

House _____ Amendment NO. _____

Offered By

1 AMEND House Committee Substitute for Senate Committee Substitute for Senate Bill No. 718,
2 Page 1, Section A, Line 2, by inserting after all of said section and line the following:

3
4 "9.192. The years of 2018 to 2028 shall hereby be designated as the "Show-Me Freedom
5 from Opioid Addiction Decade".

6 191.227. 1. All physicians, chiropractors, hospitals, dentists, and other duly licensed
7 practitioners in this state, herein called "providers", shall, upon written request of a patient, or
8 guardian or legally authorized representative of a patient, furnish a copy of his or her record of that
9 patient's health history and treatment rendered to the person submitting a written request, except that
10 such right shall be limited to access consistent with the patient's condition and sound therapeutic
11 treatment as determined by the provider. Beginning August 28, 1994, such record shall be furnished
12 within a reasonable time of the receipt of the request therefor and upon payment of a fee as provided
13 in this section.

14 2. Health care providers may condition the furnishing of the patient's health care records to
15 the patient, the patient's authorized representative or any other person or entity authorized by law to
16 obtain or reproduce such records upon payment of a fee for:

17 (1) (a) Search and retrieval, in an amount not more than twenty-four dollars and eighty-five
18 cents plus copying in the amount of fifty-seven cents per page for the cost of supplies and labor
19 plus, if the health care provider has contracted for off-site records storage and management, any
20 additional labor costs of outside storage retrieval, not to exceed twenty-three dollars and twenty-six
21 cents, as adjusted annually pursuant to subsection 5 of this section; or

22 (b) The records shall be furnished electronically upon payment of the search, retrieval, and
23 copying fees set under this section at the time of the request or one hundred eight dollars and eighty-
24 eight cents total, whichever is less, if such person:

25 a. Requests health records to be delivered electronically in a format of the health care
26 provider's choice;

27 b. The health care provider stores such records completely in an electronic health record;
28 and

29 c. The health care provider is capable of providing the requested records and affidavit, if
30 requested, in an electronic format;

31 (2) Postage, to include packaging and delivery cost; and

32 (3) Notary fee, not to exceed two dollars, if requested.

33 3. For the purposes of subsections 1 and 2 of this section, "a copy of his or her record of
34 that patient's health history and treatment rendered" or "the patient's health care records" includes a
35 statement or record that no such health history or treatment record responsive to the request exists.

36 4. Notwithstanding provisions of this section to the contrary, providers may charge for the

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1 reasonable cost of all duplications of health care record material or information which cannot
2 routinely be copied or duplicated on a standard commercial photocopy machine.

3 ~~[4.]~~ 5. The transfer of the patient's record done in good faith shall not render the provider
4 liable to the patient or any other person for any consequences which resulted or may result from
5 disclosure of the patient's record as required by this section.

6 ~~[5.]~~ 6. Effective February first of each year, the fees listed in subsection 2 of this section
7 shall be increased or decreased annually based on the annual percentage change in the unadjusted,
8 U.S. city average, annual average inflation rate of the medical care component of the Consumer
9 Price Index for All Urban Consumers (CPI-U). The current reference base of the index, as
10 published by the Bureau of Labor Statistics of the United States Department of Labor, shall be used
11 as the reference base. For purposes of this subsection, the annual average inflation rate shall be
12 based on a twelve-month calendar year beginning in January and ending in December of each
13 preceding calendar year. The department of health and senior services shall report the annual
14 adjustment and the adjusted fees authorized in this section on the department's internet website by
15 February first of each year.

16 ~~[6.]~~ 7. A health care provider may disclose a deceased patient's health care records or
17 payment records to the executor or administrator of the deceased person's estate, or pursuant to a
18 valid, unrevoked power of attorney for health care that specifically directs that the deceased person's
19 health care records be released to the agent after death. If an executor, administrator, or agent has
20 not been appointed, the deceased prior to death did not specifically object to disclosure of his or her
21 records in writing, and such disclosure is not inconsistent with any prior expressed preference of the
22 deceased that is known to the health care provider, a deceased patient's health care records may be
23 released upon written request of a person who is deemed as the personal representative of the
24 deceased person under this subsection. Priority shall be given to the deceased patient's spouse and
25 the records shall be released on the affidavit of the surviving spouse that he or she is the surviving
26 spouse. If there is no surviving spouse, the health care records may be released to one of the
27 following persons:

28 (1) The acting trustee of a trust created by the deceased patient either alone or with the
29 deceased patient's spouse;

30 (2) An adult child of the deceased patient on the affidavit of the adult child that he or she is
31 the adult child of the deceased;

32 (3) A parent of the deceased patient on the affidavit of the parent that he or she is the parent
33 of the deceased;

34 (4) An adult brother or sister of the deceased patient on the affidavit of the adult brother or
35 sister that he or she is the adult brother or sister of the deceased;

36 (5) A guardian or conservator of the deceased patient at the time of the patient's death on the
37 affidavit of the guardian or conservator that he or she is the guardian or conservator of the deceased;
38 or

39 (6) A guardian ad litem of the deceased's minor child based on the affidavit of the guardian
40 that he or she is the guardian ad litem of the minor child of the deceased.

41 195.070. 1. A physician, podiatrist, dentist, a registered optometrist certified to administer
42 pharmaceutical agents as provided in section 336.220, or an assistant physician in accordance with
43 section 334.037 or a physician assistant in accordance with section 334.747 in good faith and in the
44 course of his or her professional practice only, may prescribe, administer, and dispense controlled
45 substances or he or she may cause the same to be administered or dispensed by an individual as
46 authorized by statute.

47 2. An advanced practice registered nurse, as defined in section 335.016, but not a certified
48 registered nurse anesthetist as defined in subdivision (8) of section 335.016, who holds a certificate

1 of controlled substance prescriptive authority from the board of nursing under section 335.019 and
2 who is delegated the authority to prescribe controlled substances under a collaborative practice
3 arrangement under section 334.104 may prescribe any controlled substances listed in Schedules III,
4 IV, and V of section 195.017, and may have restricted authority in Schedule II. Prescriptions for
5 Schedule II medications prescribed by an advanced practice registered nurse who has a certificate of
6 controlled substance prescriptive authority are restricted to only those medications containing
7 hydrocodone. However, no such certified advanced practice registered nurse shall prescribe
8 controlled substance for his or her own self or family. Schedule III narcotic controlled substance
9 and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-hour supply
10 without refill.

11 3. A veterinarian, in good faith and in the course of the veterinarian's professional practice
12 only, and not for use by a human being, may prescribe, administer, and dispense controlled
13 substances and the veterinarian may cause them to be administered by an assistant or orderly under
14 his or her direction and supervision.

15 4. A practitioner shall not accept any portion of a controlled substance unused by a patient,
16 for any reason, if such practitioner did not originally dispense the drug, except as provided in
17 section 195.265.

18 5. An individual practitioner shall not prescribe or dispense a controlled substance for such
19 practitioner's personal use except in a medical emergency.

20 195.265. 1. Unused controlled substances may be accepted from ultimate users, from
21 hospice or home health care providers on behalf of ultimate users to the extent federal law allows,
22 or any person lawfully entitled to dispose of a decedent's property if the decedent was an ultimate
23 user who died while in lawful possession of a controlled substance, through:

24 (1) Collection receptacles, drug disposal boxes, mail back packages, and other means by a
25 Drug Enforcement Agency-authorized collector in accordance with federal regulations even if the
26 authorized collector did not originally dispense the drug; or

27 (2) Drug take back programs conducted by federal, state, tribal, or local law enforcement
28 agencies in partnership with any person or entity.

29
30 This subsection shall supersede and preempt any local ordinances or regulations, including any
31 ordinances or regulations enacted by any political subdivision of the state, regarding the disposal of
32 unused controlled substances. For the purposes of this section, the term "ultimate user" shall mean a
33 person who has lawfully obtained and possesses a controlled substance for his or her own use or for
34 the use of a member of his or her household or for an animal owned by him or her or a member of
35 his or her household.

36 2. By August 28, 2019, the department of health and senior services shall develop an
37 education and awareness program regarding drug disposal, including controlled substances. The
38 education and awareness program may include, but not be limited to:

39 (1) A web-based resource that:

40 (a) Describes available drug disposal options including take back, take back events, mail
41 back packages, in-home disposal options that render a product safe from misuse, or any other
42 methods that comply with state and federal laws and regulations, may reduce the availability of
43 unused controlled substances, and may minimize the potential environmental impact of drug
44 disposal;

45 (b) Provides a list of drug disposal take back sites, which may be sorted and searched by
46 name or location and is updated every six months by the department;

47 (c) Provides a list of take back events and mail back events in the state, including the date,
48 time, and location information for each event and is updated every six months by the department;

1 and

2 (d) Provides information for authorized collectors regarding state and federal requirements
3 to comply with the provisions of subsection 1 of this section; and

4 (2) Promotional activities designed to ensure consumer awareness of proper storage and
5 disposal of prescription drugs, including controlled substances.

6 217.364. 1. The department of corrections shall establish by regulation the "Offenders
7 Under Treatment Program". The program shall include institutional placement of certain offenders,
8 as outlined in subsection 3 of this section, under the supervision and control of the department of
9 corrections. The department shall establish rules determining how, when and where an offender
10 shall be admitted into or removed from the program.

11 2. As used in this section, the term "offenders under treatment program" means a one-
12 hundred-eighty-day institutional correctional program for the monitoring, control and treatment of
13 certain substance abuse offenders and certain nonviolent offenders followed by placement on parole
14 with continued supervision. As used in this section, the term "medication-assisted treatment" means
15 the use of pharmacological medications, in combination with counseling and behavioral therapies,
16 to provide a whole-patient approach to the treatment of substance use disorders.

17 3. The following offenders may participate in the program as determined by the department:

18 (1) Any nonviolent offender who has not previously been remanded to the department and
19 who has been found guilty of violating the provisions of chapter 195 or 579 or whose substance
20 abuse was a precipitating or contributing factor in the commission of his offense; or

21 (2) Any nonviolent offender who has pled guilty or been found guilty of a crime which did
22 not involve the use of a weapon, and who has not previously been remanded to the department.

23 4. This program shall be used as an intermediate sanction by the department. The program
24 may include education, treatment and rehabilitation programs. If an offender successfully
25 completes the institutional phase of the program, the department shall notify the board of probation
26 and parole within thirty days of completion. Upon notification from the department that the
27 offender has successfully completed the program, the board of probation and parole may at its
28 discretion release the offender on parole as authorized in subsection 1 of section 217.690.

29 5. The availability of space in the institutional program shall be determined by the
30 department of corrections.

31 6. If the offender fails to complete the program, the offender shall be taken out of the
32 program and shall serve the remainder of his sentence with the department.

33 7. Time spent in the program shall count as time served on the sentence.

34 8. If an offender requires treatment for opioid or other substance misuse or dependence, the
35 department shall not prohibit such offender from participating in and receiving medication-assisted
36 treatment under the care of a physician licensed in this state to practice medicine. An offender shall
37 not be required to refrain from using medication-assisted treatment as a term or condition of his or
38 her sentence.

39 334.036. 1. For purposes of this section, the following terms shall mean:

40 (1) "Assistant physician", any medical school graduate who:

41 (a) Is a resident and citizen of the United States or is a legal resident alien;

42 (b) Has successfully completed [~~Step 1 and~~] Step 2 of the United States Medical Licensing
43 Examination or the equivalent of such [~~steps~~] step of any other board-approved medical licensing
44 examination within the [~~two-year~~] three-year period immediately preceding application for licensure
45 as an assistant physician, [~~but in no event more than~~] or within three years after graduation from a
46 medical college or osteopathic medical college, whichever is later;

47 (c) Has not completed an approved postgraduate residency and has successfully completed
48 Step 2 of the United States Medical Licensing Examination or the equivalent of such step of any

1 other board-approved medical licensing examination within the immediately preceding [~~two-year~~]
2 ~~three-year~~ period unless when such [~~two-year~~] ~~three-year~~ anniversary occurred he or she was
3 serving as a resident physician in an accredited residency in the United States and continued to do so
4 within thirty days prior to application for licensure as an assistant physician; and

5 (d) Has proficiency in the English language.

6
7 Any medical school graduate who could have applied for licensure and complied with the
8 provisions of this subdivision at any time between August 28, 2014, and August 28, 2017, may
9 apply for licensure and shall be deemed in compliance with the provisions of this subdivision;

10 (2) "Assistant physician collaborative practice arrangement", an agreement between a
11 physician and an assistant physician that meets the requirements of this section and section 334.037;

12 (3) "Medical school graduate", any person who has graduated from a medical college or
13 osteopathic medical college described in section 334.031.

14 2. (1) An assistant physician collaborative practice arrangement shall limit the assistant
15 physician to providing only primary care services and only in medically underserved rural or urban
16 areas of this state or in any pilot project areas established in which assistant physicians may practice.

17 (2) For a physician-assistant physician team working in a rural health clinic under the
18 federal Rural Health Clinic Services Act, P.L. 95-210, as amended:

19 (a) An assistant physician shall be considered a physician assistant for purposes of
20 regulations of the Centers for Medicare and Medicaid Services (CMS); and

21 (b) No supervision requirements in addition to the minimum federal law shall be required.

22 3. (1) For purposes of this section, the licensure of assistant physicians shall take place
23 within processes established by rules of the state board of registration for the healing arts. The
24 board of healing arts is authorized to establish rules under chapter 536 establishing licensure and
25 renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such
26 other matters as are necessary to protect the public and discipline the profession. No licensure fee
27 for an assistant physician shall exceed the amount of any licensure fee for a physician assistant. An
28 application for licensure may be denied or the licensure of an assistant physician may be suspended
29 or revoked by the board in the same manner and for violation of the standards as set forth by section
30 334.100, or such other standards of conduct set by the board by rule. No rule or regulation shall
31 require an assistant physician to complete more hours of continuing medical education than that of a
32 licensed physician.

33 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created
34 under the authority delegated in this section shall become effective only if it complies with and is
35 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
36 chapter 536 are nonseverable and if any of the powers vested with the general assembly under
37 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently
38 held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after
39 August 28, 2014, shall be invalid and void.

40 (3) Any rules or regulations regarding assistant physicians in effect as of the effective date
41 of this section that conflict with the provisions of this section and section 334.037 shall be null and
42 void as of the effective date of this section.

43 4. An assistant physician shall clearly identify himself or herself as an assistant physician
44 and shall be permitted to use the terms "doctor", "Dr.", or "doc". No assistant physician shall
45 practice or attempt to practice without an assistant physician collaborative practice arrangement,
46 except as otherwise provided in this section and in an emergency situation.

47 5. The collaborating physician is responsible at all times for the oversight of the activities of
48 and accepts responsibility for primary care services rendered by the assistant physician.

1 6. The provisions of section 334.037 shall apply to all assistant physician collaborative
2 practice arrangements. ~~[To be eligible to practice as an assistant physician, a licensed assistant~~
3 ~~physician shall enter into an assistant physician collaborative practice arrangement within six~~
4 ~~months of his or her initial licensure and shall not have more than a six-month time period between~~
5 ~~collaborative practice arrangements during his or her licensure period.]~~ Any renewal of licensure
6 under this section shall include verification of actual practice under a collaborative practice
7 arrangement in accordance with this subsection during the immediately preceding licensure period.

8 7. Each health carrier or health benefit plan that offers or issues health benefit plans that are
9 delivered, issued for delivery, continued, or renewed in this state shall reimburse an assistant
10 physician for the diagnosis, consultation, or treatment of an insured or enrollee on the same basis
11 that the health carrier or health benefit plan covers the service when it is delivered by another
12 comparable mid-level health care provider including, but not limited to, a physician assistant.

13 334.037. 1. A physician may enter into collaborative practice arrangements with assistant
14 physicians. Collaborative practice arrangements shall be in the form of written agreements, jointly
15 agreed-upon protocols, or standing orders for the delivery of health care services. Collaborative
16 practice arrangements, which shall be in writing, may delegate to an assistant physician the
17 authority to administer or dispense drugs and provide treatment as long as the delivery of such
18 health care services is within the scope of practice of the assistant physician and is consistent with
19 that assistant physician's skill, training, and competence and the skill and training of the
20 collaborating physician.

21 2. The written collaborative practice arrangement shall contain at least the following
22 provisions:

23 (1) Complete names, home and business addresses, zip codes, and telephone numbers of the
24 collaborating physician and the assistant physician;

25 (2) A list of all other offices or locations besides those listed in subdivision (1) of this
26 subsection where the collaborating physician authorized the assistant physician to prescribe;

27 (3) A requirement that there shall be posted at every office where the assistant physician is
28 authorized to prescribe, in collaboration with a physician, a prominently displayed disclosure
29 statement informing patients that they may be seen by an assistant physician and have the right to
30 see the collaborating physician;

31 (4) All specialty or board certifications of the collaborating physician and all certifications
32 of the assistant physician;

33 (5) The manner of collaboration between the collaborating physician and the assistant
34 physician, including how the collaborating physician and the assistant physician shall:

35 (a) Engage in collaborative practice consistent with each professional's skill, training,
36 education, and competence;

37 (b) Maintain geographic proximity; except, the collaborative practice arrangement may
38 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year
39 for rural health clinics as defined by ~~[P.L.] Pub. L. 95-210 [;]~~ (42 U.S.C. Section 1395x), as
40 amended, as long as the collaborative practice arrangement includes alternative plans as required in
41 paragraph (c) of this subdivision. Such exception to geographic proximity shall apply only to
42 independent rural health clinics, provider-based rural health clinics if the provider is a critical access
43 hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics if the
44 main location of the hospital sponsor is greater than fifty miles from the clinic. The collaborating
45 physician shall maintain documentation related to such requirement and present it to the state board
46 of registration for the healing arts when requested; and

47 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the
48 collaborating physician;

1 (6) A description of the assistant physician's controlled substance prescriptive authority in
2 collaboration with the physician, including a list of the controlled substances the physician
3 authorizes the assistant physician to prescribe and documentation that it is consistent with each
4 professional's education, knowledge, skill, and competence;

5 (7) A list of all other written practice agreements of the collaborating physician and the
6 assistant physician;

7 (8) The duration of the written practice agreement between the collaborating physician and
8 the assistant physician;

9 (9) A description of the time and manner of the collaborating physician's review of the
10 assistant physician's delivery of health care services. The description shall include provisions that
11 the assistant physician shall submit a minimum of ten percent of the charts documenting the
12 assistant physician's delivery of health care services to the collaborating physician for review by the
13 collaborating physician, or any other physician designated in the collaborative practice arrangement,
14 every fourteen days; and

15 (10) The collaborating physician, or any other physician designated in the collaborative
16 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in
17 which the assistant physician prescribes controlled substances. The charts reviewed under this
18 subdivision may be counted in the number of charts required to be reviewed under subdivision (9)
19 of this subsection.

20 3. The state board of registration for the healing arts under section 334.125 shall promulgate
21 rules regulating the use of collaborative practice arrangements for assistant physicians. Such rules
22 shall specify:

23 (1) Geographic areas to be covered;

24 (2) The methods of treatment that may be covered by collaborative practice arrangements;

25 (3) In conjunction with deans of medical schools and primary care residency program
26 directors in the state, the development and implementation of educational methods and programs
27 undertaken during the collaborative practice service which shall facilitate the advancement of the
28 assistant physician's medical knowledge and capabilities, and which may lead to credit toward a
29 future residency program for programs that deem such documented educational achievements
30 acceptable; and

31 (4) The requirements for review of services provided under collaborative practice
32 arrangements, including delegating authority to prescribe controlled substances.

33
34 Any rules relating to dispensing or distribution of medications or devices by prescription or
35 prescription drug orders under this section shall be subject to the approval of the state board of
36 pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription
37 or prescription drug orders under this section shall be subject to the approval of the department of
38 health and senior services and the state board of pharmacy. The state board of registration for the
39 healing arts shall promulgate rules applicable to assistant physicians that shall be consistent with
40 guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall
41 not extend to collaborative practice arrangements of hospital employees providing inpatient care
42 within hospitals as defined in chapter 197 or population-based public health services as defined by
43 20 CSR 2150-5.100 as of April 30, 2008.

44 4. The state board of registration for the healing arts shall not deny, revoke, suspend, or
45 otherwise take disciplinary action against a collaborating physician for health care services
46 delegated to an assistant physician provided the provisions of this section and the rules promulgated
47 thereunder are satisfied.

48 5. Within thirty days of any change and on each renewal, the state board of registration for

1 the healing arts shall require every physician to identify whether the physician is engaged in any
2 collaborative practice arrangement, including collaborative practice arrangements delegating the
3 authority to prescribe controlled substances, and also report to the board the name of each assistant
4 physician with whom the physician has entered into such arrangement. The board may make such
5 information available to the public. The board shall track the reported information and may
6 routinely conduct random reviews of such arrangements to ensure that arrangements are carried out
7 for compliance under this chapter.

8 6. A collaborating physician or supervising physician shall not enter into a collaborative
9 practice arrangement or supervision agreement with more than [~~three~~] six full-time equivalent
10 assistant physicians, full-time equivalent physician assistants, or full-time equivalent advance
11 practice registered nurses, or any combination thereof. Such limitation shall not apply to
12 collaborative arrangements of hospital employees providing inpatient care service in hospitals as
13 defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100
14 as of April 30, 2008.

15 7. The collaborating physician shall determine and document the completion of at least a
16 one-month period of time during which the assistant physician shall practice with the collaborating
17 physician continuously present before practicing in a setting where the collaborating physician is not
18 continuously present. No rule or regulation shall require the collaborating physician to review more
19 than ten percent of the assistant physician's patient charts or records during such one-month period.
20 Such limitation shall not apply to collaborative arrangements of providers of population-based
21 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

22 8. No agreement made under this section shall supersede current hospital licensing
23 regulations governing hospital medication orders under protocols or standing orders for the purpose
24 of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such
25 protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical
26 therapeutics committee.

27 9. No contract or other agreement shall require a physician to act as a collaborating
28 physician for an assistant physician against the physician's will. A physician shall have the right to
29 refuse to act as a collaborating physician, without penalty, for a particular assistant physician. No
30 contract or other agreement shall limit the collaborating physician's ultimate authority over any
31 protocols or standing orders or in the delegation of the physician's authority to any assistant
32 physician, but such requirement shall not authorize a physician in implementing such protocols,
33 standing orders, or delegation to violate applicable standards for safe medical practice established
34 by a hospital's medical staff.

35 10. No contract or other agreement shall require any assistant physician to serve as a
36 collaborating assistant physician for any collaborating physician against the assistant physician's
37 will. An assistant physician shall have the right to refuse to collaborate, without penalty, with a
38 particular physician.

39 11. All collaborating physicians and assistant physicians in collaborative practice
40 arrangements shall wear identification badges while acting within the scope of their collaborative
41 practice arrangement. The identification badges shall prominently display the licensure status of
42 such collaborating physicians and assistant physicians.

43 12. (1) An assistant physician with a certificate of controlled substance prescriptive
44 authority as provided in this section may prescribe any controlled substance listed in Schedule III,
45 IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the
46 authority to prescribe controlled substances in a collaborative practice arrangement. Prescriptions
47 for Schedule II medications prescribed by an assistant physician who has a certificate of controlled
48 substance prescriptive authority are restricted to only those medications containing hydrocodone.

1 Such authority shall be filed with the state board of registration for the healing arts. The
2 collaborating physician shall maintain the right to limit a specific scheduled drug or scheduled drug
3 category that the assistant physician is permitted to prescribe. Any limitations shall be listed in the
4 collaborative practice arrangement. Assistant physicians shall not prescribe controlled substances
5 for themselves or members of their families. Schedule III controlled substances and Schedule II -
6 hydrocodone prescriptions shall be limited to a five-day supply without refill, except that
7 buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving
8 medication assisted treatment for substance use disorders under the direction of the collaborating
9 physician. Assistant physicians who are authorized to prescribe controlled substances under this
10 section shall register with the federal Drug Enforcement Administration and the state bureau of
11 narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration
12 number on prescriptions for controlled substances.

13 (2) The collaborating physician shall be responsible to determine and document the
14 completion of at least one hundred twenty hours in a four-month period by the assistant physician
15 during which the assistant physician shall practice with the collaborating physician on-site prior to
16 prescribing controlled substances when the collaborating physician is not on-site. Such limitation
17 shall not apply to assistant physicians of population-based public health services as defined in 20
18 CSR 2150-5.100 as of April 30, 2009, or assistant physicians providing opioid addiction treatment.

19 (3) An assistant physician shall receive a certificate of controlled substance prescriptive
20 authority from the state board of registration for the healing arts upon verification of licensure under
21 section 334.036.

22 334.104. 1. A physician may enter into collaborative practice arrangements with registered
23 professional nurses. Collaborative practice arrangements shall be in the form of written agreements,
24 jointly agreed-upon protocols, or standing orders for the delivery of health care services.
25 Collaborative practice arrangements, which shall be in writing, may delegate to a registered
26 professional nurse the authority to administer or dispense drugs and provide treatment as long as the
27 delivery of such health care services is within the scope of practice of the registered professional
28 nurse and is consistent with that nurse's skill, training and competence.

29 2. Collaborative practice arrangements, which shall be in writing, may delegate to a
30 registered professional nurse the authority to administer, dispense or prescribe drugs and provide
31 treatment if the registered professional nurse is an advanced practice registered nurse as defined in
32 subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
33 advanced practice registered nurse, as defined in section 335.016, the authority to administer,
34 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017,
35 and Schedule II - hydrocodone; except that, the collaborative practice arrangement shall not
36 delegate the authority to administer any controlled substances listed in Schedules III, IV, and V of
37 section 195.017, or Schedule II - hydrocodone for the purpose of inducing sedation or general
38 anesthesia for therapeutic, diagnostic, or surgical procedures. Schedule III narcotic controlled
39 substance and Schedule II - hydrocodone prescriptions shall be limited to a one hundred twenty-
40 hour supply without refill. Such collaborative practice arrangements shall be in the form of written
41 agreements, jointly agreed-upon protocols or standing orders for the delivery of health care services.
42 An advanced practice registered nurse may prescribe buprenorphine for up to a thirty-day supply
43 without refill for patient's receiving medication assisted treatment for substance use disorders under
44 the direction of the collaborating physician.

45 3. The written collaborative practice arrangement shall contain at least the following
46 provisions:

47 (1) Complete names, home and business addresses, zip codes, and telephone numbers of the
48 collaborating physician and the advanced practice registered nurse;

1 (2) A list of all other offices or locations besides those listed in subdivision (1) of this
2 subsection where the collaborating physician authorized the advanced practice registered nurse to
3 prescribe;

4 (3) A requirement that there shall be posted at every office where the advanced practice
5 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently
6 displayed disclosure statement informing patients that they may be seen by an advanced practice
7 registered nurse and have the right to see the collaborating physician;

8 (4) All specialty or board certifications of the collaborating physician and all certifications
9 of the advanced practice registered nurse;

10 (5) The manner of collaboration between the collaborating physician and the advanced
11 practice registered nurse, including how the collaborating physician and the advanced practice
12 registered nurse will:

13 (a) Engage in collaborative practice consistent with each professional's skill, training,
14 education, and competence;

15 (b) Maintain geographic proximity, except the collaborative practice arrangement may allow
16 for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for
17 rural health clinics as defined by P.L. 95-210, as long as the collaborative practice arrangement
18 includes alternative plans as required in paragraph (c) of this subdivision. This exception to
19 geographic proximity shall apply only to independent rural health clinics, provider-based rural
20 health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-
21 4, and provider-based rural health clinics where the main location of the hospital sponsor is greater
22 than fifty miles from the clinic. The collaborating physician is required to maintain documentation
23 related to this requirement and to present it to the state board of registration for the healing arts
24 when requested; and

25 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the
26 collaborating physician;

27 (6) A description of the advanced practice registered nurse's controlled substance
28 prescriptive authority in collaboration with the physician, including a list of the controlled
29 substances the physician authorizes the nurse to prescribe and documentation that it is consistent
30 with each professional's education, knowledge, skill, and competence;

31 (7) A list of all other written practice agreements of the collaborating physician and the
32 advanced practice registered nurse;

33 (8) The duration of the written practice agreement between the collaborating physician and
34 the advanced practice registered nurse;

35 (9) A description of the time and manner of the collaborating physician's review of the
36 advanced practice registered nurse's delivery of health care services. The description shall include
37 provisions that the advanced practice registered nurse shall submit a minimum of ten percent of the
38 charts documenting the advanced practice registered nurse's delivery of health care services to the
39 collaborating physician for review by the collaborating physician, or any other physician designated
40 in the collaborative practice arrangement, every fourteen days; and

41 (10) The collaborating physician, or any other physician designated in the collaborative
42 practice arrangement, shall review every fourteen days a minimum of twenty percent of the charts in
43 which the advanced practice registered nurse prescribes controlled substances. The charts reviewed
44 under this subdivision may be counted in the number of charts required to be reviewed under
45 subdivision (9) of this subsection.

46 4. The state board of registration for the healing arts pursuant to section 334.125 and the
47 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
48 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to

1 be covered, the methods of treatment that may be covered by collaborative practice arrangements
2 and the requirements for review of services provided pursuant to collaborative practice
3 arrangements including delegating authority to prescribe controlled substances. Any rules relating
4 to dispensing or distribution of medications or devices by prescription or prescription drug orders
5 under this section shall be subject to the approval of the state board of pharmacy. Any rules relating
6 to dispensing or distribution of controlled substances by prescription or prescription drug orders
7 under this section shall be subject to the approval of the department of health and senior services
8 and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority
9 vote of a quorum of each board. Neither the state board of registration for the healing arts nor the
10 board of nursing may separately promulgate rules relating to collaborative practice arrangements.
11 Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The
12 rulemaking authority granted in this subsection shall not extend to collaborative practice
13 arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to
14 chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April
15 30, 2008.

16 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
17 otherwise take disciplinary action against a physician for health care services delegated to a
18 registered professional nurse provided the provisions of this section and the rules promulgated
19 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
20 imposed as a result of an agreement between a physician and a registered professional nurse or
21 registered physician assistant, whether written or not, prior to August 28, 1993, all records of such
22 disciplinary licensure action and all records pertaining to the filing, investigation or review of an
23 alleged violation of this chapter incurred as a result of such an agreement shall be removed from the
24 records of the state board of registration for the healing arts and the division of professional
25 registration and shall not be disclosed to any public or private entity seeking such information from
26 the board or the division. The state board of registration for the healing arts shall take action to
27 correct reports of alleged violations and disciplinary actions as described in this section which have
28 been submitted to the National Practitioner Data Bank. In subsequent applications or
29 representations relating to his medical practice, a physician completing forms or documents shall
30 not be required to report any actions of the state board of registration for the healing arts for which
31 the records are subject to removal under this section.

32 6. Within thirty days of any change and on each renewal, the state board of registration for
33 the healing arts shall require every physician to identify whether the physician is engaged in any
34 collaborative practice agreement, including collaborative practice agreements delegating the
35 authority to prescribe controlled substances, or physician assistant agreement and also report to the
36 board the name of each licensed professional with whom the physician has entered into such
37 agreement. The board may make this information available to the public. The board shall track the
38 reported information and may routinely conduct random reviews of such agreements to ensure that
39 agreements are carried out for compliance under this chapter.

40 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined
41 in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a
42 collaborative practice arrangement provided that he or she is under the supervision of an
43 anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed.
44 Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse
45 anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative
46 practice arrangement under this section, except that the collaborative practice arrangement may not
47 delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of
48 section 195.017, or Schedule II - hydrocodone.

1 8. A collaborating physician or supervising physician shall not enter into a collaborative
2 practice arrangement or supervision agreement with more than [~~three~~] six full-time equivalent
3 advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time
4 equivalent assistant physicians, or any combination thereof. This limitation shall not apply to
5 collaborative arrangements of hospital employees providing inpatient care service in hospitals as
6 defined in chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100
7 as of April 30, 2008.

8 9. It is the responsibility of the collaborating physician to determine and document the
9 completion of at least a one-month period of time during which the advanced practice registered
10 nurse shall practice with the collaborating physician continuously present before practicing in a
11 setting where the collaborating physician is not continuously present. This limitation shall not apply
12 to collaborative arrangements of providers of population-based public health services as defined by
13 20 CSR 2150-5.100 as of April 30, 2008.

14 10. No agreement made under this section shall supersede current hospital licensing
15 regulations governing hospital medication orders under protocols or standing orders for the purpose
16 of delivering inpatient or emergency care within a hospital as defined in section 197.020 if such
17 protocols or standing orders have been approved by the hospital's medical staff and pharmaceutical
18 therapeutics committee.

19 11. No contract or other agreement shall require a physician to act as a collaborating
20 physician for an advanced practice registered nurse against the physician's will. A physician shall
21 have the right to refuse to act as a collaborating physician, without penalty, for a particular advanced
22 practice registered nurse. No contract or other agreement shall limit the collaborating physician's
23 ultimate authority over any protocols or standing orders or in the delegation of the physician's
24 authority to any advanced practice registered nurse, but this requirement shall not authorize a
25 physician in implementing such protocols, standing orders, or delegation to violate applicable
26 standards for safe medical practice established by hospital's medical staff.

27 12. No contract or other agreement shall require any advanced practice registered nurse to
28 serve as a collaborating advanced practice registered nurse for any collaborating physician against
29 the advanced practice registered nurse's will. An advanced practice registered nurse shall have the
30 right to refuse to collaborate, without penalty, with a particular physician.

31 334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

32 (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
33 (2) "Certification" or "registration", a process by a certifying entity that grants recognition
34 to applicants meeting predetermined qualifications specified by such certifying entity;

35 (3) "Certifying entity", the nongovernmental agency or association which certifies or
36 registers individuals who have completed academic and training requirements;

37 (4) "Department", the department of insurance, financial institutions and professional
38 registration or a designated agency thereof;

39 (5) "License", a document issued to an applicant by the board acknowledging that the
40 applicant is entitled to practice as a physician assistant;

41 (6) "Physician assistant", a person who has graduated from a physician assistant program
42 accredited by the American Medical Association's Committee on Allied Health Education and
43 Accreditation or by its successor agency, who has passed the certifying examination administered by
44 the National Commission on Certification of Physician Assistants and has active certification by the
45 National Commission on Certification of Physician Assistants who provides health care services
46 delegated by a licensed physician. A person who has been employed as a physician assistant for
47 three years prior to August 28, 1989, who has passed the National Commission on Certification of
48 Physician Assistants examination, and has active certification of the National Commission on

1 Certification of Physician Assistants;

2 (7) "Recognition", the formal process of becoming a certifying entity as required by the
3 provisions of sections 334.735 to 334.749;

4 (8) "Supervision", control exercised over a physician assistant working with a supervising
5 physician and oversight of the activities of and accepting responsibility for the physician assistant's
6 delivery of care. The physician assistant shall only practice at a location where the physician
7 routinely provides patient care, except existing patients of the supervising physician in the patient's
8 home and correctional facilities. The supervising physician must be immediately available in
9 person or via telecommunication during the time the physician assistant is providing patient care.
10 Prior to commencing practice, the supervising physician and physician assistant shall attest on a
11 form provided by the board that the physician shall provide supervision appropriate to the physician
12 assistant's training and that the physician assistant shall not practice beyond the physician assistant's
13 training and experience. Appropriate supervision shall require the supervising physician to be
14 working within the same facility as the physician assistant for at least four hours within one calendar
15 day for every fourteen days on which the physician assistant provides patient care as described in
16 subsection 3 of this section. Only days in which the physician assistant provides patient care as
17 described in subsection 3 of this section shall be counted toward the fourteen-day period. The
18 requirement of appropriate supervision shall be applied so that no more than thirteen calendar days
19 in which a physician assistant provides patient care shall pass between the physician's four hours
20 working within the same facility. The board shall promulgate rules pursuant to chapter 536 for
21 documentation of joint review of the physician assistant activity by the supervising physician and
22 the physician assistant.

23 2. (1) A supervision agreement shall limit the physician assistant to practice only at
24 locations described in subdivision (8) of subsection 1 of this section, [~~where the supervising~~
25 ~~physician is no further than fifty miles by road using the most direct route available and where the~~
26 ~~location is not so situated as to create an impediment to effective intervention and supervision of~~
27 ~~patient care or adequate review of services]~~ within a geographic proximity to be determined by the
28 board of registration for the healing arts.

29 (2) For a physician-physician assistant team working in a certified community behavioral
30 health clinic as defined by P.L. 113-93 and a rural health clinic under the federal Rural Health Clinic
31 Services Act, P.L. 95-210, as amended, or a federally qualified health center as defined in 42 U.S.C.
32 Section 1395 of the Public Health Service Act, as amended, no supervision requirements in addition
33 to the minimum federal law shall be required.

34 3. The scope of practice of a physician assistant shall consist only of the following services
35 and procedures:

36 (1) Taking patient histories;

37 (2) Performing physical examinations of a patient;

38 (3) Performing or assisting in the performance of routine office laboratory and patient
39 screening procedures;

40 (4) Performing routine therapeutic procedures;

41 (5) Recording diagnostic impressions and evaluating situations calling for attention of a
42 physician to institute treatment procedures;

43 (6) Instructing and counseling patients regarding mental and physical health using
44 procedures reviewed and approved by a licensed physician;

45 (7) Assisting the supervising physician in institutional settings, including reviewing of
46 treatment plans, ordering of tests and diagnostic laboratory and radiological services, and ordering
47 of therapies, using procedures reviewed and approved by a licensed physician;

48 (8) Assisting in surgery;

1 (9) Performing such other tasks not prohibited by law under the supervision of a licensed
2 physician as the physician's assistant has been trained and is proficient to perform; and

3 (10) Physician assistants shall not perform or prescribe abortions.

4 4. Physician assistants shall not prescribe any drug, medicine, device or therapy unless
5 pursuant to a physician supervision agreement in accordance with the law, nor prescribe lenses,
6 prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual
7 power or visual efficiency of the human eye, nor administer or monitor general or regional block
8 anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing of drugs,
9 medications, devices or therapies by a physician assistant shall be pursuant to a physician assistant
10 supervision agreement which is specific to the clinical conditions treated by the supervising
11 physician and the physician assistant shall be subject to the following:

12 (1) A physician assistant shall only prescribe controlled substances in accordance with
13 section 334.747;

14 (2) The types of drugs, medications, devices or therapies prescribed by a physician assistant
15 shall be consistent with the scopes of practice of the physician assistant and the supervising
16 physician;

17 (3) All prescriptions shall conform with state and federal laws and regulations and shall
18 include the name, address and telephone number of the physician assistant and the supervising
19 physician;

20 (4) A physician assistant, or advanced practice registered nurse as defined in section
21 335.016 may request, receive and sign for noncontrolled professional samples and may distribute
22 professional samples to patients; and

23 (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the
24 supervising physician is not qualified or authorized to prescribe.

25 5. A physician assistant shall clearly identify himself or herself as a physician assistant and
26 shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr." or
27 "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician
28 assistant shall practice or attempt to practice without physician supervision or in any location where
29 the supervising physician is not immediately available for consultation, assistance and intervention,
30 except as otherwise provided in this section, and in an emergency situation, nor shall any physician
31 assistant bill a patient independently or directly for any services or procedure by the physician
32 assistant; except that, nothing in this subsection shall be construed to prohibit a physician assistant
33 from enrolling with the department of social services as a MO HealthNet or Medicaid provider
34 while acting under a supervision agreement between the physician and physician assistant.

35 6. For purposes of this section, the licensing of physician assistants shall take place within
36 processes established by the state board of registration for the healing arts through rule and
37 regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536
38 establishing licensing and renewal procedures, supervision, supervision agreements, fees, and
39 addressing such other matters as are necessary to protect the public and discipline the profession.
40 An application for licensing may be denied or the license of a physician assistant may be suspended
41 or revoked by the board in the same manner and for violation of the standards as set forth by section
42 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed
43 pursuant to the provisions of chapter 335 shall not be required to be licensed as physician assistants.
44 All applicants for physician assistant licensure who complete a physician assistant training program
45 after January 1, 2008, shall have a master's degree from a physician assistant program.

46 7. "Physician assistant supervision agreement" means a written agreement, jointly agreed-
47 upon protocols or standing order between a supervising physician and a physician assistant, which
48 provides for the delegation of health care services from a supervising physician to a physician

1 assistant and the review of such services. The agreement shall contain at least the following
2 provisions:

3 (1) Complete names, home and business addresses, zip codes, telephone numbers, and state
4 license numbers of the supervising physician and the physician assistant;

5 (2) A list of all offices or locations where the physician routinely provides patient care, and
6 in which of such offices or locations the supervising physician has authorized the physician assistant
7 to practice;

8 (3) All specialty or board certifications of the supervising physician;

9 (4) The manner of supervision between the supervising physician and the physician
10 assistant, including how the supervising physician and the physician assistant shall:

11 (a) Attest on a form provided by the board that the physician shall provide supervision
12 appropriate to the physician assistant's training and experience and that the physician assistant shall
13 not practice beyond the scope of the physician assistant's training and experience nor the supervising
14 physician's capabilities and training; and

15 (b) Provide coverage during absence, incapacity, infirmity, or emergency by the supervising
16 physician;

17 (5) The duration of the supervision agreement between the supervising physician and
18 physician assistant; and

19 (6) A description of the time and manner of the supervising physician's review of the
20 physician assistant's delivery of health care services. Such description shall include provisions that
21 the supervising physician, or a designated supervising physician listed in the supervision agreement
22 review a minimum of ten percent of the charts of the physician assistant's delivery of health care
23 services every fourteen days.

24 8. When a physician assistant supervision agreement is utilized to provide health care
25 services for conditions other than acute self-limited or well-defined problems, the supervising
26 physician or other physician designated in the supervision agreement shall see the patient for
27 evaluation and approve or formulate the plan of treatment for new or significantly changed
28 conditions as soon as practical, but in no case more than two weeks after the patient has been seen
29 by the physician assistant.

30 9. At all times the physician is responsible for the oversight of the activities of, and accepts
31 responsibility for, health care services rendered by the physician assistant.

32 10. It is the responsibility of the supervising physician to determine and document the
33 completion of at least a one-month period of time during which the licensed physician assistant shall
34 practice with a supervising physician continuously present before practicing in a setting where a
35 supervising physician is not continuously present.

36 11. No contract or other agreement shall require a physician to act as a supervising
37 physician for a physician assistant against the physician's will. A physician shall have the right to
38 refuse to act as a supervising physician, without penalty, for a particular physician assistant. No
39 contract or other agreement shall limit the supervising physician's ultimate authority over any
40 protocols or standing orders or in the delegation of the physician's authority to any physician
41 assistant, but this requirement shall not authorize a physician in implementing such protocols,
42 standing orders, or delegation to violate applicable standards for safe medical practice established
43 by the hospital's medical staff.

44 12. Physician assistants shall file with the board a copy of their supervising physician form.

45 13. No physician shall be designated to serve as supervising physician or collaborating
46 physician for more than ~~three~~ six full-time equivalent licensed physician assistants, full-time
47 equivalent advanced practice registered nurses, or full-time equivalent assistant physicians, or any
48 combination thereof. This limitation shall not apply to physician assistant agreements of hospital

1 employees providing inpatient care service in hospitals as defined in chapter 197.

2 334.747. 1. A physician assistant with a certificate of controlled substance prescriptive
3 authority as provided in this section may prescribe any controlled substance listed in Schedule III,
4 IV, or V of section 195.017, and may have restricted authority in Schedule II, when delegated the
5 authority to prescribe controlled substances in a supervision agreement. Such authority shall be
6 listed on the supervision verification form on file with the state board of healing arts. The
7 supervising physician shall maintain the right to limit a specific scheduled drug or scheduled drug
8 category that the physician assistant is permitted to prescribe. Any limitations shall be listed on the
9 supervision form. Prescriptions for Schedule II medications prescribed by a physician assistant with
10 authority to prescribe delegated in a supervision agreement are restricted to only those medications
11 containing hydrocodone. Physician assistants shall not prescribe controlled substances for
12 themselves or members of their families. Schedule III controlled substances and Schedule II -
13 hydrocodone prescriptions shall be limited to a five-day supply without refill, except that
14 buprenorphine may be prescribed for up to a thirty-day supply without refill for patients receiving
15 medication assisted treatment for substance use disorders under the direction of the supervising
16 physician. Physician assistants who are authorized to prescribe controlled substances under this
17 section shall register with the federal Drug Enforcement Administration and the state bureau of
18 narcotics and dangerous drugs, and shall include the Drug Enforcement Administration registration
19 number on prescriptions for controlled substances.

20 2. The supervising physician shall be responsible to determine and document the completion
21 of at least one hundred twenty hours in a four-month period by the physician assistant during which
22 the physician assistant shall practice with the supervising physician on-site prior to prescribing
23 controlled substances when the supervising physician is not on-site. Such limitation shall not apply
24 to physician assistants of population-based public health services as defined in 20 CSR 2150-5.100
25 as of April 30, 2009.

26 3. A physician assistant shall receive a certificate of controlled substance prescriptive
27 authority from the board of healing arts upon verification of the completion of the following
28 educational requirements:

29 (1) Successful completion of an advanced pharmacology course that includes clinical
30 training in the prescription of drugs, medicines, and therapeutic devices. A course or courses with
31 advanced pharmacological content in a physician assistant program accredited by the Accreditation
32 Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency
33 shall satisfy such requirement;

34 (2) Completion of a minimum of three hundred clock hours of clinical training by the
35 supervising physician in the prescription of drugs, medicines, and therapeutic devices;

36 (3) Completion of a minimum of one year of supervised clinical practice or supervised
37 clinical rotations. One year of clinical rotations in a program accredited by the Accreditation
38 Review Commission on Education for the Physician Assistant (ARC-PA) or its predecessor agency,
39 which includes pharmacotherapeutics as a component of its clinical training, shall satisfy such
40 requirement. Proof of such training shall serve to document experience in the prescribing of drugs,
41 medicines, and therapeutic devices;

42 (4) A physician assistant previously licensed in a jurisdiction where physician assistants are
43 authorized to prescribe controlled substances may obtain a state bureau of narcotics and dangerous
44 drugs registration if a supervising physician can attest that the physician assistant has met the
45 requirements of subdivisions (1) to (3) of this subsection and provides documentation of existing
46 federal Drug Enforcement Agency registration.

47 337.025. 1. The provisions of this section shall govern the education and experience
48 requirements for initial licensure as a psychologist for the following persons:

1 (1) A person who has not matriculated in a graduate degree program which is primarily
2 psychological in nature on or before August 28, 1990; and

3 (2) A person who is matriculated after August 28, 1990, in a graduate degree program
4 designed to train professional psychologists.

5 2. Each applicant shall submit satisfactory evidence to the committee that the applicant has
6 received a doctoral degree in psychology from a recognized educational institution, and has had at
7 least one year of satisfactory supervised professional experience in the field of psychology.

8 3. A doctoral degree in psychology is defined as:

9 (1) A program accredited, or provisionally accredited, by the American Psychological
10 Association [øf] (APA), the Canadian Psychological Association, or the Psychological Clinical
11 Science Accreditation System (PCSAS) provided that such program include a supervised practicum,
12 internship, field, or laboratory training appropriate to the practice of psychology; or

13 (2) A program designated or approved, including provisional approval, by the Association
14 of State and Provincial Psychology Boards or the Council for the National Register of Health
15 Service Providers in Psychology, or both; or

16 (3) A graduate program that meets all of the following criteria:

17 (a) The program, wherever it may be administratively housed, shall be clearly identified and
18 labeled as a psychology program. Such a program shall specify in pertinent institutional catalogues
19 and brochures its intent to educate and train professional psychologists;

20 (b) The psychology program shall stand as a recognizable, coherent organizational entity
21 within the institution of higher education;

22 (c) There shall be a clear authority and primary responsibility for the core and specialty
23 areas whether or not the program cuts across administrative lines;

24 (d) The program shall be an integrated, organized, sequence of study;

25 (e) There shall be an identifiable psychology faculty and a psychologist responsible for the
26 program;

27 (f) The program shall have an identifiable body of students who are matriculated in that
28 program for a degree;

29 (g) The program shall include a supervised practicum, internship, field, or laboratory
30 training appropriate to the practice of psychology;

31 (h) The curriculum shall encompass a minimum of three academic years of full-time
32 graduate study, with a minimum of one year's residency at the educational institution granting the
33 doctoral degree; and

34 (i) Require the completion by the applicant of a core program in psychology which shall be
35 met by the completion and award of at least one three-semester-hour graduate credit course or a
36 combination of graduate credit courses totaling three semester hours or five quarter hours in each of
37 the following areas:

38 a. The biological bases of behavior such as courses in: physiological psychology,
39 comparative psychology, neuropsychology, sensation and perception, psychopharmacology;

40 b. The cognitive-affective bases of behavior such as courses in: learning, thinking,
41 motivation, emotion, and cognitive psychology;

42 c. The social bases of behavior such as courses in: social psychology, group
43 processes/dynamics, interpersonal relationships, and organizational and systems theory;

44 d. Individual differences such as courses in: personality theory, human development,
45 abnormal psychology, developmental psychology, child psychology, adolescent psychology,
46 psychology of aging, and theories of personality;

47 e. The scientific methods and procedures of understanding, predicting and influencing
48 human behavior such as courses in: statistics, experimental design, psychometrics, individual

1 testing, group testing, and research design and methodology.

2 4. Acceptable supervised professional experience may be accrued through preinternship,
3 internship, predoctoral postinternship, or postdoctoral experiences. The academic training director
4 or the postdoctoral training supervisor shall attest to the hours accrued to meet the requirements of
5 this section. Such hours shall consist of:

6 (1) A minimum of fifteen hundred hours of experience in a successfully completed
7 internship to be completed in not less than twelve nor more than twenty-four months; and

8 (2) A minimum of two thousand hours of experience consisting of any combination of the
9 following:

10 (a) Preinternship and predoctoral postinternship professional experience that occurs
11 following the completion of the first year of the doctoral program or at any time while in a doctoral
12 program after completion of a master's degree in psychology or equivalent as defined by rule by the
13 committee;

14 (b) Up to seven hundred fifty hours obtained while on the internship under subdivision (1)
15 of this subsection but beyond the fifteen hundred hours identified in subdivision (1) of this
16 subsection; or

17 (c) Postdoctoral professional experience obtained in no more than twenty-four consecutive
18 calendar months. In no case shall this experience be accumulated at a rate of more than fifty hours
19 per week. Postdoctoral supervised professional experience for prospective health service providers
20 and other applicants shall involve and relate to the delivery of psychological services in accordance
21 with professional requirements and relevant to the applicant's intended area of practice.

22 5. Experience for those applicants who intend to seek health service provider certification
23 and who have completed a program in one or more of the American Psychological Association
24 designated health service provider delivery areas shall be obtained under the primary supervision of
25 a licensed psychologist who is also a health service provider or who otherwise meets the
26 requirements for health service provider certification. Experience for those applicants who do not
27 intend to seek health service provider certification shall be obtained under the primary supervision
28 of a licensed psychologist or such other qualified mental health professional approved by the
29 committee.

30 6. For postinternship and postdoctoral hours, the psychological activities of the applicant
31 shall be performed pursuant to the primary supervisor's order, control, and full professional
32 responsibility. The primary supervisor shall maintain a continuing relationship with the applicant
33 and shall meet with the applicant a minimum of one hour per month in face-to-face individual
34 supervision. Clinical supervision may be delegated by the primary supervisor to one or more
35 secondary supervisors who are qualified psychologists. The secondary supervisors shall retain
36 order, control, and full professional responsibility for the applicant's clinical work under their
37 supervision and shall meet with the applicant a minimum of one hour per week in face-to-face
38 individual supervision. If the primary supervisor is also the clinical supervisor, meetings shall be a
39 minimum of one hour per week. Group supervision shall not be acceptable for supervised
40 professional experience. The primary supervisor shall certify to the committee that the applicant
41 has complied with these requirements and that the applicant has demonstrated ethical and competent
42 practice of psychology. The changing by an agency of the primary supervisor during the course of
43 the supervised experience shall not invalidate the supervised experience.

44 7. The committee by rule shall provide procedures for exceptions and variances from the
45 requirements for once a week face-to-face supervision due to vacations, illness, pregnancy, and
46 other good causes.

47 337.029. 1. A psychologist licensed in another jurisdiction who has had no violations and
48 no suspensions and no revocation of a license to practice psychology in any jurisdiction may receive

1 a license in Missouri, provided the psychologist passes a written examination on Missouri laws and
2 regulations governing the practice of psychology and meets one of the following criteria:

- 3 (1) Is a diplomate of the American Board of Professional Psychology;
- 4 (2) Is a member of the National Register of Health Service Providers in Psychology;
- 5 (3) Is currently licensed or certified as a psychologist in another jurisdiction who is then a
6 signatory to the Association of State and Provincial Psychology Board's reciprocity agreement;
- 7 (4) Is currently licensed or certified as a psychologist in another state, territory of the United
8 States, or the District of Columbia and:

9 (a) Has a doctoral degree in psychology from a program accredited, or provisionally
10 accredited, by the American Psychological Association or the Psychological Clinical Science
11 Accreditation System, or that meets the requirements as set forth in subdivision (3) of subsection 3
12 of section 337.025;

13 (b) Has been licensed for the preceding five years; and

14 (c) Has had no disciplinary action taken against the license for the preceding five years; or

15 (5) Holds a current certificate of professional qualification (CPQ) issued by the Association
16 of State and Provincial Psychology Boards (ASPPB).

17 2. Notwithstanding the provisions of subsection 1 of this section, applicants may be required
18 to pass an oral examination as adopted by the committee.

19 3. A psychologist who receives a license for the practice of psychology in the state of
20 Missouri on the basis of reciprocity as listed in subsection 1 of this section or by endorsement of the
21 score from the examination of professional practice in psychology score will also be eligible for and
22 shall receive certification from the committee as a health service provider if the psychologist meets
23 one or more of the following criteria:

24 (1) Is a diplomate of the American Board of Professional Psychology in one or more of the
25 specialties recognized by the American Board of Professional Psychology as pertaining to health
26 service delivery;

27 (2) Is a member of the National Register of Health Service Providers in Psychology; or

28 (3) Has completed or obtained through education, training, or experience the requisite
29 knowledge comparable to that which is required pursuant to section 337.033.

30 337.033. 1. A licensed psychologist shall limit his or her practice to demonstrated areas of
31 competence as documented by relevant professional education, training, and experience. A
32 psychologist trained in one area shall not practice in another area without obtaining additional
33 relevant professional education, training, and experience through an acceptable program of
34 respecialization.

35 2. A psychologist may not represent or hold himself or herself out as a state certified or
36 registered psychological health service provider unless the psychologist has first received the
37 psychologist health service provider certification from the committee; provided, however, nothing
38 in this section shall be construed to limit or prevent a licensed, whether temporary, provisional or
39 permanent, psychologist who does not hold a health service provider certificate from providing
40 psychological services so long as such services are consistent with subsection 1 of this section.

41 3. "Relevant professional education and training" for health service provider certification,
42 except those entitled to certification pursuant to subsection 5 or 6 of this section, shall be defined as
43 a licensed psychologist whose graduate psychology degree from a recognized educational institution
44 is in an area designated by the American Psychological Association as pertaining to health service
45 delivery or a psychologist who subsequent to receipt of his or her graduate degree in psychology has
46 either completed a respecialization program from a recognized educational institution in one or
47 more of the American Psychological Association recognized clinical health service provider areas
48 and who in addition has completed at least one year of postdegree supervised experience in such

1 clinical area or a psychologist who has obtained comparable education and training acceptable to the
2 committee through completion of postdoctoral fellowships or otherwise.

3 4. The degree or respecialization program certificate shall be obtained from a recognized
4 program of graduate study in one or more of the health service delivery areas designated by the
5 American Psychological Association as pertaining to health service delivery, which shall meet one
6 of the criteria established by subdivisions (1) to (3) of this subsection:

7 (1) A doctoral degree or completion of a recognized respecialization program in one or
8 more of the American Psychological Association designated health service provider delivery areas
9 which is accredited, or provisionally accredited, either by the American Psychological Association
10 or the Psychological Clinical Science Accreditation System; or

11 (2) A clinical or counseling psychology doctoral degree program or respecialization
12 program designated, or provisionally approved, by the Association of State and Provincial
13 Psychology Boards or the Council for the National Register of Health Service Providers in
14 Psychology, or both; or

15 (3) A doctoral degree or completion of a respecialization program in one or more of the
16 American Psychological Association designated health service provider delivery areas that meets the
17 following criteria:

18 (a) The program, wherever it may be administratively housed, shall be clearly identified and
19 labeled as being in one or more of the American Psychological Association designated health
20 service provider delivery areas;

21 (b) Such a program shall specify in pertinent institutional catalogues and brochures its intent
22 to educate and train professional psychologists in one or more of the American Psychological
23 Association designated health service provider delivery areas.

24 5. A person who is lawfully licensed as a psychologist pursuant to the provisions of this
25 chapter on August 28, 1989, or who has been approved to sit for examination prior to August 28,
26 1989, and who subsequently passes the examination shall be deemed to have met all requirements
27 for health service provider certification; provided, however, that such person shall be governed by
28 the provisions of subsection 1 of this section with respect to limitation of practice.

29 6. Any person who is lawfully licensed as a psychologist in this state and who meets one or
30 more of the following criteria shall automatically, upon payment of the requisite fee, be entitled to
31 receive a health service provider certification from the committee:

32 (1) Is a diplomate of the American Board of Professional Psychology in one or more of the
33 specialties recognized by the American Board of Professional Psychology as pertaining to health
34 service delivery; or

35 (2) Is a member of the National Register of Health Service Providers in Psychology."; and
36

37 Further amend said bill and page, Section 338.202, Line 16, by inserting after all of said section and
38 line the following:

39
40 "374.426. 1. Any entity in the business of delivering or financing health care shall provide
41 data regarding quality of patient care and patient satisfaction to the director of the department of
42 insurance, financial institutions and professional registration. Failure to provide such data as
43 required by the director of the department of insurance, financial institutions and professional
44 registration shall constitute grounds for violation of the unfair trade practices act, sections 375.930
45 to 375.948.

46 2. In defining data standards for quality of care and patient satisfaction, the director of the
47 department of insurance, financial institutions and professional registration shall:

48 (1) Use as the initial data set the HMO Employer Data and Information Set developed by

1 the National Committee for Quality Assurance;

2 (2) Consult with nationally recognized accreditation organizations, including but not limited
3 to the National Committee for Quality Assurance and the Joint Committee on Accreditation of
4 Health Care Organizations; and

5 (3) Consult with a state committee of a national committee convened to develop standards
6 regarding uniform billing of health care claims.

7 3. In defining data standards for quality of care and patient satisfaction, the director of the
8 department of insurance, financial institutions and professional registration shall not require patient
9 scoring of pain control.

10 4. Beginning August 28, 2018, the director of the department of insurance, financial
11 institutions and professional registration shall discontinue the use of patient satisfaction scores and
12 shall not make them available to the public to the extent allowed by federal law.

13 376.811. 1. Every insurance company and health services corporation doing business in this
14 state shall offer in all health insurance policies benefits or coverage for chemical dependency
15 meeting the following minimum standards:

16 (1) Coverage for outpatient treatment through a nonresidential treatment program, or
17 through partial- or full-day program services, of not less than twenty-six days per policy benefit
18 period;

19 (2) Coverage for residential treatment program of not less than twenty-one days per policy
20 benefit period;

21 (3) Coverage for medical or social setting detoxification of not less than six days per policy
22 benefit period;

23 (4) Coverage for medication-assisted treatment for substance use disorders, using any drug
24 approved for sale by the Food and Drug Administration for use in treating such patient's condition,
25 including opioid-use and heroin-use disorders. No prior authorization, step therapy, or fail-first
26 therapy shall be required for medication-assisted treatment;

27 ~~[(4)]~~ (5) The coverages set forth in this subsection may be subject to a separate lifetime
28 frequency cap of not less than ten episodes of treatment, except that such separate lifetime
29 frequency cap shall not apply to medical detoxification in a life-threatening situation as determined
30 by the treating physician and subsequently documented within forty-eight hours of treatment to the
31 reasonable satisfaction of the insurance company or health services corporation; and

32 ~~[(5)]~~ (6) The coverages set forth in this subsection:

33 (a) Shall be subject to the same coinsurance, co-payment and deductible factors as apply to
34 physical illness;

35 (b) May be administered pursuant to a managed care program established by the insurance
36 company or health services corporation; and

37 (c) May deliver covered services through a system of contractual arrangements with one or
38 more providers, hospitals, nonresidential or residential treatment programs, or other mental health
39 service delivery entities certified by the department of mental health, or accredited by a nationally
40 recognized organization, or licensed by the state of Missouri.

41 2. In addition to the coverages set forth in subsection 1 of this section, every insurance
42 company, health services corporation and health maintenance organization doing business in this
43 state shall offer in all health insurance policies, benefits or coverages for recognized mental illness,
44 excluding chemical dependency, meeting the following minimum standards:

45 (1) Coverage for outpatient treatment, including treatment through partial- or full-day
46 program services, for mental health services for a recognized mental illness rendered by a licensed
47 professional to the same extent as any other illness;

48 (2) Coverage for residential treatment programs for the therapeutic care and treatment of a

1 recognized mental illness when prescribed by a licensed professional and rendered in a psychiatric
2 residential treatment center licensed by the department of mental health or accredited by the Joint
3 Commission on Accreditation of Hospitals to the same extent as any other illness;

4 (3) Coverage for inpatient hospital treatment for a recognized mental illness to the same
5 extent as for any other illness, not to exceed ninety days per year;

6 (4) The coverages set forth in this subsection shall be subject to the same coinsurance, co-
7 payment, deductible, annual maximum and lifetime maximum factors as apply to physical illness;
8 and

9 (5) The coverages set forth in this subsection may be administered pursuant to a managed
10 care program established by the insurance company, health services corporation or health
11 maintenance organization, and covered services may be delivered through a system of contractual
12 arrangements with one or more providers, community mental health centers, hospitals,
13 nonresidential or residential treatment programs, or other mental health service delivery entities
14 certified by the department of mental health, or accredited by a nationally recognized organization,
15 or licensed by the state of Missouri.

16 3. The offer required by sections 376.810 to 376.814 may be accepted or rejected by the
17 group or individual policyholder or contract holder and, if accepted, shall fully and completely
18 satisfy and substitute for the coverage under section 376.779. Nothing in sections 376.810 to
19 376.814 shall prohibit an insurance company, health services corporation or health maintenance
20 organization from including all or part of the coverages set forth in sections 376.810 to 376.814 as
21 standard coverage in their policies or contracts issued in this state.

22 4. Every insurance company, health services corporation and health maintenance
23 organization doing business in this state shall offer in all health insurance policies mental health
24 benefits or coverage as part of the policy or as a supplement to the policy. Such mental health
25 benefits or coverage shall include at least two sessions per year to a licensed psychiatrist, licensed
26 psychologist, licensed professional counselor, licensed clinical social worker, or, subject to
27 contractual provisions, a licensed marital and family therapist, acting within the scope of such
28 license and under the following minimum standards:

29 (1) Coverage and benefits in this subsection shall be for the purpose of diagnosis or
30 assessment, but not dependent upon findings; and

31 (2) Coverage and benefits in this subsection shall not be subject to any conditions of
32 preapproval, and shall be deemed reimbursable as long as the provisions of this subsection are
33 satisfied; and

34 (3) Coverage and benefits in this subsection shall be subject to the same coinsurance, co-
35 payment and deductible factors as apply to regular office visits under coverages and benefits for
36 physical illness.

37 5. If the group or individual policyholder or contract holder rejects the offer required by this
38 section, then the coverage shall be governed by the mental health and chemical dependency
39 insurance act as provided in sections 376.825 to 376.836.

40 6. This section shall not apply to a supplemental insurance policy, including a life care
41 contract, accident-only policy, specified disease policy, hospital policy providing a fixed daily
42 benefit only, Medicare supplement policy, long-term care policy, hospitalization-surgical care
43 policy, short-term major medical policy of six months or less duration, or any other supplemental
44 policy as determined by the director of the department of insurance, financial institutions and
45 professional registration."; and

46
47 Further amend said bill, Page 2, Section 376.1237, Line 18, by inserting after all of said section and
48 line the following:

1
2 "376.1550. 1. Notwithstanding any other provision of law to the contrary, each health
3 carrier that offers or issues health benefit plans which are delivered, issued for delivery, continued,
4 or renewed in this state on or after January 1, 2005, shall provide coverage for a mental health
5 condition, as defined in this section, and shall comply with the following provisions:

6 (1) A health benefit plan shall provide coverage for treatment of a mental health condition
7 and shall not establish any rate, term, or condition that places a greater financial burden on an
8 insured for access to treatment for a mental health condition than for access to treatment for a
9 physical health condition. Any deductible or out-of-pocket limits required by a health carrier or
10 health benefit plan shall be comprehensive for coverage of all health conditions, whether mental or
11 physical;

12 (2) The coverages set forth is this subsection:

13 (a) May be administered pursuant to a managed care program established by the health
14 carrier; and

15 (b) May deliver covered services through a system of contractual arrangements with one or
16 more providers, hospitals, nonresidential or residential treatment programs, or other mental health
17 service delivery entities certified by the department of mental health, or accredited by a nationally
18 recognized organization, or licensed by the state of Missouri;

19 (3) A health benefit plan that does not otherwise provide for management of care under the
20 plan or that does not provide for the same degree of management of care for all health conditions
21 may provide coverage for treatment of mental health conditions through a managed care
22 organization; provided that the managed care organization is in compliance with rules adopted by
23 the department of insurance, financial institutions and professional registration that assure that the
24 system for delivery of treatment for mental health conditions does not diminish or negate the
25 purpose of this section. The rules adopted by the director shall assure that:

26 (a) Timely and appropriate access to care is available;

27 (b) The quantity, location, and specialty distribution of health care providers is adequate;
28 and

29 (c) Administrative or clinical protocols do not serve to reduce access to medically necessary
30 treatment for any insured;

31 (4) Coverage for treatment for chemical dependency shall comply with sections 376.779,
32 376.810 to 376.814, and 376.825 to 376.836 and for the purposes of this subdivision the term
33 "health insurance policy" as used in sections 376.779, 376.810 to 376.814, and 376.825 to 376.836,
34 the term "health insurance policy" shall include group coverage.

35 2. As used in this section, the following terms mean:

36 (1) "Chemical dependency", the psychological or physiological dependence upon and abuse
37 of drugs, including alcohol, characterized by drug tolerance or withdrawal and impairment of social
38 or occupational role functioning or both;

39 (2) "Health benefit plan", the same meaning as such term is defined in section 376.1350;

40 (3) "Health carrier", the same meaning as such term is defined in section 376.1350;

41 (4) "Mental health condition", any condition or disorder defined by categories listed in the
42 most recent edition of the Diagnostic and Statistical Manual of Mental Disorders [~~except for~~
43 ~~chemical dependency~~];

44 (5) "Managed care organization", any financing mechanism or system that manages care
45 delivery for its members or subscribers, including health maintenance organizations and any other
46 similar health care delivery system or organization;

47 (6) "Rate, term, or condition", any lifetime or annual payment limits, deductibles, co-
48 payments, coinsurance, and other cost-sharing requirements, out-of-pocket limits, visit limits, and

1 any other financial component of a health benefit plan that affects the insured.

2 3. This section shall not apply to a health plan or policy that is individually underwritten or
3 provides such coverage for specific individuals and members of their families pursuant to section
4 376.779, sections 376.810 to 376.814, and sections 376.825 to 376.836, a supplemental insurance
5 policy, including a life care contract, accident-only policy, specified disease policy, hospital policy
6 providing a fixed daily benefit only, Medicare supplement policy, long-term care policy,
7 hospitalization-surgical care policy, short-term major medical policies of six months or less
8 duration, or any other supplemental policy as determined by the director of the department of
9 insurance, financial institutions and professional registration.

10 4. Notwithstanding any other provision of law to the contrary, all health insurance policies
11 that cover state employees, including the Missouri consolidated health care plan, shall include
12 coverage for mental illness. Multiyear group policies need not comply until the expiration of their
13 current multiyear term unless the policyholder elects to comply before that time.

14 5. The provisions of this section shall not be violated if the insurer decides to apply different
15 limits or exclude entirely from coverage the following:

16 (1) Marital, family, educational, or training services unless medically necessary and
17 clinically appropriate;

18 (2) Services rendered or billed by a school or halfway house;

19 (3) Care that is custodial in nature;

20 (4) Services and supplies that are not immediately nor clinically appropriate; or

21 (5) Treatments that are considered experimental.

22 6. The director shall grant a policyholder a waiver from the provisions of this section if the
23 policyholder demonstrates to the director by actual experience over any consecutive twenty-four-
24 month period that compliance with this section has increased the cost of the health insurance policy
25 by an amount that results in a two percent increase in premium costs to the policyholder. The
26 director shall promulgate rules establishing a procedure and appropriate standards for making such a
27 demonstration. Any rule or portion of a rule, as that term is defined in section 536.010, that is
28 created under the authority delegated in this section shall become effective only if it complies with
29 and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This
30 section and chapter 536 are nonseverable and if any of the powers vested with the general assembly
31 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
32 subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or
33 adopted after August 28, 2004, shall be invalid and void.

34 630.875. 1. This section shall be known and may be cited as the "Improved Access to
35 Treatment for Opioid Addictions Act" or "IATOA Act".

36 2. As used in this section, the following terms mean:

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

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

40 3. Subject to appropriations, the department shall create and oversee an "Improved Access
41 to Treatment for Opioid Addictions Program", which is hereby created and whose purpose is to
42 disseminate information and best practices regarding opioid addiction and to facilitate collaborations
43 to better treat and prevent opioid addiction in this state. The IATOA program shall facilitate
44 partnerships between assistant physicians, physician assistants, and advanced practice registered
45 nurses practicing in federally qualified health centers, rural health clinics, and other health care
46 facilities and physicians practicing at remote facilities located in this state. The IATOA program
47 shall provide resources that grant patients and their treating assistant physicians, physician
48 assistants, advanced practice registered nurses, or physicians access to knowledge and expertise

1 through means such as telemedicine and Extension for Community Healthcare Outcomes (ECHO)
 2 programs established under section 191.1140.

3 4. Assistant physicians, physician assistants, and advanced practice registered nurses who
 4 participate in the IATOA program shall complete the necessary requirements to prescribe
 5 buprenorphine within at least thirty days of joining the IATOA program.

6 5. For the purposes of the IATOA program, a remote collaborating or supervising physician
 7 working with an on-site assistant physician, physician assistant, or advanced practice registered
 8 nurse shall be considered to be on-site. An assistant physician, physician assistant, or advanced
 9 practice registered nurse collaborating with a remote physician shall comply with all laws and
 10 requirements applicable to assistant physicians, physician assistants, or advanced practice registered
 11 nurses with on-site supervision before providing treatment to a patient.

12 6. An assistant physician, physician assistant, or advanced practice registered nurse
 13 collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate
 14 in the IATOA program in any area of the state and provide all services and functions of an assistant
 15 physician, physician assistant, or advanced practice registered nurse.

16 7. The department may develop curriculum and benchmark examinations on the subject of
 17 opioid addiction and treatment. The department may collaborate with specialists, institutions of
 18 higher education, and medical schools for such development. Completion of such a curriculum and
 19 passing of such an examination by an assistant physician, physician assistant, advanced practice
 20 registered nurse, or physician shall result in a certificate awarded by the department or sponsoring
 21 institution, if any.

22 8. An assistant physician, physician assistant, or advanced practice registered nurse
 23 participating in the IATOA program may also:

24 (1) Engage in community education;

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

26 (3) Serve as a liaison to courts;

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

28 (5) Provide educational outreach to schools;

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

31 (7) Refer patients to treatment centers;

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

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

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

35
 36 The list of authorizations in this subsection is a nonexclusive list, and assistant physicians, physician
 37 assistants, or advanced practice registered nurses participating in the IATOA program may perform
 38 other actions.

39 9. When an overdose survivor arrives in the emergency department, the assistant physician,
 40 physician assistant, or advanced practice registered nurse serving as a recovery coach or, if the
 41 assistant physician, physician assistant, or advanced practice registered nurse is unavailable, another
 42 properly trained recovery coach shall, when reasonably practicable, meet with the overdose survivor
 43 and provide treatment options and support available to the overdose survivor. The department shall
 44 assist recovery coaches in providing treatment options and support to overdose survivors.

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

1 process.

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

11 632.005. As used in chapter 631 and this chapter, unless the context clearly requires
 12 otherwise, the following terms shall mean:

13 (1) "Comprehensive psychiatric services", any one, or any combination of two or more, of
 14 the following services to persons affected by mental disorders other than intellectual disabilities or
 15 developmental disabilities: inpatient, outpatient, day program or other partial hospitalization,
 16 emergency, diagnostic, treatment, liaison, follow-up, consultation, education, rehabilitation,
 17 prevention, screening, transitional living, medical prevention and treatment for alcohol abuse, and
 18 medical prevention and treatment for drug abuse;

19 (2) "Council", the Missouri advisory council for comprehensive psychiatric services;

20 (3) "Court", the court which has jurisdiction over the respondent or patient;

21 (4) "Division", the division of comprehensive psychiatric services of the department of
 22 mental health;

23 (5) "Division director", director of the division of comprehensive psychiatric services of the
 24 department of mental health, or his designee;

25 (6) "Head of mental health facility", superintendent or other chief administrative officer of a
 26 mental health facility, or his designee;

27 (7) "Judicial day", any Monday, Tuesday, Wednesday, Thursday or Friday when the court is
 28 open for business, but excluding Saturdays, Sundays and legal holidays;

29 (8) "Licensed physician", a physician licensed pursuant to the provisions of chapter 334 or a
 30 person authorized to practice medicine in this state pursuant to the provisions of section 334.150;

31 (9) "Licensed professional counselor", a person licensed as a professional counselor under
 32 chapter 337 and with a minimum of one year training or experience in providing psychiatric care,
 33 treatment, or services in a psychiatric setting to individuals suffering from a mental disorder;

34 (10) "Likelihood of serious harm" means any one or more of the following but does not
 35 require actual physical injury to have occurred:

36 (a) A substantial risk that serious physical harm will be inflicted by a person upon his own
 37 person, as evidenced by recent threats, including verbal threats, or attempts to commit suicide or
 38 inflict physical harm on himself. Evidence of substantial risk may also include information about
 39 patterns of behavior that historically have resulted in serious harm previously being inflicted by a
 40 person upon himself;

41 (b) A substantial risk that serious physical harm to a person will result or is occurring
 42 because of an impairment in his capacity to make decisions with respect to his hospitalization and
 43 need for treatment as evidenced by his current mental disorder or mental illness which results in an
 44 inability to provide for his own basic necessities of food, clothing, shelter, safety or medical care or
 45 his inability to provide for his own mental health care which may result in a substantial risk of
 46 serious physical harm. Evidence of that substantial risk may also include information about patterns
 47 of behavior that historically have resulted in serious harm to the person previously taking place
 48 because of a mental disorder or mental illness which resulted in his inability to provide for his basic

1 necessities of food, clothing, shelter, safety or medical or mental health care; or

2 (c) A substantial risk that serious physical harm will be inflicted by a person upon another
3 as evidenced by recent overt acts, behavior or threats, including verbal threats, which have caused
4 such harm or which would place a reasonable person in reasonable fear of sustaining such harm.
5 Evidence of that substantial risk may also include information about patterns of behavior that
6 historically have resulted in physical harm previously being inflicted by a person upon another
7 person;

8 (11) "Mental health coordinator", a mental health professional who has knowledge of the
9 laws relating to hospital admissions and civil commitment and who is authorized by the director of
10 the department, or his designee, to serve a designated geographic area or mental health facility and
11 who has the powers, duties and responsibilities provided in this chapter;

12 (12) "Mental health facility", any residential facility, public or private, or any public or
13 private hospital, which can provide evaluation, treatment and, inpatient care to persons suffering
14 from a mental disorder or mental illness and which is recognized as such by the department or any
15 outpatient treatment program certified by the department of mental health. No correctional
16 institution or facility, jail, regional center or developmental disability facility shall be a mental
17 health facility within the meaning of this chapter;

18 (13) "Mental health professional", a psychiatrist, resident in psychiatry, psychiatric
19 physician assistant, psychiatric assistant physician, psychiatric advanced practice registered nurse,
20 psychologist, psychiatric nurse, licensed professional counselor, or psychiatric social worker;

21 (14) "Mental health program", any public or private residential facility, public or private
22 hospital, public or private specialized service or public or private day program that can provide care,
23 treatment, rehabilitation or services, either through its own staff or through contracted providers, in
24 an inpatient or outpatient setting to persons with a mental disorder or mental illness or with a
25 diagnosis of alcohol abuse or drug abuse which is recognized as such by the department. No
26 correctional institution or facility or jail may be a mental health program within the meaning of this
27 chapter;

28 (15) "Ninety-six hours" shall be construed and computed to exclude Saturdays, Sundays and
29 legal holidays which are observed either by the court or by the mental health facility where the
30 respondent is detained;

31 (16) "Peace officer", a sheriff, deputy sheriff, county or municipal police officer or highway
32 patrolman;

33 (17) "Psychiatric advanced practice registered nurse", a registered nurse who is currently
34 recognized by the board of nursing as an advanced practice registered nurse, who has at least two
35 years of experience in providing psychiatric treatment to individuals suffering from mental
36 disorders;

37 (18) "Psychiatric assistant physician", a licensed assistant physician under chapter 334 and
38 who has had at least two years of experience as an assistant physician in providing psychiatric
39 treatment to individuals suffering from mental health disorders;

40 (19) "Psychiatric nurse", a registered professional nurse who is licensed under chapter 335
41 and who has had at least two years of experience as a registered professional nurse in providing
42 psychiatric nursing treatment to individuals suffering from mental disorders;

43 (20) "Psychiatric physician assistant", a licensed physician assistant under chapter 334 and
44 who has had at least two years of experience as a physician assistant in providing psychiatric
45 treatment to individuals suffering from mental health disorders or a graduate of a postgraduate
46 residency or fellowship for physician assistants in psychiatry;

47 [(18)] (21) "Psychiatric social worker", a person with a master's or further advanced degree
48 from an accredited school of social work, practicing pursuant to chapter 337, and with a minimum

1 of one year training or experience in providing psychiatric care, treatment or services in a
2 psychiatric setting to individuals suffering from a mental disorder;

3 ~~[(19)]~~ (22) "Psychiatrist", a licensed physician who in addition has successfully completed a
4 training program in psychiatry approved by the American Medical Association, the American
5 Osteopathic Association or other training program certified as equivalent by the department;

6 ~~[(20)]~~ (23) "Psychologist", a person licensed to practice psychology under chapter 337 with
7 a minimum of one year training or experience in providing treatment or services to mentally
8 disordered or mentally ill individuals;

9 ~~[(21)]~~ (24) "Resident in psychiatry", a licensed physician who is in a training program in
10 psychiatry approved by the American Medical Association, the American Osteopathic Association
11 or other training program certified as equivalent by the department;

12 ~~[(22)]~~ (25) "Respondent", an individual against whom involuntary civil detention
13 proceedings are instituted pursuant to this chapter;

14 ~~[(23)]~~ (26) "Treatment", any effort to accomplish a significant change in the mental or
15 emotional conditions or the behavior of the patient consistent with generally recognized principles
16 or standards in the mental health professions.

17 Section B. Because immediate action is necessary to save the lives of Missouri
18 citizens who are suffering from the opioid crisis, the repeal and reenactment of sections 195.070,
19 217.364, 334.036, and 374.426 and the enactment of sections 9.192, 195.265, and 630.875 of this
20 act are deemed necessary for the immediate preservation of the public health, welfare, peace, and
21 safety, and are hereby declared to be an emergency act within the meaning of the constitution, and
22 the repeal and reenactment of sections 195.070, 217.364, 334.036, and 374.426 and the enactment
23 of sections 9.192, 195.265, and 630.875 of this act shall be in full force and effect upon their
24 passage and approval."; and

25
26 Further amend said bill by amending the title, enacting clause, and intersectional references
27 accordingly.