

SS SCS HCS HB 1682 -- RELATING TO HEALTHCARE

DESIGNATIONS FOR HEALTH AWARENESS

This bill designates the month of May as "Mental Health Awareness Month"; the month of July as "Minority Mental Health Awareness Month"; the month of September as "Deaf Awareness Month" and "Infant and Maternal Mortality Awareness Month"; and the month of August as "Minority Organ Donor Month" and encourages citizens to participate in appropriate awareness and educational activities. The bill also establishes the 22nd day of each month as "Buddy Check Day" to raise awareness to the cause of veteran suicides (Sections 9.152, 9.166, 9.182, 9.300, and Section 3 and 4 RSMo).

LONG-TERM DIGNITY ACT

This bill establishes the "Long-Term Care Dignity Act". Beginning January 1, 2021, an individual can open an account with a financial institution and designate the account as a long-term dignity savings account, to be used to pay or reimburse a qualified beneficiary's eligible expenses. The individual can receive an income tax deduction for contributions to a long-term savings account in the amount of 100% of the contribution, not to exceed the taxpayer's Missouri adjusted gross income for the tax year the deduction is claimed and not to exceed \$4,000 for an individual or \$8,000 for married individuals filing jointly. Moneys withdrawn from the account shall be subject to recapture and the account holder subject to a penalty if it has been less than one year since the first deposit in the account or the moneys have been used for any purpose not specified.

This program shall sunset on December 31st, four years after the effective date (Sections 143.1160, 191.1601, 191.1603, 191.1605 - 191.1607).

ACCESS TO AUTOMATED EXTERNAL DEFIBRILLATOR

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PHYSICIAN ASSISTANTS SERVING AS STAFF ON AMBULANCES

This bill adds a physician assistant to the list of qualified crew members that are required to be in the patient compartment of an ambulance with volunteer staff. The bill specifies that a physician assistant is exempt from collaborative practice mileage limitations while staffing an ambulance (Sections 190.094, 190.105, 190.143, and 190.196).

PROVISIONS RELATING TO DO NOT RESUSCITATE ORDERS

This bill modifies provisions related to outside the hospital do-not-resuscitate orders from inside and outside of the state of Missouri. Emergency medical services personnel are authorized to comply with such order from another state if such order is on a standardized written form as outlined in the bill. Emergency medical services personnel do not have to comply with this order if the patient or patient's representative expresses to such personnel the desire to be resuscitated (Sections 190.606 and 190.612).

PROHIBITION OF VAPOR PRODUCTS

This bill prohibits the use of vapor products, as defined in Section 407.925, RSMo, in any indoor area of a public school or school bus. The bill allows a school board to adopt additional policies relating to vapor products, and removes the penalty language from the current statute (Section 191.775).

POSTPARTUM DEPRESSION CARE

This bill creates the "Postpartum Depression Care Act" and specifies that all hospitals and ambulatory surgical centers that provide labor and delivery services shall, prior to discharge following pregnancy, provide pregnant women and, if possible, new fathers and other family members information about postpartum depression, including its symptoms, treatment, and available resources. The Department of Health and Senior Services, in cooperation with the Department of Mental Health, shall provide written information that the hospitals and ambulatory surgical centers may use and shall include such information on its website.

Currently, specified pregnant women are eligible for MO HealthNet benefits for mental health treatment for postpartum depression or related mental health conditions for 60 days after giving birth. This bill makes such women eligible for MO HealthNet benefits for mental health services for the treatment of postpartum depression and related mental health conditions for up to 12 additional months, subject to appropriations and any necessary federal approval (Sections 191.940 and 208.151).

MEDICINAL MARIJUANA TELEMEDICINE

The bill requires that a physician issuing a certification for medical marijuana via telemedicine meet the same standards as a physician issuing a prescription via telemedicine (Section 191.1146).

OMBUDSMAN LONG-TERM CARE

This bill extends the current powers and duties, as defined in the bill, of the Office of State Ombudsman for Long-Term Care Facility Residents to include Missouri veterans' homes (Section 192.2305).

ADMINISTRATION OF CONTROLLED SUBSTANCES

This bill permits a non-dispensing practitioner to accept the unused controlled substance when the controlled substance is prescribed to the patient and delivered to the practitioner to administer to the patient. Practitioners are required to maintain records and secure the medication (Section 195.070).

MODIFIES PROVISIONS RELATING TO DRUG PRESCRIPTIONS

This bill prohibits the requirement of a prescription for the dispensation, sale, or distribution of any drug containing any detectable amount of ephedrine, phenylpropanolamine, or psuedoephedrine, or any of their salts or optical isomers, or salts of optical isomers, in an amount within the limits set forth in law.

This provision shall expire when state's methamphetamine laboratory seizure incidents, as reported by the Missouri State Highway Patrol, exceed 300 incidents in a year.

All current local ordinances and regulations regarding prescriptions for the dispensation, sale, or distribution of any drug containing any detectable amount of ephedrine, phenylpropanolamine, or psuedoephedrine, or any of their salts or optical isomers, or salts of optical isomers, in an amount within

the limits set forth in law that are in effect prior to August 28, 2020, shall be void and of no effect on August 28, 2020.

This bill also changes the amounts that can be sold, dispensed, or otherwise provided to a person in a 30-day period without a prescription from a maximum of 9 grams to a maximum of 7.2 grams and adds an annual limit of 43.2 grams (Sections 195.417 and 579.060).

MEDICAL MARIJUANA EDIBLES

This bill prohibits the sale of edible marijuana-infused products, packaging, or logos in the shape of a human, animal, or fruit, but geometric shapes shall be permitted. Each package, or packages within a package, containing 10 or more milligrams of tetrahydrocannabinols (THC) shall be stamped with a universal symbol and the amount of THC, as described in the bill.

Any medical marijuana licensed or certified entity regulated by the Department of Health and Senior Services (DHSS) found to have violated this provision shall be subject to sanctions, including an administrative penalty (Section 195.805).

MEDICAL MARIJUANA BACKGROUND CHECKS

The bill specifies that DHSS shall require all officers, managers, contractors, employees, and other support staff of licensed or certified medical marijuana facilities, and all owners of such facilities who will have access to the facilities or the facilities' supply of medical marijuana, to submit fingerprints to the Highway Patrol for a state and federal criminal background check. The Highway Patrol shall notify the department of any criminal history record information or lack thereof discovered on the individual. All such records shall be accessible and available to the department.

This provision has an emergency clause (Section 195.815).

EPINEPHRINE AUTO-INJECTOR DEVICES

This bill adds "qualified first responders" to the definition of "authorized entities" authorized to dispense prescription epinephrine auto-injectors (epi-pens).

Additionally, current law requires certain emergency health care entities and other organizations to maintain epi-pens according to the rules and regulations of DHSS. Under this bill, the director of DHSS, if a licensed physician, or a licensed physician operating on behalf of the director, may issue a statewide standing order for

epi-pens for adult patients to fire protection districts in nonmetropolitan areas of Missouri.

Possession and use of epi-pens under this bill is limited to only such qualified first responders who have completed a training course and maintain the epi-pens pursuant to department rules.

Additionally, every use of an epi-pen shall be reported to a emergency health care provider.

Under this bill, the use of an epi-pen is considered first aid or emergency treatment for purposes of liability under the law and shall not constitute the unlawful practice of medicine.

This bill further establishes the "Epinephrine Auto-injector Devices for Fire Personnel Fund". The Fund shall be used solely by the department for the purpose of providing epi-pens to qualified first responder agencies pursuant to this bill (Sections 196.990 and 321.621).

STATE-SETTLED OPIOID CAUSES OF ACTION

Under this bill, the proceeds of any monetary settlement or portion of a global settlement between the Attorney General and any drug manufacturers, distributors, or combination thereof to resolve an opioid-related cause of action in a state or federal court shall only be utilized to pay for opioid addiction treatment and prevention services and health care and law enforcement costs related to opioid addiction treatment and prevention. Under no circumstances shall such moneys be utilized to fund other services, programs, or expenses not reasonably related to opioid addiction treatment and prevention.

This bill creates the "Opioid Addiction Treatment and Recovery Fund", which shall consist of the settlement funds, as well as any other appropriations, gifts, grants, donations, or bequests. To be administered by various departments as outlined and specified in the bill (Section 196.1050).

DISSOLUTION OF A HOSPITAL DISTRICT

This bill provides that, upon the dissolution of a county hospital district in Ripley County levying a sales tax for the purpose of funding the district, the sales tax shall be automatically repealed and 25% of the funds remaining in the special trust fund shall be distributed to the county public health center and 75% shall be distributed to a federally qualified health center located in the county (Section 205.202).

PERSONAL CARE ASSISTANCE SERVICES

This bill requires the consumer to permit the vendor to comply with its quality assurance and supervision process, including annual face-to-face home visits and monthly case management activities. During the home visits, the vendor shall document if the attendant providing services as set forth in the plan of care and report to the department if the attendant is not providing services, which may result in a suspension of services to the consumer.

The bill repeals language permitting 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 as fraud.

The bill specifies that a vendor shall submit an annual financial statement audit or annual financial statement review performed by a certified public accountant to the department upon request.

Beginning July 1, 2022, the department 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 department to create a consumer-directed services division provider certification manager course. No state or federal funds shall be authorized or expended for personal care assistance services if a direct employee of the vendor is conducting the home visit and is also the personal care attendant, unless such person provides services solely on a temporary basis on 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.

This bill requires the consumer, the personal care attendant, and the vendor to report to the department if the consumer's health or his or her ability to self-direct care has significantly changed.

Finally, the department shall, subject to appropriations, 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 (Sections 208.909, 208.918, 208.924, and 208.935).

REMOTE DISPENSING SITE PHARMACIES

Under this bill, an intern pharmacist working at a remote dispensing site pharmacy may be remotely supervised by a pharmacist working at a supervising pharmacy. The bill defines a "remote dispensing site pharmacy" as any location in Missouri where the practice of pharmacy occurs, that is licensed as a pharmacy to dispense prescription drugs, and is staffed by one or more qualified pharmacy technicians or intern pharmacists who are supervised by a pharmacist at a supervising pharmacy through a continuous, real-time audio and video link.

A supervising pharmacy that operates a remote dispensing site pharmacy, and the remote dispensing site pharmacy, shall be licensed as a pharmacy by the Board of Pharmacy as described in the bill.

The remote dispensing site pharmacy shall be under the supervision and control of a supervising pharmacist employed by the supervising pharmacy. Such pharmacist shall not be required to be immediately physically present to supervise any activities at the remote dispensing site pharmacy, but shall make monthly visits to the remote dispensing site pharmacy to ensure compliance with this bill. A pharmacist shall not be designated or act as the supervising pharmacist for more than two remote dispensing site pharmacies at one time.

A pharmacist at the supervising pharmacy shall verify each prescription before such prescription leaves the remote dispensing site pharmacy. Verification of prescriptions shall occur as specified in the bill.

Unless a pharmacist is onsite at the remote dispensing site pharmacy, counseling shall be done by a supervising pharmacist via a HIPAA-compliant continuous real-time video and audio link prior to any drug or medical device being dispensed. Such system shall retain the initials or unique identifier of the pharmacist performing the consultation. The pharmacist shall have access to all relevant patient information maintained by the remote dispensing site pharmacy.

A remote dispensing site pharmacy shall be located at least 10 miles from an existing retail pharmacy unless such pharmacy is part of a community mental health center, federally qualified health center, rural health clinic, or outpatient clinical setting, or if the applicant with the proposed remote dispensing site pharmacy demonstrates that the pharmacy will promote public health. A remote dispensing site pharmacy shall be staffed by a pharmacist for at least eight hours per month who shall have certain responsibilities specified in the bill.

If the average number of prescriptions dispensed per day by the remote dispensing site pharmacy exceeds 150, over a 90-day period, such remote pharmacy shall apply to the Board for licensure as a Class A, B, or C pharmacy within 10 days.

Unless otherwise approved by the Board, the supervising pharmacy shall be located in Missouri and within 50 miles of a remote dispensing site pharmacy to ensure sufficient support and to ensure that necessary personnel or supplies may be delivered within a reasonable period of time.

This bill adds "remote dispensing site pharmacy" as a Class R pharmacy (Sections 338.035, 338.210, 338.215, 338.220, and 338.260).

CHARITABLE PHARMACIES

Current law sets forth classes of pharmacy permits or licenses. This bill adds "charitable pharmacy" as a Class Q pharmacy (Section 338.220).

LICENSING REQUIREMENTS FOR NURSING HOME ADMINISTRATION

This bill expands the criteria for qualification for a nursing home administrator to include an associates degree and provides that emergency license for administrators be limited to 120 days with criteria outlined in bill (Section 344.030).

SPEECH PATHOLOGISTS OR AUDIOLOGISTS

This bill modifies current language to allow applicants for speech pathologist or audiologist to hold a master's or doctoral degree from a program that was awarded "accreditation candidate" status, or is accredited as set forth under current law (Section 345.050).

REIMBURSEMENT OF HEALTH CARE CLAIMS

Currently, a health carrier that has not paid a claimant on or before the 45th processing day from the date of receipt of the claim shall pay the claimant interest and a penalty based on the unpaid balance of the claim as of the 45th processing day. On claims exceeding \$35,000 on the unpaid balance of the claim, the health carrier under this bill shall pay the claimant 1% interest per month and a penalty in an amount equal to 1% of the claim per day for a maximum of 100 days and thereafter shall pay the claimant 2% interest per month.

Currently, any claim or portion of a claim that has been properly

denied before the 45th processing day shall not be subject to interest or penalties. Under this bill, denied claims before the 45th processing day shall begin to accrue interest and penalties during the claimant's appeal with the health carrier until such claim is paid, if the claim is approved. If the appeal does not result in an approved claim and a petition is filed with a court of competent jurisdiction to recover payment of the claim, interest and penalties shall continue to accrue for no more than 100 days from the day the first appeal was filed with the health carrier and continue to accrue until 10 days after the court finds that the claim shall be paid to the claimant (Section 376.383).

PHARMACY BENEFITS MANAGERS

Under this bill, pharmacy benefits managers (PBM) shall notify health carriers in writing of any conflict of interest, including, but not limited to, common ownership or any other relationship between the PBM and any other health carrier with which the PBM contracts.

Additionally, this bill specifies that no entity subject to the jurisdiction of Missouri shall act as a PBM without a license issued by the Department of Commerce and Insurance. The department may cause a complaint to be filed with the Administrative Hearing Commission against the holder of a PBM license for the reasons specified in the bill. Proceedings shall be conducted before the Administrative Hearing Commission as provided by law. The department may take action against a PBM's license, as specified in the bill, upon a finding that a rule has been violated (Sections 376.387 and 376.393).

BREAST CANCER SCREENING INSURANCE

In addition to existing coverage requirements, the bill adds "detectors" to the X-ray equipment specifically listed as being covered under the current insurance mandate.

The bill also specifies that coverage for certain breast cancer screening and evaluation services shall be provided yearly to any woman deemed by her physician to have an above-average risk for breast cancer in accordance with American College of Radiology (ACR) guidelines, rather than specifically to women with a personal or family history of breast cancer.

The bill also requires coverage of any additional or supplemental imaging, such as breast MRI or ultrasound, deemed medically necessary by a treating physician for proper screening or evaluation in accordance with applicable ACR guidelines.

Furthermore, the bill requires coverage of ultrasound or MRI services when determined by a treating physician to be medically necessary for the screening or evaluation of breast cancer for any woman deemed by the treating physician to have an above-average risk of breast cancer in accordance with ACR guidelines for breast cancer screening.

Lastly, provisions relating to out-of-pocket expenditures are modified to apply to the additional modalities required to be covered under the bill (Section 376.782).

LIFE CARE CONTRACTS

This bill specifies that the "entire amount" of entrance fee funds held in reserve for a life care contract shall be earned by "and available for release to" the care provider as provided by law, provided that the reserve and interest thereon shall not exceed 100%, rather than one and one-half times the percentage, of the annual long-term debt principal and interest payments of the provider applicable only to living units occupied under life care contracts. The requirement to hold reserve funds may be met in whole or in part by other reserve funds held for the purpose of meeting loan obligations, provided that the total amount equals or exceeds the amount otherwise required (Section 376.945).

HEALTH CARRIER CLAIM OVERPAYMENT

This bill provides that an amount that a health carrier claims was overpaid for a health care service can only be collected, withheld, or recouped from the provider or third party to which the overpaid amount was originally paid. The notice of withholding or recoupment shall inform the provider or third party of the health care service, date of service, and patient for which the recoupment is being made (Section 376.1345).

HEALTH CARE PRACTITIONER CREDENTIALING

This bill provides that if a health carrier receives a credentialing application, the carrier shall have 10 days from sending notice of the application's receipt to request additional information from the practitioner. The application shall be deemed complete upon receipt of the additional information. Within two working days of receipt of the additional information, the carrier shall send notice to the practitioner that the practitioner has submitted a completed application. If the carrier does not request additional information, the application shall be deemed completed as of the date the notice of receipt was sent by the carrier to the practitioner.

The bill specifies that the carrier's credentialing decision and notification to the practitioner of such decision shall be made within 60 days of receipt of the "completed credentialing application", rather than 60 "business" days of receiving the practitioner's "credentialing information".

If a practitioner's application is approved, the carrier shall provide payments for covered health services performed by the practitioner during the credentialing period if the services were on behalf of an entity that had a contract with the carrier during the credentialing period. A health carrier shall not require a practitioner to be credentialed to receive payments for covered health services if the practitioner is providing coverage for an absent credentialed practitioner during a temporary period as outlined in the bill.

All claims eligible for payment under these provisions shall be subject to the prompt payment statute(Section 376.1578).

CONFIDENTIALITY OF CERTAIN HEALTH RECORDS

Under this bill, any reports or records in the possession of the DHSS's Missouri State Public Health Laboratory, which were the result of testing performed at the request of any municipal, county, state, or federal law enforcement agency, shall be considered closed records until such investigation becomes inactive (Section 610.100).

COVID 19 TESTING

Subject to appropriation, if a health care provider recommends a COVID-19 test it shall be provided at no cost to the patient. DHSS may utilize federal funds or grants to cover the cost of such testing (Section 1).

This provision contains an emergency clause.

PROGRAM WAIVER

The bill allows the Department of Social Services to seek a waiver of the Institutions for Mental Disease exclusion for substance treatment and rehabilitation programs (Section 2).