

HCS HB 2105 -- OPIOIDS

SPONSOR: Frederick

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health Policy by a vote of 10 to 0. Voted "Do Pass" by the Rules- Administrative Oversight Committee by a vote of 13 to 0.

This bill contains several provisions relating to opioids.

SHOW-ME FREEDOM FROM OPIOID ADDICTION DECADE

The bill designates the years 2018 to 2028 as the "Show-Me Freedom From Opioid Addiction Decade" (Section 9.192, RSMo).

SEVEN-DAY SUPPLY OF OPIOID PRESCRIPTIONS

This bill limits certain initial prescriptions of opioid controlled substances to no more than a seven-day supply for the treatment of acute pain. If, in the practitioner's medical judgment, more than a seven-day supply is required to treat the patient, the practitioner may issue a prescription for the quantity needed after noting in the patient's medical record the condition triggering the necessity for a greater quantity and that a nonopioid was not appropriate. The provisions of this bill shall not apply to prescriptions for a patient who is currently undergoing treatment for cancer, is receiving hospice care or palliative care, is a resident of a long-term care facility, or is receiving treatment for substance abuse or opioid dependence (Sections 195.010 and 195.080).

DRUG TAKE-BACK PROGRAM

This bill allows unused controlled substances to be accepted from the public through collection receptacles, drug disposal boxes, and other means provided through drug take back programs by a Drug Enforcement Agency authorized collector in accordance with federal regulations, regardless of whether or not the authorized collector originally dispensed the drug. This bill requires the Department of Health and Senior Services to develop an education and awareness program about drug disposal (Section 195.070 and 195.265).

MEDICATION-ASSISTED TREATMENT

This bill prohibits the Department of Corrections from preventing an offender from participating in and receiving medication-assisted treatment for opioid or other substance misuse or dependence (Section 217.364).

PAIN MANAGEMENT AND OPIOID ADDICTION TRAINING

This bill requires licensed physicians to complete two hours of training in pain management and opioid addiction every two years as part of their continuing education requirements for licensure (Section 334.074).

PATIENT SATISFACTION SCORES

The bill specifies that patient scoring of pain control shall not be required when defining data standards for quality of care and patient satisfaction. Beginning August 28, 2018, the Director of the Department of Insurance, Financial Institutions and Professional Registration must discontinue the use of patient satisfaction scores (Section 374.426).

IMPROVED ACCESS TO TREATMENT FOR OPIOID ADDICTIONS ACT

The bill creates the "Improved Access to Treatment for Opioid Addictions Program," (IATOA), which will disseminate information and best practices regarding opioid addiction, subject to appropriations. Assistant physicians who participate in the IATOA program must complete the requirements to prescribe buprenorphine within 30 days of joining the program. The department may develop curriculum, examinations, and certification on the subject of opioid addiction and treatment. An assistant physician in the IATOA program may serve several functions. When an overdose survivor comes to an emergency room, an assistant physician shall provide treatment options and support to the survivor, when reasonably practicable (Section 630.875 and 334.036).

NEONATAL ABSTINENCE SYNDROME

This bill allows the department to study the establishment of a regional neonatal abstinence syndrome step-down program (Section 630.880).

This bill has an emergency clause.

This bill is similar to HCS HB 1197 (2017).

PROPONENTS: Supporters say that this bill will help battle the opioid epidemic in Missouri and that the number of those who die to addiction and overdose is rising each year.

Testifying for the bill were Representative Frederick; Missouri Psychiatric Physicians Association; Missouri Psychological Association; Amber Cole, Missouri Coalition of Recovery Support;

and Katie Reichard, Missouri Coalition for Community Behavioral Health.

OPPONENTS: There was no opposition voiced to the committee.

OTHERS: Others testifying on the bill say that battling opioid addiction requires aggressive, comprehensive, and evidence-based policies.

Testifying on the bill was Mark Stringer, Department of Mental Health.