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MOALPHA 2018 End of Session Legislative Report

The Missouri Legislature wrapped up a successful legislative session for the controlling Republican Party, passing numerous bills in the final weeks to shape public policy for the state moving forward. Highlights included a vote on the creation of a new gas tax, improvements to 911 Emergency Communication, tax cuts, civil service reform, and a prevailing wage bill. Bills were passed at a quick and steady pace in the final week, making this one of the more successful sessions in terms of overall output in recent memory, all this despite the looming investigations into an embattled Governor.

Without the usual pomp and circumstance and thrown papers, the session ended with a somber break of roughly 45 minutes, with members of the House returning to the floor for a gavel-in/gavel-out opening to the special session to decide on the merits whether or not the actions of Governor Greitens warrant impeachment. The complexities to the impeachment process are numerous but the overall process is outlined in the Constitution, with the House deciding and voting on whether or not to impeach, meanwhile the Missouri Senate will pick a panel of 7 judges to decide on actual removal from office. As it stands now the Governor's approval rating is very low at a dismal 38%. This is not necessarily conclusive on what the House will do but is indicative of just how much his support even amongst members of his own party has eroded.

We will be watching and listening to the proceedings as will most of the politically minded folks throughout the country. The potential impeachment of a sitting governor truly is a surreal and interesting example of one of the more serious constitutional questions found in the work of our representative government.

Budget

Department of Health Budget

As reported earlier due to the Bourbon Virus situation the Department of Health Budget was cut by 8 employees and \$622,000.

However, the State Health Lab was not removed to the Department of Public Safety.

The Department sincerely appreciated the efforts by MOALPHA members to help explain the situation regarding the release of information and HPPA regulations.

While not good for the Department of Health it could have been worse.

Local Public Health Fund

Earlier in the session Senator Cunningham attempted to fund the loan income utility tax credits, also called Circuit Breaker. Among other funds he was looking to take from to fund the circuit breaker was \$1 million from public health. Department of Health contacted us asking for MOALPHA's assistance. I talked to Senator Cunningham explained the this would also impact federal draw down monies and the state would have lost an additional match. I gave him two other pots of money to establish additional funding for his legislation. And was quite pleased and back off taking money from Local Public Health. DOH appreciated our assistance.

Truly Agreed To and Finally Passed Legislation

Mammography Screening

HB 1252, sponsored by Representative Plocher, changes the law regarding low-dose mammography screening.

This bill adds digital mammography and breast tomosynthesis to the definition of low-dose mammography screening and beginning January 1, 2019, requires reimbursement rates to accurately reflect the resource costs specific to each modality, including any increased resource cost of breast tomosynthesis.

Currently, insurance coverage is required for mammograms every two years for women age 40 to 49, unless a physician recommends more frequently and a mammogram every year for women age 50 and over.

This bill modifies coverage for mammograms to every year for women age 40 and over.

This bill has been Truly Agreed to and Finally Passed.

911

HB 1456, sponsored by Representative Lauer, changes the laws regarding funding for emergency 911 services, administration of 911 funding, Missouri 911 Service Board, and the cooperation and contracting between emergency services providers. The bill was Truly Agreed to and Finally Passed.

Link to Bill: <https://house.mo.gov/Bill.aspx?bill=HB1456&year=2018&code=R>

Telehealth

HB 1617, sponsored by Representative Barnes, modifies provisions relating to telehealth.

This bill specifies that the Department of Social Services shall reimburse providers for services provided through telehealth if the providers can ensure that services are rendered meeting the standard of care that would be expected if the services were rendered in person.

Telehealth services are the delivery of health care using technology to communicate with a health care provider who is at a different location than the patient. Generally, reimbursement for telehealth services must be made in the same way as reimbursement for in-person contact.

The bill specifies that before telehealth services can be provided in a school, the parent or guardian must give authorization. This bill clarifies that current statute authorizing a health care provider to provide telehealth services shall not be construed to prohibit a health carrier from reimbursing non-clinical staff for services otherwise allowed by law. This bill repeals several existing provisions relating to telehealth services within MO HealthNet.

The bill has been Truly Agreed to and Finally Passed.

Mental Health

SB 660, sponsored by Senator Riddle, modifies several provisions relating to mental health, including the following:

MEDICAL INSURANCE INFORMATION

This bill allows the Department of Mental Health to request medical insurance information regarding an individual receiving department service from an entity contracted with the department.

The information must be in compliance with laws on confidentiality.

RESIDENTIAL FACILITY OR DAY FACILITY INSPECTIONS

This bill changes the inspection requirements for residential treatment facilities or day programs for persons who are affected by a mental disorder, mental illness, intellectual disability, or developmental disability. The bill removes the requirement that the written report of noncompliance be sent by certified mail with return receipt requested. Currently, a re-inspection must be conducted within 55 days of the original inspection. This bill extends this deadline to 60 days

The bill was Truly Agreed to and Finally Passed.

Health Care

SB 826 sponsored by Senator Sater, modifies several provisions relating to health care. The bill includes the following provisions:

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 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 record exist and to a fee for providing such a statement or record.

LIMITATIONS ON PRESCRIBING OPIOIDS

This bill limits certain initial prescriptions of opioid controlled substances to no more than a seven-day supply for the treatment of acute pain.

DISPOSAL OF UNUSED CONTROLLED SUBSTANCES

This bill specifies that, a Drug Enforcement Agency-authorized collector, in accordance with federal regulations, may accept unused controlled substances from ultimate consumers, even if the authorized collector did not originally dispense the drug.

LONG-ACTING REVERSIBLE CONTRACEPTIVES

This bill specifies that any long-acting reversible contraceptive (LARC) prescribed to and obtained for a MO HealthNet participant may be transferred to another MO HealthNet participant if the LARC was not delivered to, implanted in, or used on the original participant, as specified in the bill.

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. The bill also creates an exception to the required administration of such eye drops if a parent or legal guardian objects on grounds that doing so is against the religious beliefs of the parent or legal guardian.

VACCINE PROTOCOLS

This bill modifies the minimum age for the administration of certain vaccines, including viral influenza, from 12 years of age to at least seven years of age or the age recommended by the Centers for Disease Control and Prevention, whichever is higher.

PRESCRIPTIONS

This bill modifies current law regarding written prescriptions to permit a pharmacist who receives a prescription for a brand name drug or biological product to select a less expensive generically equivalent drug or interchangeable biological product unless requested otherwise by the patient or prescribing practitioner who indicates that substitution is prohibited, as specified in the bill.

MAINTENANCE MEDICATIONS

Currently, the law provides that dispensing of maintenance medication based on refills authorized by the physician or prescriber on the prescription be limited to no more than a 90-day supply of the medication and the patient must have already been prescribed the medication for three months.

This bill provides that the supply limitations shall not apply if the prescription is issued by a practitioner located in another state or dispensed to a patient who is a member of the United States Armed Forces serving outside the United States

PRESCRIPTION EYE DROPS

Currently, the law that requires health carriers to provide coverage for early refills of an eye drop prescription is set to expire on January 1, 2020. This bill repeals the expiration date.

This bill was Truly Agreed to and Finally Passed.

Health Care

SB 951, sponsored by Senator Crawford, modifies several provisions relating to health care. This is another omnibus health care bill.

The bill includes the following provisions of interest to local public health agencies:

COLLABORATIVE PRACTICE AND SUPERVISORY AGREEMENTS

Currently, the law authorizes physicians to enter into a collaborative practice agreement with three advanced practice registered nurses (APRN) and three assistant physicians, and a supervising agreement with three licensed physician assistants. This bill authorizes physicians to enter into a collaborative practice agreement or a supervising agreement with six APRNs, assistant physicians, licensed physician assistants, or any combination thereof.

"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 bill was Truly Agreed to and Finally Passed.

Show me Healthy Babies

HB 2280, sponsored by Representative Haefner, expands MO HealthNet benefits for pregnant women to provide substance abuse treatment for up to one year after giving birth. The bill was Truly Agreed to and Finally Passed.

Maintenance Medication

SB 718, sponsored by Eigel, modifies several provisions relating to maintenance medication.

The bill was Truly Agreed to and Finally Passed and includes the following provisions:

SHOW-ME FREEDOM FROM OPIOID ADDICTION DECADE

The years of 2018-2028 shall be designated as the Show-Me Freedom from Opioid Addiction Decade.

MEDICAL RECORDS

For the purposes of furnishing a copy of a patient's health history or health records upon request, such request may be satisfied if a statement or record is retained that no such health history or treatment record responsive to the request exists.

CAREGIVER, ADVISE, RECORD, AND ENABLE (CARE) ACT

This bill creates the "Caregiver, Advise, Record, and Enable (CARE) Act," which requires a hospital or ambulatory surgical center to provide each patient or patient's legal guardian with an opportunity to designate a caregiver prior to the patient's discharge.

ADVERSE ACTIONS AGAINST CERTAIN INDIVIDUALS OR ENTITIES

The bill specifies that no individual or health care entity shall be subject to adverse action by the state if the individual or health care entity, acting in its normal course of business, acts in good faith upon an order relating to the medical use of hemp extract.

DRUG TAKE-BACK PROGRAM

The bill allows unused controlled substances to be accepted from the public through collection receptacles, drug disposal boxes, and other means provided through drug take back programs by a drug enforcement agency authorized collector in accordance with federal regulations, regardless of whether or not the authorized collector originally dispensed the drug. The bill requires the Department of Health and Senior Services to develop an education and awareness program about drug disposal by August 28, 2019.

EYE DROPS FOR NEWBORN INFANTS

The administration of eye drops to a newborn infant is not required if a parent or legal guardian objects to the treatment because it is against the religious beliefs of the parent or guardian. The bill repeals a provision requiring the physician, nurse, or midwife to report in writing his or her compliance in administering the eye drops.

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.

An assistant physician licensure fee cannot be more than the licensure fee for a physician assistant. Additionally, no rules can require an assistant physician to complete more hours of continuing medical education than a licensed physician.

The bill repeals the requirement that an assistant physician has to enter into a collaborative practice agreement within six months of initial licensure.

A health carrier 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.

COLLABORATIVE PRACTICE AND SUPERVISORY AGREEMENTS

Currently, physicians are authorized to enter into a collaborative practice agreement with three advanced practice registered nurses (APRN) and three assistant physicians, and a supervising agreement with three licensed physician assistants. This bill authorizes physicians to enter into a collaborative practice agreement or a supervising agreement with six APRNs, assistant physicians, licensed physician assistants, or any combination thereof.

The limitation on collaborative practice agreements and supervision 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, 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.

MAINTENANCE MEDICATION

Current law provides that dispensing of maintenance medication based on refills authorized by the physician or prescriber on the prescription be limited to no more than a 90-day supply of the medication and the patient shall have already been prescribed the medication for three months. This bill provides that the supply limitations shall not apply if the prescription is issued by a practitioner located in another state or dispensed to a patient who is a member of the United States Armed Forces serving outside the United States.

PATIENT SATISFACTION SCORES

The bill specifies that patient scoring of pain control shall not be required when defining data standards for quality of care and patient satisfaction. Beginning August 28, 2018, the Director of the Department of Insurance, Financial Institutions and Professional Registration shall discontinue the use of patient satisfaction scores.

HEALTH INSURANCE

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

EYE DROP REFILLS

Currently, health carriers are required to provide coverage for early refills of an eye drop prescription is set to expire on January 1, 2020. This bill repeals the expiration date.

IMPROVED ACCESS TO TREATMENT FOR OPIOID ADDICTIONS ACT

The bill creates the "Improved Access to Treatment for Opioid Addictions Program," (IATOA), which shall disseminate information and best practices regarding opioid addiction, subject to appropriations.

Assistant physicians who participate in the IATOA program shall complete the requirements to prescribe buprenorphine within 30 days of joining the program.

When an overdose survivor comes to an emergency room, an assistant physician shall provide treatment options and support to the survivor, when reasonably practicable.

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.

PAYMENTS FOR SERVICES

SB 982, sponsored by Senator Wieland, modifies provisions relating to payments for health care services.

The bill includes the following provisions:

FEE REQUIREMENTS FOR INSURANCE COMPANIES-This bill modifies the fee requirements for every individual or entity making a filing with the Department of Insurance, Financial Institutions and Professional Registration. These fees will be deposited in the State Treasury to the credit of the insurance dedicated fund.

ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE-This bill provides that the Director of the Department of Insurance, Financial Institutions and Professional Registration shall determine that a managed care plan's network is adequate if the managed care plan is being offered by a health carrier accredited by the Accreditation Association for Ambulatory Health Care.

DIRECT PAYMENT FOR AUTHORIZED SERVICES-This bill provides that when a health benefit plan does not provide for payment to out-of-network providers for all or most services that are covered if provided in-network, including HMO plans and exclusive provider organization (EPO)

plans, payment for all services shall be made directly to the health care providers when the health carrier has authorized for such services to be received from an out-of-network provider.

UNANTICIPATED OUT-OF-NETWORK CARE-The bill specifies that health care professionals shall send any U.S. Centers of Medicare and Medicaid Services Form 1500, or its successor form, for charges incurred for unanticipated out-of-network care to the patient's health carrier within 45 processing days. Health carriers shall pay health care professionals a reasonable rate for unanticipated out-of-network care; if the health care professional participates in the health carrier's commercial networks, the offer of reimbursement shall be the amount from the network with the highest reimbursement rate.

EMERGENCY MEDICAL CONDITIONS-This bill specifies that whether an ailment is considered an "emergency medical condition" depends on the person having sufficiently severe symptoms, regardless of what final diagnosis is given.

This bill specifies that necessity of emergency services to screen and stabilize a patient shall be determined by the treating health care provider.

Before a health carrier denies payment for an emergency service based on the lack of an emergency medical condition, it shall review the enrollee's medical records regarding the emergency condition at issue.

The bill was Truly Agreed to and Finally Passed.

Wastewater

HB 1947, sponsored by Representative Alferman, changes the laws regarding the sale of water or wastewater systems in fourth class cities. Alferman's original bill was voted out of the Senate Committee on Local Government. HB 1947 language was amended onto SB 592, which was Truly Agreed to and Finally Passed.

Agriculture

SB 627, sponsored by Senator Munzlinger, modifies the laws relating to agriculture. This bill has been Truly Agreed to and Finally Passed.

CAPTIVE CERVID SLAUGHTER

For purposes of the Meat Inspection Program administered by the Missouri Department of Agriculture, the bill changes the definitions of "meat" and "meat product" to include captive cervids and the definition of "commercial plant" to include an establishment in which captive cervids are slaughtered, and the definition of "unwholesome" to include captive cervids, which have died other than by slaughter.

SEEDS AND FERTILIZERS

This bill prohibits any political subdivision from adopting or enforcing any ordinance, rule, or regulation relating to the labeling cultivation, or other use of seed or fertilizers. The provisions of the bill do not apply to any ordinance, rule, or regulation enacted before August 28, 2018.

Missouri Clean Water Law

SB 782, sponsored by Senator Cunningham, modifies provisions relating to the Department of Natural Resources.

This bill specifies that agricultural stormwater discharges and return flows from irrigated agriculture are exempt from permitting requirements under the Missouri Clean Water Law and should not be considered unlawful unless the discharges have entered the waters of the state and rendered the waters harmful, detrimental, or injurious to public health, safety, or welfare, to industrial or agricultural uses, or to wild animals, birds, fish, or other aquatic life.

Nothing in this bill should be construed to effect, limit, or supersede any law or regulation of concentrated animal feeding operations.

The bill was Truly Agreed to and Finally Passed.

Hospital Licensure Regulations

HB 2183, sponsored by Representative Bondon, modifies provisions relating to hospital licensure and regulations.

Under this act, 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. This act 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 ten or less or ten percent 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 act, a long-term care facility shall only be eligible for a nonapplicability review if the facility has had no patient care class I deficiencies within the last eighteen months and has maintained at least an 85% average occupancy rate for the previous six quarters.

This bill was Truly Agreed to and Finally Passed.

Bone Marrow Registry

HB 1953, sponsored by Representative Neely, this bill requires the Department of Health and Senior Services to develop information regarding the bone marrow registry. A primary care provider or urgent care physician may inquire of a new patient who is 18 or older and under 45 whether he or she is registered with the bone marrow registry. If the patient is not registered, the provider or physician will provide the patient with the information on the registry from the department.

This bill establishes the "Advisory Council on Rare Diseases and Personalized Medicine" to serve as an expert advisory committee to the Drug Utilization Review Board. The advisory council shall be made up of health care professionals as specified in the bill.

The bill requires the review board to seek the input of the advisory council on a variety of topics, as specified in the bill. Any recommendation of the advisory council must be made in writing and during a public hearing.

HB 1953 was Truly Agreed to and Finally Passed.

Additional tracked legislation that but didn't make it to the finish line included:

Coroners

HB 2079 which dealt with fee on death certificates to be utilized for a coroners training fund did not pass.

The Local Public Health agencies would have collected a dollar and sent it to the State Treasurer as Department of Health cannot collect funds. It was revenue neutral but potentially awkward to collect. The bill died.

Fair Fare Passenger Safety Act

HB 1600, sponsored by Representative Higdon, establishes the Fair Fare Passenger Safety Act of 2018, which prohibits any person operating a motor vehicle on the highways or other public roadways of this state for compensation for the transportation of one or more passengers from using a hand-held electronic wireless communications device to read, send, or write a text message or electronic message. The bill was third read and passed out of the House 110-38. The bill had a hearing and was voted out of the Senate Transportation Committee. No further action was taken on the bill.

Seatbelts

HB 1264, sponsored by Representative Schroer, allows evidence of failure to wear a seatbelt to prove comparative negligence or to mitigate damages. The bill was voted out of the House 100-

27. The bill had a hearing in the Senate Government Reform Committee and was voted out of Committee. The bill was placed on the Senate Calendar. No further action was taken on the bill.

Sexual Assault Kits

Senator Jeannie Riddle's SB 958 directs the Attorney General to establish an electronic tracking system that monitors sexual assault collection kits and allows medical providers and law enforcement agencies to upload and track information from the state network.

This bill was voted Do Pass from Judiciary. No further action was taken on the bill.

Hemp Oil

HB 1440, sponsored by Representative Evans, and HB 1441, sponsored by Representative Baringer, both permit the use of hemp oil for the treatment of certain impairments. Both bills were scheduled for an executive session in the House Special Committee for Improving the Care and Well-being of Young People. However, the executive session was postponed, and no action was taken on either of the bills in Committee.

SNAP

There were two bills that modified provisions relating to work requirements for the supplemental nutrition assistance program: SB 592, Senator Sater and HB 1486, sponsored by Representative Kelly. Both bills were voted out of the Senate Seniors, Children, and Families Committee. No further action was taken on either piece of legislation.

In addition, Representative Cornejo's HB 1846 Requires the Department of Social Services to assign individuals receiving Supplemental Nutrition Assistance Program (SNAP) benefits to a work program.

HB 1846 was dropped from the House Calendar. No further action was taken on the bill.

Pregnancy Coverage

SB 879, sponsored by Senator Wieland, provides that any health benefit plan delivered, issued for delivery, continued, or renewed on or after January 1, 2019, in which a person may only enroll during an initial, open, or special enrollment period shall permit enrollment of a pregnant person at any time after the commencement of her pregnancy.

This bill was voted out of the Senate Insurance and Banking Committee. No further action was taken on the bill.

Motorcycle Helmets

HB 2158, sponsored by Representative Roden, specifies when persons operating or riding a motorcycle or motortricycle must wear protective headgear and imposes certain insurance requirements for persons who elect to ride without protective headgear. The bill was referred to the House Rules Committee. No further action was taken on the bill.

Medical Cannabis

HB 1554, sponsored by Representative Neely, allows persons with certain serious medical conditions to use medical cannabis. The bill was referred to the Senate Committee on Health and Pensions. No further action was taken on the legislation.

Tanning Facilities

HB 1260, sponsored by Representative Schroer, prohibits persons under 18 years of age from using any tanning device of any tanning facility in this state. The bill was voted out of the House Health and Mental Health Policy Committee DO PASS and has been referred to the House Rules Administrative Oversight Committee.

MO HealthNet Requirements

SB 948, sponsored by Senator Sater, requires certain MO HealthNet participants to comply with work and community engagement requirements. The bill was voted out of the Senate Seniors Families and Children Committee DO PASS. No further action was taken on the bill.

Working Animals

SB 918, sponsored by Senator Munzlinger, prohibits political subdivisions from prohibiting working animals. The bill was third read and passed out of the Senate 23-10. The bill was placed on the House Calendar. No further action was taken on the bill.

Narcotics Control Act

HB 1619, sponsored by Representative Rehder, establishes the Narcotics Control Act. The bill has been first and second read in the house but has not been referred to Committee.

SB 737, sponsored by Senator Schupp, the bill has been first and second read and referred to the Senate Transportation Committee. The bill has not been given a hearing date.

No further action was taken on either of these bills.

Confiscation of Animals

HB 1945, sponsored by Representative Anderson, modifies provisions relating to the confiscation of animals. The bill removes a public health official from the individuals authorized to seek a warrant to enter property to inspect, care for, or confiscate neglected or abused animals.

The bill had a hearing in the Senate Agriculture Committee. No further action was taken on the bill.

Food Production

HB 1425, sponsored by Representative Davis, allows cottage food production operations to sell food over the internet. The bill has been voted out of the House Agriculture Committee DO PASS and has been referred to the House Rules Administrative Oversight Committee. No further action was taken on the bill.

Trauma Kits

HB 1263, sponsored by Representative Schroer, proposes mandatory placement of first aid trauma kits in public buildings. This bill was voted out of the House Special Committee on Government Oversight DO PASS and has been referred to the House Rules Administrative Oversight Committee. No further action was taken on the bill.

The 2018 session has come to a close. It remains to be seen if Governor Greitens will sign the bills or a successor.