



Governmental Services Group

The second session of Missouri's 101st General Assembly ended with another early adjournment by the Missouri Senate. The Senate adjourned sine die last Thursday evening, effectively ending business in the upper chamber. The House chose to remain in session, amid relentlessly criticizing the Senate in floor discussion Friday. The House continued to pass Senate bills ready to be taken up for final passage without conference, as well as House bills that had come over from the Senate that week.

It was a somewhat surprising end to session as the logjam briefly broke and some legislation was able to pass. This ran counter to a remarkably slow session up until that point. Still, my and other consultants' previous prediction held mostly true. Despite this last-minute push to pass 20 bills over six hours of work Friday, this Missouri legislative session was one of the least productive in modern history. Republican infighting in the Senate that caused the early adjournment also led to a major decrease in productivity. At the close of session at roughly 4 p.m., only 43 non-budget bills passed the General Assembly. This puts it alongside the pandemic-shortened 2020 session in terms of bill output. The average number of bills passed is in the neighborhood of 150 each year, so this has been a dramatic shift in recent years.

Anyone spending time in Jefferson City is less than surprised. Numerous long nights caused by a filibuster, usually instigated by the conservative caucus ate into a lot of time and sank numerous GOP-led priorities. Oftentimes, these filibusters were campaign tests of how "pro-life" or conservative someone was, even if it meant jeopardizing good legislation. The Senate finished with one of the lowest points in recent history, with Senators all but openly criticizing each other on the floor, directing much of the blame at Sens. Onder and Eigel, and Senator Thompson-Rehder getting a bill filibustered and later killed merely for being despised by conservative caucus members for speaking out. If you are someone hoping for more decorum and reason in the building I wouldn't hold your breath for next year, as these problems are deeper than midterm elections.

Still, despite the legislature's best efforts to derail things, major victories for the state and the people came to fruition. Lawmakers approved the largest budget in the state's history, containing billions of federal COVID-19 relief funding. Major increases included funding for public schools and universities, increased base teacher pay to \$38,000, nearly \$1 billion to increase payments to medical and personal care providers and a \$500 million plan for tax rebates. Medicaid will be fully funded for the coming fiscal year, providing health coverage for hundreds of thousands of Missourians who need it.

Despite months of failed attempts to redraw the state's congressional maps and the Senate's conservative caucus and GOP leadership often at odds with each other—putting it very lightly—the Senate took up the House redistricting map which had been negotiated many times behind

the scenes and finally passed a congressional map. The deal was struck by threatening the previous question on other conservative items and the map itself is the general consensus on why the conservative caucus sat down and did not filibuster the map.

Other conservative priorities that made it through were a photo ID requirement for casting a ballot, a watered-down visitation rights bill for families of long-term care or hospital patients, and funding for charter schools. It wasn't all-bad for the Democrats either, with infighting allowing them to concentrate their own filibusters on select bills in the Senate such as preventing trans-athlete bans, initiative petition reform, and stricter abortion language.

That said, I think if there were a bipartisan or nonpartisan poll asking if those involved are happy this session is over, the answer would be a unanimous "Yes."

We will continue to keep you updated on the latest as it applies to you interim, and thank you all for continuing to let us represent you in Jefferson City. We are proud to do so.

Truly Agreed to and Finally Passed Legislation

Kratom Products

HB 1667, sponsored by Representative Christofanelli, creates provisions regarding the sale of kratom products.

This bill establishes the "Kratom Consumer Protection Act", which requires dealers who prepare, distribute, sell, or expose for sale a food that is represented to be a kratom product to disclose on the product label the basis on which this representation is made. A dealer is prohibited from preparing, distributing, selling, or exposing for sale a kratom product that does not conform to these labeling requirements. A dealer may not prepare, distribute, sell, or expose for sale a kratom product that is adulterated or contaminated with a dangerous non-kratom substance, contains a level of 7-hydroxymitragynine in the alkaloid fraction that is greater than 2% composition of the product, containing any synthetic alkaloids, or does not include on its package or label the amount of mitragynine, 7- hydroxymitragynine, or other synthetically derived compounds of the plant *Mitragyna speciosa*. A dealer may not distribute, sell, or expose for sale a kratom product to anyone under 18 years of age. The bill specifies penalties for a violation of the labeling requirements and allows for a person who is aggrieved by a violation of the labeling requirements to bring a cause of action for damages resulting from the violation.

Visitation Rights

HB 2116, sponsored by Representative Black, creates provisions relating to visitation rights of patients.

NO PATIENT LEFT ALONE ACT

This bill establishes the "No Patient Left Alone Act". This bill specifies that, a health care facility, defined as a hospital, hospice, or long-term care facility, must allow a resident, patient, or guardian of such, to permit in-person contact with a compassionate care visitor during visiting hours.

By January 1, 2023, the Department of Health and Senior Services must develop informational materials for patients, residents, and their legal guardians regarding the provisions of this bill. Health care facilities must make these informational materials accessible upon admission or registration and on the primary website of the facility. A compassionate care visitor may report any violation of the No Patient Left Alone Act by a health care facility to the Department of Health and Senior Services, as specified in the bill. The Department must investigate any such complaint within 36 hours of receipt.

No health care facility will be held liable for damages in an action involving a liability claim against the facility arising from compliance with the provisions of this bill; provided no recklessness or willful misconduct on the part of the facility, employees, or contractors has occurred.

ESSENTIAL CAREGIVER PROGRAM ACT

This bill established the "Essential Caregiver Program Act". During a state of emergency declared pursuant to Chapter 44 relating to infectious, contagious, communicable, or dangerous diseases, a facility must allow a resident or client who has not been adjudged incapacitated under Chapter 475, a resident's or client's guardian, or a resident's or client's legally authorized representative to designate an essential caregiver for in-person contact with the resident or client in accordance with the standards and guidelines developed by the Department under this section.

Essential caregivers must be considered a part of the resident's or client's care team, along with the resident's or client's health care providers and facility staff. The hospital or facility must inform, in writing, a resident or their guardian or representative of this right to in-person essential care.

The Department of Health and Senior Services and the Department of Mental Health must develop relevant standards and guidelines as described in the bill.

A hospital or facility may petition for suspension of in-person visitation for a period of up to seven days for good cause. A suspension cannot be extended for more than 7 consecutive days or for more than 14 consecutive days in a 12 month period or for more than 45 total days in a 12 month period.

The provisions of this bill will not apply to those residents whose condition necessitates limited visitation for reasons unrelated to the stated reason for the declared state of emergency. A facility, its employees, and its contractors will be immune from civil liability for: (1) An injury or harm caused by or resulting from exposure of a contagious disease or harmful agent; and (2) Acts or omissions by essential caregivers who are present in the facility, as a result of the implementation of the Caregiver Program. This immunity will not apply to any act or omission

of the facility, its employees, or its contractors that constitutes recklessness or willful misconduct.

This bill has been Truly Agreed to and Finally Passed.

Opioid Addiction Treatment

HB 2162, sponsored by Representative Deaton, modifies provisions relating to the opioid addiction recovery fund.

This bill establishes that the Director of the Department of Health and Senior Services, if a licensed physician, may issue a statewide standing order, or contract with a licensed physician to issue such order, for an addiction mitigation medication, defined as properly administered naltrexone hydrochloride. Any licensed pharmacist may sell and dispense an addiction mitigation medication under a physician protocol or statewide standing order. A pharmacist acting in good faith and with reasonable care that sells or dispenses an addiction mitigation medication shall not be subject to any criminal or civil liability or professional disciplinary action for prescribing or dispensing such medication or for any resulting outcome. It shall be permissible for any person to possess an addiction mitigation medication.

This bill provides that, in addition to those departments that currently have access, the Department of Corrections, the Office of Administration, and the judiciary shall have access to the "Opioid Addiction Treatment and Recovery Fund" to pay for opioid addiction treatment and prevention services and health care and law enforcement costs related to opioid addiction treatment and prevention.

This bill has been Truly Agreed to and Finally Passed.

Drinking Water

This act establishes the "Get the Lead Out of School Drinking Water Act".

Beginning in the 2023-2024 school year and for each subsequent school year, each school shall provide drinking water with a lead concentration below five parts per billion (5 ppb).

On or before January 1, 2024, each school shall complete requirements outlined in the act including: conducting an inventory of all drinking water outlets and outlets used for dispensing water for cooking or cleaning utensils in each school building, develop a plan for testing each outlet and make such plan available to the public and providing general information on the health effects of lead contamination to employees and parents of children at each school.

Schools shall prioritize early childhood, kindergarten, and elementary school buildings in updating and filtering drinking water outlets for lead as stated in the act.

Before August 1, 2024, or the first day on which students will be present in the building, whichever is later, schools shall conduct testing for lead as stated in the act. Within 2 weeks after

receiving test results, schools shall make all testing results and any remediation plans available on the school's website.

The act outlines procedures to be undertaken if a sample draw shows a lead concentration of 5 ppb or greater. Affected schools with test results greater than 5 ppb shall contact parents and staff within 7 business days of receiving such result.

If, in the 10 years prior to the 2023-24 school year, a fixture tested above 5 ppb for lead, such fixture does not need repeat testing but instead shall be remediated.

Subject to appropriation, the Department of Natural Resources, with support from the Department of Elementary and Secondary Education and the Department of Health and Senior Services, is authorized to give schools additional funding for filtration, testing, and other remediation of drinking water systems.

The Department of Health and Senior Services, in conjunction with the Department of Elementary and Secondary Education, shall publish a report biennially based on the findings of the water testing conducted under the act.

Finally, any school that tests and does not find a drinking water source with a lead concentration above 5 ppb shall be required to test such sources only every 5 years.

This provision was Truly Agreed to and Finally Passed in SB 681.

Health Care

SB 710, sponsored by Senator Beck, modifies several provisions relating to health care.

HEALTH CARE FACILITY VISITATION

This act establishes the "Compassionate Care Visitation Act". Under this act, a health care facility, defined as a hospital, hospice, or long-term care facility, shall allow a resident, patient, or guardian of such, to permit in-person contact with a compassionate care visitor during visiting hours.

A health care facility shall allow a resident to permit at least 2 compassionate care visitors simultaneously to have in-person contact with the resident during visitation hours. Visitation hours shall include evenings, weekends, and holidays, and shall be no less than 6 hours daily. 24-hour visitation may be allowed when reasonably appropriate.

By January 1, 2023, the Department of Health and Senior Services shall develop informational materials for patients, residents, and their legal guardians regarding the provisions of this act. Health care facilities shall make these informational materials accessible upon admission or registration and on the primary website of the facility.

A compassionate care visitor may report any violation of the Compassionate Care Visitation Act by a health care facility to the Department of Health and Senior Services, as specified in the act. The Department shall investigate any such complaint within thirty-six hours of receipt.

The provisions of this act shall not be terminated, suspended, or waived except by a declaration by the Governor of a state of emergency, in which case the provisions of the "Essential Caregiver Program Act" shall apply.

Additionally, this act establishes the "Essential Caregiver Program Act". During a governor-declared state of emergency, a hospital, long-term care facility, or facility operated, licensed, or certified by the Department of Mental Health shall allow a resident of such facility, or the resident's guardian or legal representative, to designate an essential caregiver for in-person contact with the resident in accordance with the standards and guidelines developed under this act. An "essential caregiver" is defined as a family member, friend, guardian, or other individual selected by a resident, or the guardian or legal representative of the resident. Essential caregivers shall be considered a part of the patient's care team, along with the resident's health care providers and facility staff.

The Department of Health and Senior Services and the Department of Mental Health shall develop the program's standards and guidelines, including: (1) allowing the resident to select at least two caregivers, although the facility may limit in-person contact to one at a time; (2) establishing an in-person contact schedule allowing for at least four hours each day; and (3) establishing procedures enabling physical contact between the caregiver and resident. The facility may require the caregiver to follow infection control and safety measures; provided that such measures are no more stringent than required for facility employees. Caregiver in-person contact may be restricted or revoked for caregivers who do not follow such measures.

A facility may request a suspension of in-person contact for a period not to extend seven days. The suspension may be extended, but not for more than fourteen consecutive days in a twelve-month period or more than forty-five days in a twelve-month period. The Department shall suspend in-person contact by essential caregivers under this act if it determines that doing so is required under federal law, including a determination that federal law requires a suspension of in-person contact by members of the resident's care team.

The provisions of this act shall not apply to those residents whose condition necessitates limited visitation for reasons unrelated to the stated reason for the declared state of emergency.

OVERSIGHT OF HEALTH CARE FACILITIES

Currently, the Department of Health and Senior Services conducts at least two inspections per year for licensed adult day care programs, at least one of which is unannounced. Under this act, the Department shall be required to conduct at least one unannounced inspection per year.

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

A hospice currently seeking annual renewal of its certification shall be inspected by the Department of Health and Senior Services. Under this act, the Department may conduct a survey to evaluate the quality of services rendered by the applicant. Additionally, current law requires annual inspections of a certified hospice and this act instead requires such inspections to be performed in accordance with the schedule set forth under federal Medicare law.

Currently, the Department conducts an inspection of licensed home health agencies at least every 1 to 3 years, depending on the number of months the agency has been in operation following the

initial inspection. Under this act, such inspections shall instead be performed in accordance with the schedule set forth under federal Medicare law.

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

Current law requires the Department to inspect long-term care facilities at least twice a year, one of which shall be unannounced. Under this act, the Department shall be required to conduct at least one unannounced inspection per year. Additionally, current law requires that the Department issue a notice of noncompliance or revocation of a license by certified mail to each person disclosed to be an owner or operator of a long-term care facility. This act instead requires that such notice be sent by a delivery service to the operator or administrator of the facility.

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

This bill has been Truly Agreed to and Finally Passed.

Budget

There was a one-time funding of 2.3 million for public health funding.