

FIRST REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
CONFERENCE COMMITTEE SUBSTITUTE NO. 2 FOR
HOUSE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILLS NOS. 8 & 173
90TH GENERAL ASSEMBLY
1999

L0074.07T

AN ACT

To repeal sections 324.475, 324.478, 324.481, 324.484, 324.487, 324.490, 324.493, 334.655 and 334.660, RSMo Supp. 1998, relating to health and to enact in lieu thereof twenty-two new sections relating to the same subject, with an effective date for a certain section and a penalty provision.

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

Section A. Sections 324.475, 324.478, 324.481, 324.484, 324.487, 324.490, 324.493, 334.655 and 334.660, RSMo Supp. 1998, are repealed and twenty-two new sections enacted in lieu thereof, to be known as sections 192.031, 192.033, 192.036, 324.475, 324.478, 324.481, 324.484, 324.487, 324.490, 324.493, 331.085, 334.506, 334.655, 334.660, 1, 2, 3, 4, 5, 6, 7 and 8, to read as follows:

192.031. The department of health shall:

(1) Establish and promote hepatitis C education programs as an integral part of its health promotion and disease prevention efforts in order to raise public awareness, educate consumers, and educate and train health care professionals and human services providers; and

(2) Identify resources for hepatitis C education, screening and treatment and to coordinate the efforts of existing organizations with new programs and with each other so as to maximize education and access to services.

192.033. The department of health may, in conjunction with existing or future

EXPLANATION--Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

health awareness programs for similar at-risk populations, use the following strategies for raising public awareness of the causes, including personal risk factors, and nature of hepatitis C, the value of prevention and early detection, and options for diagnosing and treating the disease:

(1) An outreach campaign utilizing print, radio, and television public service announcements, advertisements, posters, and other materials;

(2) Community forums;

(3) Health information and risk factor assessment at public events;

(4) Targeting at-risk populations;

(5) Providing reliable information to policy makers;

(6) Distributing information through local health agencies, schools, employer wellness programs, physicians, hospitals, health maintenance organizations, prisons, sports leagues, nonprofit organizations, community-based organizations, state fairs and department of health offices;

(7) Identifying and obtaining educational materials, including brochures and videotapes, that translate accurately the latest scientific information on hepatitis C in easy-to-understand terms; and

(8) Building a statewide capacity to provide information and referrals on all aspects of hepatitis C, including, but not limited to, educational materials, counseling, and patient support groups.

192.036. 1. The department of health shall use the strategies, protocols, and guidelines adopted by the National Institutes of Health on hepatitis C for educating physicians and health professionals and training providers on the most recent scientific and medical information on hepatitis C detection, diagnosis, treatment, and therapeutic decision-making. The guidelines may include, but not be limited to the following:

(1) Tracking and reporting of both acute and chronic cases of hepatitis C by public health officials;

(2) A cost-efficient plan to screen the prison population subject to specific line item appropriation; and

(3) After one year of screening, a report shall be issued to the general assembly regarding the results of the screening.

2. The duties prescribed in this section shall be subject to appropriations by the general assembly.

324.475. For the purposes of sections 324.475 to 324.499, the following terms mean:

(1) "Acupuncture", the use of needles inserted into the body by piercing of the skin and related modalities, for the assessment, evaluation, prevention, treatment or correction of any abnormal physiology or pain by means of controlling and regulating the flow and balance of energy

in the body so as to restore the body to its proper functioning and state of health;

(2) "Acupuncturist", any person licensed as provided in sections 324.475 to 324.499, to practice acupuncture as defined in subdivision (1) of this section;

(3) "Auricular detox technician", a person trained solely in, and who performs only, auricular detox treatment. An auricular detox technician shall practice under the supervision of a licensed acupuncturist [or a physician licensed pursuant to sections 334.010 to 334.265, RSMo, or a chiropractor licensed pursuant to chapter 331, RSMo]. Such treatment shall take place in a hospital, clinic or treatment facility which provides comprehensive substance abuse services, including counseling, and maintains all licenses and certifications necessary and applicable;

(4) "Auricular detox treatment", a very limited procedure consisting of acupuncture needles inserted into specified points in the outer ear of a person undergoing treatment for drug or alcohol abuse or both drug and alcohol abuse;

(5) "Board", the state board of chiropractic examiners established in chapter 331, RSMo;

(6) "Committee", the Missouri acupuncture advisory committee;

(7) "Department", the Missouri department of economic development;

(8) "Director", the director of the division of professional registration;

(9) "Division", the division of professional registration of the department of economic development;

(10) "License", the document of authorization issued by the [division] **board** for a person to engage in the practice of acupuncture.

324.478. 1. There is hereby created **within the division of professional registration a committee to be known as** the "Missouri Acupuncturist Advisory Committee"[, to be composed of five members to be appointed by the governor with the advice and consent of the senate]. **The committee shall consist of five members, all of whom shall be citizens of the United States and registered voters of the state of Missouri.** The governor shall appoint [committee] **the** members [who are citizens of the United States and registered voters in the state of Missouri, from a list provided by the director of the department of economic development.] **of the committee with the advice and consent of the senate for terms of four years; except as provided in subsection 2 of this section. Three committee members shall be acupuncturists. Such members shall at all times be holders of licenses for the practice of acupuncture in this state; except for the members of the first committee who shall meet the requirements for licensure pursuant to sections 324.475 to 324.499. One member shall be a current board member of the Missouri state board for chiropractic examiners. The remaining member shall be a public member. All members shall be chosen from lists submitted by the director of the division of professional registration.**

2. The initial appointments to the committee shall be one member for a term of one year, one member for a term of two years, one member for a term of three years

and two members for a term of four years.

3. The public member of the committee shall not be and never has been a member of any profession regulated by the provisions of sections 324.475 to 324.499, or the spouse of any such person; and a person who does not have and never has had a material financial interest in either the providing of the professional services regulated by the provisions of sections 324.475 to 324.499 or an activity or organization directly related to the profession regulated pursuant to sections 324.475 to 324.499.

4. Any member of the committee may be removed from the committee by the governor for neglect of duty required by law, for incompetency or for unethical or dishonest conduct. Upon the death, resignation, disqualification or removal of any member of the committee, the governor shall appoint a successor. A vacancy in the office of any member shall only be filled for the unexpired term.

[2.] **5.** The acupuncturist advisory committee shall:

(1) [Assist the division in the] Review [and issuance of] all [licenses] **applications for licensure;**

(2) Advise the board on all matters pertaining to the licensing of acupuncturists;

(3) Review all complaints and/or investigations wherein there is a possible violation of sections 324.475 to 324.499 or regulations promulgated pursuant thereto and make recommendations **and referrals** to the board on complaints the committee determines to warrant further action;

(4) Follow the provisions of the board's administrative practice procedures in conducting all official duties[.];

(5) Recommend for prosecution violations of sections 324.475 to 324.499 to an appropriate prosecuting or circuit attorney;

(6) Assist the board, as needed and when requested by the board, in conducting any inquiry or disciplinary proceedings initiated as a result of committee recommendation and referral pursuant to subdivision (3) of this subsection.

[3. The acupuncturist advisory committee shall:

(1) Be comprised of three licensed acupuncturists except for initial appointees who hold no other professional license in the state;

(2) One member shall be a physician duly licensed by the Missouri state board for chiropractic examiners; and

(3) One member shall be a general public member.

4. Except for the initial appointees, members shall hold office for terms of six years. The board shall designate one member for a term expiring in 1999, one member for a term expiring in 2000, one member for a term expiring in 2001, one member for a term expiring in 2002, and one member for a term expiring in 2003. In the event of death, resignation, or removal of any member, the vacancy of the unexpired term shall be filled by the board in the same manner as the other

appointments.]

324.481. 1. The [division] **board** shall upon recommendation of the committee license applicants who meet the qualifications for acupuncturists, who file for licensure, and who pay all fees required for this licensure.

2. The division shall:

(1) Prescribe [application] **the design of all** forms to be furnished to all persons seeking licensure pursuant to sections 324.475 to 324.499;

(2) Prescribe the form and design of the license to be issued pursuant to sections 324.475 to 324.499[;

(3) Set the fee for licensure and renewal thereof].

3. The board shall:

(1) Maintain a record of all board and committee proceedings regarding sections 324.475 to 324.499 and of all acupuncturists licensed in this state;

(2) Annually prepare a roster of the names and addresses of all acupuncturists licensed in this state, copies of which shall be made available upon request to any person paying the fee therefor;

(3) Set the fee for the roster at an amount sufficient to cover the actual cost of publishing and distributing the roster;

(4) Adopt an official seal;

(5) Inform licensees of any changes in policy, rules or regulations[.];

(6) Upon the recommendation of the committee, set all fees, by rule, necessary to administer the provisions of sections 324.475 to 324.499.

4. The board may with the approval of the advisory committee:

(1) Issue subpoenas to compel witnesses to testify or produce evidence in proceedings to deny, suspend or revoke licensure;

(2) Promulgate rules pursuant to chapter 536, RSMo, in order to carry out the provisions of sections 324.475 to 324.499 including, but not limited to, regulations establishing:

(a) Standards for the practice of acupuncture;

(b) Standards for ethical conduct in the practice of acupuncture;

(c) Standards for continuing professional education;

(d) Standards for the training and practice of auricular detox technicians, including specific enumeration of points which may be used.

5. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is promulgated to administer and enforce sections 324.475 to 324.499, shall become effective only if the agency has fully complied with all of the requirements of chapter 536, RSMo, including but not limited to, section 536.028, RSMo, if applicable, after August 28, 1998. If the provisions of section 536.028, RSMo, apply, the provisions of this section are nonseverable and if any of the

powers vested with the general assembly pursuant to section 536.028, RSMo, to review, to delay the effective date, or to disapprove and annul a rule or portion of a rule are held unconstitutional or invalid, the purported grant of rulemaking authority and any rule so proposed and contained in the order of rulemaking shall be invalid and void, except that nothing in this [act] **section** shall affect the validity of any rule adopted and promulgated prior to August 28, 1998.

6. All funds received by the board pursuant to the provisions of sections 324.240 to 324.275 shall be collected by the director who shall transmit the funds to the department of revenue for deposit in the state treasury to the credit of the "Acupuncturist Fund" which is hereby created.

7. Notwithstanding the provisions of section 33.080, RSMo, to the contrary, money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds three times the amount of the appropriation from the acupuncturist fund for the preceding fiscal year. The amount, if any, in the fund which shall lapse is that amount in the fund which exceeds the appropriate multiple of the appropriations from the acupuncturist fund for the preceding fiscal year.

324.484. 1. Nothing in sections 324.475 to 324.499 shall be construed to apply to physicians and surgeons licensed pursuant to sections 334.010 to 334.265, RSMo, or [chiropractors] **chiropractic physicians** licensed pursuant to chapter 331, RSMo; except that, if such physician or surgeon or [chiropractor] **chiropractic physician**, with or without a current certification in meridian therapy, uses the title, licensed acupuncturist, then the provisions of sections 324.475 to 324.499 shall apply.

2. No license to practice acupuncture shall be required for any person who is an auricular detox technician, provided that such person performs only auricular detox treatments as defined in section 324.475, under the supervision of a licensed acupuncturist [or a physician licensed pursuant to sections 334.010 to 334.265, RSMo, or a chiropractor licensed pursuant to chapter 331, RSMo,] and in accordance with regulations promulgated pursuant to sections 324.475 to 324.499 [by the division]. An auricular detox technician may not insert acupuncture needles in any other points of the ear or body or use the title, licensed acupuncturist.

324.487. 1. It is unlawful for any person to practice acupuncture in this state, unless such person:

(1) Possesses a valid license issued by the [division] **board** pursuant to sections 324.475 to 324.499; or

(2) Is engaged in a supervised course of study that has been authorized by the committee approved by the board, and is designated and identified by a title that clearly indicates status as a trainee, and is under the supervision of a licensed acupuncturist.

2. A person may be licensed to practice acupuncture in this state if the applicant:

(1) Is twenty-one years of age or older and meets one of the following requirements:

(a) Is actively certified as a Diplomat in Acupuncture by the National Commission for the Certification of Acupuncture and Oriental Medicine; or

(b) Is actively licensed, certified or registered in a state or jurisdiction of the United States which has eligibility and examination requirements that are at least equivalent to those of the National Commission for the Certification of Acupuncture and Oriental Medicine, as determined by the committee and approved by the board; and

(2) Submits to the committee an application on a form [provided] **prescribed** by the division; and

(3) Pays the **appropriate** fee [specified by the division].

3. The [division] **board** shall issue a certificate of licensure to each individual who satisfies the requirements of subsection 2 of this section, certifying that the holder is authorized to practice acupuncture in this state. The holder shall have in his or her possession at all times while practicing acupuncture, the license issued pursuant to sections 324.475 to 324.499.

324.490. 1. Licenses issued pursuant to sections 324.475 to 324.499 shall expire [on July first of each odd-numbered year] **every other year**. Renewal applications shall be submitted to the division along with [a] **the appropriate** renewal fee[, to be determined by the division].

2. A license to practice acupuncture which is not renewed on or before the date of its expiration becomes invalid. Such license may be restored by complying with the provisions of section 324.493.

324.493. Any acupuncturist who fails to renew such acupuncturist's license on or before the date of its expiration may restore such license as follows:

(1) If the application for renewal is submitted to the [division] **committee** not more than two years after the expiration of the applicant's last license, by payment of the **appropriate** fee [specified by the division] and by providing all documentation required by the [division] **committee** by rule; or

(2) If the application for renewal is submitted to the [division] **committee** more than two years after the expiration of the applicant's last license, by payment of the **appropriate** fee [specified by the division], and by reapplying as provided in subdivisions (1) and (2) of subsection 2 of section 324.487.

331.085. 1. Upon application by the board, and the necessary burden having been met, a court of general jurisdiction may grant an injunction, restraining order or other order as may be appropriate to enjoin a person from:

(1) Offering to engage or engaging in the performance of any acts or practices for which a certificate of registration or authority, permit or license is required by this chapter upon a showing that such acts or practices were performed or offered to be performed without a certificate of registration or authority, permit or license; or

(2) Engaging in any practice or business authorized by a certificate of registration or authority, permit or license issued pursuant to this chapter upon a showing that the holder presents a substantial probability of serious danger to the health, safety or welfare of any resident of this state or client or patient of the licensee.

2. Any such action shall be commenced either in the county in which such conduct occurred or in the county in which the defendant resides.

3. Any action brought pursuant to this section shall be in addition to and not in lieu of any penalty provided in this chapter and may be brought concurrently with other actions to enforce the provisions of this chapter.

4. Nothing in this section shall be construed to prohibit a person licensed or registered pursuant to chapter 334, RSMo, whose license is in good standing from acting within the scope of his or her practice.

334.506. 1. Nothing in this chapter shall prevent a physical therapist, whose license is in good standing, from providing educational resources and training, developing fitness or wellness programs for asymptomatic persons, or providing screening or consultative services within the scope of physical therapy practice without the prescription and direction of a person licensed and registered as a physician and surgeon pursuant to this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing, except that no physical therapist shall initiate treatment for a new injury or illness without the prescription or direction of a person licensed and registered as a physician and surgeon pursuant to this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing.

2. Nothing in this chapter shall prevent a physical therapist, whose license is in good standing, from examining and treating, without the prescription and direction of a person licensed and registered as a physician and surgeon pursuant to this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing, any person with a recurring, self-limited injury within one year of diagnosis by a person licensed and registered as a physician and surgeon pursuant to this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing, or any person with a chronic illness that has been previously diagnosed by a person licensed and registered as a physician and surgeon pursuant to this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing, except that a physical therapist shall contact the patient's current physician,

chiropractor, dentist, or podiatrist, within seven days of initiating physical therapy services, pursuant to this subsection, shall not change an existing physical therapy referral available to the physical therapist without approval of the patient's current physician, chiropractor, dentist, or podiatrist, and shall refer to a person licensed and registered as a physician and surgeon pursuant to this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing, any patient whose medical condition should, at the time of examination or treatment, be determined to be beyond the scope of practice of physical therapy. A physical therapist shall refer to a person licensed and registered as a physician and surgeon pursuant to this chapter, as a chiropractor pursuant to chapter 331, RSMo, as a dentist pursuant to chapter 332, RSMo, or as a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing, any person whose condition, for which physical therapy services are rendered pursuant to this subsection, has not been documented to be progressing toward documented treatment goals after six visits or fourteen days, whichever shall come first. If the person's condition for which physical therapy services are rendered under this subsection shall be documented to be progressing toward documented treatment goals, a physical therapist may continue treatment without referral from a physician, chiropractor, dentist or podiatrist, whose license is in good standing. If treatment rendered under this subsection is to continue beyond thirty days, a physical therapist shall notify the patient's current physician, chiropractor, dentist, or podiatrist before continuing treatment beyond the thirty day limitation. A physical therapist shall also perform such notification before continuing treatment rendered under this subsection for each successive period of thirty days.

3. The provision of physical therapy services of evaluation and screening pursuant to this section, shall be limited to a physical therapist, and any authority for evaluation and screening granted within this section, may not be delegated. Upon each reinitiation of physical therapy services, a physical therapist shall provide a full physical therapy evaluation prior to the reinitiation of physical therapy treatment. Physical therapy treatment provided pursuant to the provisions of subsection 2 of this section, may be delegated by physical therapists to physical therapist assistants only if the patient's current physician, chiropractor, dentist, or podiatrist has been so informed as part of the physical therapist's seven day notification upon reinitiation of physical therapy services as required in subsection 2 of this section. Nothing in this subsection shall be construed as to limit the ability of physical therapists or physical therapist assistants to provide physical therapy services in accordance with the provisions of this chapter, and upon the referral of a physician and surgeon licensed pursuant to this chapter, a chiropractor pursuant to chapter 331,

RSMo, a dentist pursuant to chapter 332, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing. Nothing in this subsection shall prohibit a person licensed or registered as a physician or surgeon licensed pursuant to this chapter, a chiropractor pursuant to chapter 331, RSMo, a dentist pursuant to chapter 332, RSMo, or a podiatrist pursuant to chapter 330, RSMo, whose license is in good standing, from acting within the scope of their practice as defined by the applicable chapters of RSMo.

4. No person licensed to practice, or applicant for licensure, as a physical therapist or physical therapist assistant shall make a medical diagnosis.

334.655. 1. A candidate for licensure to practice as a physical therapist assistant shall be at least nineteen years of age. A candidate shall furnish evidence of the person's good moral character and of the person's educational qualifications. The educational requirements for licensure as a physical therapist assistant are:

(1) A certificate of graduation from an accredited high school or its equivalent; and

(2) Satisfactory evidence of completion of an associate degree program of physical therapy education accredited by the commission on accreditation of physical therapy education.

2. Persons desiring to practice as a physical therapist assistant in this state shall appear before the board at such time and place as the board may direct and be examined as to the person's fitness to engage in such practice. Applications for examination shall be in writing, on a form furnished by the board and shall include evidence satisfactory to the board that the applicant possesses the qualifications provided in subsection 1 of this section. Each application shall contain a statement that the statement is made under oath of affirmation and that its representations are true and correct to the best knowledge and belief of the person signing the statement, subject to the penalties of making a false affidavit or declaration.

3. The examination of qualified candidates for licensure to practice as physical therapist assistants shall embrace a written examination and which shall cover the curriculum taught in accredited associate degree programs of physical therapy assistant education. Such examination shall be sufficient to test the qualification of the candidates as practitioners. The examination shall be given by the board at least once each year. **The board shall not issue a license to practice as a physical therapist assistant or allow any person to sit for the Missouri state board examination for physical therapist assistants who has failed three or more times any physical therapist licensing examination administered in one or more states or territories of the United States or the District of Columbia.** The examination given at any particular time shall be the same for all candidates and the same curriculum shall be included and the same questions shall be asked.

4. The examination shall include, as related to the human body, the subjects of anatomy, kinesiology, pathology, physiology, psychology, physical therapy theory and procedures as related

to medicine and such other subjects, including medical ethics, as the board deems useful to test the fitness of the candidate to practice as a physical therapist assistant.

5. Examination grades or scores shall be preserved by the board subject to public inspection. Examination papers retained by the board shall be subject to public inspection for a period of three years and thereafter may be destroyed.

6. The board shall license without examination any legally qualified person who is a resident of this state and who was actively engaged in practice as a physical therapist assistant on August 28, 1993. The board may license such person pursuant to this subsection until ninety days after rules developed by the state board of registration for the healing arts regarding physical therapist assistant licensing become effective.

7. A candidate to practice as a physical therapist assistant who does not meet the educational qualifications may submit to the board an application for examination if such person can furnish written evidence to the board that the person has been employed in this state for at least three of the last five years under the supervision of a licensed physical therapist and such person possesses the knowledge and training equivalent to that obtained in an accredited school. The board may license such persons pursuant to this subsection until ninety days after rules developed by the state board of healing arts regarding physical therapist assistant licensing become effective.

334.660. The board shall license without examination legally qualified persons who hold certificates of licensure, registration or certification in any state or territory of the United States or the District of Columbia, who has had no violations, suspensions or revocations of such license, registration or certification, if such persons have passed a written examination to practice as a physical therapist assistant that was substantially equal to the examination requirements of this state and in all other aspects, including education, the requirements for such certificates of licensure, registration or certification were, at the date of issuance, substantially equal to the requirements for licensure in this state. **The board shall not issue a license to any applicant who has failed three or more times any physical therapist assistant licensing examination administered in one or more states or territories of the United States or the District of Columbia.** Every applicant for a license pursuant to this section, upon making application and providing documentation of the necessary qualifications as provided in this section, shall pay the same fee required of applicants to take the examination before the board. Within the limits of this section, the board may negotiate reciprocal contracts with licensing boards of other states for the admission of licensed practitioners from Missouri in other states.

Section 1. 1. To increase awareness of the problem of elder abuse and neglect, the department of health shall implement an education and awareness program. Such program shall have the goal of reducing the incidences of elder abuse and neglect, and

may focus on:

(1) The education and awareness of mandatory reporters on their responsibility to report elder abuse and neglect;

(2) Targeted education and awareness for the public on the problem, identification and reporting of elder abuse and neglect;

(3) Publicizing the elder abuse and neglect hotline telephone number;

(4) Education and awareness for law enforcement agencies and prosecutors on the problem and identification of elder abuse and neglect, and the importance of prosecuting cases pursuant to chapter 565, RSMo; and

(5) Publicizing the availability of background checks prior to hiring an individual for caregiving purposes.

2. The department of social services and facilities licensed pursuant to chapters 197 and 198, RSMo, shall cooperate fully with the department of health in the distribution of information pursuant to this program.

Section 2. The department of health, with the full cooperation of and in conjunction with the department of social services, shall evaluate the implementation and compliance of the provisions of subdivision (3) of subsection 1 of section 198.012, RSMo, in which rules, requirements, regulations and standards pursuant to section 197.080, RSMo, for residential care facilities II, intermediate care facilities and skilled nursing facilities attached to an acute care hospital are consistent with the intent of chapter 198, RSMo. A report of the differences found in the evaluation conducted pursuant to this section shall be made jointly by the departments of health and social services to the governor and members of the general assembly by January 1, 2000.

Section 3. 1. The departments of health and social services shall promulgate rules and regulations requiring the exchange of information, including regulatory violations, between the departments to ensure the protection of individuals who are served by health care providers regulated by either the department of health or the department of social services.

2. No rule or portion of a rule promulgated pursuant to the provisions of this section shall become effective unless it has been promulgated pursuant to chapter 536, RSMo.

Section 4. In order to comply with sections 198.012 and 198.022, RSMo, the department of health shall inspect residential care facilities II, intermediate care facilities and skilled nursing facilities attached to acute care hospitals at least twice a year.

Section 5. 1. Every hospital, as defined in section 197.020, RSMo, and ambulatory surgical center, as defined in section 197.200, RSMo, that provides obstetrical care shall:

(1) Provide new mothers, where appropriate as determined by the attending

physician, with information on breast feeding and the benefits to the child; and

(2) Provide new mothers, where appropriate as determined by the attending physician, with information on local breast feeding support groups; or

(3) Offer breast feeding consultations to new mothers, where appropriate as determined by the attending physician.

2. Beginning January 1, 2000, every licensed physician who provides obstetrical or gynecological consultation shall, where appropriate as determined by such physician, inform patients as to the prenatal preparation for and postnatal benefits of breast feeding a child.

3. The department of health shall produce written information on breast feeding and the health benefits to the child, and shall distribute such information to physicians described in subsection 2 of this section and to hospitals and ambulatory surgical centers described in subsection 1 of this section upon request.

Section 6. Notwithstanding any other provision of law to the contrary, a mother may, with as much discretion as possible, breast feed her child in any public or private location where the mother is otherwise authorized to be.

Section 7. 1. To increase awareness of the risks associated with use of over-the-counter weight loss pills by persons under the age of eighteen, the department of health shall implement an education and awareness program. Such program shall provide accurate information regarding weight loss and the dangers of using over-the-counter weight loss pills by the teenage population without the consultation of a licensed physician. Such program shall focus on education and awareness programs for teenagers, parents, siblings and other family members of teenagers, teachers, guidance counselors, superintendents and principals.

2. The department of health may use the following strategies for raising public awareness of the risks associated with use of over-the-counter weight loss pills by persons under the age of eighteen:

(1) An outreach campaign utilizing print, radio, and television public service announcements, advertisements, posters, and other materials;

(2) Community forums; and

(3) Health information and risk factor assessment at public events.

3. The department of elementary and secondary education, in conjunction with the department of health, shall distribute information pursuant to this program.

4. The department may promulgate rules and regulations to implement the provisions of this section. No rule or portion of a rule promulgated pursuant to the authority of this section shall become effective unless it has been promulgated pursuant to chapter 536, RSMo.

Section 8. 1. In order to promote personal financial responsibility for long-term

health care in this state, for all taxable years beginning after December 31, 1999, a resident individual may deduct from such individual's Missouri taxable income an amount equal to fifty percent of all nonreimbursed amounts paid by such individual for qualified long-term care insurance premiums to the extent such amounts are not included the individual's itemized deductions. A married individual filing a Missouri income tax return separately from his or her spouse shall be allowed to make a deduction pursuant to this section in an amount equal to the proportion of such individual's payment of all qualified long-term care insurance premiums. The director of the department of revenue shall place a line on all Missouri individual income tax returns for the deduction created by this section.

2. For purposes of this section, "qualified long-term care insurance" means any policy which meets or exceeds the provisions of sections 376.951 to 376.958, RSMo, and the rules and regulations promulgated pursuant to such sections for long-term care insurance.

Section B. Section 8 of this act shall become effective on January 1, 2000, and shall apply to all taxable years beginning after December 31, 1999.

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