

HB 2331 -- PUBLIC HEALTH (Baker)

COMMITTEE OF ORIGIN: Standing Committee on Downsizing State Government

Beginning January 1, 2023, this bill creates a tax credit for any community-based faculty preceptor, as defined in the bill, who serves as the community-based faculty preceptor for a medical student core preceptorship or a physician assistant student core preceptorship, as defined in the bill. The amount of the tax credit will be worth \$1000 for each preceptorship, up to a maximum of \$3000 per tax year, if he or she completes up to three preceptorship rotations during the tax year and did not receive any direct compensation for the preceptorships. To receive the credit, a community-based faculty preceptor must claim the credit on his or her return for the tax year in which he or she completes the preceptorship rotations and must submit supporting documentation as prescribed by the Division of Professional Registration within the Department of Commerce and Insurance and the Missouri Department of Health and Senior Services (Department).

This tax credit is nonrefundable and cannot be carried forward or carried back, transferred, assigned or sold. No more than 200 preceptorship tax credits will be authorized for any one calendar year and will be awarded on a first-come, first-served basis, capped at a total amount of \$200,000 per year. Some discretion to use remaining funds in a particular fiscal year is provided.

Additionally, this bill creates a "Medical Preceptor Fund" which is funded from a license fee increase of \$7.00 per license for physicians and surgeons and from a license fee increase of \$3.00 per license for physician assistants. This will be a dedicated fund designed to fund additional tax credits that may exceed the established cap of \$200,000 per year.

The Department will administer the tax credit program. Each taxpayer claiming a tax credit must file an application with the Department verifying the number of hours of instruction and the amount of the tax credit claimed. The hours claimed on the application must be verified by the program director on the application. The certification by the Department affirming the taxpayer's eligibility for the tax credit provided to the taxpayer must be filed with the taxpayer's income tax return. The departments of Commerce and Insurance and Health and Senior Services will jointly administer the tax credit and each taxpayer claiming a tax credit must file an affidavit with his or her income tax return, affirming that he or she is eligible for the tax credit. Additionally, the departments of Commerce and Insurance and Health and Senior Services will jointly promulgate rules to

implement the provisions of this bill.

This bill expands the pool of eligible students that may apply to the Department of Health and Senior Services for a student loan under Chapter 191, RSMo, from students pursuing a degree of doctor of medicine or doctor of osteopathy to now include students seeking a degree in the area of psychiatry, a degree of doctor of dental surgery or dental medicine, or a bachelor of science degree in dental hygiene and provides that all eligible students must be residents of the state. The cap for a loan to an eligible student shall also be raised from \$7,500 to \$25,000 for each academic year.

This bill also raises the amount of financial assistance available to qualified applicants through the nursing student loan program under Chapter 335 from \$5,000 to \$10,000 for a student of a professional nursing program and from \$2,500 to \$5,000 for a student of a practical nursing program.

This bill amends Sections 251.070 and 660.010, RSMo, to accurately reflect that the state's responsibilities under Public Law 73, the Older Americans Act of 1965, are no longer under the Department of Social Services but are instead under the Department of Health and Senior Services under Chapter 192.

Currently, the Department of Health and Senior Services conducts at least two inspections per year for licensed adult day care programs, at least one of which is unannounced. This bill requires the Department to conduct at least one unannounced inspection per year.

Currently, the Department conducts an annual inspection of licensed hospitals. This bill requires inspections to be performed in accordance with the schedule set forth under federal Medicare law. A hospice currently seeking annual renewal of its certification shall be inspected by the Department. This bill specifies that the Department may conduct a survey to evaluate the quality of services rendered by the applicant.

Currently, a certified hospice must have an annual inspection, this bill changes the inspection requirement to be performed in accordance with the schedule set forth under federal Medicare law. Currently, the Department conducts an inspection of licensed home health agencies at least every one to three years, depending on the number of months the agency has been in operation following the initial inspection.

This bill changes the inspection requirement to be performed in accordance with the schedule set forth under federal Medicare law.

This bill updates a reference to a Missouri regulation regarding long-term care facility orientation training.

Currently, the Department is required to inspect long-term care facilities at least twice a year, one of which shall be unannounced. This bill requires the Department to conduct at least one unannounced inspection per year.

Currently, the Department is required to issue a notice of noncompliance or revocation of a license by certified mail to each person disclosed to be an owner or operator of a long-term care facility. This bill requires the notice to be sent by a delivery service to the operator or administrator of the facility.

This bill modifies the "Missouri Informal Dispute Resolution Act" relating to informal dispute resolutions between the Department and licensed long-term care facilities. Currently, the Department is required to send a facility a statement of deficiencies following an inspection by certified mail. This bill requires that the notice be sent by a delivery service that provides dated receipt of delivery. Finally, a facility currently has 10 calendar days following the receipt of notice to return a plan of correction to the Department. This bill changes the 10 calendar days to 10 working days.

This bill modifies provisions relating to the Organ Donor Program Fund. The bill specifies that any amounts that may be received from appropriations, grants, gifts, bequests, the federal government, or any other source may also be deposited into the Fund. The Department of Health and Senior Services may pursue funding to support programmatic efforts and initiatives as described in the bill. Currently, moneys in the Organ Donor Program Fund may be expended for:

- (1) Grants to certified organ procurement organizations for the development of organ donation awareness programs;
- (2) Implementation of organ donation awareness programs in this state and for the publication of informational materials regarding organ donations and donations to the Organ Donor Program Fund;
- (3) Maintenance of a central registry of organ donors; and
- (4) Implementation of organ donation awareness programs in the secondary schools of this state by the Department of Elementary and Secondary Education.

This bill expands the use of moneys in the Fund to also include:

- (1) Contracts that may be entered into with other organizations,

individuals, and institutions for services furthering development and implementation of organ donation awareness programs in this state;

(2) Initiatives to increase education and awareness of organ, eye, and tissue donation;

(3) Donor family recognition efforts;

(4) Training and strategic planning efforts relating to organ, eye, and tissue donation, and

(5) Other donor registry initiatives.

This bill also modifies the donation amount by applicants for motor vehicle registration from \$1 to a donation of at least \$1.

This bill provides no hospital, physician, procurement organization, or other person may consider COVID-19 vaccination status of a potential organ transplant recipient or donor at any stage in organ transplant processing.

This bill allows physical therapists to evaluate and initiate treatment on a patient without a prescription or referral from an approved health care provider.

This bill modifies several provisions relating to the administration of medications by pharmacists. First, this bill modifies the definition of a medication therapeutic plan by repealing language defining it by the prescription order so long as the prescription order is specific to each patient for care by a pharmacist.

This bill also repeals language from current law defining the practice of pharmacy as including the administration of specific vaccines by written physician protocol for specific patients and adds language defining the practice of pharmacy as including the ordering and administering of U.S. FDA-approved or authorized vaccines, with certain exceptions provided for in the bill, to persons at least seven years of age or the CDC-approved age, whichever is older, pursuant to rules promulgated by the Board of Pharmacy and the Board of Registration for the Healing Arts or rules promulgated under a state of emergency.

Currently, any pharmacist who accepts a prescription order for a medication therapeutic plan must have a written protocol from the referring physician. This bill repeals this provision and permits a pharmacist with a certificate of medication therapeutic plan authority to provide medication therapy services pursuant to a

statewide order issued by the Department of Health and Senior Services or pursuant to a written protocol with a licensed physician.

The bill repeals provisions of current law requiring pharmacists to administer vaccines by protocol in accordance with treatment guidelines established by the CDC and provisions requiring a pharmacist who is administering a vaccine to request a patient remain in the pharmacy a safe amount of time after administration of the vaccine to observe any adverse reactions.

This bill allows a licensed pharmacist to order and administer medication approved or authorized by the FDA to address a public health need, as authorized by the state or federal government, during a state or federally-declared public health emergency. Additionally, a licensed pharmacist may administer medication pursuant to a statewide standing order issued by the Director of the Department of Health and Senior Services, if a physician, or a physician on behalf of the Director, to address a public health need.

This bill repeals in their entirety Sections 191.743, 196.866, and 196.868, RSMo, dealing with frozen dessert licensure and perinatal substance abuse.

This bill also eliminates a physician regulation that is obsolete. The statute references 191.741 which does not exist anymore.