

HCS SCS SB 197 -- HEALTH CARE

SPONSOR: Brown (Lynch)

COMMITTEE ACTIONS: Voted "Do Pass" 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 regarding 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, by January 1, 2016, 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) Requires, by January 1, 2016, 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 NHSN 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.

PERINATAL CARE (Section 192.380)

This bill establishes the Perinatal Advisory Council which must be composed of representatives from specified organizations who must focus on and have experience in perinatal care or infant mortality, one of whom must be elected chair by a majority of the members, to be appointed by the Governor with the advice and consent of the Senate. The Director of the Department of Health and Senior Services and the Director of the Department of Social Services or their designees must serve as ex officio members of the council and must not have a vote. After seeking broad public and stakeholder input, the council must make recommendations for the division of the state into neonatal and maternal care regions. When making the recommendations the council must make specified considerations. The council must establish criteria for levels of birthing center care including regional perinatal centers. The levels developed under these provisions must be based on specified criteria.

Nothing in these provisions must be construed in any way to modify or expand the licensure of any health care professional or to require a patient be transferred to a different facility.

Beginning January 1, 2017, hospital applications for license must include the appropriate level of maternal care designation and neonatal care designation as determined by the council under these provisions. Beginning January 1, 2017, any hospital operated by a state university must report, as requested by the department, the appropriate level of maternal care designation and neonatal care designation as determined by the perinatal advisory council under these provisions.

Nothing in these provisions must be construed to impose liability for referral or failure to refer in accordance with the

recommendations of the council. The department may partner with appropriate nationally recognized nonprofit organizations with demonstrated expertise in maternal and neonatal standards of care to administer these provisions.

JOINT COMMITTEE ON MO HEALTHNET (Section 208.952)

The bill amends the Joint Committee on MO HealthNet to have as its purpose of study the efficacy of the program as well as the resources needed to continue and improve the MO HealthNet program over time. The committee must receive and obtain information from the departments of Social Services, Mental Health, Health and Senior Services, and Elementary and Secondary Education as applicable, regarding the projected budget of the entire MO HealthNet program including projected MO HealthNet enrollment growth, categorized by population and geographic area.

The committee must meet at least twice a year and must provide public notice of the meetings 30 days in advance. A portion of the meeting must be set aside for public testimony. The committee is authorized to hire an employee or enter into employment contracts, including an executive director to conduct an audit, special review, or investigation of the MO HealthNet program, including any contracts between MO HealthNet and a vendor.

SPECIALTY LICENSE PLATES (Section 301.142)

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

HEALTH CARE WORKFORCE ANALYSIS (Section 324.001)

The bill authorizes the State Board of Nursing, Board of Pharmacy, Missouri Dental Board, State Committee of Psychologists, or State Board of Registration for the Healing Arts within the Department of Insurance, Financial Institutions and Professional Registration to individually or collectively enter into a contractual agreement with the Department of Health and Senior Services, a public institution of higher education, or a nonprofit entity for the purpose of collecting and analyzing workforce data. Information may be obtained from each board's licensees, registrants, or permit holders for future workforce planning and to assess the accessibility and availability of qualified health care services and practitioners in Missouri. The boards must work collaboratively with other state governmental entities to ensure coordination and avoid duplication of efforts.

The boards may expend appropriated funds necessary for operational expenses of the program and each board is authorized to accept grants to fund the collection or analysis authorized in these provisions. Any funds received under these provisions must be deposited in the respective board's fund.

Data collection must be controlled and approved by the applicable state board conducting or requesting the collection. The boards may release identifying data to the contractor to facilitate data analysis of the health care workforce including, but not limited to, geographic, demographic, and practice or professional characteristics of licensees. The state board must not request or be authorized to collect income or other financial earnings data. Data collected under these provisions must be deemed the property of the state board requesting the data and must be maintained by the state board in accordance with Chapter 610, the Open Meetings and Records Law, provided any information deemed closed or confidential must not be disclosed without consent of the applicable licensee or entity or as otherwise authorized by law. The data must only be released in an aggregate form in a manner that cannot be used to identify a specific individual or entity.

A contractor must maintain the confidentiality of data received or collected and must not use, disclose, or release any data without approval of the applicable state board.

OCCUPATIONAL THERAPY SERVICES (Section 376.1235)

The bill specifies that a health carrier or health benefit plan is prohibited from imposing a co-payment or coinsurance percentage charged to the insured for services rendered for each date of service by a licensed occupational therapist for services that require a prescription, that is greater than the co-payment or coinsurance percentage charged to the insured for the services of a licensed primary care physician for an office visit.

A health carrier or health benefit plan is required to clearly state the availability of occupational therapy coverage under its plan and all related limitations, conditions, and exclusions.

The bill specifies that beginning September 1, 2015, the Oversight Division of Joint Committee on Legislative Research must perform an actuarial analysis of the cost impact to health carriers, insureds with a health benefit plan, and other private and public payers if the provisions of this section regarding occupational therapy coverage are enacted.

PROPOSERS: Supporters say that the state tends to be concerned about the large contracts it awards to vendors during the initial

process but there is not a lot of review of performance and services after the contract services are provided. The bill permits the joint committee on MO HealthNet to be more active at the back end of contracts to evaluate outcomes and the value of services received. There are many issues with the current managed care system that lead to a lack of services or delayed services. The goal is to look into these issues and hire professionals who can help in the reviewing of efficacy of services received through contracts. In the past the General Assembly has asked the Auditor to audit these programs but such an audit would need a lot more staff, money, and time to investigate. Currently, the committee is dormant. It needs to be meeting, needs to be active, and needs teeth to take action. This is not the oversight committee. The joint committee answers to the General Assembly.

Testifying for the bill was Senator Brown.

OPPONENTS: There was no opposition voiced to the committee.