SECOND REGULAR SESSION

HOUSE BILL NO. 2128

94TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES BAKER (25) (Sponsor), HUGHES, WILDBERGER, LeVOTA, BURNETT, LOW (39), SHIVELY, YAEGER, DARROUGH, GEORGE, SPRENG, TALBOY, SCAVUZZO, KOMO, FRAME, WALSH, SALVA, DONNELLY, SKAGGS, SCHIEFFER, WRIGHT-JONES, LAMPE, CURLS, MEINERS, NASHEED, LOWE (44), ZWEIFEL, KUESSNER, MEADOWS, HODGES, OXFORD, McCLANAHAN, PAGE, HAYWOOD, NORR, AULL, VOGT, SCHOEMEHL AND FALLERT (Co-sponsors).

Read 1st time February 13, 2008 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

3409L.01I

AN ACT

To amend chapter 192, RSMo, by adding thereto sixteen new sections relating to health policy and oversight.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 192, RSMo, is amended by adding thereto sixteen new sections, to be known as sections 192.1100, 192.1103, 192.1106, 192.1109, 192.1112, 192.1115, 192.1118, 192.1121, 192.1124, 192.1127, 192.1130, 192.1133, 192.1136, 192.1175, 192.1190, and 192.1200, to read as follows:

192.1100. 1. Beginning September 1, 2008, there is hereby established the "Missouri Health Policy Authority" within the department of health and senior services.

2. The authority shall be composed of eleven voting members and nine nonvoting ex officio members. The eleven voting members shall be appointed as follows:

(1) Three members shall be appointed by the governor;

(2) Three members shall be appointed by the speaker of the house of representatives;

(3) One member shall be appointed by the minority leader of the house of representatives;

EXPLANATION — Matter enclosed in bold-faced brackets **[**thus**]** in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

(4) Three members shall be appointed by the president pro tem of the senate; and

(5) One member shall be appointed by the minority leader of the senate.

3. The nine nonvoting ex officio members of the authority shall be:

(1) The director of the department of health and senior services;

(2) The director of the department of social services;

(3) The director of the department of insurance, financial institutions and professional registration;

(4) The commissioner of administration;

(5) The Missouri chief health officer;

(6) The director of the division of medical services within the department of social services;

(7) The executive director of the authority appointed under section 192.1103;

(8) The director of the department of mental health; and

(9) A member of the board of directors of the Missouri health insurance pool selected by the director of the department of insurance, financial institutions and professional registration.

The nine nonvoting ex officio members of the authority shall act as a resource and support for the voting members of the authority and shall not be entitled to vote or to make or second motions in any meeting of the authority.

4. The appointment of each voting member of the authority shall be subject to the advice and consent of the senate. No person appointed as a voting member of the authority shall exercise any power, duty, or function as a member of the authority until confirmed by the senate. Each member shall hold office for a term of four years, except as provided in subsection 6 of this section for the first members appointed to the authority, and until a successor is appointed and confirmed. Terms of voting members of the authority shall expire on March fifteenth.

5. Voting members of the authority shall be a balanced panel of members of the general public who have knowledge and demonstrated leadership in fields including, but not limited to, health care delivery, health promotion, public health improvement, evidence-based medicine, insurance, long-term care insurance, disability advocacy, senior advocacy, rural health, consumer advocacy, information systems, data analysis, health care finance, economics, government, and business. A majority of the voting members of the authority shall be Missouri residents. No member of the legislature shall be appointed as a voting member of the authority.

6. The first voting members of the authority shall be appointed on or before October 1, 2008. The terms of office of such members shall be as follows:

(1) The governor shall appoint one member for a term which shall expire on March 15, 2010, and two members for a term which shall expire on March 15, 2012;

(2) The speaker of the house of representatives shall appoint three members for a term which shall expire on March 15, 2011;

(3) The minority leader of the house of representatives shall appoint one member for a term which shall expire on March 15, 2010;

(4) The president pro tem of the senate shall appoint three members for a term which shall expire on March 15, 2011;

(5) The minority leader of the senate shall appoint one member for a term which shall expire on March 15, 2010.

In addition to such terms, each of the first members appointed shall serve until a successor is appointed and confirmed.

7. The members of the authority shall meet and organize annually by electing a voting member as chairperson; except that, the governor shall designate the first chairperson of the authority from among the first voting members appointed. A majority of all voting members shall constitute a quorum for meetings. All actions of the authority shall be by the affirmative vote of a majority of voting members at any meeting at which a quorum is present. The authority shall meet at least monthly through the fiscal year ending June 30, 2010, and thereafter not less than once per calendar quarter.

8. Subject to appropriations, members of the authority may be reimbursed for necessary and reasonable expenses incurred in the performance of their duties as members of the committee.

192.1103. 1. The Missouri health policy authority shall appoint an executive director of the authority subject to confirmation by the senate. The authority may appoint a temporary director to serve and to administer and oversee the operations of the authority until such time as an executive director can be appointed and commences employment.

2. The executive director of the authority shall serve at the pleasure of the authority and shall receive a salary fixed by the authority, subject to approval by the governor.

3. The executive director shall have the authority to hire and supervise the other personnel of the authority. All officers and employees of the authority shall serve at the pleasure of the executive director of the authority.

192.1106. 1. The Missouri health policy authority is authorized to establish policies and adopt rules for the implementation and administration of the powers, duties, and

functions described for or transferred to the authority as provided by law. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2008, shall be invalid and void.

2. The authority may enter into contracts as may be necessary to perform the powers, duties, and functions of the authority and as provided by law. The authority may enter into contracts with other state agencies or with local governmental entities for the coordination of health services, including care and prevention programs and activities, and public health programs.

3. The authority may appoint advisory committees as deemed necessary by the authority. The advisory committees shall consult with and advise the authority regarding the matters referred to it by the authority. Members of any advisory committee created under this section may be reimbursed for any reasonable and necessary expenses incurred in the performance of their duties as members of an advisory committee.

192.1109. 1. The Missouri health policy authority shall develop and maintain a coordinated health policy agenda that combines effective purchasing and administration of health care with health promotion oriented public health strategies. The powers, duties, and functions of the authority are intended to be exercised to improve the health of the people of Missouri by increasing the quality, efficiency, and effectiveness of health services and public health programs, and to coordinate efforts on the state level with federal health services and programs.

2. The Missouri health policy authority is responsible for the development of a statewide health policy agenda, including health care and health promotion components. The authority shall report to the legislature at the beginning of the regular session of the legislature in 2010 and at the beginning of each regular session thereafter. The report of the authority shall include recommendations for implementation of the health policy agenda recommended by the authority. The authority shall develop or adopt health indicators and shall include baseline and trend data on the health costs and indicators in each annual report to the legislature. In accordance with the provisions of sections 192.1100 to 192.1136 and subject to appropriations, the authority shall assume powers, duties, and functions in accordance with sections 192.1100 to 192.1136.

3. The Missouri health policy authority, in consultation with the department of social services, shall evaluate the potential benefits of utilizing coordinated care organizations for the provision of services for the aged, blind, disabled, and long-term care recipients under the MO HealthNet program.

4. On or before January 1, 2009, the authority shall submit a plan with recommendations for funding and any recommended legislation for the powers, duties, and functions transferred to the authority on July 1, 2009, of the programs and activities specified in subsection 4 of this section.

5. On July 1, 2009, the authority shall assume operational and purchasing responsibility for:

(1) The regular medical portion of the MO HealthNet program;

(2) The state children's health insurance program;

(3) The working healthy portion of the Ticket to Work Program under the federal Work Incentive Improvement Act and the Medicaid infrastructure grants received for the working healthy portion of the Ticket to Work Program;

(4) The MO HealthNet management information system;

(5) Any drug formulary, drug utilization review program, including oversight of the MO HealthNet drug utilization review board, and the electronic claims management system of any medical assistance program under chapter 208, RSMo; and

(6) The state health plan for employees under chapter 103, RSMo.

6. At the beginning of the regular session of the legislature in 2010, the authority shall submit to the legislature recommendations and an implementation plan for the transfer of additional Medicaid-funded programs to the authority which may include:

(1) Mental health services;

(2) Home and community-based services waiver programs;

(3) Long-term care facilities;

(4) Substance abuse and prevention and treatment programs; and

(5) Public elementary and secondary schools.

7. At the beginning of the regular session of the legislature in 2011, the authority shall submit to the legislature recommendations and an implementation plan for the authority to assume responsibility for health care purchasing functions within additional state agencies, which may include:

(1) The department of health and senior services;

(2) The department of elementary and secondary education;

(3) The juvenile justice system and juvenile detention facilities; and

(4) The department of corrections and the correctional institutions and facilities thereunder.

192.1112. On and after July 1, 2009, the Missouri health policy authority shall coordinate health care planning, administration, and purchasing and analysis of health data for the state of Missouri with respect to the following health programs administered by the state of Missouri:

(1) Developing, implementing, and administering programs that provide medical assistance, health insurance programs, or waivers granted thereunder for persons who are needy, uninsured, or both, and that are financed by federal or state funds, or both, including the following:

(a) The Missouri program of medical assistance established in accordance with Title XIX of the federal Social Security Act, 42 U.S.C. Section 1396 et seq., as amended;

(b) Any health benefits program for children developed and established in accordance with Title XXI of the federal Social Security Act, 42 U.S.C. Section 1397aa et seq., as amended;

(c) Any program of medical assistance for needy persons financed by state funds only, to the extent appropriations are made for such a program;

(d) The working healthy portion of the Ticket to Work Program under the federal Work Incentive Improvement Act and the Medicaid infrastructure grants received for the working healthy portion of the Ticket to Work Program; and

(e) The MO HealthNet management information system; and

(2) The drug formulary, drug utilization review program, including oversight of the MO HealthNet drug utilization review board, and the electronic claims management system of any medical assistance program under chapter 208, RSMo; and

(3) Administering any other health programs delegated to the authority by the governor or by a contract with another state agency.

192.1115. 1. The Missouri health policy authority shall facilitate the development of a statewide health information plan that includes the implementation of an integrated electronic health information infrastructure for the sharing of electronic health information among health care facilities, health care professionals, public and private payers, and patients. The goal of the plan shall be to establish a strategic framework for a secure Missouri health information network with six coordinated regional health information organizations (RHIO).

2. The plan shall include recommendations for funding of the ongoing development and maintenance costs of the statewide health information system, including but not

limited to seeking federal grant moneys from the Office of National Coordination for Health Information Technology, private and foundation gifts, and state appropriations.

3. The Missouri health policy authority shall ensure privacy and security regarding the exchange of health information, including consumer protection procedures. The authority shall facilitate:

(1) Standardized mechanisms for patient consent and authorization for health care treatment;

(2) Formation of a task force on privacy and security procedures;

(3) Development of consistent statewide security protocols; and

(4) Changes in state laws to address breach of security and unauthorized use of health care information.

4. The authority may promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2008, shall be invalid and void.

192.1118. 1. On and after July 1, 2009, the Missouri health policy authority shall be designated as the single state agency with responsibility for supervising and administering the state plan for medical assistance under the federal Social Security Act, 42 U.S.C. Section 1396 et seq., as amended. The authority shall develop state plans, as provided under the federal Social Security Act, whereby the state cooperates with the federal government in its program of assisting the states financially in furnishing medical assistance and services to eligible individuals.

2. The authority shall undertake to cooperate with the federal government on any other federal program providing federal financial assistance and services for medical assistance not inconsistent with sections 192.1100 to 192.1136. The authority shall not be required to develop a state plan for participation or cooperation in all federal Social Security Act programs relating to medical assistance or other available federal programs that relate to medical assistance.

3. On and after July 1, 2009, the Missouri health policy authority shall have the power, but shall not be required, to develop a state plan with regard to medical assistance

and services in which the federal government does not participate, within the limits of appropriations therefor.

192.1121. 1. Subject to the limitations of subsection 2 of this section, the Missouri health policy authority may enter into a contract with one or more state agencies or local governmental entities providing for the state agency or local governmental entity to perform services for the department of social services or delegating to the state agency or local governmental entity the administration of certain functions, services, or programs under any of the programs for which the Missouri health policy authority is responsible.

2. With respect to any plan or program that is subject to or financed in part under the federal Social Security Act, 42 U.S.C. Section 1396 et seq., as amended, the authority of the Missouri health policy authority to exercise administrative discretion in the administration or supervision of the plan or program and to issue policies and to adopt rules on plan or program matters shall not be delegated by the authority, other than to officials and employees of the authority. To the extent that the authority enters into a contract with a state agency or local governmental entity under this section, the other state agency or local governmental entity shall not have the authority to change or disapprove any administrative decision of the authority or to otherwise substitute its judgment for that of the authority with respect to the application of policies issued or rules adopted by the authority for any plan or program that is subject to or financed in part under the federal Social Security Act.

192.1124. 1. On and after July 1, 2009, the Missouri health policy authority shall have the power and duty to establish general policies relating to the health programs under the authority as provided in section 192.1115 and to promulgate rules thereunder. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2008, shall be invalid and void.

2. The authority shall advise the governor and the legislature on all health programs, policies, and plans for which the authority is responsible under sections 192.1100 to 192.1136.

3. The authority shall establish an adequate system of financial records, shall make periodic reports to the governor, and shall make any reports required by federal agencies.

4. The authority may assist other departments, agencies, and institutions of the state and federal government and of other states under interstate agreements, when so requested, by performing services in conformity with the purposes of sections 192.1100 to 192.1136.

5. All contracts of the authority shall be made in the name of the Missouri health policy authority. In such name, the authority may sue and be sued. The grant of authority under this subsection shall not be construed to be a waiver of any rights retained by the state under the 11th Amendment to the United States Constitution and shall be subject to and shall not supersede the provisions of any appropriation act of this state.

6. After consulting with any agency that has responsibility under a contract with the authority for administration of any of the programs of the authority, the authority shall prepare annually, at a time and in the form directed by the governor, a budget covering the estimated receipts and expenditures of the authority for the coming fiscal year.

7. The authority shall have the authority to make grants of funds for the promotion of health programs in the state of Missouri, subject to the provisions of appropriation acts.

8. The authority may receive grants, gifts, bequests, money, or aid of any character whatsoever, for purposes consistent with sections 192.1115 to 192.1130.

9. The authority may enter into agreements with other states or the agency designated as the single state agency under the federal Social Security Act for another state setting out the manner for determining the state of residence in disputed cases and the bearing or sharing of costs associated with such cases.

10. The authority shall establish such advisory groups as are necessary to assist the bureau of financial services and the office of governmental policy and legislation within the department of health and senior services in carrying out its responsibilities under sections 192.1115 to 192.1130, including the following:

(1) A consumer advisory board consisting of representatives of consumers of health care services provided under Title XIX of the federal Social Security Act and Title XXI of the federal Social Security Act, and representatives of such consumers' family members; and

(2) A policy coordination board consisting of representatives from those state agencies with which the authority enters into a contract under section 192.1124 and representatives from any other state agencies, as determined by the authority.

11. The authority shall perform any other duties and services that are necessary to carry out the purposes of sections 192.1115 to 192.1130 and that are not inconsistent with state law.

192.1127. 1. The Missouri health policy authority shall have the power and authority to restructure any and all boards, commissions, committees, task forces, and other similar entities within the department of health and senior services designated with duties, functions, and tasks that are affected by the Missouri health policy authority.

2. In order to ensure transparency in the activities of the authority, all documents of the Missouri health policy authority shall be public and posted on the department web site; except that, any documents or correspondence required by state or federal law to remain confidential shall not be subject to this subsection.

192.1130. On and after July 1, 2009, except as otherwise provided by sections 192.1100 to 192.1136, all of the following powers, duties, and functions of the department of social services are hereby transferred to the Missouri health policy authority:

(1) All of the powers, duties, and functions under chapter 208, RSMo, relating to the development, implementation, and administration of programs that provide medical assistance, health insurance programs or waivers granted thereunder for persons who are needy or uninsured, or both, and that are financed by federal funds or state funds, or both, including the following:

(a) The Missouri program of medical assistance established in accordance with Title XIX of the federal Social Security Act; and

(b) Any program of medical assistance for needy persons financed by state funds only;

(2) All of the powers, duties, and functions with respect to the health benefits program for children developed and submitted in accordance with federal guidelines established under Title XXI of the federal Social Security Act;

(3) The working healthy portion of the Ticket to Work Program under the federal Work Incentive Improvement Act and the Medicaid infrastructure grants received for the working healthy portion of the Ticket to Work Program;

(4) The MO HealthNet management information system;

(5) The drug formulary, drug utilization review program, including oversight of the MO HealthNet drug utilization review board, and the electronic claims management system of any medical assistance program under chapter 208, RSMo; and

(6) All of the powers, duties, and functions of the department of social services associated with designation as the single state agency under Title XIX of the federal Social Security Act. On and after July 1, 2009, the designation of the department of social services as the single state agency for MO HealthNet purposes is hereby transferred to the authority.

192.1133. 1. On and after July 1, 2009, the Missouri health policy authority shall be the successor in every way to the powers, duties, and functions of any state agency, including but not limited to the department of social services, that are transferred under section 192.1130.

2. On and after July 1, 2009, whenever any state department or agency is referred to or designated by a statute, contract, memorandum of understanding, plan, grant, waiver, or other document and such reference is in regards to any of the powers, duties, and functions transferred to the authority under section 192.1130, such reference or designation shall be deemed to apply to the authority. This subsection shall not apply to references made to such departments or agencies in appropriation acts.

3. All rules, orders, and directives of the directors of the departments and agencies that relate to the functions transferred under section 192.1130 and that are in effect on July 1, 2009, shall continue to be effective and shall be deemed to be rules, orders, and directives of the authority until revised, amended, revoked, or nullified under state law.

192.1136. 1. (1) All officers and employees of the departments or agencies who, immediately prior to July 1, 2009, are engaged in the exercise and performance of the powers, duties, and functions transferred to the Missouri health policy authority under section 192.1130 are transferred to the Missouri health policy authority on July 1, 2009.

(2) Officers and employees transferred under subdivision (1) of this subsection shall retain all retirement benefits and leave balances and rights that had accrued or vested prior to the date of transfer. The service of each such officer and employee so transferred shall be deemed to have been continuous.

2. Liability for accrued compensation or salaries of each officer and employee who is transferred to the authority shall be assumed and paid by the authority on the date of transfer.

192.1175. 1. There is hereby established the "Office of Health Professions Workforce Planning" within the Missouri health policy authority to address the shortages and maldistribution of health care professionals.

2. The director of the office shall be appointed by the governor with the advice and consent of the senate. The office shall be staffed by faculty-level research fellows.

3. The office shall be funded by state appropriations, gifts, grants, and bequests, and with contracts and grants from philanthropic foundations and federal governmental agencies.

4. The office shall seek to sustain a health workforce that has the number, types, and distribution of health care workers needed to provide quality care for Missourians.

5. The Missouri health policy authority may promulgate rules regarding the powers, duties, and functions of the office. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2008, shall be invalid and void.

192.1190. 1. There is hereby established the "Office of Inspector General" within the Missouri health policy authority to oversee, audit, investigate, and complete performance reviews of all state-purchased health insurance, including but not limited to MO HealthNet, the state children's health insurance program, and the Missouri consolidated health care program.

2. The inspector general shall be appointed by the governor with the advice and consent of the senate. The inspector general shall:

(1) Be qualified by training or experience in health care policy, management of medical organizations, accounting, auditing, financial analysis, law, management analysis, or public administration;

(2) Report to and be under the general supervision of the Missouri health policy authority. The authority may, by a majority vote, direct the inspector general to perform specific investigations, reviews, audits, or other studies. The findings and recommendations of such investigations, reviews, audits, or other studies shall be submitted to the authority;

(3) Provide oversight and conduct audits and performance reviews of all state-purchased health insurance programs to increase accountability and integrity;

(4) Receive and process citizen complaints relating to health issues. The inspector general shall, when necessary, submit a written complaint report to the Missouri health policy authority. The complaint report shall contain the date, time, nature of the complaint, and any immediate facts and circumstances surrounding the initial report of the complaint. The inspector general shall investigate a citizen complaint if he or she is directed to do so by the authority;

(5) Investigate complaints from current and former employees of any state department or agency if the inspector general receives information from an employee which shows:

(a) The department or agency is violating a law, rule, or regulation;

(b) Gross mismanagement by department or agency officers;

(c) Waste of funds by the department or agency;

(d) That the department or agency is engaging in activities which pose a danger to public health and safety;

(6) Maintain confidentiality with respect to all matters and the identities of the complainants or witnesses coming before the inspector general except insofar as disclosures may be necessary to enable the inspector general to carry out duties and to support recommendations;

(7) Maintain records of all investigations conducted, including any record or document or thing, any summary, writing, complaint, data of any kind, tape or video recordings, electronic transmissions, e-mail, or other paper or electronic documents, records, reports, digital recordings, photographs, software programs and software, expense accounts, phone logs, diaries, travel logs, or other things, including originals or copies of any of the above. Records of investigations by the inspector general shall be an "investigative report" of a law enforcement agency under section 610.100, RSMo. As provided in such section, such records shall be a closed record until the investigation becomes inactive. If the inspector general refers a violation of law to the appropriate prosecuting attorney or the attorney general, such records shall be transmitted with the referral. If the inspector general finds no violation of law or determines not to refer the subject of the investigation to the appropriate prosecuting attorney or the attorney general regarding matters referred to the appropriate prosecuting attorney or the attorney general and the statute of limitations expires without any action being filed, the record shall remain closed. As provided in section 610.100, RSMo, any person may bring an action under this section in the circuit court having jurisdiction to authorize disclosure of information in the records of the inspector general which would otherwise be closed under this section. Any disclosure of records by the inspector general in violation of this section shall be grounds for a suit brought by any individual, person, or corporation to recover damages, and upon award to the plaintiff reasonable attorney's fees.

3. The Missouri health policy authority may promulgate rules regarding the powers, duties, and functions of the Missouri inspector general. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536, RSMo, and, if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536, RSMo, to review, to delay the effective date, or

to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2008, shall be invalid and void.

192.1200. 1. There is hereby established within the department of health and senior services the position of the Missouri chief health officer. The Missouri chief health officer shall be appointed by the governor with the advice and consent of the senate, and shall be a health care professional of good standing in the community who is licensed under chapter 334, RSMo, with, at a minimum, a master's degree in public health or a master's degree in health management training, or commensurate experience in public policy.

2. The duties of the Missouri chief health officer shall include but not be limited to the following:

(1) Serving as chairperson of the state board of health;

(2) Serving as a member of the Missouri health policy authority;

(3) Advise the director of the department of health and senior services on developing strategies to improve the following health indicators:

(a) Tobacco use;

(b) Incidence of obesity;

(c) Health disparities;

(d) Hypertension;

(e) Nutrition;

(f) Immunizations;

(g) Disease and injury prevalence;

(h) Substance abuse prevalence;

(i) Workplace injuries; and

(j) Disability prevention;

(4) Providing health information through public appearances at Missouri schools, places of employment, and other private and public institutions and organizations upon request;

(5) Attendance at health promotion events;

(6) Creation of an Internet web site to promote healthy lifestyles for Missourians;

(7) Public health promotion, health literacy, health promotion, and prevention of disease efforts; and

(8) An examination of Missouri's participation in Healthy People 2010.

3. The Missouri chief health officer shall hold office for a term of four years.

4. The Missouri chief health officer shall submit an annual report to the speaker of the house of representatives, the president pro tempore of the senate and the governor

before January thirty-first of each year. The chief health officer's report shall include information on the current overall health of the citizens of Missouri and any recommendations for improvements.

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