

This bill modifies provisions relating to health care.

EMERGENCY ADMINISTRATION EPINEPHRINE

This bill allows a physician to prescribe epinephrine (EPI) auto-injectors in the name of an authorized entity for use in certain emergency situations. Pharmacists, physicians, and other persons authorized to dispense prescription medications may dispense EPI auto-injectors under a prescription issued in the name of an authorized entity. An "authorized entity" is any entity or organization at or in connection with locations where allergens capable of causing anaphylaxis may be present, including but not limited to restaurants, recreation camps, youth sports leagues, amusement parks, and sports arenas.

The bill allows authorized entities to acquire and stock a supply of EPI auto-injectors under a prescription issued in accordance with the provisions of the bill. An employee or agent of an authorized entity or any other person who has completed the required training will be allowed to use the EPI auto-injector on the premises of or in connection with the authorized entity to provide it to any individual who the employee, agent or other person believes in good faith is experiencing anaphylaxis, regardless of whether the individual has a prescription for the EPI auto-injector or has been previously diagnosed with an allergy. The employee or agent cannot administer or provide the auto-injector to a person who is 18 years of age or younger without the verbal consent of a parent or guardian who is present at the time, unless the child will be in imminent danger without the use of the auto-injector.

The bill specifies the required training and the procedures for making the EPI auto-injectors available to individuals other than trained persons, as long as the auto-injectors are secured and properly stored. The bill also requires all basic life support ambulances and stretcher vans to be equipped with EPI auto-injectors and staffed by at least one person trained in the use of the auto-injectors.

This bill exempts certain persons and entities from liability for any injuries or related damages that result from the administration or self-administration of an EPI auto-injector in accordance with the provisions of the bill that may constitute ordinary negligence. The immunity does not apply to bills or omissions constituting reckless disregard for the safety of others, or willful or wanton conduct, and must be in addition to and not in lieu of the protections provided under the Good Samaritan emergency law. No

trained person who is in compliance with this law and who in good faith and with reasonable care fails to administer the EPI auto-injector will be liable for that failure (Section 196.990, RSMo).

#### POLYPHARMACY AND ANTIPSYCHOTIC MEDICATIONS

This bill modifies existing language relating to psychotropic medications and requires the MO HealthNet Division to establish a polypharmacy program for high-risk MO HealthNet participants with numerous or multiple prescribed drugs or medications and establish a behavioral health pharmacy and opioid surveillance program to encourage the use of best medical evidence-supported prescription practices. No restrictions to access are imposed that preclude availability of any individual atypical antipsychotic monotherapy for the treatment of schizophrenia, bipolar disorder, or psychosis associated with severe depression. The division must issue provider updates to enumerate specified treatment and utilization principles for MO HealthNet providers, including treatment principles relating to antipsychotic drugs or medications.

If the division implements any new policy or point-of-sale clinical edit for an antipsychotic drug or medication, the division must continue to allow MO HealthNet participants access to any antipsychotic drug or medication that they use and on which they are stable or that they have successfully used in the past. Additionally, the following applies to the prescribing of antipsychotics:

- (1) If an antipsychotic drug or medication is listed as "non-preferred" in the MO HealthNet pharmacy formulary and is considered clinically appropriate for an individual patient, prior authorization will be simple and flexible;
- (2) If an antipsychotic drug or medication is listed as "non-preferred" and is known or found to be safe and effective for a patient, the division shall not restrict the patient's access to the drug or medication and such drug or medication must be considered "preferred" for that patient;
- (3) A patient is not required to change antipsychotic drugs or medications due to changes in medication management policy, prior authorization, or a change in the payor responsible for the benefit; and
- (4) Patients transferring from state psychiatric hospitals to community-based settings will be permitted to continue their medication regimens.

The division's medication policy and clinical edits must provide MO

HealthNet participants initial access to multiple FDA-approved antipsychotic drugs or medications that have substantially the same clinical differences and adverse effects that are predictable across patients and whose manufacturers have entered into rebate agreements with the federal Department of Health and Human Services and specify the categories of available drugs or medications that are available to participants (Section 208.227).

#### PRESCRIPTION DRUG REBATES

This bill requires pharmaceutical manufacturers to pay to the state, in accordance with federal law, rebates on eligible utilization of covered outpatient drugs dispensed to MO HealthNet participants as follows:

- (1) For single source drugs and innovator multiple source drugs, rebates shall reflect the manufacturer's best price; and
- (2) For single source drugs and innovator and noninnovator multiple source drugs, any additional rebates as necessary to account for certain price increases in excess of inflation (Section 208.229).

#### MO RX PROGRAM

This bill modifies provisions relating to the Missouri Rx Prescription Drug Program by requiring applicants household income limits for eligibility to only apply to Medicaid dual eligible individuals.

The provisions of the MO Rx program will sunset in five years on August 28, 2022 (Sections 208.790 and 208.798).

#### DELEGATION OF PHYSICAL THERAPY TREATMENT

Currently, a physical therapist may delegate physical therapy treatment to a person in an entry level of a professional education program approved by the Commission for Accreditation of Physical Therapists and Physical Therapist Assistant Education who is under on-site supervision of the physical therapist. This bill modifies the name of the relevant commission to the Commission on Accreditation in Physical Therapy Education (CAPTE) and requires only that the person be under supervision of the physical therapist (Section 334.506).

#### RX CARES FOR MISSOURI PROGRAM

This bill creates the Rx Cares for Missouri Program to be administered by the Board of Pharmacy in consultation with the

Department of Health and Senior Services. The goals of the program are to promote medication safety and prevent prescription drug abuse. The board may expend funds appropriated to the board to private and public entities for the development of programs and education in order to meet these goals. Funds cannot be used for any state prescription drug monitoring program.

The Board of Pharmacy may enter into inter-agency agreements with the Department of Health and Senior Services so that the department can assist in the operation of the program. After a full year of operation, the board must submit an evaluation report to the Governor and General Assembly including program operations and funds allocated. The program shall expire on August 28, 2019 (Sections 338.700 and 338.710).