



E-Alliance Extra

Missouri Alliance for Home Care

2420 Hyde Park, Suite A • Jefferson City, MO 65109 • P (573) 634-7772 • F (573) 634-4374

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The 99th General Assembly is officially underway. This Special Legislative Edition covers the first week of session.

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State of the State Address on January 17 (without a Budget)

Anticipation is high to see Governor-elect Greitens FY18 proposed State Budget, but he is going to break the tradition of announcing it with his state of the state address and opt to present it later in the month instead. Before he can finalize his proposed budget for the next fiscal year, he has to balance the one for the current fiscal year ending June 30th. The state started the year with \$200 million less than anticipated in the general fund, and earlier this year Governor Nixon cut \$150 million, and withheld an additional \$59 million, after the legislature overrode his vetos of several tax cuts in September. To compound the shortfall problem, a tax cut passed three-years ago is poised to start phasing in during the 2017 fiscal year. When fully implemented the measure will cut state revenue by an additional \$600 million (estimated) a year.

Senate Leader Names Senate Committee Chairmen

According to a Missouri Senate press release, Senate leader Ron Richard, R-Joplin, announced 21 Senate Committees that will hold public hearings and draft legislation this session. This year, the committees have been restructured to better hear testimony on the issues that are important to Missourians today. [Click here](#) to read the entire press release and see a list of Senate Committees, Chairmen and Vice Chairmen.

House Reduces Number of Committees

The House Speaker revamped the committee structure and reduced the number of committees from 42 to 32. The committees will be divided into two groups with each group having its own Rules Committee that will act as a clearing house prior to bills moving to the floor. The newly retooled House Fiscal Review Committee will scrutinize fiscal notes on all bills to insure new legislation comports within budget projections.

Here is a link to the new House and Senate Committees:

<http://www.house.mo.gov/ActiveCommittees.aspx>

<http://www.senate.mo.gov/committee/>

Increased Security at Capitol

Starting January 10th, visitors, media and lobbyists entering the Capitol will be searched, required to walk through metal detectors and have personal belongings X-rayed. Key cards will be issued to state employees and people with credentials who work at the Capitol on a regular basis. Concealed carrying of weapons is not allowed in the Capitol and anyone with a firearm will be asked to return it to a secure location before entering the building, except for legislators that is. Knives with a 4-inch blade or longer will not be permitted, nor will explosives, signs fixed on poles or standards, and balloons.

Bills Filed

The beginning of the 99th General Assembly started with over 450 House and over 250 Senate Bills filed. Listed below are some that might be of interest to members. Click on the bill number link to see current actions, bill text and/or summary.

[HB 47 - Lichtenegger](#)

Requires health carriers to reimburse physical therapists in the same amount as licensed physical therapists for rendering the same services

This act states that the co-pays and reimbursement rates from health insurance companies for licensed physical therapists performing a service or procedure should be the same as any other licensed physical therapist receives from a health insurance company regardless of the setting.

[HB 66 - Ruth](#)

Expands the newborn screening requirements to include spinal muscular atrophy (SMA) and Hunter syndrome

This act requires the Missouri Department of Health and Senior Services to expand newborn screenings administered in the state to include screenings for spinal muscular atrophy and Hunter's syndrome by January 1, 2019 if funds are appropriated.

[HB 89 - Rehder](#)

Changes the laws regarding the priority of persons to be appointed guardian of an incapacitated person or conservator of a disabled person

This act states the court shall appoint and give priority to the individuals listed when appointing another guardian of an incapacitated person or another conservator of someone with a disability as long as they are qualified under the applicable statute and suitable. Prior to another eligible person being appointed, a court must determine that the guardian or conservator is deficient in his/her ability to serve in the role. If there is a

claim that the guardian is deficient due to substandard living conditions, the Department of Health and Senior Services is required to conduct an investigation and submit a report prior to a determination. The finding must be that the living conditions are dangerous or unsanitary and materially affect the life, health, or safety of the incapacitated individual in order for a priority individual to be deemed deficient due to substandard living conditions.

[HB 102 - Swan](#)

Provides that music therapists who have completed certain education and training requirements shall be deemed a certified music therapist by the Department of Elementary and Secondary Education for the purpose of providing certain services

This act states certified music therapists who have completed the education and clinical training requirements established by the American Music Therapy Association and passed the Certification Board for Music Therapists certification examination shall be deemed as certified by the department of elementary and secondary education for the purposes of providing services identified in an individualized family service plan in the first steps program.

[HB 124 - Frederick](#)

Establishes the "Patients First Medicaid Reform Act"

This act requires the Department of Social Services to seek a waiver from the Centers for Medicare and Medicaid Services to receive federal funding as a five year block grant. The Department will establish MO HealthNet health savings accounts for recipients or their families with the state treasurer. Money will be deposited in each account in the amount required to purchase a high deductible policy and fund a portion of a health savings account. The act specifies what happens when a recipient becomes employed and what happens when there are unspent funds in a MO HealthNet savings account. The act allows recipients to request to be able to use a certain amount of money in the accounts for qualifying nonmedical expenses.

[HB 144 - McGaugh](#)

Establishes the "Designated Health Care Decision-Maker Act"

This act designates a list of individuals who can make health care decisions for someone who is incapacitated and unable to receive and evaluate information or communicate decisions. It requires physicians and other health care providers to make reasonable efforts to inform designated health care decision makers as specified in the act. If there is disagreement from anyone listed in the list regardless of the individual's priority within the list or a health care facility or provider on whether health care should be provided or withdrawn the probate court can be petitioned for a temporary or permanent guardian order. It specifies actions that will disqualify an individual from being given priority to make decisions. It states what can and cannot be withheld while waiting for court proceedings or transfer to another facility. This act states that health care should not be denied based on the belief that extending the life of someone with a disability or

terminal illness, or is elderly is of less value or a disagreement with how the decision maker views the tradeoff of extending life and risk of disability.

[HB 157 - Frederick](#)

Modifies provisions relating to physician referrals to physical therapists

This act exempts from the prohibition of physician referrals for physical therapy services entities with whom the physician has an ownership or investment relationship as long as the entity is compliant with federal law on limitations for physician referrals.

[HB 165 - Hubrecht](#)

Changes provisions relating to advanced practice registered nurses

This bill changes the law regarding advanced practice registered nurses (APRNs).

In its main provisions, the bill: (1) Requires an APRN to receive a certificate of controlled substance prescriptive authority before he or she can prescribe, administer, and dispense controlled substances under a collaborative practice arrangement; (2) Removes most existing requirements for collaborative practice arrangements and nullifies all additional regulations regarding collaborative practice arrangements; (3) Removes limitations on the number of APRNs with whom a physician may enter into a collaborative practice arrangement; (4) Redefines "advanced practice registered nurse" to be a person who is licensed under the provisions of Chapter 335, RSMo, to engage in the practice of advanced practice nursing. The bill creates a scope of practice for an APRN and lists four APRN roles, including certified clinical nurse specialist, certified nurse midwife, certified nurse practitioner, and certified registered nurse anesthetist; and (5) Permits the Board of Nursing within the Department of Insurance, Financial Institutions and Professional Registration to grant a certificate of controlled substance prescriptive authority to an APRN to administer, dispense, or prescribe controlled substances in Schedules III, IV, and V and Schedule II-hydrocodone within the parameters of a collaborative practice arrangement with certain limitations.

[HB 167 - Peters](#)

Increases the state minimum wage to \$15 per hour

This act increases the minimum wage to \$15.00 per hour beginning January 1, 2018 and it will be increased or decreased in successive years as necessary.

[HB 184 - Franks](#)

Requires the secretary of state to establish a system for automatic voter registration

This act requires the Secretary of State's office to establish a process for automatic voter registration based on driver's licenses to provide recommendations to local election authorities regarding automatic registration of eligible voters. The act instructs the Department of Revenue's Motor Vehicle and Driver Licensing Division to provide the Secretary of State's office with information so that recommendations can be made. No

later than two months after election authorities receive the recommendations from the Secretary of State's office of who should be included on the existing lists, the election authorities will send a paid postcard to all recommended individuals to provide the opportunity for individuals to state they do not want to be registered to vote. If the postcard is returned, the individual's name will be removed. If it is not returned, the individual's name will be added to the list.

[HB 186 - Frederick](#)

Creates the Silver Alert System to aid in identifying and locating a missing endangered person

This act creates the Silver Alert System to aid in identifying and locating a missing endangered person, defined as a person who does not meet the criteria for an Amber alert, is missing under unexplained, involuntary, or suspicious circumstances; and is believed to be in danger because of age, guardianship, health, disability, environmental or weather conditions, or is in the company of a potentially dangerous person. A missing endangered person does not include a runaway. The Silver Alert System shall be set up and maintained in a manner similar to the Amber Alert System. The Department of Public Safety shall develop regions to provide the system and to coordinate local law enforcement agencies and public commercial television and radio broadcasters. Local law enforcement participation in the Silver Alert System is optional under this act.

[HB 211 - Redmon](#)

Changes provisions relating to the scope of practice for physical therapists

This bill changes the laws regarding physical therapists so that physical therapists no longer need a prescription or referral from a doctor in order to treat a patient. Instead, a physical therapist is only required to refer any patient whose medical condition is beyond the physical therapist's scope of practice to a medical doctor.

[HB 227 - Hubrecht](#)

Establishes the Psychology Interjurisdictional Compact

This act establishes the Psychology Interjurisdictional Compact which regulates the temporary, in-person and face-to-face day-to-day practice of tele-psychology by psychologists across state boundaries for a period of thirty days in a calendar year. It gives regulatory authorities authority to legally recognize psychologists licensed in another state. It also outlines the purposes of the Compact.

[HB 244 - Rowland](#)

Modifies laws relating to advanced practice registered nurses in collaborative practice agreements

This act removes the geographic proximity exception for rural health clinics and allows the geographic proximity to be waived in any circumstance. It also increases the number of advanced practice registered nurses a physician can enter into a collaborative practice agreement with from three to five.

[HB 262 - Sommer](#)

Revises the definition of "service dog" to include animals that provide support or therapeutic functions for individuals with psychiatric or mental disabilities

This act adds "mental health service dog"/"psychiatric service dog" to the definition of a service dog. A mental health/psychiatric service dog is a dog individually trained for its owner who is diagnosed with a psychiatric disability, medical condition, or developmental disability to perform tasks that mitigate or assist with difficulties the including, but not limited to alerting or responding to episodes such as panic attacks and anxiety and performing other tasks directly related to the owner's psychiatric disability, medical condition, or developmental disability. It lists disabilities that would qualify under this act. They include but are not limited to: autism spectrum disorder, epilepsy, major depressive disorder, bipolar disorder, post-traumatic stress disorder, anxiety disorder, obsessive compulsive disorder, and schizophrenia.

[HB 268 - Brattin](#)

Requires all inmates receiving an on-site non-emergency medical examination or treatment from correctional center personnel to be charged 50 cents per visit

This act requires all inmates receiving on-site non-emergency medical examinations or treatments from correctional center personnel to be charged a 50 cent fee per visit unless it is for staff referred health care, staff approved follow-up treatment for chronic conditions, diagnoses or treatment of chronic infectious diseases, mental health care, substance abuse treatment, preventative health care, prenatal care, and emergency services. Inmates who cannot pay and are considered indigent will not be charged the fee.

[HB 284 - Brown](#)

Prohibits anyone from using a hand-held electronic wireless communication device while driving unless the device is equipped for hands-free operation and is being used in that manner

This act prohibits making or participating in a phone call using a hand-held electronic wireless communication device while driving a non-commercial vehicle unless it is being done with hands-free operation or sending, reading or writing a text or other electronic message unless it is being done with voice-recognition hands-free texting.

[HB 290 - Fitzpatrick](#)

Requires the Department of Social Services to apply for a global waiver for MO HealthNet

This act requires the Department of Social Services to apply for a global waiver for the MO HealthNet program designed to give the state greater flexibility to implement a patient-centered, sustainable, and cost-effective market-based health care system that emphasizes competitive and value-based purchasing. Such flexibility may include eligibility determinations that include work requirements for certain able-bodied adults,

initiatives to promote healthy outcomes and personal responsibility, including co-payments, premiums, and health savings accounts; and accountability and transparency measures which promote interdepartmental cooperation and coordination and reduce redundancies. The measures should also promote cost-effective and efficient delivery of patient-centered physical and mental health services. It may also include proposing or accepting a federally capped block grant.

[HB 293 - Higdon](#)

Establishes the Fair Fare Passenger Safety Act that prohibits any person operating a motor vehicle for compensation from using a hand-held wireless device

This act establishes the “Fair Fare Passenger Safety Act of 2017.” It prohibits the driver of any motor vehicle who is receiving compensation and is carrying at least one passenger from using a hand-held wireless device while driving. This includes sending or receiving texts, electronic messages, and phone calls with the device.

[HB 298 - Lichtenegger](#)

Specifies the minimum reimbursement amount for covered physical therapy services delivered under health benefit plans

This act states that beginning January 1, 2018 the minimum reimbursement amount for covered physical therapy services paid to a physical therapy provider under a health benefit plan should not be less than the minimum payment schedule. It also states how the minimum payment schedule will be determined.

[HB 312 - Walker](#)

Restricts the use of handheld communications devices while driving unless the device is equipped for hands-free operation and is being used in that manner

This act prohibits using a hand-held electronic wireless communication device while driving a vehicle on any highway in Missouri. It includes reading, composing, viewing, or posting an electronic message, initiating, receiving, or conducting a conversation, and manually typing in to such a device. There are specific exceptions outlined in the act.

[HB 329 - Morris](#)

Establishes the Tricia Leann Tharp Act, which requires certain pharmacists to receive two hours of continuing education on suicide prevention

This act requires all pharmacists employed at a licensed retail pharmacy to receive two hours of continuing education on suicide prevention during each license renewal period in order to renew a license. The Board of Pharmacy will develop guidelines for suitable training materials that can be used by schools of pharmacy, organizations, and courses approved by the American Council of Pharmaceutical Education. The requirement can be met through self-review of materials as long as they meet the guidelines established by the Board of Pharmacy. Schools of pharmacy may approve materials used for staff and employee training.

[HB 331 - Morris](#)

Changes the laws regarding vaccines

This act states beginning August 28, 2018 no public health clinic in the state will administer a vaccine containing mercury or other metal to any adult or child.

[HB 332 - Morris](#)

Changes the laws regarding vaccines and disorder monitoring

This act requires that after August 28, 2018, public health clinics in MO will only administer shingles vaccines with the highest possible immune response and that contain no foreign human DNA contaminants. It requires that public health clinics only administer chicken pox vaccines that contain no foreign human DNA contaminants. The act also requires the MO Autism and Developmental Disabilities Monitoring Project to annually report on children with four and eight year old children with autism and developmental disabilities.

[HB 378 - Brown](#)

Prohibits text messaging while driving unless the device is equipped with technology allowing for hands-free texting and is being used in that manner

This act prohibits texting while driving by a driver of any age unless the device is being used in hands-free texting mode.

[HB 395 - Adams](#)

Establishes the Missouri Universal Health Assurance Program to provide a publicly financed, statewide insurance program for all residents of the state

This act creates the “Missouri Universal Health Assurance Program” to provide a publicly financed insurance program statewide that will provide necessary comprehensive, health, mental health, and dental health services for all MO residents. The act outlines the goals of the program. Six advisory councils will assist the program board with developing a comprehensive health care plan for the state, a budget, and policies and procedures for program operation. They will also help develop a transportation plan to allow people with disabilities and others access to non-emergency health care services. The act specifies that each advisory council will have nine members who are appointed by the Governor and which groups the appointees will represent. The membership will include a medical director of a mental health facility and a person with a physical disability. The act details the membership of the Board of Governors. The act states that the board must always have two members who have disabilities as defined by the Americans with Disabilities Act. The act specifies how often the Board will meet and its responsibilities. It states what the state comprehensive health care plan will include. It states what will happen before the state plan is publicized. The Board will establish and administer the “Missouri Health Care Trust Fund.” Appropriate moneys, as specified in the act, will be placed in the fund. The act also outlines other specifics in regards to the fund and accounts established within it. The act creates a fund within the State

Treasury for the education and training of health professionals. The “Missouri Universal Health Assurance Program” is open to any MO resident regardless of pre-existing conditions. Individuals will not be charged an additional amount for services if the services were received from a participating provider. The act outlines what will be deemed covered services. Individuals can choose any participating provider. The act establishes a health assurance tax based on income which would be effective after the receipt of waivers from the federal government.

[HB 398 - McDaniel](#)

Establishes the Authorized Electronic Monitoring in Long-Term Care Facilities Act

This act establishes the “Authorized Electronic Monitoring in Long-Term Care Facilities Act.” It allows a patient or a patient’s representative to authorize the installation and use of a patient monitoring device in a residential care, assisted living, intermediate care, or skilled nursing facility as long as the facility is given notice of the installation, all costs are paid by the patient, and written consent is given by all patients occupying the room. All devices that have visual recordings will include a date and time for the recording. Patients will be allowed to set limits on its use. The option to have a monitoring device will be offered at the time of admission. The consent to authorize the installation of a device will include a liability release for the facility as it relates to the patient’s privacy violation with the device. This act specifies what should be included on the authorization form and that the form will be developed by the Department of Health and Senior Services. Individuals may change their decision at any time. The act also states that if the provisions outlined in the act are followed the recordings can be used in civil actions against the facility and is a defense against any action brought because of the presence of the device. Within six months of this act’s effective date each facility will provide to each patient or surrogate a form outlining the act and providing the option for a monitoring device. The act instructs that notices be posted outside each room where a monitoring device is being used. The act also sets penalties for violating the act or hampering, obstructing, tampering with, or destroying a device or a recording.

[HB 402 - Frederick](#)

Requires the Department of Social Services to apply for a global waiver for MO HealthNet

This act requires the Department of Social Services to apply for a global waiver for the MO HealthNet program designed to give the state greater flexibility to implement a patient-centered, sustainable, and cost-effective market-based health care system that emphasizes competitive and value-based purchasing. Such flexibility may include eligibility determinations that include work requirements for certain able-bodied adults, initiatives to promote healthy outcomes and personal responsibility, including co-payments, premiums, and health savings accounts; and accountability and transparency measures which promote interdepartmental cooperation and coordination and reduce redundancies. The measures should also promote cost-effective and efficient delivery of patient-centered physical and mental health services. It may also include proposing or accepting a federally capped block grant.

[HB 429 - Cornejo](#)

Modifies provisions relating to physician referrals to physical therapists

This act exempts from the prohibition of physician referrals for physical therapy services entities with whom the physician has an ownership or investment relationship as long as the entity is compliant with federal law on limitations for physician referrals.

[HB 437 - Neely](#)

Allows persons with certain serious medical conditions to use medical cannabis

This act allows people with serious conditions to use medical marijuana. Serious condition is defined as cancer, HIV, AIDS, amyotrophic lateral sclerosis, Alzheimer's disease, rheumatoid arthritis, fibromyalgia, severe migraines, Parkinson's disease, multiple sclerosis, spinal cord damage, epilepsy, inflammatory bowel disease, neuropathies, Huntington's disease, or certain specified symptoms or complications associated with the conditions listed above. This act provides that the Department of Health and Senior Services must issue a registration card to a person who provides a certification signed by a practitioner that the person or minor suffers from a serious condition and may benefit from treatment with medical marijuana, indicates the practitioner is qualified to treat the condition, states that the individual is under the practitioner's continuing care, and provides the form of marijuana the patient should consume, including the method of consumption, any particular strain, variety, quantity or percentage and the appropriate dosage.

[HB 440 - Kidd](#)

Establishes "Simon's Law", which changes the laws regarding life-sustaining or non-beneficial treatment policies of health care facilities

This bill establishes Simon's Law that changes the laws regarding life-sustaining treatment policies of health care facilities. A health care facility, nursing home, or physician must disclose in writing any policies relating to a patient or resident or the services that a patient or resident may receive involving life-sustaining or non-beneficial treatment within the health care facility or agency upon the request of a patient or resident or a prospective patient or resident. Upon admission or upon request, if the patient or resident or prospective patient or resident is a minor child or minor ward, the health care facility, nursing home, or physician in charge must provide the policies in writing to at least one parent or legal guardian of the patient or resident or prospective patient or resident. The bill prohibits a health care facility, nursing home, physician, nurse, or medical staff from withholding life-sustaining procedures, food, medication, or nutrition, or placing any restrictions on life-sustaining procedures including, but not limited to, food, medication, or nutrition for any minor patient, resident, or ward without the written permission of at least one parent or legal guardian of the minor patient or ward. The institution of a do-not-resuscitate order or similar physician's order, either orally or in writing, is prohibited without the written permission of at least one parent or legal guardian of the minor patient or resident or prospective minor patient or resident. These provisions must not require a health care facility, nursing home, or physician to

have a written policy relating to or involving life-sustaining or non-beneficial treatment for minor or adult patients, residents, or wards.

[HB 455 - Bahr](#)

Allows structured family caregiving as a covered service under MO HealthNet, subject to the approval of federal waivers

This act adds structured family caregiving to the covered home and community-based waiver services in the MO aged and disabled adult waiver and the independent living waiver. It would include a choice of caregivers including family caregivers, a choice of community settings where the service is provided. Other requirements are outlined in the act. It instructs the MO HealthNet Division to apply to the U.S. Secretary of Health and Human Services for amendments to the necessary waivers within thirty days of this becoming effective. The effective date requested will be no later than July 1, 2018.

[SB 28 - Sater](#)

Requires the Department of Social Services to apply for a global waiver for MO HealthNet

Under this act, the Department of Social Services shall apply for a global waiver for the MO HealthNet program designed to give the state greater flexibility to implement a patient-centered, sustainable, and cost-effective market-based health care system that emphasizes competitive and value-based purchasing. Such flexibility may include: (1) eligibility determinations that include work requirements for certain able-bodied adults; (2) initiatives to promote healthy outcomes personal responsibility, including co-payments, premiums, and health savings accounts; and (3) accountability and transparency measures.

[SB 42 – Wallingford](#)

Modifies provisions relating to the licensing of advanced practice registered nurses and collaborative practice arrangements.

The act repeals provisions of law which require a written collaborative practice arrangement between a collaborating physician and an advanced practice registered nurse (APRN) to include the following: 1) a list of all offices where the physician has authorized the APRN to prescribe drugs; 2) a requirement that there must be at each location where the APRN is authorized to prescribe a notice informing patients that they may be seen by an APRN and that they have a right to see the physician; 3) all specialty and board certifications of the physician and APRN; 4) the manner of collaboration between the physician and the APRN, which includes the maintenance of geographic proximity; 5) a description of the APRN's prescriptive authority; 6) a list of other practice agreements of the collaborating physician and the APRN; 7) the duration of the practice agreement; 8) a description of the time and manner of the physician's review of the APRN's delivery of services, which must include that the APRN is to submit at least 10% of the charts to the physician for review; and 9) that the physician must review every 14 days at least 20% of the charts in which the APRN prescribed controlled substances.

[SB 43 - Romine](#)

Modifies the law relating to unlawful discrimination

Currently, under the Missouri Human Rights Act (MHRA), a practice is unlawful when the protected trait is a contributing factor in the decision to discriminate. This act changes that standard to a motivating factor standard. The plaintiffs in employment cases are one of two groups that have the burden of proving these standards. It modifies the definition of employer to exclude individuals acting in the interest of employers. It directs the courts to rely heavily on judicial interpretations of the Americans with Disabilities Act. The act states that parties can demand a jury trial and outlines the damage awards allowed.

[SB 50 – Walsh](#)

Establishes the Advance Health Care Directive Registry

This act requires the Department of Health and Senior Services to contract with a third party for the establishment of a health care directives registry for the purpose of providing a place to securely store an advance health care directive online and to give authorized health care providers immediate access to the directive. The third party contractor shall be solely responsible for the administration and maintenance of the registry. All data and information contained in the registry shall remain confidential and shall be exempt from the Sunshine law. An "advance health care directive" is defined as either a power of attorney for health care or a declaration signed by an adult declarant containing the person's direction concerning a health care decision.

All documents shall be submitted electronically to the registry at intake points, such as licensed health care providers and licensed attorneys, and signed electronically with a unique identifier, such as a Social Security number, a driver's license number, or another unique government-issued identifier. The electronic submission will be accompanied by a fee not to exceed ten dollars.

The Department may promulgate rules to carry out the provisions of this act which may include, but not be limited to, a determination of who may access the registry, including physicians, other licensed health care providers, the declarant, and his or her legal representative or designee.

[SB 52 - Nasheed](#)

Creates several provisions relating to suicide awareness and prevention

This act requires each public institution of higher education to develop and implement a policy to advise students and staff on suicide prevention programs available on and off campus that includes, but is not limited to crisis intervention access, mental health program access, multimedia application access, student communication plans, and post intervention plans. Such policy shall also advise students, faculty, and staff of the proper procedures for identifying and addressing the needs of students exhibiting suicidal tendencies or behavior, and shall require training where appropriate. Each public institution of higher education shall provide all incoming students with

information about depression and suicide prevention resources available to students. The information contained in such policy, in addition to any applicable free-of-cost prevention materials or programs, shall be posted on the websites of each public institution of higher education. Each public institution shall establish and maintain methods of anonymous reporting of unsafe, potentially harmful, dangerous, violent, or criminal activities, or the threat of such activities. Such methods shall ensure the anonymity of the reporting party.

[SB 56 - Holsman](#)

Allows marijuana to be produced, distributed, and consumed for medicinal purposes

This act allows the Department of Health and Senior Services to grant licenses for the cultivation, manufacture, distribution, and sale of marijuana for medical use.

This resolution defines the responsibilities of the department in licensing businesses and facilities and certifying patients and allows the department to charge fees, limit the number of licenses issued, and the quantities of marijuana that may be possessed. The retail sale of medical marijuana would be subject to a four percent tax. The proceeds of the tax and fees collected under the marijuana program would be deposited in the Missouri Veterans' Health and Care Fund, which is created by this resolution. The fund is to be used to pay the expenses of the department in administering the marijuana program. Any excess proceeds are to be transferred to the Missouri Veterans Commission for health and care services for military veterans. This act prohibits the imposition of certain penalties against patients, laboratories, caregivers, attorneys, health care providers, including physicians, and other entities for participating in the medical marijuana program. This act specifies that criminal and civil penalties regarding certain unauthorized uses of marijuana would continue to apply even if the resolution was enacted.

[SB 72 – Schaaf](#)

Provides that certain health care providers may have their professional licenses disciplined for failure to follow the CDC Guideline for Prescribing Opioids

This act provides that physicians, podiatrists, assistant physicians, physician assistants, dentists, and advanced practice registered nurses with prescriptive authority may have their professional licenses disciplined for failure to follow the Centers for Disease Control Guideline for Prescribing Opioids and for failing to document in a patient's medical records that they followed such Guideline.

[SB 117 - Schupp](#)

Requires employee and volunteers of specified public and private institutions to receive an influenza vaccination every year

This act requires that all employees and volunteers of certain inspected health care facilities receive an influenza vaccination every year, three months prior to the flu season. Employees or volunteers beginning work during the flu season shall be vaccinated within two weeks of commencing work. The Department of Health and Senior Services shall not be required to pay for these vaccinations. Exemptions may be granted in specified situations. The Department may conduct vaccination inspections during any other inspection of the facility. Inspected facilities not in compliance will have an opportunity to be re-inspected within three months of the initial inspection. Failure to comply at that time will result in a fine which shall be applied to the costs of inspections and flu prevention education.

[SB 153 - Schaaf](#)

Permits the use of medical marijuana for the treatment of certain impairments

This act allows people with serious conditions to use medical marijuana. Serious condition is defined as cancer, HIV, AIDS, amyotrophic lateral sclerosis, Alzheimer's disease, rheumatoid arthritis, fibromyalgia, severe migraines, Parkinson's disease, multiple sclerosis, spinal cord damage, epilepsy, inflammatory bowel disease, neuropathies, Huntington's disease, or certain specified symptoms or complications associated with the conditions listed above. Under current law, the Department must issue a registration card to a person who provides a statement signed by a neurologist that the person suffers from intractable epilepsy and may benefit from treatment with hemp extract. This act provides that the Department must issue a registration card to a person who provides a certification signed by a practitioner that the person suffers from a serious condition and may benefit from treatment with medical marijuana, indicates the practitioner is qualified to treat the condition, states that the individual is under the practitioner's continuing care, and provides the form of marijuana the patient should consume, including the method of consumption and the appropriate dosage. This act specifies that possession of or application for a registration card does not constitute probable cause to search the person or property of the person. Under this act, the Department is required to maintain a confidential list of people with registration cards. The list is confidential except in certain specified circumstances. Registrants must possess a form of medical marijuana that complies with the practitioner's certification. Under this act, a registrant may possess up to a 30-day supply of the medical marijuana dosage certified by the practitioner. During the last seven days of the 30-day period, the registrant may possess a 30-day supply for the following month as well. This act specifies certain provisions regarding seizure of medical marijuana, the liability of people being near the medical use of marijuana, and the rights of registrants with regard to routine traffic stops and employment. The act provides that the fraudulent misrepresentation to an officer of any fact relating to the use of products containing medical marijuana in order to avoid arrest is a class D misdemeanor. This act prohibits a licensed medical marijuana grower from obtaining marijuana from outside the state, employing felons, and selling medical marijuana without verifying the validity of the buyer's registration card. Growers must clearly label marijuana products.

[SB 155 - Schaaf](#)

Modifies provisions relating to prescription drug co-payments

This act requires an enrollee in an HMO or health insurance plan to pay only the usual and customary retail price of a prescription drug if the co-payment applied by an HMO or health insurer exceeds the usual and customary retail price, and provides that there shall be no further charge to the enrollee or plan sponsor for such prescription.

[SB 165 - Schupp](#)

Applies ban on using cell phones for text messaging while driving a motor vehicle to all drivers

This act applies the ban on use of hand-held cell phones to all drivers for the purposes of sending, reading, or writing text messages. Cell phones are permitted to be used by drivers in a hands-free voice activated mode.

[SB 168 - Schaaf](#)

Modifies provisions relating to health insurance discrimination

This act prevents health insurers offering group health insurance coverage from establishing rules for eligibility based on participation in employee wellness programs or blood testing.

[SB 203 - Sifton](#)

Relating to the MO HealthNet buy-in for workers with disabilities program

This act changes the Ticket to Work Health Assurance Program to the "MO HealthNet Buy-in for Workers with Disabilities Program". MO HealthNet Buy-In differs from the Ticket to Work Health Assurance Program in the following ways: (1) removes asset limits from qualification calculations; (2) modifies the income calculation from a net/gross calculation to a broader definition that would consider income for those disabled persons with incomes up to 300% of the federal poverty level, while retaining the requirement that persons with incomes over 100% of the federal poverty level pay a premium; (3) all earned income of a spouse shall be disregarded from income calculations; (4) if the Department elects to pay the person's costs of employer-sponsored health insurance, MO HealthNet assistance shall be provided as a secondary or supplemental policy; (5) the Department shall provide an annual report to the General Assembly concerning the number of participants and outreach and education efforts; and (6) the expiration provision for the program of August 29, 2019, has been removed.

[SB 221 - Riddle](#)

Authorizes legal counsel for the Department of Mental Health to have standing in certain hearings involving a person unable to stand trial due to a lack of mental fitness

This act provides that after a person accused of committing a crime has been committed to the Department of Mental Health due to lack of mental fitness to stand trial, the legal counsel for the Department shall have standing to participate in hearings regarding involuntary medications for the accused.

[SB 229 - Riddle](#)

Modifies the law relating to working hours for employees at certain mental health facilities

This act exempts the days on which Daylight Saving Time begins and ends from current law requirements that limit the number of hours a state employee may work in a 24 hour period in certain secured mental health facilities.

[SB 253 - Nasheed](#)

Modifies the prohibition on certain use of electronic wireless communication devices while operating a motor vehicle

Currently, only drivers under the age of 22 and drivers of commercial motor vehicles are prohibited from using hand-held cell phones to send, read, or write text messages or electronic messages. Drivers of commercial motor vehicles are further prohibited from using hand-held cell phones to make telephone calls. This act expands the ban on use of hand-held cell phones to all drivers for the purposes of sending, reading, or writing text messages or electronic messages and making telephone calls. Cell phones are permitted to be used by drivers in a hands-free or voice activated mode, which includes the use of a headset.

[SB 254 - Nasheed](#)

Modifies the minimum wage laws

Upon voter approval, beginning January 1, 2018, this act raises the minimum wage from \$7.65 to \$10.00. The minimum tipped wage is also increased from 50% to 60% of the minimum wage. The act specifies that the cost of living adjustment applies each year regardless of whether the statutory minimum or federal minimum is used. The act increases a penalty for paying lower than minimum wage from the full amount of the wage rate to twice that amount as liquidated damages and lengthens the statute of limitations for bringing a claim from 2 to 3 years.