

HCS SS#2 SB 754 -- HEALTH CARE

SPONSOR: Sater (Flanigan)

COMMITTEE ACTION: Voted "Do Pass" by the Special Standing Committee on Emerging Issues in Health Care by a vote of 12 to 0.

This bill changes the laws regarding health care.

DIABETES PREVENTION (Section 191.990, RSMo)

The bill requires the MO HealthNet Division within the Department of Social Services and the Department of Health and Senior Services to collaborate to coordinate goals and benchmarks in each individual agency's plans to reduce the incidence of diabetes in Missouri, improve diabetes care, and control complications associated with diabetes. The MO HealthNet Division and the Department of Health and Senior Services must submit a report to the General Assembly by January 1 of each odd-numbered year on the following:

(1) The prevalence and financial impact of diabetes of all types on the State of Missouri. The assessment must include an estimate of the number of people with diagnosed and undiagnosed diabetes, the number of individuals with diabetes impacted or covered by the agency programs addressing diabetes, the financial impact of diabetes, and its complications on Missouri based on the most recently published cost estimates for diabetes;

(2) An assessment of the benefits of implemented programs and activities aimed at controlling diabetes and preventing the disease;

(3) A description of the level of coordination existing between the agencies, their contracted partners, and other stakeholders on activities, programs, and messaging on managing, treating, or preventing all forms of diabetes and its complications;

(4) The development or revision of detailed action plans for battling diabetes with a range of actionable items for consideration by the General Assembly. The plans must identify proposed action steps to reduce the impact of diabetes, pre-diabetes, and related diabetes complications. The plan also must identify expected outcomes of the action steps proposed in the following biennium while also establishing benchmarks for controlling and preventing diabetes; and

(5) The development of a detailed budget blueprint identifying needs, costs, and resources required to implement the plan

specified in the bill. The blueprint must include a budget range for all options presented in the plan for consideration by the General Assembly.

The requirements of these provisions must be limited to diabetes information, data, initiatives, and programs within each agency prior to the effective date of these provisions unless there is unobligated funding for diabetes in each agency that may be used for new research, data collection, reporting, or other requirements.

SHOW-ME EXTENSION FOR COMMUNITY HEALTH CARE OUTCOMES (ECHO) PROGRAM (Section 191.1140)

The bill requires, subject to appropriations, the University of Missouri to manage the Show-Me Extension for Community Health Care Outcomes (ECHO) Program. The Department of Health and Senior Services must collaborate with the university in utilizing the program to expand the capacity to safely and effectively treat chronic, common, and complex diseases in rural and underserved areas of the state and to monitor outcomes of the treatment. The program is designed to utilize current telehealth technology to disseminate knowledge of best practices for the treatment of chronic, common, and complex diseases from a multidisciplinary team of medical experts to local primary care providers who will deliver the treatment protocol to patients, which will alleviate the need of many patients to travel to see specialists and will allow patients to receive treatment more quickly. The program must utilize local community health care workers with knowledge of local social determinants as a force multiplier to obtain better patient compliance and improved health outcomes.

EPINEPHRINE AUTO-INJECTORS (Section 196.990)

The bill allows a physician to prescribe epinephrine (EPI) auto-injectors in the name of an authorized entity for use in certain emergency situations and pharmacists, physicians, and other persons authorized to dispense prescription medications may dispense EPI auto-injectors under a prescription issued in the name of an authorized entity. An "authorized entity" is defined as any entity or organization at or in connection with which allergens capable of causing anaphylaxis may be present including, but not limited to, restaurants, recreation camps, youth sports leagues, amusement parks, and sports arenas.

An authorized entity may acquire and stock a supply of EPI auto-injectors under a prescription issued in accordance with the provisions of the bill. An employee or agent of an authorized entity or any other person who has completed the required training must be allowed to use the EPI auto-injector on the premises of or in connection with the authorized entity to provide it to any

individual who the employee, agent, or other person believes in good faith is experiencing anaphylaxis regardless of whether the individual has a prescription for it or has been previously diagnosed with an allergy.

The bill specifies the required training and the procedures necessary for making the EPI auto-injectors available to individuals other than trained persons so long as the auto-injectors are stored in a locked secure container in accordance with the manufacturer's specifications and are made available only upon remote authorization by a physician. The bill specifies the procedures for an authorized entity to report on each incident involving the administration of an EPI auto-injector to the Department of Health and Senior Services. The department must annually publish a report that summarizes all submitted reports but must not include any identifying information regarding the persons to whom the injectors were administered.

Specified persons and entities cannot be liable for any injuries or related damages that result from the administration of, self-administration of, or failure to administer an EPI auto-injector to a person 18 years of age or older in accordance with the provisions of the bill that may constitute ordinary negligence. The immunity must not apply to acts or omissions constituting gross negligence or willful or wanton conduct and must be in addition to and not in lieu of protections provided under Section 537.037, commonly known as the Good Samaritan Law. The administration of the EPI auto-injector under these provisions must not be considered the practice of medicine.

MO RX PROGRAM (Sections 208.790 and 208.798)

Applicant household income limits for eligibility under the MO Rx Program must be subject to appropriations but in no case can an applicant have household income that is greater than 185% of the federal poverty level for the applicable family size for the applicable year as converted to the modified adjusted gross income (MAGI) equivalent net income standard. The department must promulgate rules outlining standards for documenting proof of household income.

The bill also extends the termination of the provisions regarding MO Rx Program from August 28, 2014, to August 28, 2017.

PHARMACIST-ADMINISTERED VACCINATIONS (Section 338.010)

The bill permits a pharmacist to administer hepatitis A, hepatitis B, diphtheria, tetanus, and pertussis pursuant to a medical prescription order or written protocol provided by a physician. In addition to other requirements established by the joint promulgation of rules by the Board of Pharmacy and the State Board

of Registration for the Healing Arts, the bill requires a pharmacist to administer vaccines in accordance with guidelines established by the Centers for Disease Control and Prevention, to request a patient to remain in the pharmacy a safe amount of time after administering the vaccine to observe any adverse reaction, to have adopted emergency treatment protocols, to receive additional training as required by the board, and to display the certification of completion of the training in his or her pharmacy where vaccines are delivered. A pharmacist must provide a written report containing specified information within 14 days of administration of a vaccine to the patient's primary health care provider.

PHARMACY LICENSURE (Sections 338.059, 338.165, and 338.220)

The bill requires a licensed pharmacist or a physician to include on the label for each container of a prescription drug a sequential number or other unique identifier.

The bill specifies that the Department of Health and Senior Services must have sole authority and responsibility for the inspection and licensure of hospitals under Chapter 197 but the Board of Pharmacy within the Department of Insurance, Financial Institutions and Professional Registration may inspect a class B pharmacy or any portion thereof that is not under the inspection authority of the department to determine compliance with the provisions of the chapter or the rules of the board. These provisions must not be construed to bar the board from conducting an investigation pursuant to a public or governmental complaint to determine compliance by an individual licensee or registrant of the board with any applicable provisions or rules.

The Department of Health and Senior Services must have authority to promulgate rules in conjunction with the board governing medication distribution and the provision of medication therapy services by a pharmacist at or within a hospital. A pharmacist providing medication therapy services must obtain a certificate of medication therapeutic plan authority as provided by rule of the board.

Medication may be dispensed by a class B hospital pharmacy pursuant to a prescription or a medication order. A drug distributor license must not be required to transfer medication from a class B hospital pharmacy to a hospital clinic or facility for patient care or treatment. Medication dispensed by a class A pharmacy located in a hospital to a patient for use or administration outside of the hospital under a medical staff-approved protocol for medication therapy must be dispensed only by a prescription order for medication therapy from an individual physician for a specific patient. Medication dispensed by a hospital to a patient for use or administration outside of the hospital must be labeled as provided by rules jointly promulgated by the department and the board must be labeled as provided by rules jointly promulgated by the department and the board including medication distributed for administration by or under the supervision of a health care

practitioner at a hospital clinic or facility. The board must appoint an advisory committee to review and make recommendations to the board on the merit of all rules and regulations to be jointly promulgated by the board and the department. The membership of the committee is specified.

The bill defines a "class B hospital pharmacy" and specifies that, upon application to the board, any hospital that holds a pharmacy permit or license on the effective date of the bill must be entitled to obtain a class B pharmacy permit or license without the payment of a fee if the application is submitted on or before January 1, 2015.

PROPOSERS: Supporters say that there has been some confusion over how medications are dispensed in a hospital, particularly outpatient vs inpatient. Currently, the Department of Health and Senior Services regulates inpatient pharmacies (class B pharmacies) and outpatient pharmacies are regulated by the Board of Pharmacy. The question often arises over who does and does not have authority and the bill clarifies the issue. Supporters say they are in favor of extending the MO Rx Program and would like to see it extended for five years instead of only three.

Testifying for the bill were Senator Sater; Missouri Hospital Association; AARP Missouri State Office; Missouri Pharmacy Association; Missouri State Alliance of YMCAs; BJC Health Care Systems; CoxHealth; and Missouri Association of Rural Health Clinics.

OPPOSERS: There was no opposition voiced to the committee.