

SECOND REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE NO. 2 FOR  
**HOUSE BILL NO. 1490**

**96TH GENERAL ASSEMBLY**

5479L.05C

D. ADAM CRUMBLISS, Chief Clerk

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**AN ACT**

To repeal sections 191.332, 199.170, 199.180, 199.190, 199.200, 199.210, 199.240, 199.250, 199.260, and 199.270, RSMo, and to enact in lieu thereof nineteen new sections relating to health care, with penalty provisions.

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

Section A. Sections 191.332, 199.170, 199.180, 199.190, 199.200, 199.210, 199.240, 199.250, 199.260, and 199.270, RSMo, are repealed and nineteen new sections enacted in lieu thereof, to be known as sections 9.179, 191.332, 199.170, 199.180, 199.190, 199.200, 199.210, 199.240, 199.250, 199.260, 199.270, 199.275, 199.280, 199.290, 199.300, 199.340, 376.1575, 376.1578, and 376.1580, to read as follows:

**9.179. March twenty-seventh of each year shall be designated as "Medical Radiation Safety Awareness Day" in Missouri. The citizens of this state and our health care professionals community are encouraged to observe the day with activities designed to educate and enhance the awareness of not only the benefits of radiographic medical procedures, but the potential dangers of overexposure to radiation during diagnostic imaging and radiation therapy as well in order to reduce the frequency of adverse events and allow our citizens to make informed decisions about their medical care.**

191.332. 1. By January 1, 2002, the department of health and senior services shall, subject to appropriations, expand the newborn screening requirements in section 191.331 to include potentially treatable or manageable disorders, which may include but are not limited to cystic fibrosis, galactosemia, biotinidase deficiency, congenital adrenal hyperplasia, maple syrup urine disease (MSUD) and other amino acid disorders, glucose-6-phosphate dehydrogenase deficiency (G-6-PD), MCAD and other fatty acid oxidation disorders, methylmalonic acidemia, propionic acidemia, isovaleric acidemia and glutaric acidemia Type I.

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.

8           **2. By January 1, 2013, the department of health and senior services shall, subject**  
9 **to appropriations, expand the newborn screening requirements in section 191.331 to**  
10 **include severe combined immune deficiency disease (SCID), also known as bubble boy**  
11 **disease.**

12           **3. The department of health and senior services may promulgate rules to implement the**  
13 **provisions of this section. No rule or portion of a rule promulgated pursuant to the authority of**  
14 **this section shall become effective unless it has been promulgated pursuant to chapter 536.**

199.170. The following terms, as used in sections 199.170 to [199.270] **199.350**, mean:

2           (1) "Active tuberculosis", tuberculosis disease **caused by the mycobacterium**  
3 **tuberculosis complex** that is demonstrated to be contagious by clinical, bacteriological, or  
4 radiological evidence. Tuberculosis is considered active until cured;

5           (2) "Cure" or "treatment to cure", the completion of a recommended course of therapy  
6 as defined in subdivision [(5)] **(11)** of this section and as determined by the [attending physician]  
7 **local public health authority or the department of health and senior services;**

8           (3) "Department", the department of health and senior services;

9           (4) "Directly observed therapy" or "DOT", a strategy in which a health care  
10 **provider or other trained person watches a patient swallow each dose of prescribed**  
11 **antituberculosis medication;**

12           (5) "Facility", any hospital licensed under chapter 197, any public nonlicensed  
13 **hospital, any long-term care facility licensed under chapter 198, any health care institution,**  
14 **any correctional or detention facility, or any mental health facility approved by the local**  
15 **public health authority or the department;**

16           (6) "Immediate threat", a rebuttable presumption that a person has active  
17 **tuberculosis and:**

18           **(a) Is not taking medications as prescribed;**

19           **(b) Is not following the recommendations of the treating physician, local public**  
20 **health authority, or the department;**

21           **(c) Is not seeking treatment for signs and symptoms compatible with tuberculosis;**  
22 **or**

23           **(d) Evidences a disregard for the health of the public;**

24           (7) "Isolation", the physical separation in a single-occupancy room to isolate  
25 **persons with suspected or confirmed infectious TB disease. An isolation should provide**  
26 **negative pressure in the room, an airflow rate of six to twelve air changes per hour, and**  
27 **direct exhaust of air from the room to the outside of the building or recirculation of the air**  
28 **through a high efficiency particulate air (HEPA) filter;**

29           **(8) "Latent tuberculosis infection", infection with mycobacterium tuberculosis**  
30 **without symptoms or signs of disease. Patients with such infection do not have TB disease,**  
31 **and are not infectious and cannot spread TB infection to others;**

32           **(9) "Local [board] public health authority",** any legally constituted local city or county  
33 board of health or health center board of trustees or the director of health of the city of Kansas  
34 City, the director of the Springfield-Greene County health department, the director of health of  
35 St. Louis County or the commissioner of health of the City of St. Louis, or in the absence of such  
36 board, the county commission or the county board of tuberculosis hospital commissioners of any  
37 county;

38           **[(4)] (10) "Potential transmitter",** any person who has the diagnosis of pulmonary **or**  
39 **laryngeal** tuberculosis but has not begun a recommended course of therapy, or who has the  
40 diagnosis of pulmonary tuberculosis and has started a recommended course of therapy but has  
41 not completed the therapy. This status applies to any individual with tuberculosis, regardless of  
42 his or her current bacteriologic status;

43           **[(5)] (11) "Recommended course of therapy",** a regimen of antituberculosis chemotherapy  
44 in accordance with medical standards of the American Thoracic Society [and] , the Centers for  
45 Disease Control and Prevention, **the Infectious Diseases Society of America, or the American**  
46 **Academy of Pediatrics;**

47           **(12) "Targeted testing program", a program that screens all faculty and students**  
48 **to identify those at high risk for latent TB infection and persons at high risk for developing**  
49 **TB disease, and includes testing of identified high risk populations to determine those that**  
50 **would benefit from treatment. Screening shall require the completion of a TB risk**  
51 **assessment questionnaire form recommended by the American College of Health**  
52 **Association or the Centers for Disease Control and Prevention. High risk populations**  
53 **include students from countries where TB epidemic or students with other risk factors for**  
54 **TB as identified by the Centers for Disease Control and Prevention.**

199.180. 1. A person found to have tuberculosis shall follow the instructions of the local  
2 [board] **public health authority or the department**, shall obtain the required treatment, and shall  
3 minimize the risk of infecting others with tuberculosis.

4           2. When a person with active tuberculosis, or a person who is a potential transmitter,  
5 violates the rules, regulations, instructions, or orders promulgated by the department of health and  
6 senior services or the local [board] **public health authority**, and is thereby conducting himself  
7 or herself so as to expose other persons to danger of [infection] **tuberculosis**, after having been  
8 directed by the local [board] **public health authority** to comply with such rules, regulations,  
9 instructions, or orders, the local [board] **public health authority** may institute proceedings by  
10 petition for **DOT or** commitment, returnable to the circuit court of the county in which such

11 person resides, or if the person be a nonresident or has no fixed place of abode, then in the county  
12 in which the person is found. Strictness of pleading shall not be required and a general allegation  
13 that the public health requires **DOT or** commitment of the person named therein shall be  
14 sufficient.

15 3. If the [board] **public health authority** determines that a person with active  
16 tuberculosis, or a person who is a potential transmitter, poses an immediate threat by conducting  
17 himself or herself so as to expose other persons to an immediate danger of [infection]  
18 **tuberculosis**, the [board] **public health authority** may file an ex parte petition for emergency  
19 temporary commitment pursuant to subsection 5 of section 199.200.

199.190. No potential transmitter who in his **or her** home or other place obeys the rules  
2 and regulations of the **public health authority or the** department of health and senior services,  
3 **and the policies of the treating facility**, for the control of tuberculosis or who voluntarily accepts  
4 care in a tuberculosis institution, [sanatorium,] hospital, [his] home, or other place and obeys the  
5 rules and regulations of the **public health authority or the** department of health and senior  
6 services for the control of contagious tuberculosis shall be committed under the provisions of  
7 sections 199.170 to [199.270] **199.350**.

199.200. 1. Upon filing of the petition, the court shall set the matter down for a hearing  
2 either during term time or in vacation, which time shall be not less than five days nor more than  
3 fifteen days subsequent to filing. A copy of the petition together with summons stating the time  
4 and place of hearing shall be served upon the person three days or more prior to the time set for  
5 the hearing. Any X-ray picture and report of any written report relating to sputum examinations  
6 certified by the department of health and senior services or local [board] **public health authority**  
7 shall be admissible in evidence without the necessity of the personal testimony of the person or  
8 persons making the examination and report.

9 2. The prosecuting attorney or the city attorney shall act as legal counsel for their  
10 respective local [boards] **public health authorities** in this proceeding and such authority is  
11 hereby granted. The court shall appoint legal counsel for the individual named in the petition if  
12 requested to do so if such individual is unable to employ counsel.

13 3. All court costs incurred in proceedings under sections 199.170 to [199.270] **199.350**,  
14 including examinations required by order of the court but excluding examinations procured by  
15 the person named in the petition, shall be borne by the county in which the proceedings are  
16 brought.

17 4. Summons shall be served by the sheriff of the county in which proceedings under  
18 sections 199.170 to [199.270] **199.350** are initiated and return thereof shall be made as in other  
19 civil cases.

20           5. Upon the filing of an ex parte petition for emergency temporary commitment pursuant  
21 to subsection 3 of section 199.180, the court shall hear the matter within ninety-six hours of such  
22 filing. The local [board] **public health authority** shall have the authority to detain the individual  
23 named in the petition pending the court's ruling on the ex parte petition for emergency temporary  
24 commitment. If the petition is granted, the individual named in the petition shall be confined in  
25 a facility designated by the department of health and senior services in accordance with section  
26 199.230 until a full hearing pursuant to subsections 1 to 4 of this section is held.

199.210. 1. Upon the hearing set in the order, the individual named in the order shall  
2 have a right to be represented by counsel, to confront and cross-examine witnesses against him  
3 **or her**, and to have compulsory process for the securing of witnesses and evidence in his **or her**  
4 own behalf. The court may in its discretion call and examine witnesses and secure the production  
5 of evidence in addition to that adduced by the parties; such additional witnesses being subject to  
6 cross-examination by either or both parties.

7           2. Upon a consideration of the petition and evidence, if the court finds that the person  
8 named in the petition is a potential transmitter and conducts himself **or herself** so as to be a  
9 danger to the public health, an order shall be issued committing the individual named in the  
10 petition to a facility designated by the department of health and senior services and directing the  
11 sheriff to take [him] **such individual** into custody and deliver him **or her** to the facility **or**  
12 **designated pickup location**. If the court does not so find, the petition shall be dismissed. The  
13 cost of transporting the person to the facility **or pickup location** designated by the department  
14 of health and senior services shall be paid out of general county funds.

15           **3. The department may contract for the care of any tuberculosis patient. Such**  
16 **contracts shall provide that state payment shall be available for the treatment and care of**  
17 **such patients only after benefits from all third-party payers have been exhausted.**

199.240. No person committed to a facility designated by the department of health and  
2 senior services under sections 199.170 to [199.270] **199.350** shall be required to submit to  
3 medical or surgical treatment without [his] **such person's** consent, or, if incapacitated, without  
4 the consent of his **or her** legal guardian, or, if a minor, without the consent of a parent or next of  
5 kin, **unless authorized by a written order of the circuit court under section 199.200 or as**  
6 **otherwise permitted by law.**

199.250. 1. The department of health and senior services may contract for such facilities  
2 [at the Missouri rehabilitation center] as are necessary to carry out the functions of sections  
3 199.010 to 199.350. Such contracts shall be exempt from the competitive bidding requirements  
4 of chapter 34.

5           2. State payment shall be available for the treatment and care of individuals committed  
6 under section 199.210 only after benefits from all third-party payers have been exhausted.

199.260. Any person committed under the provisions of sections 199.170 to [199.270]  
2 **199.350** who leaves the facility designated by the department of health and senior services without  
3 having been discharged by the director of the facility or other officer in charge or by order of court  
4 shall be taken into custody and returned thereto by the sheriff of any county where such person  
5 may be found, upon an affidavit being filed with the sheriff by the director of the facility, or duly  
6 authorized officer in charge thereof, to which the person had been committed. **The action may**  
7 **be prosecuted under section 199.275 if appropriate.**

199.270. Any time after commitment, the patient [or any friend or relative] **or, if**  
2 **incapacitated, the patient's legal guardian, or if a minor, a parent or next of kin** having  
3 reason to believe that such patient no longer has contagious tuberculosis or that his **or her**  
4 discharge will not endanger public health, may institute proceedings by petition, in the circuit  
5 court of the county [wherein the confinement exists] **that originally issued the order for**  
6 **commitment**, whereupon the court shall set the matter down for a hearing before [him] **the court**  
7 within fifteen days requiring the [person or persons to whose care the patient was committed]  
8 **local public health authority** to show cause on a day certain why the patient should not be  
9 released. The court shall also require that the patient be allowed the right to be examined prior  
10 to the hearing by a licensed physician of [his] **the patient's** own choice, if so desired, and at [his]  
11 **the patient's** own personal expense. Thereafter all proceedings shall be conducted the same as  
12 on the proceedings for commitment with the right of appeal by either party as herein provided;  
13 provided, however, such petition for discharge shall not be brought or renewed oftener than once  
14 every six months.

**199.275. 1. It shall be unlawful for any person knowingly infected with active**  
2 **pulmonary or laryngeal TB to:**

3 **(1) Act in a reckless manner by exposing another person to TB without the**  
4 **knowledge and consent of such person to be exposed to TB; or**

5 **(2) Report to work with active contagious tuberculosis. The person may report to**  
6 **work if adhering to his or her prescribed treatment regimen and is deemed noninfectious**  
7 **by the department or the local public health authority; or**

8 **(3) Violate the requirements of a commitment order.**

9 **2. Any person who violates subdivisions (1), (2), or (3) of subsection 1 of this section**  
10 **is guilty of a class D felony unless the victim contracts TB from such contact, in which case**  
11 **it is a class C felony.**

**199.280. The department retains all powers granted under section 192.020 in**  
2 **responding to tuberculosis cases, outbreaks, and tuberculosis disease investigations.**

**199.290. The department or local public health authority shall have the authority**  
2 **to:**

3           **(1) Investigate and examine suspected tuberculosis cases, including persons who**  
4 **have had contact with a person who is suspected of having tuberculosis;**

5           **(2) Require the administration of antituberculosis chemotherapy for the treatment**  
6 **of a latent tuberculosis infection or active TB; and**

7           **(3) Make the necessary contractual arrangements with hospitals or other health care**  
8 **providers for the care and treatment of patients with active tuberculosis patients as**  
9 **necessary and as resources permit.**

**199.300. 1. When the local public health authority or the department is notified that**  
2 **a person with active TB is within its jurisdiction, the local public health authority or the**  
3 **department shall immediately initiate an investigation.**

4           **2. In performance of the duty to prevent or control tuberculosis, the local public**  
5 **health authority or the department, at reasonable times and within reasonable limits, may**  
6 **enter and inspect:**

7           **(1) A public place in the performance of its duty to prevent or control tuberculosis.**  
8 **For purposes of this subdivision, "public place" means all or any portion of an area, lands,**  
9 **building, or other structure that is generally open to the public or to which the public has**  
10 **access and is not used primarily for private residential purposes;**

11           **(2) Any public or commercial means of transportation or common carrier, including**  
12 **a vehicle, watercraft, aircraft, in the performance of its duty to prevent or control**  
13 **tuberculosis;**

14           **(3) Private property and premises to locate and inspect persons who may have active**  
15 **tuberculosis. The department shall first seek the consent of an adult occupant to enter the**  
16 **building or premises to enforce the provisions of this section. If consent is not granted or**  
17 **if it is not possible to reasonably obtain, the department or designated representative may**  
18 **petition the circuit court in which the property is located for an ex parte order which would**  
19 **allow entry into the building or onto the premises to locate the person who may have active**  
20 **tuberculosis and to inspect the building or premises for other persons who may be at risk**  
21 **of exposure to active tuberculosis. The scope of the search shall be limited to those areas**  
22 **in which the case or other persons who may be at risk of exposure to active tuberculosis may**  
23 **reasonably be found.**

**199.340. 1. All employees and volunteers of a health care facility shall receive a**  
2 **tuberculin skin test or interferon gamma release assay (IGRA) test upon employment as**  
3 **recommended in the most recent version of the Centers for Disease Control and Prevention**  
4 **(CDC) Guidelines for Preventing Transmission of Mycobacterium Tuberculosis in Health**  
5 **Care Settings. If the screening test is positive, appropriate evaluation and follow-up shall**  
6 **be done in accordance with such CDC guidelines. This provision shall not be construed to**

7 **prohibit any institution from establishing requirements for employees or volunteers that**  
8 **exceed those stated in the CDC guidelines.**

9 **2. All college and university campuses in Missouri shall implement a targeted testing**  
10 **program on their campuses for all on-campus students upon matriculation.**

11 **3. Any entering student of a college or university in Missouri who does not comply**  
12 **with the targeted testing program shall not be permitted to maintain enrollment in the**  
13 **subsequent semester at such college or university.**

**376.1575. As used in sections 376.1575 to 376.1580, the following terms shall mean:**

2 **(1) "Completed application", a practitioner's application to a health carrier that**  
3 **seeks the health carrier's authorization for the practitioner to provide patient care services**  
4 **as a member of the health carrier's network and does not omit any information which is**  
5 **clearly required by the application form or the accompanying instructions;**

6 **(2) "Credentialing", a health carrier's process of assessing and validating the**  
7 **qualifications of a practitioner to provide patient care services and act as a member of the**  
8 **health carrier's provider network;**

9 **(3) "Health carrier", the same meaning as such term is defined in section 376.1350;**

10 **(4) "Practitioner":**

11 **(a) A physician or physician assistant eligible to provide treatment services under**  
12 **chapter 334;**

13 **(b) A pharmacist eligible to provide services under chapter 338;**

14 **(c) A dentist eligible to provide services under chapter 332;**

15 **(d) A chiropractor eligible to provide services under chapter 331;**

16 **(e) An optometrist eligible to provide services under chapter 336;**

17 **(f) A podiatrist eligible to provide services under chapter 330;**

18 **(g) A psychologist or licensed clinical social worker eligible to provide services under**  
19 **chapter 337; or**

20 **(h) An advanced practice nurse eligible to provide services under chapter 335.**

**376.1578. 1. Within forty-eight hours after receipt of an electronically filed**  
2 **credentialing application by a health carrier, the carrier shall provide a practitioner with**  
3 **electronic access to the carrier's internet webportal to verify the receipt of the**  
4 **practitioner's application.**

5 **2. A health carrier shall assess a health care practitioner's credentialing information**  
6 **and make a decision as to whether to approve or deny the practitioner's credentialing**  
7 **application within ninety calendar days of the date of receipt of the completed application.**  
8 **The ninety-day deadline established in this section shall not apply if the application or**  
9 **subsequent verification of information indicates that the practitioner has:**

10 (1) A history of behavioral disorders or other impairments affecting the  
11 practitioner's ability to practice, including but not limited to substance abuse;

12 (2) Licensure disciplinary actions against the practitioner's license to practice  
13 imposed by any state or territory or foreign jurisdiction;

14 (3) Had the practitioner's hospital admitting or surgical privileges or other  
15 organizational credentials or authority to practice revoked, restricted, or suspended based  
16 on the practitioner's clinical performance; or

17 (4) A judgment or judicial award against the practitioner arising from a medical  
18 malpractice liability lawsuit.

19 3. The department of insurance, financial institutions and professional registration  
20 shall establish a mechanism for reporting alleged violations of this section to the  
21 department.

376.1580. 1. A health carrier shall permit a practitioner to bill and be paid directly  
2 by the insurer for providing treatment services as of the date of receipt of the credentialing  
3 application to the enrollees of the health carrier while the credentialing application is under  
4 review, subject to the following limitations:

5 (1) The health carrier may limit the payment rate to the fee schedule or other  
6 reimbursement mechanism applicable to practitioners who are not included in the health  
7 carrier's network of contracted providers;

8 (2) The health carrier may refuse to allow a practitioner the capacity to bill and be  
9 directly paid if the practitioner is not affiliated with an entity that has a current contractual  
10 relationship with the health carrier to provide treatment services to the health carrier's  
11 enrollees as part of the carrier's provider network;

12 (3) The health carrier may refuse to list the practitioner in a directory or other list  
13 of providers made available to the health carrier's enrollees as part of the health carrier's  
14 provider network;

15 (4) The health carrier may refuse to allow the practitioner to be designated as an  
16 enrollee's designated primary care or care coordinating practitioner while the credentialing  
17 application is pending; and

18 (5) Any obligation to allow a practitioner to bill and be directly paid under this  
19 section shall cease upon the health carrier's providing notice to the practitioner that the  
20 practitioner's credentialing application has been denied, provided that treatment services  
21 rendered prior to the date of receipt of the denial shall be eligible to be billed and directly  
22 paid.

23 2. Nothing in this section shall require a health carrier to pay for treatment services  
24 which are excluded from the health carrier's benefit plan.

25           **3. The provisions of this section shall not apply:**

26           **(1) To any practitioner who fails to sign, complete and return to the health carrier**  
27 **within ten business days a contract offered by the carrier in response to the practitioner's**  
28 **application for credentialing. Any claim made by such provider prior to the ten business**  
29 **days after a contract is offered by the carrier shall be covered under the provision of**  
30 **sections 376.1575 to 376.1580.**

31           **(2) At any such time the contractual relationship between the entity with whom the**  
32 **providers is affiliated and the health carrier is not in force or effect.**

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