

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718,
2 Page 2, Section 376.1237, Line 18, by inserting immediately after said section and line the
3 following:

4
5 "630.875. 1. This section shall be known and may be cited as the "Improved Access to
6 Treatment for Opioid Addictions Act" or "IATOA Act".

7 2. As used in the improved access to treatment for opioid addictions act, the following terms
8 mean:

9 (1) "Department", the department of mental health;

10 (2) "IATOA program", the improved access to treatment for opioid addictions program
11 created under subsection 3 of this section.

12 3. Subject to appropriations, the department shall create and oversee an "Improved Access
13 to Treatment for Opioid Addictions Program", which is hereby created and whose purpose is to
14 disseminate information and best practices regarding opioid addiction and to facilitate collaborations
15 to better treat and prevent opioid addiction in this state. The IATOA program shall facilitate
16 partnerships between assistant physicians practicing in federally qualified health centers, rural health
17 clinics, and other health care facilities and physicians practicing at remote facilities located in this
18 state. The IATOA program shall provide resources that grant patients and their treating assistant
19 physicians or physicians access to knowledge and expertise through means such as telemedicine and
20 Extension for Community Healthcare Outcomes (ECHO) programs. The IATOA program shall
21 establish a treatment facility in each county lacking sufficient access to opioid addiction treatment.
22 Such treatment facilities shall provide access to opioid addiction treatment including, but not limited
23 to, medication-assisted treatment and appropriate behavioral health services.

24 4. Assistant physicians who participate in the IATOA program shall complete the necessary
25 requirements to prescribe buprenorphine within at least thirty days of joining the IATOA program.

26 5. For the purposes of the IATOA program, a remote collaborating physician working with
27 an on-site assistant physician shall be considered to be on-site. An assistant physician collaborating
28 with a remote physician shall comply with all laws and requirements applicable to assistant
29 physicians with on-site supervision before providing treatment to a patient.

30 6. An assistant physician, collaborating with a physician who is waiver-certified for the use
31 of buprenorphine, may participate in the IATOA program in any area of the state and provide all
32 services and functions of an assistant physician.

33 7. The department may develop curriculum and benchmark examinations on the subject of
34 opioid addiction and treatment. The department may collaborate with specialists, institutions of
35 higher education, and medical schools for such development. Completion of such a curriculum and
36 passing of such an examination by an assistant physician or physician shall result in a certificate

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1 awarded by the department or sponsoring institution, if any.

2 8. An assistant physician participating in the IATOA program may also:

3 (1) Engage in community education;

4 (2) Engage in professional education outreach programs with local treatment providers;

5 (3) Serve as a liaison to courts;

6 (4) Serve as a liaison to addiction support organizations;

7 (5) Provide educational outreach to schools;

8 (6) Treat physical ailments of patients in an addiction treatment program or considering
9 entering such a program;

10 (7) Refer patients to treatment centers;

11 (8) Assist patients with court and social service obligations;

12 (9) Perform other functions as authorized by the department; and

13 (10) Provide mental health services in collaboration with a qualified licensed physician.

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15
16 The list of authorizations in this subsection is a nonexclusive list, and assistant physicians
17 participating in the IATOA program may perform other actions.

18 9. When an overdose survivor arrives in the emergency department, the assistant physician
19 serving as a recovery coach or, if the assistant physician is unavailable, another properly trained
20 recovery coach shall, when reasonably practicable, meet with the overdose survivor and provide
21 treatment options and support available to the overdose survivor. The department shall assist
22 recovery coaches in providing treatment options and support to overdose survivors.

23 10. The provisions of this section shall supersede any contradictory statutes, rules, or
24 regulations. The department shall implement the improved access to treatment for opioid addictions
25 program as soon as reasonably possible using guidance within this section. Further refinement to
26 the improved access to treatment for opioid addictions program may be done through the rules
27 process.

28 11. The department shall promulgate rules to implement the provisions of the improved
29 access to treatment for opioid addictions act as soon as reasonably possible. Any rule or portion of
30 a rule, as that term is defined in section 536.010, that is created under the authority delegated in this
31 section shall become effective only if it complies with and is subject to all of the provisions of
32 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and
33 if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the
34 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the
35 grant of rulemaking authority and any rule proposed or adopted after August 28, 2018, shall be
36 invalid and void."; and

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38 Further amend said bill by amending the title, enacting clause, and intersectional references
39 accordingly.