

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 2105
99TH GENERAL ASSEMBLY

5793H.06C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 195.010, 195.070, 195.080, 217.364, 334.036, and 374.426, RSMo, and to enact in lieu thereof eleven new sections relating to opioids, with an emergency clause.

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

Section A. Sections 195.010, 195.070, 195.080, 217.364, 334.036, and 374.426, RSMo,
2 are repealed and eleven new sections enacted in lieu thereof, to be known as sections 9.192,
3 195.010, 195.070, 195.080, 195.265, 217.364, 334.036, 334.074, 374.426, 630.875, and 630.880,
4 to read as follows:

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

195.010. The following words and phrases as used in this chapter and chapter 579,
2 unless the context otherwise requires, mean:

3 (1) **"Acute pain", pain, whether resulting from disease, accidental or intentional**
4 **trauma, or other causes, that the practitioner reasonably expects to last only a short period**
5 **of time. "Acute pain" shall not include chronic pain, pain being treated as part of cancer**
6 **care, hospice or other end of life care, or medication-assisted treatment for substance use**
7 **disorders;**

8 (2) "Addict", a person who habitually uses one or more controlled substances to such an
9 extent as to create a tolerance for such drugs, and who does not have a medical need for such
10 drugs, or who is so far addicted to the use of such drugs as to have lost the power of self-control
11 with reference to his or her addiction;

12 [~~2~~] (3) "Administer", to apply a controlled substance, whether by injection, inhalation,
13 ingestion, or any other means, directly to the body of a patient or research subject by:

14 (a) A practitioner (or, in his or her presence, by his or her authorized agent); or

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.

- 15 (b) The patient or research subject at the direction and in the presence of the practitioner;
16 ~~[(3)]~~ (4) "Agent", an authorized person who acts on behalf of or at the direction of a
17 manufacturer, distributor, or dispenser. The term does not include a common or contract carrier,
18 public warehouseman, or employee of the carrier or warehouseman while acting in the usual and
19 lawful course of the carrier's or warehouseman's business;
- 20 ~~[(4)]~~ (5) "Attorney for the state", any prosecuting attorney, circuit attorney, or attorney
21 general authorized to investigate, commence and prosecute an action under this chapter;
- 22 ~~[(5)]~~ (6) "Controlled substance", a drug, substance, or immediate precursor in Schedules
23 I through V listed in this chapter;
- 24 ~~[(6)]~~ (7) "Controlled substance analogue", a substance the chemical structure of which
25 is substantially similar to the chemical structure of a controlled substance in Schedule I or II and:
26 (a) Which has a stimulant, depressant, or hallucinogenic effect on the central nervous
27 system substantially similar to the stimulant, depressant, or hallucinogenic effect on the central
28 nervous system of a controlled substance included in Schedule I or II; or
29 (b) With respect to a particular individual, which that individual represents or intends
30 to have a stimulant, depressant, or hallucinogenic effect on the central nervous system
31 substantially similar to the stimulant, depressant, or hallucinogenic effect on the central nervous
32 system of a controlled substance included in Schedule I or II. The term does not include a
33 controlled substance; any substance for which there is an approved new drug application; any
34 substance for which an exemption is in effect for investigational use, for a particular person,
35 under Section 505 of the federal Food, Drug and Cosmetic Act (21 U.S.C. Section 355) to the
36 extent conduct with respect to the substance is pursuant to the exemption; or any substance to
37 the extent not intended for human consumption before such an exemption takes effect with
38 respect to the substance;
- 39 ~~[(7)]~~ (8) "Counterfeit substance", a controlled substance which, or the container or
40 labeling of which, without authorization, bears the trademark, trade name, or other identifying
41 mark, imprint, number or device, or any likeness thereof, of a manufacturer, distributor, or
42 dispenser other than the person who in fact manufactured, distributed, or dispensed the
43 substance;
- 44 ~~[(8)]~~ (9) "Deliver" or "delivery", the actual, constructive, or attempted transfer from one
45 person to another of drug paraphernalia or of a controlled substance, or an imitation controlled
46 substance, whether or not there is an agency relationship, and includes a sale;
- 47 ~~[(9)]~~ (10) "Dentist", a person authorized by law to practice dentistry in this state;
- 48 ~~[(10)]~~ (11) "Depressant or stimulant substance":

49 (a) A drug containing any quantity of barbituric acid or any of the salts of barbituric acid
50 or any derivative of barbituric acid which has been designated by the United States Secretary of
51 Health and Human Services as habit forming under 21 U.S.C. Section 352(d);

52 (b) A drug containing any quantity of:

53 a. Amphetamine or any of its isomers;

54 b. Any salt of amphetamine or any salt of an isomer of amphetamine; or

55 c. Any substance the United States Attorney General, after investigation, has found to
56 be, and by regulation designated as, habit forming because of its stimulant effect on the central
57 nervous system;

58 (c) Lysergic acid diethylamide; or

59 (d) Any drug containing any quantity of a substance that the United States Attorney
60 General, after investigation, has found to have, and by regulation designated as having, a
61 potential for abuse because of its depressant or stimulant effect on the central nervous system or
62 its hallucinogenic effect;

63 ~~[(11)]~~ **(12)** "Dispense", to deliver a narcotic or controlled dangerous drug to an ultimate
64 user or research subject by or pursuant to the lawful order of a practitioner including the
65 prescribing, administering, packaging, labeling, or compounding necessary to prepare the
66 substance for such delivery. "Dispenser" means a practitioner who dispenses;

67 ~~[(12)]~~ **(13)** "Distribute", to deliver other than by administering or dispensing a controlled
68 substance;

69 ~~[(13)]~~ **(14)** "Distributor", a person who distributes;

70 ~~[(14)]~~ **(15)** "Drug":

71 (a) Substances recognized as drugs in the official United States Pharmacopoeia, Official
72 Homeopathic Pharmacopoeia of the United States, or Official National Formulary, or any
73 supplement to any of them;

74 (b) Substances intended for use in the diagnosis, cure, mitigation, treatment or
75 prevention of disease in humans or animals;

76 (c) Substances, other than food, intended to affect the structure or any function of the
77 body of humans or animals; and

78 (d) Substances intended for use as a component of any article specified in this
79 subdivision. It does not include devices or their components, parts or accessories;

80 ~~[(15)]~~ **(16)** "Drug-dependent person", a person who is using a controlled substance and
81 who is in a state of psychic or physical dependence, or both, arising from the use of such
82 substance on a continuous basis. Drug dependence is characterized by behavioral and other
83 responses which include a strong compulsion to take the substance on a continuous basis in order
84 to experience its psychic effects or to avoid the discomfort caused by its absence;

85 ~~[(16)]~~ **(17)** "Drug enforcement agency", the Drug Enforcement Administration in the
86 United States Department of Justice, or its successor agency;

87 ~~[(17)]~~ **(18)** "Drug paraphernalia", all equipment, products, substances and materials of
88 any kind which are used, intended for use, or designed for use, in planting, propagating,
89 cultivating, growing, harvesting, manufacturing, compounding, converting, producing,
90 processing, preparing, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise
91 introducing into the human body a controlled substance or an imitation controlled substance in
92 violation of this chapter or chapter 579. It includes, but is not limited to:

93 (a) Kits used, intended for use, or designed for use in planting, propagating, cultivating,
94 growing or harvesting of any species of plant which is a controlled substance or from which a
95 controlled substance can be derived;

96 (b) Kits used, intended for use, or designed for use in manufacturing, compounding,
97 converting, producing, processing, or preparing controlled substances or imitation controlled
98 substances;

99 (c) Isomerization devices used, intended for use, or designed for use in increasing the
100 potency of any species of plant which is a controlled substance or an imitation controlled
101 substance;

102 (d) Testing equipment used, intended for use, or designed for use in identifying, or in
103 analyzing the strength, effectiveness or purity of controlled substances or imitation controlled
104 substances;

105 (e) Scales and balances used, intended for use, or designed for use in weighing or
106 measuring controlled substances or imitation controlled substances;

107 (f) Dilutents and adulterants, such as quinine hydrochloride, mannitol, mannite, dextrose
108 and lactose, used, intended for use, or designed for use in cutting controlled substances or
109 imitation controlled substances;

110 (g) Separation gins and sifters used, intended for use, or designed for use in removing
111 twigs and seeds from, or in otherwise cleaning or refining, marijuana;

112 (h) Blenders, bowls, containers, spoons and mixing devices used, intended for use, or
113 designed for use in compounding controlled substances or imitation controlled substances;

114 (i) Capsules, balloons, envelopes and other containers used, intended for use, or designed
115 for use in packaging small quantities of controlled substances or imitation controlled substances;

116 (j) Containers and other objects used, intended for use, or designed for use in storing or
117 concealing controlled substances or imitation controlled substances;

118 (k) Hypodermic syringes, needles and other objects used, intended for use, or designed
119 for use in parenterally injecting controlled substances or imitation controlled substances into the
120 human body;

- 121 (l) Objects used, intended for use, or designed for use in ingesting, inhaling, or otherwise
122 introducing marijuana, cocaine, hashish, or hashish oil into the human body, such as:
- 123 a. Metal, wooden, acrylic, glass, stone, plastic, or ceramic pipes with or without screens,
124 permanent screens, hashish heads, or punctured metal bowls;
 - 125 b. Water pipes;
 - 126 c. Carburetion tubes and devices;
 - 127 d. Smoking and carburetion masks;
 - 128 e. Roach clips meaning objects used to hold burning material, such as a marijuana
129 cigarette, that has become too small or too short to be held in the hand;
 - 130 f. Miniature cocaine spoons and cocaine vials;
 - 131 g. Chamber pipes;
 - 132 h. Carburetor pipes;
 - 133 i. Electric pipes;
 - 134 j. Air-driven pipes;
 - 135 k. Chillums;
 - 136 l. Bongs;
 - 137 m. Ice pipes or chillers;
- 138 (m) Substances used, intended for use, or designed for use in the manufacture of a
139 controlled substance;
- 140 In determining whether an object, product, substance or material is drug paraphernalia, a court
141 or other authority should consider, in addition to all other logically relevant factors, the
142 following:
- 143 a. Statements by an owner or by anyone in control of the object concerning its use;
 - 144 b. Prior convictions, if any, of an owner, or of anyone in control of the object, under any
145 state or federal law relating to any controlled substance or imitation controlled substance;
 - 146 c. The proximity of the object, in time and space, to a direct violation of this chapter or
147 chapter 579;
 - 148 d. The proximity of the object to controlled substances or imitation controlled
149 substances;
 - 150 e. The existence of any residue of controlled substances or imitation controlled
151 substances on the object;
 - 152 f. Direct or circumstantial evidence of the intent of an owner, or of anyone in control of
153 the object, to deliver it to persons who he or she knows, or should reasonably know, intend to
154 use the object to facilitate a violation of this chapter or chapter 579; the innocence of an owner,
155 or of anyone in control of the object, as to direct violation of this chapter or chapter 579 shall not
156 prevent a finding that the object is intended for use, or designed for use as drug paraphernalia;

- 157 g. Instructions, oral or written, provided with the object concerning its use;
- 158 h. Descriptive materials accompanying the object which explain or depict its use;
- 159 i. National or local advertising concerning its use;
- 160 j. The manner in which the object is displayed for sale;
- 161 k. Whether the owner, or anyone in control of the object, is a legitimate supplier of like
- 162 or related items to the community, such as a licensed distributor or dealer of tobacco products;
- 163 l. Direct or circumstantial evidence of the ratio of sales of the object to the total sales of
- 164 the business enterprise;
- 165 m. The existence and scope of legitimate uses for the object in the community;
- 166 n. Expert testimony concerning its use;
- 167 o. The quantity, form or packaging of the product, substance or material in relation to
- 168 the quantity, form or packaging associated with any legitimate use for the product, substance or
- 169 material;
- 170 ~~[(18)]~~ **(19)** "Federal narcotic laws", the laws of the United States relating to controlled
- 171 substances;
- 172 ~~[(19)]~~ **(20)** "Hospital", a place devoted primarily to the maintenance and operation of
- 173 facilities for the diagnosis, treatment or care, for not less than twenty-four hours in any week, of
- 174 three or more nonrelated individuals suffering from illness, disease, injury, deformity or other
- 175 abnormal physical conditions; or a place devoted primarily to provide, for not less than
- 176 twenty-four consecutive hours in any week, medical or nursing care for three or more nonrelated
- 177 individuals. The term "hospital" does not include convalescent, nursing, shelter or boarding
- 178 homes as defined in chapter 198;
- 179 ~~[(20)]~~ **(21)** "Immediate precursor", a substance which:
- 180 (a) The state department of health and senior services has found to be and by rule
- 181 designates as being the principal compound commonly used or produced primarily for use in the
- 182 manufacture of a controlled substance;
- 183 (b) Is an immediate chemical intermediary used or likely to be used in the manufacture
- 184 of a controlled substance; and
- 185 (c) The control of which is necessary to prevent, curtail or limit the manufacture of the
- 186 controlled substance;
- 187 ~~[(21)]~~ **(22)** "Imitation controlled substance", a substance that is not a controlled
- 188 substance, which by dosage unit appearance (including color, shape, size and markings), or by
- 189 representations made, would lead a reasonable person to believe that the substance is a controlled
- 190 substance. In determining whether the substance is an imitation controlled substance the court
- 191 or authority concerned should consider, in addition to all other logically relevant factors, the
- 192 following:

193 (a) Whether the substance was approved by the federal Food and Drug Administration
194 for over-the-counter (nonprescription or nonlegend) sales and was sold in the federal Food and
195 Drug Administration approved package, with the federal Food and Drug Administration
196 approved labeling information;

197 (b) Statements made by an owner or by anyone else in control of the substance
198 concerning the nature of the substance, or its use or effect;

199 (c) Whether the substance is packaged in a manner normally used for illicit controlled
200 substances;

201 (d) Prior convictions, if any, of an owner, or anyone in control of the object, under state
202 or federal law related to controlled substances or fraud;

203 (e) The proximity of the substances to controlled substances;

204 (f) Whether the consideration tendered in exchange for the noncontrolled substance
205 substantially exceeds the reasonable value of the substance considering the actual chemical
206 composition of the substance and, where applicable, the price at which over-the-counter
207 substances of like chemical composition sell. An imitation controlled substance does not include
208 a placebo or registered investigational drug either of which was manufactured, distributed,
209 possessed or delivered in the ordinary course of professional practice or research;

210 ~~[(22)]~~ **(23) "Initial prescription", a prescription issued to a patient who has never**
211 **previously been issued a prescription for the drug or its pharmaceutical equivalent or who**
212 **was previously issued a prescription for the drug or its pharmaceutical equivalent but the**
213 **date on which the current prescription is being issued is more than one year after the date**
214 **the patient last used or was administered the drug or its equivalent;**

215 **(24) "Laboratory", a laboratory approved by the department of health and senior services**
216 **as proper to be entrusted with the custody of controlled substances but does not include a**
217 **pharmacist who compounds controlled substances to be sold or dispensed on prescriptions;**

218 ~~[(23)]~~ **(25) "Manufacture", the production, preparation, propagation, compounding or**
219 **processing of drug paraphernalia or of a controlled substance, or an imitation controlled**
220 **substance, either directly or by extraction from substances of natural origin, or independently by**
221 **means of chemical synthesis, or by a combination of extraction and chemical synthesis, and**
222 **includes any packaging or repackaging of the substance or labeling or relabeling of its container.**
223 **This term does not include the preparation or compounding of a controlled substance or an**
224 **imitation controlled substance or the preparation, compounding, packaging or labeling of a**
225 **narcotic or dangerous drug:**

226 (a) By a practitioner as an incident to his or her administering or dispensing of a
227 controlled substance or an imitation controlled substance in the course of his or her professional
228 practice, or

229 (b) By a practitioner or his or her authorized agent under his or her supervision, for the
230 purpose of, or as an incident to, research, teaching or chemical analysis and not for sale;

231 ~~[(24)]~~ **(26)** "Marijuana", all parts of the plant genus Cannabis in any species or form
232 thereof, including, but not limited to Cannabis Sativa L., Cannabis Indica, Cannabis Americana,
233 Cannabis Ruderalis, and Cannabis Gigantea, whether growing or not, the seeds thereof, the resin
234 extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture,
235 or preparation of the plant, its seeds or resin. It does not include the mature stalks of the plant,
236 fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound,
237 manufacture, salt, derivative, mixture or preparation of the mature stalks (except the resin
238 extracted therefrom), fiber, oil or cake, or the sterilized seed of the plant which is incapable of
239 germination;

240 ~~[(25)]~~ **(27)** "Methamphetamine precursor drug", any drug containing ephedrine,
241 pseudoephedrine, phenylpropanolamine, or any of their salts, optical isomers, or salts of optical
242 isomers;

243 ~~[(26)]~~ **(28)** "Narcotic drug", any of the following, whether produced directly or indirectly
244 by extraction from substances of vegetable origin, or independently by means of chemical
245 synthesis, or by a combination of extraction and chemical analysis:

246 (a) Opium, opiate, and any derivative, of opium or opiate, including their isomers, esters,
247 ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of the isomers,
248 esters, ethers, and salts is possible within the specific chemical designation. The term does not
249 include the isoquinoline alkaloids of opium;

250 (b) Coca leaves, but not including extracts of coca leaves from which cocaine, ecgonine,
251 and derivatives of ecgonine or their salts have been removed;

252 (c) Cocaine or any salt, isomer, or salt of isomer thereof;

253 (d) Ecgonine, or any derivative, salt, isomer, or salt of isomer thereof;

254 (e) Any compound, mixture, or preparation containing any quantity of any substance
255 referred to in paragraphs (a) to (d) of this subdivision;

256 ~~[(27)]~~ **(29)** "Official written order", an order written on a form provided for that purpose
257 by the United States Commissioner of Narcotics, under any laws of the United States making
258 provision therefor, if such order forms are authorized and required by federal law, and if no such
259 order form is provided, then on an official form provided for that purpose by the department of
260 health and senior services;

261 ~~[(28)]~~ **(30)** "Opiate" or "**opioid**", any substance having an addiction-forming or
262 addiction-sustaining liability similar to morphine or being capable of conversion into a drug
263 having addiction-forming or addiction-sustaining liability. The term includes its racemic and

264 levorotatory forms. It does not include, unless specifically controlled under section 195.017, the
265 dextrorotatory isomer of 3-methoxy-n-methyl-morphinan and its salts (dextromethorphan);
266 ~~[(29)]~~ **(31)** "Opium poppy", the plant of the species *Papaver somniferum* L., except its
267 seeds;
268 ~~[(30)]~~ **(32)** "Over-the-counter sale", a retail sale licensed pursuant to chapter 144 of a
269 drug other than a controlled substance;
270 ~~[(31)]~~ **(33)** "Person", an individual, corporation, government or governmental
271 subdivision or agency, business trust, estate, trust, partnership, joint venture, association, or any
272 other legal or commercial entity;
273 ~~[(32)]~~ **(34)** "Pharmacist", a licensed pharmacist as defined by the laws of this state, and
274 where the context so requires, the owner of a store or other place of business where controlled
275 substances are compounded or dispensed by a licensed pharmacist; but nothing in this chapter
276 shall be construed as conferring on a person who is not registered nor licensed as a pharmacist
277 any authority, right or privilege that is not granted to him by the pharmacy laws of this state;
278 ~~[(33)]~~ **(35)** "Poppy straw", all parts, except the seeds, of the opium poppy, after mowing;
279 ~~[(34)]~~ **(36)** "Possessed" or "possessing a controlled substance", a person, with the
280 knowledge of the presence and nature of a substance, has actual or constructive possession of
281 the substance. A person has actual possession if he has the substance on his or her person or
282 within easy reach and convenient control. A person who, although not in actual possession, has
283 the power and the intention at a given time to exercise dominion or control over the substance
284 either directly or through another person or persons is in constructive possession of it.
285 Possession may also be sole or joint. If one person alone has possession of a substance
286 possession is sole. If two or more persons share possession of a substance, possession is joint;
287 ~~[(35)]~~ **(37)** "Practitioner", a physician, dentist, optometrist, podiatrist, veterinarian,
288 scientific investigator, pharmacy, hospital or other person licensed, registered or otherwise
289 permitted by this state to distribute, dispense, conduct research with respect to or administer or
290 to use in teaching or chemical analysis, a controlled substance in the course of professional
291 practice or research in this state, or a pharmacy, hospital or other institution licensed, registered,
292 or otherwise permitted to distribute, dispense, conduct research with respect to or administer a
293 controlled substance in the course of professional practice or research;
294 ~~[(36)]~~ **(38)** "Production", includes the manufacture, planting, cultivation, growing, or
295 harvesting of drug paraphernalia or of a controlled substance or an imitation controlled
296 substance;
297 ~~[(37)]~~ **(39)** "Registry number", the number assigned to each person registered under the
298 federal controlled substances laws;

299 ~~[(38)]~~ **(40)** "Sale", includes barter, exchange, or gift, or offer therefor, and each such
300 transaction made by any person, whether as principal, proprietor, agent, servant or employee;

301 ~~[(39)]~~ **(41)** "State" when applied to a part of the United States, includes any state,
302 district, commonwealth, territory, insular possession thereof, and any area subject to the legal
303 authority of the United States of America;

304 ~~[(40)]~~ **(42)** "Synthetic cannabinoid", includes unless specifically excepted or unless
305 listed in another schedule, any natural or synthetic material, compound, mixture, or preparation
306 that contains any quantity of a substance that is a cannabinoid receptor agonist, including but not
307 limited to any substance listed in paragraph (11) of subdivision (4) of subsection 2 of section
308 195.017 and any analogues; homologues; isomers, whether optical, positional, or geometric;
309 esters; ethers; salts; and salts of isomers, esters, and ethers, whenever the existence of the
310 isomers, esters, ethers, or salts is possible within the specific chemical designation, however, it
311 shall not include any approved pharmaceutical authorized by the United States Food and Drug
312 Administration;

313 ~~[(41)]~~ **(43)** "Ultimate user", a person who lawfully possesses a controlled substance or
314 an imitation controlled substance for his or her own use or for the use of a member of his or her
315 household or immediate family, regardless of whether they live in the same household, or for
316 administering to an animal owned by him or by a member of his or her household. For purposes
317 of this section, the phrase "immediate family" means a husband, wife, parent, child, sibling,
318 stepparent, stepchild, stepbrother, stepsister, grandparent, or grandchild;

319 ~~[(42)]~~ **(44)** "Wholesaler", a person who supplies drug paraphernalia or controlled
320 substances or imitation controlled substances that he himself has not produced or prepared, on
321 official written orders, but not on prescriptions.

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

7 2. An advanced practice registered nurse, as defined in section 335.016, but not a
8 certified registered nurse anesthetist as defined in subdivision (8) of section 335.016, who holds
9 a certificate of controlled substance prescriptive authority from the board of nursing under
10 section 335.019 and who is delegated the authority to prescribe controlled substances under a
11 collaborative practice arrangement under section 334.104 may prescribe any controlled
12 substances listed in Schedules III, IV, and V of section 195.017, and may have restricted
13 authority in Schedule II. Prescriptions for Schedule II medications prescribed by an advanced

14 practice registered nurse who has a certificate of controlled substance prescriptive authority are
15 restricted to only those medications containing hydrocodone. However, no such certified
16 advanced practice registered nurse shall prescribe controlled substance for his or her own self
17 or family. Schedule III narcotic controlled substance and Schedule II - hydrocodone
18 prescriptions shall be limited to a one hundred twenty-hour supply without refill.

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

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

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

195.080. 1. Except as otherwise provided in this chapter and chapter 579, this chapter
2 and chapter 579 shall not apply to the following cases: prescribing, administering, dispensing or
3 selling at retail of liniments, ointments, and other preparations that are susceptible of external
4 use only and that contain controlled substances in such combinations of drugs as to prevent the
5 drugs from being readily extracted from such liniments, ointments, or preparations, except that
6 this chapter and chapter 579 shall apply to all liniments, ointments, and other preparations that
7 contain coca leaves in any quantity or combination.

8 2. **A practitioner, other than a veterinarian, shall not issue an initial prescription**
9 **for more than a seven-day supply of any opioid controlled substance upon the initial**
10 **consultation and treatment of a patient for acute pain. Upon any subsequent consultation**
11 **for the same pain, the practitioner may issue any appropriate renewal, refill, or new**
12 **prescription in compliance with the general provisions of this chapter and chapter 579.**
13 **Prior to issuing an initial prescription for an opioid controlled substance, a practitioner**
14 **shall consult with the patient regarding the quantity of the opioid and the patient's option**
15 **to fill the prescription in a lesser quantity and shall inform the patient of the risks**
16 **associated with the opioid prescribed. If, in the professional medical judgment of the**
17 **practitioner, more than a seven-day supply is required to treat the patient's acute pain, the**
18 **practitioner may issue a prescription for the quantity needed to treat the patient, provided**
19 **that the practitioner shall document in the patient's medical record the condition triggering**
20 **the necessity for more than a seven-day supply and that a nonopioid alternative was not**
21 **appropriate to address the patient's condition. The provisions of this subsection shall not**
22 **apply to prescriptions for opioid controlled substances for a patient who is currently**

23 **undergoing treatment for cancer, is receiving hospice care from a hospice certified under**
24 **chapter 197 or palliative care, is a resident of a long-term care facility licensed under**
25 **chapter 198, or is receiving treatment for substance abuse or opioid dependence.**

26 **3. Unless otherwise provided in this section,** the quantity of Schedule II controlled
27 substances prescribed or dispensed at any one time shall be limited to a thirty-day supply. The
28 quantity of Schedule III, IV or V controlled substances prescribed or dispensed at any one time
29 shall be limited to a ninety-day supply and shall be prescribed and dispensed in compliance with
30 the general provisions of this chapter and chapter 579. The supply limitations provided in this
31 subsection may be increased up to three months if the physician describes on the prescription
32 form or indicates via telephone, fax, or electronic communication to the pharmacy to be entered
33 on or attached to the prescription form the medical reason for requiring the larger supply. The
34 supply limitations provided in this subsection shall not apply if:

35 (1) The prescription is issued by a practitioner located in another state according to and
36 in compliance with the applicable laws of that state and the United States and dispensed to a
37 patient located in another state; or

38 (2) The prescription is dispensed directly to a member of the United States Armed Forces
39 serving outside the United States.

40 ~~[3-]~~ **4.** The partial filling of a prescription for a Schedule II substance is permissible as
41 defined by regulation by the department of health and senior services.

195.265. 1. Unused controlled substances may be accepted from ultimate
2 **consumers, or from hospice or home health care providers on behalf of ultimate**
3 **consumers, through collection receptacles, drug disposal boxes, and other means provided**
4 **through drug take back programs by a Drug Enforcement Agency-authorized collector in**
5 **accordance with federal regulations, even if the authorized collector did not originally**
6 **dispense the drug. This subsection shall supersede and preempt any local ordinances or**
7 **regulations, including any ordinances or regulations enacted by any political subdivision**
8 **of the state, regarding the disposal of unused controlled substances.**

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

12 **(1) A web-based resource that:**

13 **(a) Describes available drug disposal options, including take back, take back events,**
14 **mailers, in-home disposal options that render a product safe from misuse, or any other**
15 **methods that comply with state and federal laws and regulations, may reduce the**
16 **availability of unused controlled substances, and may minimize the potential**
17 **environmental impact of drug disposal;**

- 18 **(b) Provides a list of drug disposal take back sites, which may be sorted and**
19 **searched by name or location;**
20 **(c) Provides a list of take back events in the state, including the date, time, and**
21 **location information for each event; and**
22 **(d) Provides information for authorized collectors regarding state and federal**
23 **requirements to comply with the provisions of subsection 1 of section 195.265; and**
24 **(2) Promotional activities designed to ensure consumer awareness of proper storage**
25 **and disposal of prescription drugs, including controlled substances.**

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

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

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

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

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

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

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

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

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

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

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

2 (1) “Assistant physician”, any medical school graduate who:

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

4 (b) Has successfully completed Step 1 and Step 2 of the United States Medical Licensing
5 Examination or the equivalent of such steps of any other board-approved medical licensing
6 examination within the two-year period immediately preceding application for licensure as an
7 assistant physician, but in no event more than three years after graduation from a medical college
8 or osteopathic medical college;

9 (c) Has not completed an approved postgraduate residency and has successfully
10 completed Step 2 of the United States Medical Licensing Examination or the equivalent of such
11 step of any other board-approved medical licensing examination within the immediately
12 preceding two-year period unless when such two-year anniversary occurred he or she was serving
13 as a resident physician in an accredited residency in the United States and continued to do so
14 within thirty days prior to application for licensure as an assistant physician; and

15 (d) Has proficiency in the English language.

16

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

20 (2) “Assistant physician collaborative practice arrangement”, an agreement between a
21 physician and an assistant physician that meets the requirements of this section and section
22 334.037;

23 (3) “Medical school graduate”, any person who has graduated from a medical college
24 or osteopathic medical college described in section 334.031.

25 2. (1) An assistant physician collaborative practice arrangement shall limit the assistant
26 physician to providing only primary care services, **treatment for substance abuse disorder, or**

27 **mental health services in collaboration with a qualified licensed physician** and only in
28 medically underserved rural or urban areas of this state or in any pilot project areas established
29 in which assistant physicians may practice.

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

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

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

36 3. (1) For purposes of this section, the licensure of assistant physicians shall take place
37 within processes established by rules of the state board of registration for the healing arts. The
38 board of healing arts is authorized to establish rules under chapter 536 establishing licensure and
39 renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such
40 other matters as are necessary to protect the public and discipline the profession. An application
41 for licensure may be denied or the licensure of an assistant physician may be suspended or
42 revoked by the board in the same manner and for violation of the standards as set forth by section
43 334.100, or such other standards of conduct set by the board by rule.

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

51 4. An assistant physician shall clearly identify himself or herself as an assistant physician
52 and shall be permitted to use the terms “doctor”, “Dr.”, or “doc”. No assistant physician shall
53 practice or attempt to practice without an assistant physician collaborative practice arrangement,
54 except as otherwise provided in this section and in an emergency situation.

55 5. The collaborating physician is responsible at all times for the oversight of the
56 activities of and accepts responsibility for ~~[primary care]~~ services rendered by the assistant
57 physician.

58 6. The provisions of section 334.037 shall apply to all assistant physician collaborative
59 practice arrangements. To be eligible to practice as an assistant physician, a licensed assistant
60 physician shall enter into an assistant physician collaborative practice arrangement within six
61 months of his or her initial licensure and shall not have more than a six-month time period
62 between collaborative practice arrangements during his or her licensure period. Any renewal of

63 licensure under this section shall include verification of actual practice under a collaborative
64 practice arrangement in accordance with this subsection during the immediately preceding
65 licensure period.

**334.074. Licensed physicians in this state shall complete at least two hours of
2 training in pain management and opioid addiction every two years as part of the
3 continuing education requirements of their licensure.**

374.426. 1. Any entity in the business of delivering or financing health care shall
2 provide data regarding quality of patient care and patient satisfaction to the director of the
3 department of insurance, financial institutions and professional registration. Failure to provide
4 such data as required by the director of the department of insurance, financial institutions and
5 professional registration shall constitute grounds for violation of the unfair trade practices act,
6 sections 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 and shall not make them available to the public to the extent allowed by federal law.**

**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. Such treatment facilities shall provide access to opioid addiction treatment
20 including, but not limited to, medication-assisted treatment and appropriate behavioral
21 health services.

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

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

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

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

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

40 (1) Engage in community education;

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

43 (3) Serve as a liaison to courts;

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

45 (5) Provide educational outreach to schools;

- 46 **(6) Treat physical ailments of patients in an addiction treatment program or**
47 **considering entering such a program;**
48 **(7) Refer patients to treatment centers;**
49 **(8) Assist patients with court and social service obligations;**
50 **(9) Perform other functions as authorized by the department; and**
51 **(10) Provide mental health services in collaboration with a qualified licensed**
52 **physician.**

53
54 **The list of authorizations in this subsection is a nonexclusive list, and assistant physicians**
55 **participating in the IATOA program may perform other actions.**

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

62 **10. The provisions of this section shall supersede any contradictory statutes, rules,**
63 **or regulations. The department shall implement the improved access to treatment for**
64 **opioid addictions program as soon as reasonably possible using guidance within this**
65 **section. Further refinement to the improved access to treatment for opioid addictions**
66 **program may be done through the rules process.**

67 **11. The department shall promulgate rules to implement the provisions of the**
68 **improved access to treatment for opioid addictions act as soon as reasonably possible. Any**
69 **rule or portion of a rule, as that term is defined in section 536.010, that is created under**
70 **the authority delegated in this section shall become effective only if it complies with and**
71 **is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This**
72 **section and chapter 536 are nonseverable, and if any of the powers vested with the general**
73 **assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove**
74 **and annul a rule are subsequently held unconstitutional, then the grant of rulemaking**
75 **authority and any rule proposed or adopted after August 28, 2018, shall be invalid and**
76 **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.**

 Section B. Because immediate action is necessary to save the lives of Missouri citizens
2 who are suffering from the opioid crisis, the repeal and reenactment of sections 195.010,
3 195.070, 195.080, 217.364, 334.036, and 374.426 and the enactment of sections 9.192, 195.265,
4 334.074, 630.875, and 630.880 of section A of this act are deemed necessary for the immediate
5 preservation of the public health, welfare, peace, and safety, and are hereby declared to be an
6 emergency act within the meaning of the constitution, and the repeal and reenactment of sections
7 195.010, 195.070, 195.080, 217.364, 334.036, and 374.426 and the enactment of sections 9.192,
8 195.265, 334.074, 630.875, and 630.880 of section A of this act shall be in full force and effect
9 upon their passage and approval.

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