

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By

1 AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for  
2 Senate Bill Nos. 865 & 866, Page 1, Section A, Line 4, by inserting after all of said section and line  
3 the following:

4  
5 "96.192. 1. The board of trustees of any hospital authorized under subsection 2 of this  
6 section, and established and organized under the provisions of sections 96.150 to 96.229, may invest  
7 up to twenty-five percent of the hospital's funds not required for immediate disbursement in  
8 obligations or for the operation of the hospital in any United States investment grade fixed income  
9 funds or any diversified stock funds, or both.

10 2. The provisions of this section shall only apply if the hospital:

11 (1) Receives less than one percent of its annual revenues from municipal, county, or state  
12 taxes; and

13 (2) Receives less than one percent of its annual revenue from appropriated funds from the  
14 municipality in which such hospital is located.

15 167.638. The department of health and senior services shall develop an informational  
16 brochure relating to meningococcal disease that states that [an immunization] immunizations against  
17 meningococcal disease [is] are available. The department shall make the brochure available on its  
18 website and shall notify every public institution of higher education in this state of the availability  
19 of the brochure. Each public institution of higher education shall provide a copy of the brochure to  
20 all students and if the student is under eighteen years of age, to the student's parent or guardian.  
21 Such information in the brochure shall include:

22 (1) The risk factors for and symptoms of meningococcal disease, how it may be diagnosed,  
23 and its possible consequences if untreated;

24 (2) How meningococcal disease is transmitted;

25 (3) The latest scientific information on meningococcal disease immunization and its  
26 effectiveness, including information on all meningococcal vaccines receiving a Category A or B  
27 recommendation from the Advisory Committee on Immunization Practices; [and]

28 (4) A statement that any questions or concerns regarding immunization against  
29 meningococcal disease may be answered by contacting the individuals's health care provider; and

30 (5) A recommendation that the current student or entering student receive meningococcal  
31 vaccines in accordance with current Advisory Committee on Immunization Practices of the Centers  
32 for Disease Control and Prevention guidelines.

33 174.335. 1. Beginning with the 2004-05 school year and for each school year thereafter,  
34 every public institution of higher education in this state shall require all students who reside in on-  
35 campus housing to have received the meningococcal vaccine not more than five years prior to  
36 enrollment and in accordance with the latest recommendations of the Advisory Committee on

Standing Action Taken \_\_\_\_\_ Date \_\_\_\_\_

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1 Immunization Practices of the Centers for Disease Control and Prevention, unless a signed  
2 statement of medical or religious exemption is on file with the institution's administration. A  
3 student shall be exempted from the immunization requirement of this section upon signed  
4 certification by a physician licensed under chapter 334 indicating that either the immunization  
5 would seriously endanger the student's health or life or the student has documentation of the disease  
6 or laboratory evidence of immunity to the disease. A student shall be exempted from the  
7 immunization requirement of this section if he or she objects in writing to the institution's  
8 administration that immunization violates his or her religious beliefs.

9 2. Each public university or college in this state shall maintain records on the  
10 meningococcal vaccination status of every student residing in on-campus housing at the university  
11 or college.

12 3. Nothing in this section shall be construed as requiring any institution of higher education  
13 to provide or pay for vaccinations against meningococcal disease.

14 4. For purposes of this section, the term "on-campus housing" shall include, but not be  
15 limited to, any fraternity or sorority residence, regardless of whether such residence is privately  
16 owned, on or near the campus of a public institution of higher education.

17 197.315. 1. Any person who proposes to develop or offer a new institutional health service  
18 within the state must obtain a certificate of need from the committee prior to the time such services  
19 are offered.

20 2. Only those new institutional health services which are found by the committee to be  
21 needed shall be granted a certificate of need. Only those new institutional health services which are  
22 granted certificates of need shall be offered or developed within the state. No expenditures for new  
23 institutional health services in excess of the applicable expenditure minimum shall be made by any  
24 person unless a certificate of need has been granted.

25 3. After October 1, 1980, no state agency charged by statute to license or certify health care  
26 facilities shall issue a license to or certify any such facility, or distinct part of such facility, that is  
27 developed without obtaining a certificate of need.

28 4. If any person proposes to develop any new institutional health care service without a  
29 certificate of need as required by sections 197.300 to 197.366, the committee shall notify the  
30 attorney general, and he shall apply for an injunction or other appropriate legal action in any court  
31 of this state against that person.

32 5. After October 1, 1980, no agency of state government may appropriate or grant funds to  
33 or make payment of any funds to any person or health care facility which has not first obtained  
34 every certificate of need required pursuant to sections 197.300 to 197.366.

35 6. A certificate of need shall be issued only for the premises and persons named in the  
36 application and is not transferable except by consent of the committee.

37 7. Project cost increases, due to changes in the project application as approved or due to  
38 project change orders, exceeding the initial estimate by more than ten percent shall not be incurred  
39 without consent of the committee.

40 8. Periodic reports to the committee shall be required of any applicant who has been granted  
41 a certificate of need until the project has been completed. The committee may order the forfeiture  
42 of the certificate of need upon failure of the applicant to file any such report.

43 9. A certificate of need shall be subject to forfeiture for failure to incur a capital expenditure  
44 on any approved project within six months after the date of the order. The applicant may request an  
45 extension from the committee of not more than six additional months based upon substantial  
46 expenditure made.

47 10. Each application for a certificate of need must be accompanied by an application fee.  
48 The time of filing commences with the receipt of the application and the application fee. The

1 application fee is one thousand dollars, or one-tenth of one percent of the total cost of the proposed  
 2 project, whichever is greater. All application fees shall be deposited in the state treasury. Because  
 3 of the loss of federal funds, the general assembly will appropriate funds to the Missouri health  
 4 facilities review committee.

5 11. In determining whether a certificate of need should be granted, no consideration shall be  
 6 given to the facilities or equipment of any other health care facility located more than a fifteen-mile  
 7 radius from the applying facility.

8 12. When a nursing facility shifts from a skilled to an intermediate level of nursing care, it  
 9 may return to the higher level of care if it meets the licensure requirements, without obtaining a  
 10 certificate of need.

11 13. In no event shall a certificate of need be denied because the applicant refuses to provide  
 12 abortion services or information.

13 14. A certificate of need shall not be required for the transfer of ownership of an existing  
 14 and operational health facility in its entirety.

15 15. A certificate of need may be granted to a facility for an expansion, an addition of  
 16 services, a new institutional service, or for a new hospital facility which provides for something less  
 17 than that which was sought in the application.

18 16. The provisions of this section shall not apply to facilities operated by the state, and  
 19 appropriation of funds to such facilities by the general assembly shall be deemed in compliance with  
 20 this section, and such facilities shall be deemed to have received an appropriate certificate of need  
 21 without payment of any fee or charge. The provisions of this subsection shall not apply to hospitals  
 22 operated by the state and licensed under chapter 197, except for department of mental health state-  
 23 operated psychiatric hospitals.

24 17. Notwithstanding other provisions of this section, a certificate of need may be issued  
 25 after July 1, 1983, for an intermediate care facility operated exclusively for the intellectually  
 26 disabled.

27 18. To assure the safe, appropriate, and cost-effective transfer of new medical technology  
 28 throughout the state, a certificate of need shall not be required for the purchase and operation of:

29 (1) Research equipment that is to be used in a clinical trial that has received written  
 30 approval from a duly constituted institutional review board of an accredited school of medicine or  
 31 osteopathy located in Missouri to establish its safety and efficacy and does not increase the bed  
 32 complement of the institution in which the equipment is to be located. After the clinical trial has  
 33 been completed, a certificate of need must be obtained for continued use in such facility; or

34 (2) Equipment that is to be used by an academic health center operated by the state in  
 35 furtherance of its research or teaching missions.

36 198.054. Each year between October first and March first, all long-term care facilities  
 37 licensed under this chapter shall assist their health care workers, volunteers, and other employees  
 38 who have direct contact with residents in obtaining the vaccination for the influenza virus by either  
 39 offering the vaccination in the facility or providing information as to how they may independently  
 40 obtain the vaccination, unless contraindicated, in accordance with the latest recommendations of the  
 41 Centers for Disease Control and Prevention and subject to availability of the vaccine. Facilities are  
 42 encouraged to document that each health care worker, volunteer, and employee has been offered  
 43 assistance in receiving a vaccination against the influenza virus and has either accepted or  
 44 declined."; and

45  
 46 Further amend said bill, Page 2, Section 338.075, Line 27, by inserting after all of said section and  
 47 line the following:  
 48

1           "338.200. 1. In the event a pharmacist is unable to obtain refill authorization from the  
2 prescriber due to death, incapacity, or when the pharmacist is unable to obtain refill authorization  
3 from the prescriber, a pharmacist may dispense an emergency supply of medication if:

4           (1) In the pharmacist's professional judgment, interruption of therapy might reasonably  
5 produce undesirable health consequences;

6           (2) The pharmacy previously dispensed or refilled a prescription from the applicable  
7 prescriber for the same patient and medication;

8           (3) The medication dispensed is not a controlled substance;

9           (4) The pharmacist informs the patient or the patient's agent either verbally, electronically,  
10 or in writing at the time of dispensing that authorization of a prescriber is required for future refills;  
11 and

12           (5) The pharmacist documents the emergency dispensing in the patient's prescription record,  
13 as provided by the board by rule.

14           2. (1) If the pharmacist is unable to obtain refill authorization from the prescriber, the  
15 amount dispensed shall be limited to the amount determined by the pharmacist within his or her  
16 professional judgment as needed for the emergency period, provided the amount dispensed shall not  
17 exceed a seven-day supply.

18           (2) In the event of prescriber death or incapacity or inability of the prescriber to provide  
19 medical services, the amount dispensed shall not exceed a thirty-day supply.

20           3. Pharmacists or permit holders dispensing an emergency supply pursuant to this section  
21 shall promptly notify the prescriber or the prescriber's office of the emergency dispensing, as  
22 required by the board by rule.

23           4. An emergency supply may not be dispensed pursuant to this section if the pharmacist has  
24 knowledge that the prescriber has otherwise prohibited or restricted emergency dispensing for the  
25 applicable patient.

26           5. The determination to dispense an emergency supply of medication under this section shall  
27 only be made by a pharmacist licensed by the board.

28           6. The board shall promulgate rules to implement the provisions of this section. Any rule or  
29 portion of a rule, as that term is defined in section 536.010, that is created under the authority  
30 delegated in this section shall become effective only if it complies with and is subject to all of the  
31 provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are  
32 nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to  
33 review, to delay the effective date, or to disapprove and annul a rule are subsequently held  
34 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after  
35 August 28, 2013, shall be invalid and void."; and

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37 Further amend said bill and page, Section 338.202, Line 1, by inserting after the word "law" the  
38 words "to the contrary"; and

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40 Further amend said bill, page, and section, Line 7, by deleting the word "physician" and inserting in  
41 lieu thereof the word "prescriber"; and

42  
43 Further amend said bill, Page 20, Section 379.940, Line 89, by inserting after all of said section and  
44 line the following:

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46           "Section B. Because immediate action is necessary to preserve access to quality health care  
47 facilities for the citizens of Missouri, the repeal and reenactment of section 197.315 of section A of  
48 this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and

1 safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the  
2 repeal and reenactment of section 197.315 of section A of this act shall be in full force and effect  
3 upon its passage and approval."; and  
4

5 Further amend said bill by amending the title, enacting clause, and intersectional references  
6 accordingly.  
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