

HCS SCS SB 380 -- HEALTH CARE

SPONSOR: Wieland (Lair)

COMMITTEE ACTIONS: Voted "Do Pass with Amendments" by the Standing Committee on Health and Mental Health Policy by a vote of 9 to 0. Voted "Do Pass with HCS" by the Select Committee on Social Services by a vote of 10 to 0.

This bill changes the laws relating to health care.

INFECTION REPORTING (Sections 192.020 and 192.667, RSMo.)

The bill changes the laws regarding infection reporting. In its main provisions, the bill:

- (1) Adds carbapenem-resistant enterobacteriaceae (CRE) to the list of communicable or infectious diseases that must be reported to the Department of Health and Human Services;
- (2) Requires the infection control advisory panel to make recommendations to the department regarding implementation of the Centers for Medicare and Medicaid Services' health care-associated infection data collection, analysis, and public reporting requirements and specifies certain reporting requirements that must be considered by the panel;
- (3) Requires as a condition of licensure that specified hospitals participate in the National Healthcare Safety Network (NHSN) and permit the NHSN to disclose facility-specific infection data to the department;
- (4) By January 1, 2016, requires the advisory panel to recommend requirements for specified types of infections and by January 1, 2017, the department to adopt the recommendations in regulations;
- (5) Requires the department to develop and disseminate publications based on data compiled for a period of 24 months;
- (6) Requires the department to make specified reports available to the public for a minimum of two years;
- (7) Requires, no later than August 28, 2016, each hospital, excluding mental health facilities, and each ambulatory surgical center, to establish an antimicrobial stewardship program for evaluating the judicious use of antimicrobials, especially antibiotics that are the last line of defense against resistant infections and specifies certain requirements of the stewardship program;

(8) Requires specified hospitals to meet the National Health Safety Network requirements for reporting antimicrobial usage or resistance by using the Center for Disease Control's Antimicrobial Use and Resistance (AUR) Module when regulations concerning stage three of Medicare and Medical Electronic Health Record incentive programs established by the Center for Medicare and Medicaid Services that enable the electronic interface for the reporting are effective and specifies the process for when the reporting takes effect; and

(9) Requires the department to make a report to the General Assembly beginning January 1, 2017, and on every January 1 thereafter on the incidence, type, and distribution of antimicrobial-resistant infections identified in the state and within regions of the state.

MONEY FOLLOWS THE PERSON PROGRAM (Section 192.926)

By September 1, 2015, the bill requires the Department of Social Services, in cooperation with the Department of Health and Senior Services and the Department of Mental Health, to establish a committee to assess the continuation of the Money Follows the Person Demonstration Program in order to support Missourians who have disabilities and those who are aging to transition from nursing facilities or habilitation centers to quality community settings. The committee will study sustainability of the program beyond the current demonstration time frame for all transitions to occur by September 30, 2018. The Director of the Department of Social Services must administer the committee and choose its members. The committee must include fiscal staff from the Department of Social Services, the Department of Health and Senior Services, the Department of Mental Health, and the Division of Budget and Planning within the Office of Administration.

The committee must:

- (1) Review the extent to which the demonstration program has achieved its purposes;
- (2) Assess any possible improvements to the program;
- (3) Investigate program elements and costs to sustain the program beyond its current demonstration period;
- (4) Explore cost savings achieved through the demonstration program; and
- (5) Investigate the possibility and need to apply for a waiver

from the Centers for Medicare and Medicaid Services.

Committee members must also include a representative from each of the following:

- (1) The Division of Senior and Disability Services within the Department of Health and Senior Services;
- (2) The MO HealthNet Division within the Department of Social Services;
- (3) The Division of Developmental Disabilities within the Department of Mental Health;
- (4) Centers for independent living and area agencies on aging currently serving as Money Follows the Person local contact agencies;
- (5) The Missouri Assistive Technology Council;
- (6) The Missouri Developmental Disabilities Council;
- (7) The skilled nursing community predominately serving MO HealthNet recipients;
- (8) The House of Representatives; and
- (9) The Senate.

The committee may also include other members or workgroups deemed necessary to accomplish its purposes including, but not limited to, representatives from state agencies, local advisory groups and community members, and members of the General Assembly with valuable input regarding the activities of the program.

By July 1, 2016, the Department of Social Services, in cooperation with the Department of Health and Senior Services and the Department of Mental Health, must make recommendations based on the findings of the committee and report them to the General Assembly and the Governor.

The provisions of the bill will expire on January 1, 2017.

SPECIALTY LICENSE PLATES (Section 301.142)

The bill adds physical therapists to the list of authorized health care practitioners who may issue a prescription for his or her patient to receive a disabled place card or license plate.

PROPONENTS: Supporters say that this is a federal program that will last through 2018. This bill would create a committee to research the feasibility of extending and continuing the program beyond 2018. The program facilitates the movement of Missourians who are aged or with disabilities from high quality, intensive care settings to quality community centers. The program creates great cost savings, but also great quality of life improvements for those who receive services through the program.

Testifying for the bill were Senator Wieland and Kevin Godsey, Paraquad.

OPPONENTS: There was no opposition voiced to the committee.

OTHERS: Others testifying on the bill say they would like an amendment to referencing the nursing home industry properly.

Testifying on the bill was Missouri Health Care Association.