

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 197
98TH GENERAL ASSEMBLY

0991H.03C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 192.020, 192.667, 208.952, 301.142, 324.001, and 376.1235, RSMo, and to enact in lieu thereof seven new sections relating to health care.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 192.020, 192.667, 208.952, 301.142, 324.001, and 376.1235, RSMo, are repealed and seven new sections enacted in lieu thereof, to be known as sections 192.020, 192.380, 192.667, 208.952, 301.142, 324.001, and 376.1235, to read as follows:

192.020. 1. It shall be the general duty and responsibility of the department of health and senior services to safeguard the health of the people in the state and all its subdivisions. It shall make a study of the causes and prevention of diseases. It shall designate those diseases which are infectious, contagious, communicable or dangerous in their nature and shall make and enforce adequate orders, findings, rules and regulations to prevent the spread of such diseases and to determine the prevalence of such diseases within the state. It shall have power and authority, with approval of the director of the department, to make such orders, findings, rules and regulations as will prevent the entrance of infectious, contagious and communicable diseases into the state.

2. The department of health and senior services shall include in its list of communicable or infectious diseases which must be reported to the department methicillin-resistant staphylococcus aureus (MRSA), **carbapenem-resistant enterobacteriaceae (CRE) as specified by the department**, and vancomycin-resistant enterococcus (VRE).

192.380. 1. For purposes of this section, the following terms shall mean:

(1) "Birthing center", any hospital as defined under section 197.020 with more than one licensed obstetric bed or a neonatal intensive care unit or a hospital operated by a state

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

4 **university or a birthing center staffed by certified professional midwives or certified nurse**
5 **midwives;**

6 **(2) "Department", the department of health and senior services;**

7 **(3) "High-risk pregnancy", a pregnancy in which the mother or baby is at**
8 **increased risk for poor health or complications during pregnancy or childbirth;**

9 **(4) "Perinatal regional center", a comprehensive maternal and newborn service for**
10 **women who have been assessed as high-risk patients or are bearing high-risk babies, as**
11 **determined by a standardized risk assessment tool, who will require the highest level of**
12 **specialized care. Centers may be comprised of more than one licensed facility.**

13 **2. There is hereby created the "Perinatal Advisory Council" which shall be**
14 **composed of representatives from the following organizations who shall focus on and have**
15 **experience in perinatal care or infant mortality, one of which shall be elected chair by a**
16 **majority of the members, to be appointed by the governor with the advice and consent of**
17 **the senate:**

18 **(1) One practicing physician who is a fellow from the Missouri section of the**
19 **American Congress of Obstetricians and Gynecologists;**

20 **(2) One practicing physician from the Missouri chapter of the American Academy**
21 **of Pediatrics section of Perinatal Pediatrics;**

22 **(3) One representative from the March of Dimes;**

23 **(4) One representative from the National Association for Nurse Practitioners in**
24 **Women's Health;**

25 **(5) One representative from the Missouri affiliate of the American College of**
26 **Nurse-Midwives;**

27 **(6) One representative from the Missouri section of the Association of Women's**
28 **Health, Obstetric and Neonatal Nurses or the National Association of Neonatal Nurses;**

29 **(7) One practicing physician from the Missouri Academy of Family Physicians;**

30 **(8) One representative from a community coalition engaged in infant mortality**
31 **prevention;**

32 **(9) Four representatives from regional Missouri hospitals with one representative**
33 **from a hospital with perinatal care equivalent to each level;**

34 **(10) One practicing physician from the Society for Maternal-Fetal Medicine;**

35 **(11) Three active private practice physicians specializing in obstetrics and**
36 **gynecology, family medicine practicing obstetrics, or pediatrics, at least one of which shall**
37 **be in active practice in a rural area; and**

38 **(12) One representative from the show-me extension for community health care**
39 **outcomes (ECHO) program.**

40 **The director of the department of health and senior services and the director of the**
41 **department of social services or their designees shall serve as ex officio members of the**
42 **council and shall not have a vote. The department shall provide necessary staffing support**
43 **to the council.**

44 **3. After seeking broad public and stakeholder input, the perinatal advisory council**
45 **shall make recommendations for the division of the state into neonatal and maternal care**
46 **regions. When making such recommendations the council shall consider:**

47 **(1) Geographic proximity of facilities;**

48 **(2) Hospital systems;**

49 **(3) Insurance networks;**

50 **(4) Consistent geographic boundaries for neonatal and maternal care regions,**
51 **where appropriate; and**

52 **(5) Existing referral networks and referral patterns to appropriate birthing**
53 **facilities.**

54 **4. The perinatal advisory council shall establish criteria for levels of birthing center**
55 **care including regional perinatal centers. The levels developed under this section shall be**
56 **based upon:**

57 **(1) Evidence and best practices as outlined by the most current version of the**
58 **"Levels of Neonatal Care" prepared by the American Academy of Pediatrics;**

59 **(2) The most current published version of the "Levels of Maternal Care" developed**
60 **by the American Congress of Obstetricians and Gynecologists and the Society for**
61 **Maternal-Fetal Medicine; and**

62 **(3) Necessary variance when considering the geographic and varied needs of**
63 **citizens of this state.**

64 **5. Nothing in this section shall be construed in any way to modify or expand the**
65 **licensure of any health care professional.**

66 **6. Nothing in this section shall be construed in any way to require a patient be**
67 **transferred to a different facility.**

68 **7. The department shall promulgate rules to implement the provisions of this**
69 **section no later than January 1, 2017. Such rules shall be limited to those necessary for the**
70 **establishment of levels of neonatal and maternal birthing center care under subsection 4**
71 **of this section and the division of the state into neonatal and maternal care regions under**
72 **subsection 3 of this section. Any rule or portion of a rule, as that term is defined in section**
73 **536.010, that is created under the authority delegated in this section shall become effective**
74 **only if it complies with and is subject to all of the provisions of chapter 536 and, if**
75 **applicable, section 536.028. This section and chapter 536 are nonseverable and if any of**

76 the powers vested with the general assembly pursuant to chapter 536 to review, to delay
77 the effective date, or to disapprove and annul a rule are subsequently held
78 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted
79 after August 28, 2015, shall be invalid and void.

80 **8. Beginning January 1, 2017, hospital applications for license shall include the**
81 **appropriate level of maternal care designation and neonatal care designation as**
82 **determined by the perinatal advisory council under subsection 4 of this section.**

83 **9. Beginning January 1, 2017, any hospital operated by a state university shall**
84 **report, as requested by the department, the appropriate level of maternal care designation**
85 **and neonatal care designation as determined by the perinatal advisory council under**
86 **subsection 4 of this section.**

87 **10. Nothing in this section shall be construed to impose liability for referral or**
88 **failure to refer in accordance with the recommendations of the perinatal advisory council.**

89 **11. The department may partner with appropriate nationally recognized nonprofit**
90 **organizations with demonstrated expertise in maternal and neonatal standards of care to**
91 **administer the provisions of this section.**

92 **12. The criteria for levels of birthing care developed under subsection 4 of this**
93 **section shall not include pregnancy termination, or counseling or referral for pregnancy**
94 **termination.**

95 **13. All certified professional midwives may consult with and participate in**
96 **educational opportunities through the regional perinatal center.**

192.667. 1. All health care providers shall at least annually provide to the department
2 charge data as required by the department. All hospitals shall at least annually provide patient
3 abstract data and financial data as required by the department. Hospitals as defined in section
4 197.020 shall report patient abstract data for outpatients and inpatients. [Within one year of
5 August 28, 1992,] Ambulatory surgical centers as defined in section 197.200 shall provide
6 patient abstract data to the department. The department shall specify by rule the types of
7 information which shall be submitted and the method of submission.

8 2. The department shall collect data on required [nosocomial infection incidence rates]
9 **metrics on the incidence of health care-associated infections** from hospitals, ambulatory
10 surgical centers, and other facilities as necessary to generate the reports required by this section.
11 Hospitals, ambulatory surgical centers, and other facilities shall provide such data in compliance
12 with this section.

13 3. [No later than July 1, 2005,] The department shall promulgate rules specifying the
14 standards and procedures for the collection, analysis, risk adjustment, and reporting of
15 [nosocomial infection incidence rates] **metrics on the incidence of health care-associated**

16 **infections** and the types of infections and procedures to be monitored pursuant to subsection 12
17 of this section. In promulgating such rules, the department shall:

18 (1) Use methodologies and systems for data collection established by the federal Centers
19 for Disease Control and Prevention National [Nosocomial Infection Surveillance System]
20 **Healthcare Safety Network**, or its successor; and

21 (2) Consider the findings and recommendations of the infection control advisory panel
22 established pursuant to section 197.165.

23 4. **By January 1, 2016**, the infection control advisory panel created by section 197.165
24 shall make [a recommendation] **recommendations** to the department regarding the
25 appropriateness of implementing all or part of the [nosocomial] **Centers for Medicare and**
26 **Medicaid Services' health care-associated** infection data collection, analysis, and public
27 reporting requirements [of this act by authorizing] **for** hospitals, ambulatory surgical centers, and
28 other facilities [to participate] in the federal Centers for Disease Control and Prevention's
29 National [Nosocomial Infection Surveillance System] **Healthcare Safety Network**, or its
30 successor, **in lieu of all or part of the data collection, analysis, and public reporting**
31 **requirements of this section. The advisory panel recommendations shall address which**
32 **hospitals shall be required as a condition of licensure to use the National Healthcare Safety**
33 **Network for data collection; the use of the National Healthcare Safety Network for risk**
34 **adjustment and analysis on hospital submitted data; and the use of the Centers for**
35 **Medicare and Medicaid Services' Hospital Compare site, or its successor for public**
36 **reporting of the incidence of health care-associated infection metrics.** The advisory panel
37 shall consider the following factors in developing its recommendation:

38 (1) Whether the public is afforded the same or greater access to facility-specific infection
39 control indicators and [rates than would be provided under subsections 2, 3, and 6 to 12 of this
40 section] **metrics;**

41 (2) Whether the data provided to the public [are] **is** subject to the same or greater
42 accuracy of risk adjustment [than would be provided under subsections 2, 3, and 6 to 12 of this
43 section];

44 (3) Whether the public is provided with the same or greater specificity of reporting of
45 infections by type of facility infections and procedures [than would be provided under
46 subsections 2, 3, and 6 to 12 of this section];

47 (4) Whether the data [are] **is** subject to the same or greater level of confidentiality of the
48 identity of an individual patient [than would be provided under subsections 2, 3, and 6 to 12 of
49 this section];

50 (5) Whether the National [Nosocomial Infection Surveillance System] **Healthcare**
51 **Safety Network**, or its successor, has the capacity to receive, analyze, and report the required
52 data for all facilities;

53 (6) Whether the cost to implement the [nosocomial] **health care-associated** infection
54 data collection and reporting system is the same or less [than under subsections 2, 3, and 6 to 12
55 of this section].

56 5. [Based on] **After considering** the [affirmative recommendation] **recommendations**
57 of the infection control advisory panel, and provided that the requirements of subsection 12 of
58 this section can be met, the department [may or may not] **shall** implement **guidelines from** the
59 federal Centers for Disease Control and Prevention [Nosocomial Infection Surveillance System]
60 **National Healthcare Safety Network**, or its successor[, as an alternative means of complying
61 with the requirements of subsections 2, 3, and 6 to 12 of this section. If the department chooses
62 to implement the use of the federal Centers for Disease Control Prevention Nosocomial Infection
63 Surveillance System, or its successor, as an alternative means of complying with the
64 requirements of subsections 2, 3, and 6 to 12 of this section,] . It shall be a condition of licensure
65 for hospitals [and ambulatory surgical centers which opt to participate in the federal program to]
66 **that meet the minimum public reporting requirements of the National Healthcare Safety**
67 **Network and the Centers for Medicare and Medicaid Services to participate in the**
68 **National Healthcare Safety Network or its successor. Such hospitals shall** permit the
69 [federal program] **National Healthcare Safety Network or its successor** to disclose facility-
70 specific **infection** data to the department as **required under this section, and as** necessary to
71 provide the public reports required by the department. **It shall be a condition of licensure for**
72 any [hospital or] ambulatory surgical center which does not voluntarily participate in the
73 National [Nosocomial Infection Surveillance System] **Healthcare Safety Network**, or its
74 successor, [shall be] **to submit facility-specific data to the department as** required [to abide
75 by all of the requirements of subsections 2, 3, and 6 to 12 of this section] **under this section,**
76 **and as necessary to provide the public reports required by the department.**

77 6. The department shall not require the resubmission of data which has been submitted
78 to the department of health and senior services or the department of social services under any
79 other provision of law. The department of health and senior services shall accept data submitted
80 by associations or related organizations on behalf of health care providers by entering into
81 binding agreements negotiated with such associations or related organizations to obtain data
82 required pursuant to section 192.665 and this section. A health care provider shall submit the
83 required information to the department of health and senior services:

84 (1) If the provider does not submit the required data through such associations or related
85 organizations;

86 (2) If no binding agreement has been reached within ninety days of August 28, 1992,
87 between the department of health and senior services and such associations or related
88 organizations; or

89 (3) If a binding agreement has expired for more than ninety days.

90 7. Information obtained by the department under the provisions of section 192.665 and
91 this section shall not be public information. Reports and studies prepared by the department
92 based upon such information shall be public information and may identify individual health care
93 providers. The department of health and senior services may authorize the use of the data by
94 other research organizations pursuant to the provisions of section 192.067. The department shall
95 not use or release any information provided under section 192.665 and this section which would
96 enable any person to determine any health care provider's negotiated discounts with specific
97 preferred provider organizations or other managed care organizations. The department shall not
98 release data in a form which could be used to identify a patient. Any violation of this subsection
99 is a class A misdemeanor.

100 8. The department shall undertake a reasonable number of studies and publish
101 information, including at least an annual consumer guide, in collaboration with health care
102 providers, business coalitions and consumers based upon the information obtained pursuant to
103 the provisions of section 192.665 and this section. The department shall allow all health care
104 providers and associations and related organizations who have submitted data which will be used
105 in any [report] **publication** to review and comment on the [report] **publication** prior to its
106 publication or release for general use. [The department shall include any comments of a health
107 care provider, at the option of the provider, and associations and related organizations in the
108 publication if the department does not change the publication based upon those comments.] The
109 [report] **publication** shall be made available to the public for a reasonable charge.

110 9. Any health care provider which continually and substantially, as these terms are
111 defined by rule, fails to comply with the provisions of this section shall not be allowed to
112 participate in any program administered by the state or to receive any moneys from the state.

113 10. A hospital, as defined in section 197.020, aggrieved by the department's
114 determination of ineligibility for state moneys pursuant to subsection 9 of this section may appeal
115 as provided in section 197.071. An ambulatory surgical center as defined in section 197.200
116 aggrieved by the department's determination of ineligibility for state moneys pursuant to
117 subsection 9 of this section may appeal as provided in section 197.221.

118 11. The department of health may promulgate rules providing for collection of data and
119 publication of [nosocomial infection incidence rates] **metrics on the incidence of health care-**
120 **associated infections** for other types of health facilities determined to be sources of infections;

121 except that, physicians' offices shall be exempt from reporting and disclosure of [infection
122 incidence rates] **such infections.**

123 **12. By January 1, 2016, the advisory panel shall recommend and the department**
124 **shall adopt in regulation with an effective date of no later than January 1, 2017, the**
125 **requirements for the reporting of the following types of infections as specified in this**
126 **subsection:**

127 **(1) A minimum of four surgical procedures for hospitals and a minimum of two**
128 **surgical procedures for ambulatory surgical centers that meet the following criteria:**

129 **(a) Are usually associated with an elective surgical procedure. An elective surgical**
130 **procedure is a planned, nonemergency surgical procedure, which may be either medically**
131 **required such as a hip replacement or optional such as breast augmentation;**

132 **(b) Demonstrate a high priority aspect such as affecting a large number of patients,**
133 **having a substantial impact for a smaller population, or associated with substantial cost,**
134 **morbidity, or mortality; or**

135 **(c) Are infections for which reports are collected by the National Healthcare Safety**
136 **Network or its successor;**

137 **(2) Central line-related bloodstream infections;**

138 **(3) Health care-associated infections specified for reporting by hospitals,**
139 **ambulatory surgical centers, and other health care facilities by the rules of the Centers for**
140 **Medicare and Medicaid Services, or its successor, to the federal Centers for Disease**
141 **Control and Prevention National Healthcare Safety Network, or its successor; and**

142 **(4) Other categories of infections that may be established by rule by the**
143 **department.**

144

145 **The department, in consultation with the advisory panel, shall be authorized to collect and**
146 **report data on subsets of each type of infection described in this subsection.**

147 **13. In consultation with the infection control advisory panel established pursuant to**
148 **section 197.165, the department shall develop and disseminate to the public reports based on data**
149 **compiled for a period of [twelve] **twenty-four** months. Such reports shall be updated quarterly**
150 **and shall show for each hospital, ambulatory surgical center, and other facility [a risk-adjusted**
151 **nosocomial infection incidence rate for the following types of infection:**

152 **(1) Class I Surgical site infections;**

153 **(2) Ventilator-associated pneumonia;**

154 **(3) Central line-related bloodstream infections;**

155 **(4) Other categories of infections that may be established by rule by the department.**

156

157 The department, in consultation with the advisory panel, shall be authorized to collect and report
158 data on subsets of each type of infection described in this subsection] **metrics on risk adjusted**
159 **health care-associated infections under this section.**

160 [13. In the event the provisions of this act are implemented by requiring hospitals,
161 ambulatory surgical centers, and other facilities to participate in the federal Centers for Disease
162 Control and Prevention National Nosocomial Infection Surveillance System, or its successor,]

163 **14.** The types of infections, **under subsection 12 of this section**, to be publicly reported shall
164 be determined by the department by rule and shall be consistent with the infections tracked by
165 the National [Nosocomial Infection Surveillance System] **Healthcare Safety Network**, or its
166 successor.

167 [14.] **15.** Reports published pursuant to subsection 12 of this section shall be published
168 **and readily accessible** on the department's internet website. The initial report shall be issued
169 by the department not later than December 31, 2006. The reports shall be distributed at least
170 annually to the governor and members of the general assembly. **The department shall make**
171 **such reports available to the public for a period of at least two years.**

172 [15.] **16.** The Hospital Industry Data Institute shall publish a report of Missouri hospitals'
173 and ambulatory surgical centers' compliance with standardized quality of care measures
174 established by the federal Centers for Medicare and Medicaid Services for prevention of
175 infections related to surgical procedures. If the Hospital Industry Data Institute fails to do so by
176 July 31, 2008, and annually thereafter, the department shall be authorized to collect information
177 from the Centers for Medicare and Medicaid Services or from hospitals and ambulatory surgical
178 centers and publish such information in accordance with [subsection 14 of] this section.

179 [16.] **17.** The data collected or published pursuant to this section shall be available to the
180 department for purposes of licensing hospitals and ambulatory surgical centers pursuant to
181 chapter 197.

182 [17.] **18.** The department shall promulgate rules to implement the provisions of section
183 192.131 and sections 197.150 to 197.160. Any rule or portion of a rule, as that term is defined
184 in section 536.010 that is created under the authority delegated in this section shall become
185 effective only if it complies with and is subject to all of the provisions of chapter 536 and, if
186 applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the
187 powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective
188 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of
189 rulemaking authority and any rule proposed or adopted after August 28, 2004, shall be invalid
190 and void.

191 **19. No later than August 28, 2016, each hospital, excluding mental health facilities**
192 **as defined in section 632.005, and each ambulatory surgical center as defined in section**

193 **197.200, shall in consultation with its medical staff establish an antimicrobial stewardship**
194 **program for evaluating the judicious use of antimicrobials, especially antibiotics that are**
195 **the last line of defense against resistant infections. The hospital's stewardship program**
196 **and the results of the program shall be monitored and evaluated by hospital quality**
197 **improvement departments and shall be available upon inspection to the department. At**
198 **a minimum, the antimicrobial stewardship program shall be designed to evaluate that**
199 **hospitalized patients receive, in accordance with accepted medical standards of practice,**
200 **the appropriate antimicrobial, at the appropriate dose, at the appropriate time, and for the**
201 **appropriate duration.**

202 **20. Hospitals described in subsection 19 of this section shall meet the National**
203 **Health Safety Network requirements for reporting antimicrobial usage or resistance by**
204 **using the Center for Disease Control's Antimicrobial Use and Resistance (AUR) Module**
205 **when regulations concerning stage 3 of Medicare and Medical Electronic Health Record**
206 **incentive programs promulgated by the Centers for Medicare and Medicaid Services that**
207 **enable the electronic interface for such reporting are effective. When such antimicrobial**
208 **usage or resistance reporting takes effect, hospitals shall authorize the National Health**
209 **Care Safety Network, or its successor, to disclose to the department facility-specific**
210 **information reported to the AUR Module. Facility-specific data on antibiotic usage and**
211 **resistance collected under this subsection shall not be disclosed to the public, except the**
212 **department may release case-specific information to other facilities, physicians, and the**
213 **public if the department determines on a case-by-case basis that the release of such**
214 **information is necessary to protect persons in a public health emergency.**

215 **21. The department shall make a report to the general assembly beginning January**
216 **1, 2017, and on every January first thereafter on the incidence, type, and distribution of**
217 **antimicrobial-resistant infections identified in the state and within regions of the state.**

208.952. 1. There is hereby established [the] a permanent "Joint Committee on MO
2 HealthNet". The committee shall have as its purpose the study, **monitoring, and review** of the
3 **efficacy of the program as well as the** resources needed to continue and improve the MO
4 HealthNet program over time. **The committee shall receive and obtain information from the**
5 **departments of social services, mental health, health and senior services, and elementary**
6 **and secondary education, as applicable, regarding the projected budget of the entire MO**
7 **HealthNet program including projected MO HealthNet enrollment growth, categorized by**
8 **population and geographic area.** The committee shall consist of ten members:

- 9 (1) The chair and the ranking minority member of the house committee on the budget;
- 10 (2) The chair and the ranking minority member of the senate committee on
- 11 appropriations [committee];

12 (3) The chair and the ranking minority member of the house committee on appropriations
13 [for health, mental health, and social services] **designated to consider MO HealthNet**
14 **legislation and matters;**

15 (4) The chair and the ranking minority member of the **standing** senate committee [on
16 health and mental health] **designated to consider MO HealthNet legislation and matters;**

17 (5) A representative chosen by the speaker of the house of representatives; and

18 (6) A senator chosen by the president pro tem of the senate.

19

20 No more than three members from each house shall be of the same political party.

21 2. A chair of the committee shall be selected by the members of the committee.

22 3. The committee shall meet [as necessary] **at least twice a year. The committee shall**
23 **provide notice to the public thirty days prior to any meeting of the committee. A portion**
24 **of the meeting shall be set aside for the purpose of receiving public testimony. In the event**
25 **of three consecutive absences on the part of any member, such member may be removed**
26 **from the committee. The committee shall seek from statewide organizations representing**
27 **health care professionals any recommendations they have to improve the quality of health**
28 **care and its cost.**

29 4. [Nothing in this section shall be construed as authorizing the committee to hire
30 employees or enter into any employment contracts] **The committee is authorized to hire an**
31 **employee or enter into employment contracts, including an executive director to conduct**
32 **an audit, special review or investigation of the MO HealthNet program in order to assist**
33 **the committee with its duties. The employee or executive director shall be authorized to**
34 **conduct an audit, special review, or investigation into any contract between the MO**
35 **HealthNet program and a vendor for the provision of services to the program. Such**
36 **executive director shall have free access to all divisions or offices within the departments**
37 **of social services, health and senior services, or mental health associated with the MO**
38 **HealthNet program for the inspection of such books, accounts, contracts, data, and papers**
39 **as concern any of the executive director's duties. The compensation of such personnel and**
40 **the expenses of the committee shall be paid from the joint contingent fund or jointly from**
41 **the senate and house contingent funds until an appropriation is made therefor.**

42 5. [The committee shall receive and study the five-year rolling MO HealthNet budget
43 forecast issued annually by the legislative budget office.

44 6.] The committee shall **annually conduct a rolling five-year MO HealthNet forecast**
45 **and** make recommendations in a report to the general assembly by January first each year,
46 beginning in [2008] **2017**, on anticipated growth in the MO HealthNet program, needed

47 improvements, anticipated needed appropriations, and suggested strategies on ways to structure
48 the state budget in order to satisfy the future needs of the program.

301.142. 1. As used in sections 301.141 to 301.143, the following terms mean:

- 2 (1) "Department", the department of revenue;
- 3 (2) "Director", the director of the department of revenue;
- 4 (3) "Other authorized health care practitioner" includes advanced practice registered
5 nurses licensed pursuant to chapter 335, physician assistants licensed pursuant to chapter 334,
6 chiropractors licensed pursuant to chapter 331, podiatrists licensed pursuant to chapter 330,
7 **assistant physicians, physical therapists licensed pursuant to chapter 334**, and optometrists
8 licensed pursuant to chapter 336;
- 9 (4) "Physically disabled", a natural person who is blind, as defined in section 8.700, or
10 a natural person with medical disabilities which prohibits, limits, or severely impairs one's ability
11 to ambulate or walk, as determined by a licensed physician or other authorized health care
12 practitioner as follows:
 - 13 (a) The person cannot ambulate or walk fifty or less feet without stopping to rest due to
14 a severe and disabling arthritic, neurological, orthopedic condition, or other severe and disabling
15 condition; or
 - 16 (b) The person cannot ambulate or walk without the use of, or assistance from, a brace,
17 cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; or
 - 18 (c) Is restricted by a respiratory or other disease to such an extent that the person's forced
19 respiratory expiratory volume for one second, when measured by spirometry, is less than one
20 liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest; or
 - 21 (d) Uses portable oxygen; or
 - 22 (e) Has a cardiac condition to the extent that the person's functional limitations are
23 classified in severity as class III or class IV according to standards set by the American Heart
24 Association; or
 - 25 (f) A person's age, in and of itself, shall not be a factor in determining whether such
26 person is physically disabled or is otherwise entitled to disabled license plates and/or disabled
27 windshield hanging placards within the meaning of sections 301.141 to 301.143;
- 28 (5) "Physician", a person licensed to practice medicine pursuant to chapter 334;
- 29 (6) "Physician's statement", a statement personally signed by a duly authorized person
30 which certifies that a person is disabled as defined in this section;
- 31 (7) "Temporarily disabled person", a disabled person as defined in this section whose
32 disability or incapacity is expected to last no more than one hundred eighty days;

33 (8) "Temporary windshield placard", a placard to be issued to persons who are
34 temporarily disabled persons as defined in this section, certification of which shall be indicated
35 on the physician's statement;

36 (9) "Windshield placard", a placard to be issued to persons who are physically disabled
37 as defined in this section, certification of which shall be indicated on the physician's statement.

38 2. Other authorized health care practitioners may furnish to a disabled or temporarily
39 disabled person a physician's statement for only those physical health care conditions for which
40 such health care practitioner is legally authorized to diagnose and treat.

41 3. A physician's statement shall:

42 (1) Be on a form prescribed by the director of revenue;

43 (2) Set forth the specific diagnosis and medical condition which renders the person
44 physically disabled or temporarily disabled as defined in this section;

45 (3) Include the physician's or other authorized health care practitioner's license number;
46 and

47 (4) Be personally signed by the issuing physician or other authorized health care
48 practitioner.

49 4. If it is the professional opinion of the physician or other authorized health care
50 practitioner issuing the statement that the physical disability of the applicant, user, or member
51 of the applicant's household is permanent, it shall be noted on the statement. Otherwise, the
52 physician or other authorized health care practitioner shall note on the statement the anticipated
53 length of the disability which period may not exceed one hundred eighty days. If the physician
54 or health care practitioner fails to record an expiration date on the physician's statement, the
55 director shall issue a temporary windshield placard for a period of thirty days.

56 5. A physician or other authorized health care practitioner who issues or signs a
57 physician's statement so that disabled plates or a disabled windshield placard may be obtained
58 shall maintain in such disabled person's medical chart documentation that such a certificate has
59 been issued, the date the statement was signed, the diagnosis or condition which existed that
60 qualified the person as disabled pursuant to this section and shall contain sufficient
61 documentation so as to objectively confirm that such condition exists.

62 6. The medical or other records of the physician or other authorized health care
63 practitioner who issued a physician's statement shall be open to inspection and review by such
64 practitioner's licensing board, in order to verify compliance with this section. Information
65 contained within such records shall be confidential unless required for prosecution, disciplinary
66 purposes, or otherwise required to be disclosed by law.

67 7. Owners of motor vehicles who are residents of the state of Missouri, and who are
68 physically disabled, owners of motor vehicles operated at least fifty percent of the time by a

69 physically disabled person, or owners of motor vehicles used to primarily transport physically
70 disabled members of the owner's household may obtain disabled person license plates. Such
71 owners, upon application, accompanied by the documents and fees provided for in this section,
72 a current physician's statement which has been issued within ninety days proceeding the date the
73 application is made and proof of compliance with the state motor vehicle laws relating to
74 registration and licensing of motor vehicles, shall be issued motor vehicle license plates for
75 vehicles, other than commercial vehicles with a gross weight in excess of twenty-four thousand
76 pounds, upon which shall be inscribed the international wheelchair accessibility symbol and the
77 word "DISABLED" in addition to a combination of letters and numbers. Such license plates
78 shall be made with fully reflective material with a common color scheme and design, shall be
79 clearly visible at night, and shall be aesthetically attractive, as prescribed by section 301.130.

80 8. The director shall further issue, upon request, to such applicant one, and for good
81 cause shown, as the director may define by rule and regulations, not more than two, removable
82 disabled windshield hanging placards for use when the disabled person is occupying a vehicle
83 or when a vehicle not bearing the permanent handicap plate is being used to pick up, deliver, or
84 collect the physically disabled person issued the disabled motor vehicle license plate or disabled
85 windshield hanging placard.

86 9. No additional fee shall be paid to the director for the issuance of the special license
87 plates provided in this section, except for special personalized license plates and other license
88 plates described in this subsection. Priority for any specific set of special license plates shall be
89 given to the applicant who received the number in the immediately preceding license period
90 subject to the applicant's compliance with the provisions of this section and any applicable rules
91 or regulations issued by the director. If determined feasible by the advisory committee
92 established in section 301.129, any special license plate issued pursuant to this section may be
93 adapted to also include the international wheelchair accessibility symbol and the word
94 "DISABLED" as prescribed in this section and such plate may be issued to any applicant who
95 meets the requirements of this section and the other appropriate provision of this chapter, subject
96 to the requirements and fees of the appropriate provision of this chapter.

97 10. Any physically disabled person, or the parent or guardian of any such person, or any
98 not-for-profit group, organization, or other entity which transports more than one physically
99 disabled person, may apply to the director of revenue for a removable windshield placard. The
100 placard may be used in motor vehicles which do not bear the permanent handicap symbol on the
101 license plate. Such placards must be hung from the front, middle rearview mirror of a parked
102 motor vehicle and may not be hung from the mirror during operation. These placards may only
103 be used during the period of time when the vehicle is being used by a disabled person, or when

104 the vehicle is being used to pick up, deliver, or collect a disabled person. When there is no
105 rearview mirror, the placard shall be displayed on the dashboard on the driver's side.

106 11. The removable windshield placard shall conform to the specifications, in respect to
107 size, color, and content, as set forth in federal regulations published by the Department of
108 Transportation. The removable windshield placard shall be renewed every four years. The
109 director may stagger the expiration dates to equalize workload. Only one removable placard may
110 be issued to an applicant who has been issued disabled person license plates. Upon request, one
111 additional windshield placard may be issued to an applicant who has not been issued disabled
112 person license plates.

113 12. A temporary windshield placard shall be issued to any physically disabled person,
114 or the parent or guardian of any such person who otherwise qualifies except that the physical
115 disability, in the opinion of the physician, is not expected to exceed a period of one hundred
116 eighty days. The temporary windshield placard shall conform to the specifications, in respect
117 to size, color, and content, as set forth in federal regulations published by the Department of
118 Transportation. The fee for the temporary windshield placard shall be two dollars. Upon
119 request, and for good cause shown, one additional temporary windshield placard may be issued
120 to an applicant. Temporary windshield placards shall be issued upon presentation of the
121 physician's statement provided by this section and shall be displayed in the same manner as
122 removable windshield placards. A person or entity shall be qualified to possess and display a
123 temporary removable windshield placard for six months and the placard may be renewed once
124 for an additional six months if a physician's statement pursuant to this section is supplied to the
125 director of revenue at the time of renewal.

126 13. Application for license plates or windshield placards issued pursuant to this section
127 shall be made to the director of revenue and shall be accompanied by a statement signed by a
128 licensed physician or other authorized health care practitioner which certifies that the applicant,
129 user, or member of the applicant's household is a physically disabled person as defined by this
130 section.

131 14. The placard shall be renewable only by the person or entity to which the placard was
132 originally issued. Any placard issued pursuant to this section shall only be used when the
133 physically disabled occupant for whom the disabled plate or placard was issued is in the motor
134 vehicle at the time of parking or when a physically disabled person is being delivered or
135 collected. A disabled license plate and/or a removable windshield hanging placard are not
136 transferable and may not be used by any other person whether disabled or not.

137 15. At the time the disabled plates or windshield hanging placards are issued, the director
138 shall issue a registration certificate which shall include the applicant's name, address, and other
139 identifying information as prescribed by the director, or if issued to an agency, such agency's

140 name and address. This certificate shall further contain the disabled license plate number or, for
141 windshield hanging placards, the registration or identifying number stamped on the placard. The
142 validated registration receipt given to the applicant shall serve as the registration certificate.

143 16. The director shall, upon issuing any disabled registration certificate for license plates
144 and/or windshield hanging placards, provide information which explains that such plates or
145 windshield hanging placards are nontransferable, and the restrictions explaining who and when
146 a person or vehicle which bears or has the disabled plates or windshield hanging placards may
147 be used or be parked in a disabled reserved parking space, and the penalties prescribed for
148 violations of the provisions of this act.

149 17. Every new applicant for a disabled license plate or placard shall be required to
150 present a new physician's statement dated no more than ninety days prior to such application.
151 Renewal applicants will be required to submit a physician's statement dated no more than ninety
152 days prior to such application upon their first renewal occurring on or after August 1, 2005.
153 Upon completing subsequent renewal applications, a physician's statement dated no more than
154 ninety days prior to such application shall be required every fourth year. Such physician's
155 statement shall state the expiration date for the temporary windshield placard. If the physician
156 fails to record an expiration date on the physician's statement, the director shall issue the
157 temporary windshield placard for a period of thirty days. The director may stagger the
158 requirement of a physician's statement on all renewals for the initial implementation of a four-
159 year period.

160 18. The director of revenue upon receiving a physician's statement pursuant to this
161 subsection shall check with the state board of registration for the healing arts created in section
162 334.120, or the Missouri state board of nursing established in section 335.021, with respect to
163 physician's statements signed by advanced practice registered nurses, **or the advisory**
164 **commission for physical therapists established in section 334.625, with respect to**
165 **physician's statements signed by licensed physical therapists**, or the Missouri state board of
166 chiropractic examiners established in section 331.090, with respect to physician's statements
167 signed by licensed chiropractors, or with the board of optometry established in section 336.130,
168 with respect to physician's statements signed by licensed optometrists, or the state board of
169 podiatric medicine created in section 330.100, with respect to physician's statements signed by
170 physicians of the foot or podiatrists to determine whether the physician is duly licensed and
171 registered pursuant to law. If such applicant obtaining a disabled license plate or placard
172 presents proof of disability in the form of a statement from the United States Veterans'
173 Administration verifying that the person is permanently disabled, the applicant shall be exempt
174 from the four-year certification requirement of this subsection for renewal of the plate or placard.
175 Initial applications shall be accompanied by the physician's statement required by this section.

176 Notwithstanding the provisions of paragraph (f) of subdivision (4) of subsection 1 of this section,
177 any person seventy-five years of age or older who provided the physician's statement with the
178 original application shall not be required to provide a physician's statement for the purpose of
179 renewal of disabled persons license plates or windshield placards.

180 19. The boards shall cooperate with the director and shall supply information requested
181 pursuant to this subsection. The director shall, in cooperation with the boards which shall assist
182 the director, establish a list of all Missouri physicians and other authorized health care
183 practitioners and of any other information necessary to administer this section.

184 20. Where the owner's application is based on the fact that the vehicle is used at least
185 fifty percent of the time by a physically disabled person, the applicant shall submit a statement
186 stating this fact, in addition to the physician's statement. The statement shall be signed by both
187 the owner of the vehicle and the physically disabled person. The applicant shall be required to
188 submit this statement with each application for license plates. No person shall willingly or
189 knowingly submit a false statement and any such false statement shall be considered perjury and
190 may be punishable pursuant to section 301.420.

191 21. The director of revenue shall retain all physicians' statements and all other documents
192 received in connection with a person's application for disabled license plates and/or disabled
193 windshield placards.

194 22. The director of revenue shall enter into reciprocity agreements with other states or
195 the federal government for the purpose of recognizing disabled person license plates or
196 windshield placards issued to physically disabled persons.

197 23. When a person to whom disabled person license plates or a removable or temporary
198 windshield placard or both have been issued dies, the personal representative of the decedent or
199 such other person who may come into or otherwise take possession of the disabled license plates
200 or disabled windshield placard shall return the same to the director of revenue under penalty of
201 law. Failure to return such plates or placards shall constitute a class B misdemeanor.

202 24. The director of revenue may order any person issued disabled person license plates
203 or windshield placards to submit to an examination by a chiropractor, osteopath, or physician,
204 or to such other investigation as will determine whether such person qualifies for the special
205 plates or placards.

206 25. If such person refuses to submit or is found to no longer qualify for special plates or
207 placards provided for in this section, the director of revenue shall collect the special plates or
208 placards, and shall furnish license plates to replace the ones collected as provided by this chapter.

209 26. In the event a removable or temporary windshield placard is lost, stolen, or mutilated,
210 the lawful holder thereof shall, within five days, file with the director of revenue an application

211 and an affidavit stating such fact, in order to purchase a new placard. The fee for the
212 replacement windshield placard shall be four dollars.

213 27. Fraudulent application, renewal, issuance, procurement or use of disabled person
214 license plates or windshield placards shall be a class A misdemeanor. It is a class B
215 misdemeanor for a physician, chiropractor, podiatrist or optometrist to certify that an individual
216 or family member is qualified for a license plate or windshield placard based on a disability, the
217 diagnosis of which is outside their scope of practice or if there is no basis for the diagnosis.

324.001. 1. For the purposes of this section, the following terms mean:

2 (1) "Department", the department of insurance, financial institutions and professional
3 registration;

4 (2) "Director", the director of the division of professional registration; and

5 (3) "Division", the division of professional registration.

6 2. There is hereby established a "Division of Professional Registration" assigned to the
7 department of insurance, financial institutions and professional registration as a type III transfer,
8 headed by a director appointed by the governor with the advice and consent of the senate. All
9 of the general provisions, definitions and powers enumerated in section 1 of the Omnibus State
10 Reorganization Act of 1974 and Executive Order 06-04 shall apply to this department and its
11 divisions, agencies, and personnel.

12 3. The director of the division of professional registration shall promulgate rules and
13 regulations which designate for each board or commission assigned to the division the renewal
14 date for licenses or certificates. After the initial establishment of renewal dates, no director of
15 the division shall promulgate a rule or regulation which would change the renewal date for
16 licenses or certificates if such change in renewal date would occur prior to the date on which the
17 renewal date in effect at the time such new renewal date is specified next occurs. Each board or
18 commission shall by rule or regulation establish licensing periods of one, two, or three years.
19 Registration fees set by a board or commission shall be effective for the entire licensing period
20 involved, and shall not be increased during any current licensing period. Persons who are
21 required to pay their first registration fees shall be allowed to pay the pro rata share of such fees
22 for the remainder of the period remaining at the time the fees are paid. Each board or
23 commission shall provide the necessary forms for initial registration, and thereafter the director
24 may prescribe standard forms for renewal of licenses and certificates. Each board or commission
25 shall by rule and regulation require each applicant to provide the information which is required
26 to keep the board's records current. Each board or commission shall have the authority to collect
27 and analyze information required to support workforce planning and policy development. Such
28 information shall not be publicly disclosed so as to identify a specific health care provider, as

29 defined in section 376.1350. Each board or commission shall issue the original license or
30 certificate.

31 4. The division shall provide clerical and other staff services relating to the issuance and
32 renewal of licenses for all the professional licensing and regulating boards and commissions
33 assigned to the division. The division shall perform the financial management and clerical
34 functions as they each relate to issuance and renewal of licenses and certificates. "Issuance and
35 renewal of licenses and certificates" means the ministerial function of preparing and delivering
36 licenses or certificates, and obtaining material and information for the board or commission in
37 connection with the renewal thereof. It does not include any discretionary authority with regard
38 to the original review of an applicant's qualifications for licensure or certification, or the
39 subsequent review of licensee's or certificate holder's qualifications, or any disciplinary action
40 contemplated against the licensee or certificate holder. The division may develop and implement
41 microfilming systems and automated or manual management information systems.

42 5. The director of the division shall maintain a system of accounting and budgeting, in
43 cooperation with the director of the department, the office of administration, and the state
44 auditor's office, to ensure proper charges are made to the various boards for services rendered
45 to them. The general assembly shall appropriate to the division and other state agencies from
46 each board's funds moneys sufficient to reimburse the division and other state agencies for all
47 services rendered and all facilities and supplies furnished to that board.

48 6. For accounting purposes, the appropriation to the division and to the office of
49 administration for the payment of rent for quarters provided for the division shall be made from
50 the "Professional Registration Fees Fund", which is hereby created, and is to be used solely for
51 the purpose defined in subsection 5 of this section. The fund shall consist of moneys deposited
52 into it from each board's fund. Each board shall contribute a prorated amount necessary to fund
53 the division for services rendered and rent based upon the system of accounting and budgeting
54 established by the director of the division as provided in subsection 5 of this section. Transfers
55 of funds to the professional registration fees fund shall be made by each board on July first of
56 each year; provided, however, that the director of the division may establish an alternative date
57 or dates of transfers at the request of any board. Such transfers shall be made until they equal
58 the prorated amount for services rendered and rent by the division. The provisions of section
59 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed
60 to the credit of general revenue.

61 7. The director of the division shall be responsible for collecting and accounting for all
62 moneys received by the division or its component agencies. Any money received by a board or
63 commission shall be promptly given, identified by type and source, to the director. The director
64 shall keep a record by board and state accounting system classification of the amount of revenue

65 the director receives. The director shall promptly transmit all receipts to the department of
66 revenue for deposit in the state treasury to the credit of the appropriate fund. The director shall
67 provide each board with all relevant financial information in a timely fashion. Each board shall
68 cooperate with the director by providing necessary information.

69 8. All educational transcripts, test scores, complaints, investigatory reports, and
70 information pertaining to any person who is an applicant or licensee of any agency assigned to
71 the division of professional registration by statute or by the department are confidential and may
72 not be disclosed to the public or any member of the public, except with the written consent of
73 the person whose records are involved. The agency which possesses the records or information
74 shall disclose the records or information if the person whose records or information is involved
75 has consented to the disclosure. Each agency is entitled to the attorney-client privilege and work-
76 product privilege to the same extent as any other person. Provided, however, that any board may
77 disclose confidential information without the consent of the person involved in the course of
78 voluntary interstate exchange of information, or in the course of any litigation concerning that
79 person, or pursuant to a lawful request, or to other administrative or law enforcement agencies
80 acting within the scope of their statutory authority. Information regarding identity, including
81 names and addresses, registration, and currency of the license of the persons possessing licenses
82 to engage in a professional occupation and the names and addresses of applicants for such
83 licenses is not confidential information.

84 9. Any deliberations conducted and votes taken in rendering a final decision after a
85 hearing before an agency assigned to the division shall be closed to the parties and the public.
86 Once a final decision is rendered, that decision shall be made available to the parties and the
87 public.

88 10. A compelling governmental interest shall be deemed to exist for the purposes of
89 section 536.025 for licensure fees to be reduced by emergency rule, if the projected fund balance
90 of any agency assigned to the division of professional registration is reasonably expected to
91 exceed an amount that would require transfer from that fund to general revenue.

92 11. (1) The following boards and commissions are assigned by specific type transfers
93 to the division of professional registration: Missouri state board of accountancy, chapter 326;
94 board of cosmetology and barber examiners, chapters 328 and 329; Missouri board for architects,
95 professional engineers, professional land surveyors and landscape architects, chapter 327;
96 Missouri state board of chiropractic examiners, chapter 331; state board of registration for the
97 healing arts, chapter 334; Missouri dental board, chapter 332; state board of embalmers and
98 funeral directors, chapter 333; state board of optometry, chapter 336; Missouri state board of
99 nursing, chapter 335; board of pharmacy, chapter 338; state board of podiatric medicine, chapter
100 330; Missouri real estate appraisers commission, chapter 339; and Missouri veterinary medical

101 board, chapter 340. The governor shall appoint members of these boards by and with the advice
102 and consent of the senate.

103 (2) The boards and commissions assigned to the division shall exercise all their
104 respective statutory duties and powers, except those clerical and other staff services involving
105 collecting and accounting for moneys and financial management relating to the issuance and
106 renewal of licenses, which services shall be provided by the division, within the appropriation
107 therefor. Nothing herein shall prohibit employment of professional examining or testing services
108 from professional associations or others as required by the boards or commissions on contract.
109 Nothing herein shall be construed to affect the power of a board or commission to expend its
110 funds as appropriated. However, the division shall review the expense vouchers of each board.
111 The results of such review shall be submitted to the board reviewed and to the house and senate
112 appropriations committees annually.

113 (3) Notwithstanding any other provisions of law, the director of the division shall
114 exercise only those management functions of the boards and commissions specifically provided
115 in the Reorganization Act of 1974, and those relating to the allocation and assignment of space,
116 personnel other than board personnel, and equipment.

117 (4) "Board personnel", as used in this section or chapters 317, 326, 327, 328, 329, 330,
118 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, and 345, shall mean personnel whose functions
119 and responsibilities are in areas not related to the clerical duties involving the issuance and
120 renewal of licenses, to the collecting and accounting for moneys, or to financial management
121 relating to issuance and renewal of licenses; specifically included are executive secretaries (or
122 comparable positions), consultants, inspectors, investigators, counsel, and secretarial support
123 staff for these positions; and such other positions as are established and authorized by statute for
124 a particular board or commission. Boards and commissions may employ legal counsel, if
125 authorized by law, and temporary personnel if the board is unable to meet its responsibilities with
126 the employees authorized above. Any board or commission which hires temporary employees
127 shall annually provide the division director and the appropriation committees of the general
128 assembly with a complete list of all persons employed in the previous year, the length of their
129 employment, the amount of their remuneration, and a description of their responsibilities.

130 (5) Board personnel for each board or commission shall be employed by and serve at the
131 pleasure of the board or commission, shall be supervised as the board or commission designates,
132 and shall have their duties and compensation prescribed by the board or commission, within
133 appropriations for that purpose, except that compensation for board personnel shall not exceed
134 that established for comparable positions as determined by the board or commission pursuant
135 to the job and pay plan of the department of insurance, financial institutions and professional

136 registration. Nothing herein shall be construed to permit salaries for any board personnel to be
137 lowered except by board action.

138 12. All the powers, duties, and functions of the division of athletics, chapter 317, and
139 others, are assigned by type I transfer to the division of professional registration.

140 13. Wherever the laws, rules, or regulations of this state make reference to the "division
141 of professional registration of the department of economic development", such references shall
142 be deemed to refer to the division of professional registration.

143 **14. (1) The state board of nursing, board of pharmacy, Missouri dental board,
144 state committee of psychologists, or state board of registration for the healing arts may
145 individually or collectively enter into a contractual agreement with the department of
146 health and senior services, a public institution of higher education, or a nonprofit entity
147 for the purpose of collecting and analyzing workforce data from its licensees, registrants,
148 or permit holders for future workforce planning and to assess the accessibility and
149 availability of qualified health care services and practitioners in Missouri. The boards
150 shall work collaboratively with other state governmental entities to ensure coordination
151 and avoid duplication of efforts.**

152 **(2) The boards may expend appropriated funds necessary for operational expenses
153 of the program formed under this subsection. Each board is authorized to accept grants
154 to fund the collection or analysis authorized in this subsection. Any such funds shall be
155 deposited in the respective board's fund.**

156 **(3) Data collection shall be controlled and approved by the applicable state board
157 conducting or requesting the collection. Notwithstanding the provisions of sections 324.010
158 and 334.001, the boards may release identifying data to the contractor to facilitate data
159 analysis of the health care workforce including, but not limited to, geographic,
160 demographic, and practice or professional characteristics of licensees. The state board
161 shall not request or be authorized to collect income or other financial earnings data.**

162 **(4) Data collected under this subsection shall be deemed the property of the state
163 board requesting the data. Data shall be maintained by the state board in accordance with
164 chapter 610, provided any information deemed closed or confidential under subsection 8
165 of this section or any other provision of state law shall not be disclosed without consent of
166 the applicable licensee or entity or as otherwise authorized by law. Data shall only be
167 released in an aggregate form in a manner that cannot be used to identify a specific
168 individual or entity.**

169 **(5) Contractors shall maintain the confidentiality of data received or collected
170 under this subsection and shall not use, disclose, or release any data without approval of
171 the applicable state board.**

172 **(6) Each board may promulgate rules subject to the provisions of this subsection**
173 **and chapter 536 to effectuate and implement the workforce data collection and analysis**
174 **authorized by this subsection. Any rule or portion of a rule, as that term is defined in**
175 **section 536.010, that is created under the authority delegated in this section shall become**
176 **effective only if it complies with and is subject to all of the provisions of chapter 536 and,**
177 **if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any**
178 **of the powers vested with the general assembly under chapter 536 to review, to delay the**
179 **effective date, or to disapprove and annul a rule are subsequently held unconstitutional,**
180 **then the grant of rulemaking authority and any rule proposed or adopted after August 28,**
181 **2015, shall be invalid and void.**

376.1235. 1. No health carrier or health benefit plan, as defined in section 376.1350,
2 shall impose a co-payment or coinsurance percentage charged to the insured for services
3 rendered for each date of service by a physical therapist licensed under chapter 334 **or an**
4 **occupational therapist licensed under chapter 324**, for services that require a prescription, that
5 is greater than the co-payment or coinsurance percentage charged to the insured for the services
6 of a primary care physician licensed under chapter 334 for an office visit.

7 2. A health carrier or health benefit plan shall clearly state the availability of physical
8 therapy **and occupational therapy** coverage under its plan and all related limitations,
9 conditions, and exclusions.

10 3. Beginning September 1, [2013] **2015**, the oversight division of the joint committee
11 on legislative research shall perform an actuarial analysis of the cost impact to health carriers,
12 insureds with a health benefit plan, and other private and public payers if the provisions of this
13 section **regarding occupational therapy coverage** were enacted. By December 31, [2013]
14 **2015**, the director of the oversight division of the joint committee on legislative research shall
15 submit a report of the actuarial findings prescribed by this section to the speaker, the president
16 pro tem, and the chairpersons of both the house of representatives and senate standing
17 committees having jurisdiction over health insurance matters. If the fiscal note cost estimation
18 is less than the cost of an actuarial analysis, the actuarial analysis requirement shall be waived.

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