

HCS SS SCS SB 354 -- HEALTH CARE

SPONSOR: Sater

COMMITTEE ACTIONS: Voted "Do Pass with Amendments" by the Standing Committee on Children and Families by a vote of 11 to 0. Voted "Do Pass with HCS" by the Select Committee on Social Services by a vote of 8 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 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.

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.

AMINO ACID-BASED ELEMENTAL FORMULAS (Section 192.390)

This bill requires the Department of Health and Senior Services to provide coverage, through state and federal appropriations, for the full cost of amino acid-based elemental formulas for children under 19 years with a medical diagnosis of specified allergies, syndromes, or disorders. The bill prohibits the department from providing coverage for children who are already receiving coverage for amino acid-based elemental formulas through MO HealthNet; the women, infants, and children (WIC) supplemental nutrition program; and the children's health insurance program (CHIP).

IMMUNIZATION OF CHILDREN (Section 210.003)

The bill requires all public, private, and parochial day care centers, preschools, and nursery schools to notify the parent or guardian of each child at the time of initial enrollment in or attendance at the facility that he or she may request notice of whether there are children currently enrolled in or attending the facility that have an immunization exemption on file. Beginning December 1, 2015, all public, private, and parochial day care centers, preschools, and nursery schools must notify the parent or guardian of each child currently enrolled in or attending the facility that the parent or guardian may request notice of whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed. Upon request, the facility must notify the parent or guardian if there are children currently enrolled in or attending the facility that have an immunization exemption on file.

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.

PROPONENTS: Supporters say that infants and young children can have allergies to cow, sheep, and goat milk that prohibits them from consuming normal formula or milk. Milk allergies can be very severe for children and can cause extreme vomiting, dehydration, diarrhea, or severe inflammation of the esophagus. This bill provides the formula for individuals through the Department of Health and Senior Services. There are only 44 families in Missouri that are known to currently purchase this formula. For families it can be a big burden and the average cost per family to purchase the amino acid-based formula is \$5,000 per year.

Testifying for the bill were Representative Sater and J. Scott

Marrs.

OPPONENTS: There was no opposition voiced to the committee.