

HCS HB 2105 -- OPIOIDS (Frederick)

COMMITTEE OF ORIGIN: Standing Committee on Health and Mental Health Policy

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 (Sections 195.070 and 195.265).

PRESCRIPTION ABUSE REGISTRY

This bill establishes the "Prescription Abuse Registry" within the Department of Health and Senior Services beginning January 1, 2020. Any individual 18 and older may request to be listed in the registry. Identifying information on individuals in the registry shall be maintained by the department but the information shall be confidential and not subject to public disclosure, except for health care providers to access for the sole purpose of determining whether or not an individual is listed. The only information

provided to a health care provider will be a response that only confirms or denies the individual's listing in the registry and no other personal information will be released. Individuals listed in the registry for at least five years may petition to be removed from the registry. Any individual who unlawfully and knowingly accesses or discloses, or any person authorized to have information in the prescription abuse registry who knowingly uses such information in a manner violating the provisions of the bill will be subject to penalties as specified in the bill (Sections 195.650, 195.655, 195.660, and 195.665).

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).

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. An assistant physician who is providing opioid addiction treatment can receive a certificate of prescriptive authority without having completed 120 hours of practice in a four month period with a collaborating physician (Sections 630.875, 334.036, and 334.037).

This bill has an emergency clause.

This bill is similar to HB 2209 (2018) and HCS HB 1197 (2017) and

similar to HB 2209 (2018).