

SS SCS HB 2331 -- HEALTH CARE

This bill modifies several provisions relating to programs administered by the Department of Health and Senior Services.

MEDICAL PRECEPTORSHIP TAX CREDIT (Section 135.690, RSMo)

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.

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 implement the provisions of this bill.

#### ALZHEIMER'S STATE PLAN TASK FORCE (Sections 172.800 and 191.116)

This bill repeals an obsolete reference to the Alzheimer's Disease and Related Disorders Task Force. Additionally, the bill changes the date that the Alzheimer's State Plan Task Force must submit a report of recommendations from June 1, 2022, to January 1, 2023, and extends the task force expiration date from December 31, 2026, to December 31, 2027.

#### EMERGENCY HEALTH CARE SERVICES (Sections 190.100, 190.101, 190.103, 190.176, 190.200, 190.241, 190.243, 190.245, and 190.257)

The bill makes several other changes related to trauma, STEMI, and stroke care and centers.

The state EMS Medical Director shall be added to serve as an ex officio member of the State Advisory Council on Emergency Medical Services and the Council shall consult with the "Time-Critical Diagnosis Advisory Committee", established in Section 190.257, regarding time-critical diagnosis, as defined in the bill.

This bill repeals the requirement that hospitals disclose data elements under the Missouri Brain and Spinal Cord Injury Registry to the Department of Health and Senior Services' uniform data collection system on all ambulance runs and injured patients.

The Department shall cooperate with hospitals to provide public and professional information related to emergency medical services systems. The Department may provide public information of hospitals with designations such as trauma, stroke, or STEMI centers. The Department shall make publicly available research and guidelines recommended by the Time-Critical Diagnosis Advisory Committee for recommended treatment standards.

Currently, the Department makes recommendations for treatment standards, establishes protocols for transport of patients, and approves the development of regional or community-based plans for transporting STEMI or stroke patients. This bill adds trauma patients.

Currently, the Department shall conduct a site review of a hospital to determine the applicable level of trauma center, STEMI, or stroke center criteria. This bill specifies that the site review may occur onsite or by any reasonable means of communication or

combination thereof. In developing trauma, STEMI, or stroke center designation criteria, the Department shall use, as practicable, peer-reviewed and evidence-based clinical research and guidelines.

Currently, the Department shall conduct an onsite review of every trauma, STEMI, or stroke center every 5 years. This bill requires a site review to be conducted every 3 years. The Department may deny, place on probation, suspend, or revoke a center's designation if it has determined there has been a substantial failure to comply with certain regulations. Centers that are placed on probationary status must show compliance with these regulations within 12 months, unless otherwise provided by a settlement agreement with a maximum duration of 18 months.

The bill modifies provisions governing alternative trauma, stroke, and STEMI center designations by repealing current law establishing various designation levels and requiring the Department to designate hospitals seeking alternative designation in a manner that corresponds to a similar national designation. A hospital receiving a center designation under this provision may have the designation removed upon the request of the hospital or upon a determination by the Department that the organization certifying or verifying the alternative designation has suspended or revoked its designation. This bill requires centers receiving alternative designations under this provision to submit to the Department proof of certification or verification and to participate in local and regional emergency services systems for training, sharing educational resources, and collaboration on improving patient outcomes.

This bill modifies data submission requirements for designated centers to require submission to either a state or national registry. Additionally, the bill repeals requirements that the data collections system meet certain standards.

Currently, the Board of Registration for the Healing Arts has the authority to establish education requirements for physicians practicing in an emergency department in a trauma, STEMI, or stroke center. This bill repeals this provision and specifies that the Department shall not establish additional education requirements for emergency medicine board-certified or board-eligible physicians, other than the requirements established by the American Board of Emergency Medicine or American Osteopathic Board of Emergency Medicine, who are practicing in the emergency department of a designated center. Education requirements for other physicians, nurses, and providers who provide care at the designated center shall equal, but not exceed, those established by national designating or verifying bodies of trauma, stroke, or STEMI centers.

The bill specifies that the Department may only establish appropriate fees to offset the costs of center surveys.

This bill adds physician assistants to the list of providers who shall instruct ambulance personnel to transport a severely ill patient to a trauma, STEMI, or stroke center.

Failure of a hospital to provide all medical records and quality improvement documentation necessary for the Department to implement the provisions of the bill shall result in the revocation of the hospital's designation as a trauma, STEMI, or stroke center.

This bill repeals a provision of law relating to peer review systems for trauma, STEMI, and stroke cases.

The bill establishes the "Time-Critical Diagnosis Advisory Committee" with 16 members appointed by the Department of Health and Senior Services as outlined in the bill. The State EMS Medical Director shall serve as an ex officio member in addition to the 16 appointed members. The purpose of the committee is for the improvement of public and professional education related to time critical diagnosis, research endeavors, policies and recommendations for changes. The Committee must also consult with the State Advisory Council for issues involving emergency medical services.

HEALTHCARE STUDENT LOAN PROGRAMS (Sections 191.500, 191.515, 191.520, 191.525, 335.230, and 335.257)

This bill modifies provisions of current law relating to the Medical Student Loan Program administered by the Department of Health and Senior Services by adding psychiatry, dental surgery, dental medicine, or dental hygiene students to the list of eligible students in the program, as well as adding psychiatric care, dental practice, and dental hygienists to the definition of "primary care". Additionally, this bill modifies the loan amount students may be eligible to receive from \$7,500 each academic year to \$25,000 each academic year.

This bill also modifies the Nursing Student Loan Program by modifying the amount of financial assistance available to students from \$5,000 each academic year for professional nursing programs to \$10,000 each academic year and from \$2,500 each academic year for practical nursing programs to \$5,000 each academic year.

This bill modifies the Nursing Student Loan Repayment Program by removing the June and December deadlines for qualified employment verification while retaining the requirement that such employment

be verified twice each year.

THE OLDER AMERICANS ACT (Sections 192.005, 251.070, and 660.010)

This bill transfers authority for the implementation of the federal Older Americans Act of 1965 from the Department of Social Services to the Department of Health and Senior Services.

OVERSIGHT OF HEALTH CARE FACILITIES (Sections 192.2225, 197.100, 197.256, 197.258, 197.415, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, and 198.545)

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. As specified in this bill, the Department will be required to conduct at least one unannounced inspection per year.

Currently, the Department conducts an annual inspection of licensed hospitals. Under this bill, such inspections would instead be performed in accordance with the schedule set forth under federal Medicare law.

A hospice currently seeking annual renewal of its certification will be inspected by the Department of Health and Senior Services. Under this bill, the Department may conduct a survey to evaluate the quality of services rendered by the applicant. Additionally, current law requires annual inspections of a certified hospice and this bill instead requires such inspections 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. Under this bill, such inspections will instead 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.

Current law requires the Department to inspect long-term care facilities at least twice a year, one of which will be unannounced. Under this bill, the Department will be required to conduct at least one unannounced inspection per year. Additionally, current law requires that the Department 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 instead requires that such notice be sent by a delivery service to

the operator or administrator of the facility.

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

ORGAN DONATION (Sections 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.304, 194.321, 301.020, and 302.171)

This bill modifies the "Revised Uniform Anatomical Gift Act".

Currently, moneys in the Organ Donor Program Fund are limited to use for grants by the Department of Health and Senior Services to certified organ procurement organizations for the development and implementation of organ donation programs, publication of informational booklets, maintenance of an organ donor registry, and implementation of organ donation awareness programs in schools. This act modifies the fund to be used by the Department for educational initiatives, donor family recognition efforts, training, and other initiatives, as well as reimbursement for expenses incurred by the Organ Donation Advisory Committee. The Department will no longer be required to disperse grants to organ procurement organizations, but will have the authority to enter into contracts with organizations and individuals for the development and implementation of awareness programs. Additionally, the moneys in the fund will be invested and interest earned will be credited to the fund. The fund may seek other sources of moneys, including grants, bequests, and federal funds.

Currently, applicants for motor vehicle registrations and driver's licenses may make a \$1.00 donation to the Organ Donor Program Fund. This bill changes that to a donation of not less than \$1.00.

This bill specifies that 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.

NALTREXONE HYDROCHLORIDE (Section 195.206)

This bill species that the Director of the Department of Health and

Senior Services, if a licensed physician, or a licensed physician on behalf of the Director, may issue a statewide standing order for an addiction mitigation medication, defined as naltrexone hydrochloride administered in a manner approved by the U.S. Food and Drug Administration or any accepted medical practice method of administering.

Any licensed pharmacist may sell and dispense an addiction mitigation medication under a physician protocol or a statewide standing order. Neither a pharmacist who, acting in good faith and with reasonable care, sells or dispenses the addiction mitigation medication and an appropriate device to administer the drug, nor the protocol physician, shall not be subject to any criminal or civil liability or professional disciplinary action for prescribing or dispensing the medication or any outcome resulting from the administration of the medication. A physician issuing the statewide standing order shall likewise face no liability or professional discipline relating to the order or administration of the medication.

It shall be permissible for any person to possess an addiction mitigation medication.

#### MEDICAL MARIJUANA FACILITY BACKGROUND CHECKS (Section 195.815)

Currently, all owners, officers, managers, contractors, employees, and other support staff of licensed or certified medical marijuana facilities must submit fingerprints to the State Highway Patrol for state and federal criminal background checks. This bill limits those individuals that must submit to such fingerprinting to employees, contractors, owners, and volunteers. This bill provides a definition of contractor for purposes of the provisions of the bill.

#### HOME HEALTH LICENSING (Sections 197.400 and 197.445)

Current law limits licensed home health agencies to those that provide two or more home health services at the residence of a patient according to a physician's written and signed plan of treatment. This bill permits such licensed entities to provide treatment according to written plans signed by physicians, nurse practitioners, clinical nurse specialists, or physician assistants, as specified in the bill.

#### REPEAL OF CERTAIN STATUTES RELATING TO THE DUTIES OF THE DEPARTMENT OF HEALTH AND SENIOR SERVICES (Sections 191.743, 196.866, and 196.868)

Currently, physicians or health care providers who are providing

services to women with high-risk pregnancies are required to identify such women and report them to the Department of Health and Senior Services within 72 hours for referral for services. The provision authorizing Department services for such women has previously been repealed and this bill repeals the reporting requirements for the physicians and health care providers.

Additionally, producers of ice cream, mellorine, or other frozen dessert products are currently required to be licensed by the Department and pay an associated license fee. This bill repeals such requirement and fee.