

SECOND REGULAR SESSION

HOUSE BILL NO. 2105

99TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE FREDERICK.

5793H.011

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal section 374.426, RSMo, and to enact in lieu thereof eight new sections relating to opioids.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 374.426, RSMo, is repealed and eight new sections enacted in lieu thereof, to be known as sections 9.192, 334.055, 338.720, 374.426, 630.870, 630.875, 630.880, and 630.890, to read as follows:

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

334.055. The board of registration for the healing arts, in collaboration with the Missouri State Medical Association and the Missouri Association of Osteopathic Physicians and Surgeons, shall develop a voluntary pledge that a physician may opt to take stating that he or she shall do all he or she can to reduce the harm from improper use or prescription of opioids.

338.720. The board of pharmacy, in consultation with the department of health and senior services, shall be authorized to expend, allocate, or award funds appropriated to the board to private or public entities to develop a drug take-back program. Such program shall collect and dispose of Schedule II and III controlled substances, as defined in section 195.017.

374.426. 1. Any entity in the business of delivering or financing health care shall provide data regarding quality of patient care and patient satisfaction to the director of the department of insurance, financial institutions and professional registration. Failure to provide such data as required by the director of the department of insurance, financial institutions and professional

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

5 registration shall constitute grounds for violation of the unfair trade practices act, sections
6 375.930 to 375.948.

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

9 (1) Use as the initial data set the HMO Employer Data and Information Set developed
10 by the National Committee for Quality Assurance;

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

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

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

19 **4. Beginning August 28, 2018, the director of the department of insurance, financial**
20 **institutions and professional registration shall discontinue the use of patient satisfaction**
21 **scores to the extent allowed by federal law.**

630.870. 1. The department of mental health shall publish and make available an
2 **information and consent form that discloses a summary of the possible risks, benefits, and**
3 **side effects of taking opioid medication including, but not limited to, opioid addiction and**
4 **death. The form shall disclose alternative treatments to opioid medication, including**
5 **alternative pain treatment. The language of the form shall be clear and understandable**
6 **to most patients and shall consist of five hundred words or less. No patient shall be**
7 **required to sign the form, but the form, upon signing by the patient, shall grant permission**
8 **to the patient's physician to treat the patient with opioid medication.**

9 **2. The department shall seek input and collaboration with medical associations**
10 **operating in the state in drafting the information and consent form including, but not**
11 **limited to, the Missouri State Medical Association and the Missouri Association of**
12 **Osteopathic Physicians and Surgeons.**

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

3 **2. As used in the improved access to treatment for opioid addictions act, the**
4 **following terms mean:**

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

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

8 **3. Subject to appropriations, the department shall create and oversee an "Improved**
9 **Access to Treatment for Opioid Addictions Program", which is hereby created and whose**
10 **purpose is to disseminate information and best practices regarding opioid addiction and**
11 **to facilitate collaborations to better treat and prevent opioid addiction in this state. The**
12 **IATOA program shall facilitate partnerships between assistant physicians practicing in**
13 **federally qualified health centers, rural health clinics, and other health care facilities and**
14 **physicians practicing at remote facilities located in this state. The IATOA program shall**
15 **provide resources that grant patients and their treating assistant physicians or physicians**
16 **access to knowledge and expertise through means such as telemedicine and Extension for**
17 **Community Healthcare Outcomes (ECHO) programs. The IATOA program shall**
18 **establish a treatment facility in each county lacking sufficient access to opioid addiction**
19 **treatment.**

20 **4. Assistant physicians who participate in the IATOA program shall complete the**
21 **necessary requirements to prescribe buprenorphine within at least ninety days of joining**
22 **the IATOA program.**

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

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

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

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

38 **(1) Engage in community education;**

39 **(2) Engage in professional education outreach programs with local treatment**
40 **providers;**

41 **(3) Serve as a liaison to courts;**

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

43 **(5) Provide educational outreach to schools;**

- 44 (6) Treat physical ailments of patients in an addiction treatment program or
45 considering entering such a program;
46 (7) Refer patients to treatment centers;
47 (8) Assist patients with court and social service obligations; and
48 (9) Perform other functions as authorized by the department.
49

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

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

58 10. The department shall promulgate rules to implement the provisions of the
59 improved access to treatment for opioid addictions act. Any rule or portion of a rule, as
60 that term is defined in section 536.010, that is created under the authority delegated in this
61 section shall become effective only if it complies with and is subject to all of the provisions
62 of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
63 nonseverable, and if any of the powers vested with the general assembly pursuant to
64 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
65 subsequently held unconstitutional, then the grant of rulemaking authority and any rule
66 proposed or adopted after August 28, 2018, shall be invalid and void.

630.880. 1. As used in this section, the following terms mean:

- 2 (1) "Department", the department of mental health;
3 (2) "Neonatal abstinence syndrome", a syndrome that occurs in newborn infants
4 when the infant's mother used opioids during pregnancy, causing the infant to go through
5 drug withdrawal after birth.

6 2. The department may study the establishment and implementation of regional
7 neonatal abstinence syndrome step-down units. Such units shall provide high quality
8 specialized care to infants affected by neonatal abstinence syndrome in a cost effective
9 manner.

630.890. 1. The department of mental health, by collaborating with the department
2 of social services and the department of health and senior services, shall develop a
3 statewide plan to inform and educate citizens on the risks associated with opioid
4 medications, including opioid addiction.

5 **2. The plan described in subsection 1 of this section shall include prevention**
6 **programs that educate the citizens about the potential dangers of misusing prescription**
7 **medications and shall provide evidence-based treatment services for parents or caregivers**
8 **of children at risk of being placed out of the home due to the parents' or caregivers' use of**
9 **opioid medications or other substance use.**

10 **3. The departments of mental health, social services, and health and senior services**
11 **shall utilize existing prevention programs where appropriate and may use existing local**
12 **partnerships or programs to implement the plan. Federal funds, if available, may be**
13 **sought to assist the departments with funding programs created by the plan described in**
14 **subsection 1 of this section.**

15 **4. The plan established in this section shall be made available to the governor and**
16 **general assembly by the start of the first Wednesday after the first Monday in January**
17 **2019.**

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