

HB 1892 -- NARCOTICS CONTROL ACT

SPONSOR: Rehder

COMMITTEE ACTION: Voted "Do Pass" by the Standing Committee on Health Insurance by a vote of 9 to 3. Voted "Do Pass" by the Select Committee on Insurance by a vote of 11 to 0.

This bill establishes the Narcotics Control Act. In its main provisions, the bill:

- (1) Requires the Department of Health and Senior Services to establish and maintain a program to monitor the prescribing and dispensing of all Schedule II through Schedule IV controlled substances;
- (2) Requires each dispenser to electronically submit specified information to the department within seven days of dispensation;
- (3) Allows the department to issue a waiver to a dispenser who is unable to submit the required information electronically and allows a dispenser to submit the required information by paper form or other means;
- (4) Requires the department to reimburse each dispenser for the fees and other direct costs of transmitting the required information;
- (5) Requires all submitted prescription information to be confidential and not subject to public disclosure, with specified exceptions;
- (6) Requires the department to notify appropriate law enforcement or agencies if it has reasonable cause to believe may have violated the law or been in breach of professional standards;
- (7) Prohibits dispensation information submitted to the department from being used to prevent an individual from obtaining a concealed carry permit.
- (8) Allows the department to release non-personal, general information for statistical, educational, or research purposes;
- (9) Authorizes the department to contract with any other agency of this state or any other state with a private vendor or any state government that currently runs a narcotics control program;
- (10) Specifies that a dispenser who knowingly fails to submit required dispensation information to the department or knowingly

submits incorrect dispensation information will be subject to an administrative penalty in the amount of \$1,000 for each violation;

(11) Specifies that any person who unlawfully and knowingly accesses or discloses, or a person authorized to have prescription or dispensation information under these provisions or knowingly uses the information in a manner and for a purpose in violation of these provisions is guilty of a class D felony until December 31, 2016, and a class E felony beginning January 1, 2017; and

(12) Requires the department to create and implement specified educational courses regarding the provisions of the bill and, when appropriate, to work with associations for impaired professionals to ensure intervention, treatment, and ongoing monitoring and follow up and encourage individual patients who are identified and who have become addicted to substances monitored by the program to receive addiction treatment.

This bill is similar to HCS SS SCS SB 63 & 111, HCS HB 130, and HCS HB 816 (2015).

PROPONENTS: Supporters say that they have heard a lot of privacy concerns and these are addressed in the bill. The amount of electronic data under the bill is no different than the amount of data pharmacists send to third parties when filling a prescription. Prescription drug abuse is one of fastest growing epidemics in the U.S. and a prescription drug monitoring program will provide prescribers a tool to find and address abuses. When a provider searches through the program, it doesn't return with the patients' doctors and drugs, it just says high concern, medium concern, etc. to protect patients' personal information and privacy. The prescription drug monitoring program will not be sharing information with other states under the current draft. This is a complex issue that will require multiple revisits by the General Assembly. Physicians want a monitoring program in the state to deal with doctor shoppers. Privacy is important, thus data is doubly encrypted. Missouri is the loophole in the country. Border states are having issues with citizens crossing into Missouri and doctor shopping without fear of monitoring. The genesis of the bill is not to catch people abusing drugs, the goal is to give doctors and pharmacists more information so they can make a better decision when prescribing.

Testifying for the bill were Representative Rehder; Jessica Petrie, Pfizer, Inc; CVS Health; Missouri Fraternal Order of Police; Kathi Arbini; Missouri Pharmacy Association; Brad Green, Missouri Chamber Of Commerce And Industry; Brad Bates, Missouri Association of Osteopathic Physicians; Missouri Chapter of American Academy of Pediatrics; Missouri State Medical Association; SSM Health Care;

Missouri Hospital Association; Health Care Foundation of Greater Kansas City; Missouri Academy of Family Physicians; America's Health Insurance Plans; BJC Healthcare; Campaign Life Missouri; Terry Reese, Missouri Nurses Association; Missouri Coalition For Community Behavioral Healthcare; Missouri Association of Rural Health Clinics, Cox Health, BJC Healthcare; Missouri Psychiatric Association; Missouri Pharmacy Association; Mallinckrodt; Bob Twillman, PhD, American Academy of Pain Management; Missouri Retailers Association; Missouri Grocers Association; Dr. Ernie-Paul Barrette; Mike Michelson, GlaxoSmithKline; Missouri Biotechnology Association; Shaina Smith, U.S. Pain Foundation; Danny Whiteley, Poplar Bluff Police Department; Kara White, Northland Coalition; James E. Bishop; Angela Smith; Shawn Warfield; John McGovern; Tricia Rothweiler; Reshana Peterson, Youth with Vision; Campaign Life Missouri; Chris Long, St. Louis Area Business Health Coalition; Missouri Police Chiefs Association; Stacey Daniels-Young, Jackson County Combat; Cory W. Craig, Missouri State Troopers Association; Missouri Insurance Coalition, American Insurance Association, and State Farm Insurance Companies.

OPPONENTS: Those who oppose the bill say that there is no proof that this will stop illegal prescriptions. Opponents have civil rights concerns about the government having a database containing prescriptions that law abiding citizens receive paired with their name and they can determine who might have mental illness and take their guns. This does not do anything to stop the heroin epidemic. It is different than when your insurance company has a database that includes your information. The fourth amendment protects individuals from unreasonable search and seizure by the government and PDMP violates citizens' fourth amendment rights with no useful outcome.

Testifying against the bill were Bev Ehlen, Concerned Women For America of Missouri; Ike Skelton; and Jeremy Cady, Missouri Alliance For Freedom.