376.690).

This provision is the same as perfected SB 103 (2019).

PROPOSERS: Supporters say that this bill has several good provisions. We need to have open enrollment year round for adding coverage for pregnancy if a child is on a parent's insurance and they get pregnant. Also need to allow prisoners to keep their Medicaid after they get out of prison and are getting back on their feet.

When you have consumer directed services this bill will allow across the board training and bi-annual face-to-face reviews of consumer directed service for the disabled.

Testifying for the bill were Senator Hough; Cox Health; Gateway Foundation; Department of Health and Senior Services; Missouri Alliance for Healthcare; Paraquad; SSM Healthcare; and Missouri Hospital Association.

OPPOSERS: Those who oppose the bill say that this bill will allow people to get insurance after the fact. When this is allowed the insurance industry must rate for this and in our rating assumptions we will assume that everyone without coverage is going to get pregnant and then ask to have insurance coverage. This would be very expensive to all consumers affected.

Additionally, those testifying stated that the experimental drug legislation has not been vetted and will be very costly to consumers.

Also, in part of the bill the legislation affecting personal care workers will hurt small businesses by preventing payment if the owner, primary operator, certified manager, or any direct employee of the consumer-directed services vendor is also the personal care attendant providing services more than three days a month. Many small startups need to be able to do this to be viable.

Testifying against the bill were Missouri Insurance Coalition; America's Health Insurance Plans; Missouri Association of Insurance & Financial Advisors; Anthem Blue Cross Blue Shield; Missouri Council For In-Home Services; and Missouri Association Of Insurance & Financial Advisors.