

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By

1 AMEND Senate Bill No. 194, Page 1, Section A, Line 2, by inserting immediately after all of said  
2 section and line the following:

3  
4 "9.240. The years of 2017 to 2027 shall hereby be designated as "Show-Me Freedom From  
5 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-two]~~ twenty-four dollars  
18 and ~~[eighty-two]~~ eighty-five cents plus copying in the amount of ~~[fifty-three]~~ fifty-seven cents per  
19 page for the cost of supplies and labor plus, if the health care provider has contracted for off-site  
20 records storage and management, any additional labor costs of outside storage retrieval, not to  
21 exceed ~~[twenty-one]~~ twenty-three dollars and ~~[thirty-six]~~ twenty-six cents, as adjusted annually  
22 pursuant to subsection 5 of this section; or

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

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

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

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

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

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

34 3. Notwithstanding provisions of this section to the contrary, providers may charge for the  
35 reasonable cost of all duplications of health care record material or information which cannot  
36 routinely be copied or duplicated on a standard commercial photocopy machine.

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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

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

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

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

33           (5) A guardian or conservator of the deceased patient at the time of the patient's death on  
34 the affidavit of the guardian or conservator that he or she is the guardian or conservator of the  
35 deceased; or

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

38           194.600. 1. As used in this section, the following terms mean:

39           (1) "Adult", an individual who is eighteen years of age or older;

40           (2) "Advance health care directive", a power of attorney for health care or a declaration  
41 signed or authorized by an adult, containing the person's direction concerning a health care decision;

42           (3) "Declaration", a record, including but not limited to a living will or a do-not-resuscitate  
43 order, signed by an adult specifying the circumstances under which a life support system may be  
44 withheld or withdrawn;

45           (4) "Department", the department of health and senior services;

46           (5) "Health care decision", any decision regarding the health care of the person;

47           (6) "Intake point", any licensed health care provider or licensed attorney.

48           2. The department shall issue a request for proposal and contract with a third party for the

1 establishment of a secure online central registry for individuals to be known as the "Advance Health  
2 Care Directives Registry" to store advance health care directives and to give authorized health care  
3 providers access to such directives.

4 3. An adult declarant may submit an advance health care directive or declaration and the  
5 revocations of such documents to the registry established under subsection 2 of this section.

6 4. Any document and any revocation of a document submitted for filing in the registry shall  
7 be submitted electronically at an intake point and signed electronically with a unique identifier, such  
8 as a social security number, a driver's license number, or another unique government-issued  
9 identifier. The electronic submission of the document shall be accompanied by a fee not to exceed  
10 ten dollars.

11 5. All data and information contained in the registry shall remain confidential and shall be  
12 exempt from the provisions of chapter 610.

13 6. The third party awarded a contract pursuant to subsection 2 of this section shall be solely  
14 responsible for all issues applicable to the registry, including but not limited to development and  
15 operation of the registry; educating the general public, licensed health care providers, and legal  
16 professionals about the registry; responding to questions; providing technical assistance to users;  
17 and collection of user fees not to exceed ten dollars.

18 7. The department may promulgate rules to carry out the provisions of this section which  
19 may include, but not be limited to:

20 (1) A determination of who may access the registry, including physicians, other licensed  
21 health care providers, the declarant, and his or her legal representatives or designees; and

22 (2) A means for the contracting third party to annually remind registry users of which  
23 documents they have registered.

24 8. Any rule or portion of a rule, as that term is defined in section 536.010 that is created  
25 under the authority delegated in this section shall become effective only if it complies with and is  
26 subject to all of the provisions of chapter 536, and, if applicable, section 536.028. This section and  
27 chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to  
28 chapter 536, to review, to delay the effective date, or to disapprove and annul a rule are  
29 subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or  
30 adopted after August 28, 2017, shall be invalid and void.

31 9. Failure to register a document with the registry maintained under this section shall not  
32 affect the document's validity. Failure to notify the registry of the revocation of a document  
33 previously filed with the registry shall not affect the validity of a revocation that meets the statutory  
34 requirements for such revocation to be valid.

35 195.205. 1. For purposes of this section, the following terms shall mean:

36 (1) "Drug or alcohol overdose", a condition including, but not limited to, extreme physical  
37 illness, decreased level of consciousness, respiratory depression, coma, mania, or death which is the  
38 result of consumption or use of a controlled substance or alcohol or a substance with which the  
39 controlled substance or alcohol was combined, or that a person would reasonably believe to be a  
40 drug or alcohol overdose that requires medical assistance;

41 (2) "Medical assistance", includes, but is not limited to, reporting a drug or alcohol overdose  
42 or other medical emergency to law enforcement, the 911 system, a poison control center, or a  
43 medical provider; assisting someone so reporting; or providing care to someone who is experiencing  
44 a drug or alcohol overdose or other medical emergency while awaiting the arrival of medical  
45 assistance.

46 2. A person who, in good faith, seeks or obtains medical assistance for someone who is  
47 experiencing a drug or alcohol overdose or other medical emergency or a person experiencing a  
48 drug or alcohol overdose or other medical emergency who seeks medical assistance for himself or

1 herself or is the subject of a good faith request shall not be arrested, charged, prosecuted, convicted,  
 2 or have his or her property subject to civil forfeiture or otherwise be penalized for the following if  
 3 the evidence for the arrest, charge, prosecution, conviction, seizure, or penalty was gained as a result  
 4 of seeking or obtaining medical assistance:

5 (1) Committing a prohibited act under section 579.015, 579.074, 579.078, or 579.105;

6 (2) Committing a prohibited act under section 311.310, 311.320, or 311.325;

7 (3) Violating a restraining order; or

8 (4) Violating probation or parole.

9 3. (1) This section shall not prohibit a police officer from arresting a person for an  
 10 outstanding warrant under subsection 1 of section 221.510.

11 (2) This section shall not prohibit a person from being arrested, charged, or prosecuted  
 12 based on an offense other than an offense under subsection 2 of this section, whether the offense  
 13 arises from the same circumstances as the seeking of medical assistance.

14 (3) The protection of prosecution under this section for possession offenses shall not be  
 15 grounds for suppression of evidence or dismissal in charges unrelated to this section.

16 4. Any police officer who is in contact with any person or persons in need of emergency  
 17 medical assistance under this section shall provide appropriate information and resources for  
 18 substance-related assistance.

19 195.206. 1. As used in this section, the following terms shall mean:

20 (1) "[~~Emergency~~] Opioid antagonist", naloxone hydrochloride that blocks the effects of an  
 21 opioid overdose that is administered in a manner approved by the United States Food and Drug  
 22 Administration or any accepted medical practice method of administering;

23 (2) "Opioid-related drug overdose", a condition including, but not limited to, extreme  
 24 physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting  
 25 from the consumption or use of an opioid or other substance with which an opioid was combined or  
 26 a condition that a layperson would reasonably believe to be an opioid-related drug overdose that  
 27 requires medical assistance.

28 2. Notwithstanding any other law or regulation to the contrary:

29 (1) The director of the department of health and senior services, if a licensed physician, may  
 30 issue a statewide standing order for an opioid antagonist;

31 (2) In the alternative, the department may employ or contract with a licensed physician who  
 32 may issue a statewide standing order for an opioid antagonist with the express written consent of the  
 33 department director.

34 3. Notwithstanding any other law or regulation to the contrary, any licensed pharmacist in  
 35 Missouri may sell and dispense an opioid antagonist under physician protocol or under a statewide  
 36 standing order issued under subsection 2 of this section.

37 [~~3-~~] 4. A licensed pharmacist who, acting in good faith and with reasonable care, sells or  
 38 dispenses an opioid antagonist and appropriate device to administer the drug, and the protocol  
 39 physician, shall not be subject to any criminal or civil liability or any professional disciplinary  
 40 action for prescribing or dispensing the opioid antagonist or any outcome resulting from the  
 41 administration of the opioid antagonist. A physician issuing a statewide standing order under  
 42 subsection 2 of this section shall not be subject to any criminal or civil liability or any professional  
 43 disciplinary action for issuing the standing order or for any outcome related to the order or the  
 44 administration of the opioid antagonist.

45 [~~4-~~] 5. Notwithstanding any other law or regulation to the contrary, it shall be permissible  
 46 for any person to possess an opioid antagonist.

47 [~~5-~~] 6. Any person who administers an opioid antagonist to another person shall,  
 48 immediately after administering the drug, contact emergency personnel. Any person who, acting in

1 good faith and with reasonable care, administers an opioid antagonist to another person whom the  
2 person believes to be suffering an opioid-related overdose shall be immune from criminal  
3 prosecution, disciplinary actions from his or her professional licensing board, and civil liability due  
4 to the administration of the opioid antagonist.

5 198.053. No later than October first of each year, in accordance with the latest  
6 recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease  
7 Control and Prevention, each assisted living facility, as such term is defined under section 198.006,  
8 shall notify residents and staff where in the facility that the latest edition of the vaccine  
9 informational sheet published by the Centers for Disease Control and Prevention has been posted.  
10 Nothing in this section shall be construed to require any assisted living facility to provide or pay for  
11 any vaccination against influenza, allow the department of health to promulgate any rules to  
12 implement this section, or city any facility for acting in good faith to post the vaccine informational  
13 sheet.

14 324.003. Notwithstanding any other provision of law or administrative rule to the contrary,  
15 the division of professional registration and its component boards, committees, offices, and  
16 commissions shall permit:

17 (1) Any licensee to submit payment for fees so established in the form of personal check,  
18 money order, cashier's check, credit card, or electronic check as defined by section 407.432;

19 (2) Any applicant or licensee to apply for licensure or renew their license in writing or  
20 electronically; and

21 (3) Any licensee to make requests of their license-granting board or commission for  
22 extensions of time to complete continuing education, notify their license-granting board or  
23 commission of changes to name, business name, home address, or work address, and provide any  
24 other items required as part of licensure to their licensure board in writing or electronically.

25 334.010. 1. It shall be unlawful for any person not now a registered physician within the  
26 meaning of the law to practice medicine or surgery in any of its departments, to engage in the  
27 practice of medicine across state lines or to profess to cure and attempt to treat the sick and others  
28 afflicted with bodily or mental infirmities, or engage in the practice of midwifery in this state,  
29 except as herein provided.

30 2. For the purposes of this chapter, the "practice of medicine across state lines" shall mean:

31 (1) The rendering of a written or otherwise documented medical opinion concerning the  
32 diagnosis or treatment of a patient within this state by a physician located outside this state as a  
33 result of transmission of individual patient data by electronic or other means from within this state  
34 to such physician or physician's agent; or

35 (2) The rendering of treatment to a patient within this state by a physician located outside  
36 this state as a result of transmission of individual patient data by electronic or other means from  
37 within this state to such physician or physician's agent.

38 3. A physician located outside of this state shall not be required to obtain a license when:

39 (1) In consultation with a physician licensed to practice medicine in this state; and

40 (2) The physician licensed in this state retains ultimate authority and responsibility for the  
41 diagnosis or diagnoses and treatment in the care of the patient located within this state; or

42 (3) Evaluating a patient or rendering an oral, written or otherwise documented medical  
43 opinion, or when providing testimony or records for the purpose of any civil or criminal action  
44 before any judicial or administrative proceeding of this state or other forum in this state; or

45 (4) Participating in a utilization review pursuant to section 376.1350.

46 4. This section shall not apply to a person who holds a current, unrestricted license to  
47 practice medicine in another state when the person, under a written agreement with an athletic team  
48 located in the state in which the person is licensed, provides sports-related medical services to any

1 of the following individuals if the team is traveling to or from, or participating in, a sporting event  
 2 in this state:

3 (1) A member of an athletic team;

4 (2) A member of an athletic team's coaching, communications, equipment, or sports  
 5 medicine staff;

6 (3) A member of a band, dance team, or cheerleading squad accompanying an athletic team;  
 7 or

8 (4) An athletic team's mascot.

9 5. In providing sports-related medical services under subsection 4 of this section, the person  
 10 shall not provide medical services at a health care facility, including a hospital, ambulatory surgical  
 11 center, or any other facility in which medical care, diagnosis, or treatment is provided on an  
 12 inpatient or outpatient basis.

13 334.036. 1. For purposes of this section, the following terms shall mean:

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

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

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

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

27 (d) Has proficiency in the English language[;] .

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

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

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

36 2. (1) An assistant physician collaborative practice arrangement shall limit the assistant  
 37 physician to providing only primary care services and only in medically underserved rural or urban  
 38 areas of this state or in any pilot project areas established in which assistant physicians may practice.

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

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

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

44 3. (1) For purposes of this section, the licensure of assistant physicians shall take place  
 45 within processes established by rules of the state board of registration for the healing arts. The  
 46 board of healing arts is authorized to establish rules under chapter 536 establishing licensure and  
 47 renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such  
 48 other matters as are necessary to protect the public and discipline the profession. An application for

1 licensure may be denied or the licensure of an assistant physician may be suspended or revoked by  
2 the board in the same manner and for violation of the standards as set forth by section 334.100, or  
3 such other standards of conduct set by the board by rule.

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

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

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

17 6. The provisions of section 334.037 shall apply to all assistant physician collaborative  
18 practice arrangements. To be eligible to practice as an assistant physician, a licensed assistant  
19 physician shall enter into an assistant physician collaborative practice arrangement within six  
20 months of his or her initial licensure and shall not have more than a six-month time period between  
21 collaborative practice arrangements during his or her licensure period. Any renewal of licensure  
22 under this section shall include verification of actual practice under a collaborative practice  
23 arrangement in accordance with this subsection during the immediately preceding licensure period.

24 335.099. 1. Any licensed practical nurse, as defined in section 335.016:

25 (1) Who is an approved instructor for the level 1 medication aid program shall be qualified  
26 to teach the insulin administration course under chapter 198;

27 (2) Shall be qualified to perform diabetic nail care and monthly onsite reviews of basic  
28 personal care recipients, as required by the department of social services, of a resident of a  
29 residential care facility or assisted living facility, as defined in chapter 198;

30 (3) Shall be qualified to perform dietary oversight, as required by the department of health  
31 and senior services, of a resident of a residential care facility or assisted living facility, as defined in  
32 chapter 198.

33 2. A licensed practical nurse, as defined in section 335.016, may perform the monthly on-  
34 site visits of basic personal care recipients required by MO HealthNet division regulations without  
35 the supervision of a registered nurse and may provide nail care for a diabetic or person with other  
36 medically contraindicating conditions without the direction of a registered nurse, pursuant to the Mo  
37 HealthNet Personal Care Program, and the lack of supervision or direction by a registered nurse of  
38 such tasks shall not, directly or indirectly, affect the eligibility of a residential care facility or  
39 assisted living facility to participate in such program as a provider or to receive reimbursement for  
40 services.

41 338.010. 1. The "practice of pharmacy" means the interpretation, implementation, and  
42 evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section 353;  
43 receipt, transmission, or handling of such orders or facilitating the dispensing of such orders; the  
44 designing, initiating, implementing, and monitoring of a medication therapeutic plan as defined by  
45 the prescription order so long as the prescription order is specific to each patient for care by a  
46 pharmacist; the compounding, dispensing, labeling, and administration of drugs and devices  
47 pursuant to medical prescription orders and administration of viral influenza, pneumonia, shingles,  
48 hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and meningitis vaccines by written protocol

1 authorized by a physician for persons twelve years of age or older as authorized by rule or the  
2 administration of pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and  
3 meningitis vaccines by written protocol authorized by a physician for a specific patient as  
4 authorized by rule; the participation in drug selection according to state law and participation in  
5 drug utilization reviews; the proper and safe storage of drugs and devices and the maintenance of  
6 proper records thereof; consultation with patients and other health care practitioners, and  
7 veterinarians and their clients about legend drugs, about the safe and effective use of drugs and  
8 devices; and the offering or performing of those acts, services, operations, or transactions necessary  
9 in the conduct, operation, management and control of a pharmacy. No person shall engage in the  
10 practice of pharmacy unless he is licensed under the provisions of this chapter. This chapter shall  
11 not be construed to prohibit the use of auxiliary personnel under the direct supervision of a  
12 pharmacist from assisting the pharmacist in any of his or her duties. This assistance in no way is  
13 intended to relieve the pharmacist from his or her responsibilities for compliance with this chapter  
14 and he or she will be responsible for the actions of the auxiliary personnel acting in his or her  
15 assistance. This chapter shall also not be construed to prohibit or interfere with any legally  
16 registered practitioner of medicine, dentistry, or podiatry, or veterinary medicine only for use in  
17 animals, or the practice of optometry in accordance with and as provided in sections 195.070 and  
18 336.220 in the compounding, administering, prescribing, or dispensing of his or her own  
19 prescriptions.

20 2. Any pharmacist who accepts a prescription order for a medication therapeutic plan shall  
21 have a written protocol from the physician who refers the patient for medication therapy services.  
22 The written protocol and the prescription order for a medication therapeutic plan shall come from  
23 the physician only, and shall not come from a nurse engaged in a collaborative practice arrangement  
24 under section 334.104, or from a physician assistant engaged in a supervision agreement under  
25 section 334.735.

26 3. Nothing in this section shall be construed as to prevent any person, firm or corporation  
27 from owning a pharmacy regulated by sections 338.210 to 338.315, provided that a licensed  
28 pharmacist is in charge of such pharmacy.

29 4. Nothing in this section shall be construed to apply to or interfere with the sale of  
30 nonprescription drugs and the ordinary household remedies and such drugs or medicines as are  
31 normally sold by those engaged in the sale of general merchandise.

32 5. No health carrier as defined in chapter 376 shall require any physician with which they  
33 contract to enter into a written protocol with a pharmacist for medication therapeutic services.

34 6. This section shall not be construed to allow a pharmacist to diagnose or independently  
35 prescribe pharmaceuticals.

36 7. The state board of registration for the healing arts, under section 334.125, and the state  
37 board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of  
38 protocols for prescription orders for medication therapy services and administration of viral  
39 influenza vaccines. Such rules shall require protocols to include provisions allowing for timely  
40 communication between the pharmacist and the referring physician, and any other patient protection  
41 provisions deemed appropriate by both boards. In order to take effect, such rules shall be approved  
42 by a majority vote of a quorum of each board. Neither board shall separately promulgate rules  
43 regulating the use of protocols for prescription orders for medication therapy services and  
44 administration of viral influenza vaccines. Any rule or portion of a rule, as that term is defined in  
45 section 536.010, that is created under the authority delegated in this section shall become effective  
46 only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable,  
47 section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested  
48 with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to



1 disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking  
2 authority and any rule proposed or adopted after August 28, 2007, shall be invalid and void.

3 8. The state board of pharmacy may grant a certificate of medication therapeutic plan  
4 authority to a licensed pharmacist who submits proof of successful completion of a board-approved  
5 course of academic clinical study beyond a bachelor of science in pharmacy, including but not  
6 limited to clinical assessment skills, from a nationally accredited college or university, or a  
7 certification of equivalence issued by a nationally recognized professional organization and  
8 approved by the board of pharmacy.

9 9. Any pharmacist who has received a certificate of medication therapeutic plan authority  
10 may engage in the designing, initiating, implementing, and monitoring of a medication therapeutic  
11 plan as defined by a prescription order from a physician that is specific to each patient for care by a  
12 pharmacist.

13 10. Nothing in this section shall be construed to allow a pharmacist to make a therapeutic  
14 substitution of a pharmaceutical prescribed by a physician unless authorized by the written protocol  
15 or the physician's prescription order.

16 11. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary medicine",  
17 "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or an equivalent title  
18 means a person who has received a doctor's degree in veterinary medicine from an accredited school  
19 of veterinary medicine or holds an Educational Commission for Foreign Veterinary Graduates  
20 (EDFVG) certificate issued by the American Veterinary Medical Association (AVMA).

21 12. In addition to other requirements established by the joint promulgation of rules by the  
22 board of pharmacy and the state board of registration for the healing arts:

23 (1) A pharmacist shall administer vaccines by protocol in accordance with treatment  
24 guidelines established by the Centers for Disease Control and Prevention (CDC);

25 (2) A pharmacist who is administering a vaccine shall request a patient to remain in the  
26 pharmacy a safe amount of time after administering the vaccine to observe any adverse reactions.  
27 Such pharmacist shall have adopted emergency treatment protocols;

28 (3) In addition to other requirements by the board, a pharmacist shall receive additional  
29 training as required by the board and evidenced by receiving a certificate from the board upon  
30 completion, and shall display the certification in his or her pharmacy where vaccines are delivered.

31 13. A pharmacist shall provide a written report within fourteen days of administration of a  
32 vaccine to the patient's primary health care provider, if provided by the patient, containing:

33 (1) The identity of the patient;

34 (2) The identity of the vaccine or vaccines administered;

35 (3) The route of administration;

36 (4) The anatomic site of the administration;

37 (5) The dose administered; and

38 (6) The date of administration.

39 338.202. 1. Notwithstanding any other provision of law to the contrary, unless the  
40 prescriber has specified on the prescription that dispensing a prescription for a maintenance  
41 medication in an initial amount followed by periodic refills is medically necessary, a pharmacist  
42 may exercise his or her professional judgment to dispense varying quantities of maintenance  
43 medication per fill, up to the total number of dosage units as authorized by the prescriber on the  
44 original prescription, including any refills. Dispensing of the maintenance medication based on  
45 refills authorized by the physician or prescriber on the prescription shall be limited to no more than  
46 a ~~[ninety-day]~~ one-hundred-eighty-day supply of the medication~~], and the maintenance medication~~  
47 ~~shall have been previously prescribed to the patient for at least a three-month period]~~ ; except that,  
48 no health carrier as defined in section 376.1350 shall be required under this section to cover more

1 than a ninety-day supply of maintenance medication.

2 2. For the purposes of this section, "maintenance medication" is and means a medication  
3 prescribed for chronic, long-term conditions and that is taken on a regular, recurring basis; except  
4 that, it shall not include controlled substances, as defined in and under section 195.010.

5 3. The supply limitations provided in this section shall not apply if:

6 (1) The prescription is issued by a prescriber located in another state according to and in  
7 compliance with the applicable laws of that state and the United States and is dispensed to a patient  
8 in another state; or

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

11 338.710. The Missouri board of pharmacy, in consultation with the Missouri department of  
12 health and senior services, shall be authorized to expend, allocate, or award funds appropriated to  
13 the board to private or public entities to develop a drug take-back program. Such program shall  
14 collect and dispose of Schedule II and III drugs, as defined in section 195.017.

15 345.051. 1. Every person licensed or registered pursuant to the provisions of sections  
16 345.010 to 345.080 shall renew the license or registration on or before the renewal date. Such  
17 renewal date shall be determined by the board, but shall be no less than three years. The application  
18 shall be made on a form furnished by the board. The application shall include, but not be limited to,  
19 disclosure of the applicant's full name and the applicant's office and residence addresses and the date  
20 and number of the applicant's license or registration, all final disciplinary actions taken against the  
21 applicant by any speech-language-hearing association or society, state, territory or federal agency or  
22 country and information concerning the applicant's current physical and mental fitness to practice.

23 2. A blank form for application for license or registration renewal shall be mailed to each  
24 person licensed or registered in this state at the person's last known office or residence address. The  
25 failure to mail the form of application or the failure to receive it does not, however, relieve any  
26 person of the duty to renew the license or registration and pay the fee required by sections 345.010  
27 to 345.080 for failure to renew the license or registration.

28 3. An applicant for renewal of a license or registration under this section shall:

29 (1) Submit an amount established by the board; and

30 (2) Meet any other requirements the board establishes as conditions for license or  
31 registration renewal, including the demonstration of continued competence to practice the  
32 profession for which the license or registration is issued. A requirement of continued competence  
33 may include, but is not limited to, up to thirty hours triennially of continuing education,  
34 examination, self-evaluation, peer review, performance appraisal or practical simulation.

35 4. If a license or registration is suspended pursuant to section 345.065, the license or  
36 registration expires on the expiration date as established by the board for all licenses and  
37 registrations issued pursuant to sections 345.010 to 345.080. Such license or registration may be  
38 renewed but does not entitle the licensee to engage in the licensed or registered activity or in any  
39 other conduct or activity which violates the order of judgment by which the license or registration  
40 was suspended until such license or registration has been reinstated.

41 5. If a license or registration is revoked on disciplinary grounds pursuant to section 345.065,  
42 the license or registration expires on the expiration date as established by the board for all licenses  
43 and registrations issued pursuant to sections 345.010 to 345.080. Such license or registration may  
44 not be renewed. If a license or registration is reinstated after its expiration, the licensee, as a  
45 condition of reinstatement, shall pay a reinstatement fee that is equal to the renewal fee in effect on  
46 the last regular renewal date immediately preceding the date of reinstatement plus any late fee  
47 established by the board."; and

48

1 Further amend said bill, Page 4, Section 354.603, Line 102, by inserting immediately after all of  
2 said section and line the following:

3  
4 "374.426. 1. Any entity in the business of delivering or financing health care shall provide  
5 data regarding quality of patient care and patient satisfaction to the director of the department of  
6 insurance, financial institutions and professional registration. Failure to provide such data as  
7 required by the director of the department of insurance, financial institutions and professional  
8 registration shall constitute grounds for violation of the unfair trade practices act, sections 375.930  
9 to 375.948.

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

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

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

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

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

22 478.004. 1. As used in this section, "medication-assisted treatment" means the use of  
23 pharmacological medications, in combination with counseling and behavioral therapies, to provide a  
24 whole patient approach to the treatment of substance use disorders.

25 2. If a drug court or veterans court participant requires treatment for opioid or other  
26 substance misuse or dependence, a drug court or veterans court shall not prohibit such participant  
27 from participating in and receiving medication-assisted treatment under the care of a physician  
28 licensed in this state to practice medicine. A drug court or veterans court participant shall not be  
29 required to refrain from using medication-assisted treatment as a term or condition of successful  
30 completion of the drug court program.

31 3. A drug court or veterans court participant assigned to a treatment program for opioid or  
32 other substance misuse or dependence shall not be in violation of the terms or conditions of the drug  
33 court or veterans court on the basis of his or her participation in medication-assisted treatment under  
34 the care of a physician licensed in this state to practice medicine.

35 487.200. 1. As used in this section, "medication-assisted treatment" means the use of  
36 pharmacological medications, in combination with counseling and behavioral therapies, to provide a  
37 whole patient approach to the treatment of substance use disorders.

38 2. If a family court participant requires treatment for opioid or other substance misuse or  
39 dependence, a family court shall not prohibit such participant from participating in and receiving  
40 medication-assisted treatment under the care of a physician licensed in this state to practice  
41 medicine. A family court participant shall not be required to refrain from using medication-assisted  
42 treatment as a term or condition of successful completion of the family court program.

43 3. A family court participant assigned to a treatment program for opioid or other substance  
44 misuse or dependence shall not be in violation of the terms or conditions of the family court on the  
45 basis of his or her participation in medication-assisted treatment under the care of a physician  
46 licensed in this state to practice medicine.

47 630.870. 1. The department of mental health shall publish and make available an  
48 information form that discloses the possible risks, benefits, and side effects of taking opioid

1 medication including, but not limited to, opioid addiction. The language of the form shall be clear  
2 and understandable to most patients.

3 2. The department shall seek input and collaboration with medical associations operating in  
4 the state in drafting the information form including, but not limited to, the Missouri state medical  
5 association and the Missouri association of osteopathic physicians and surgeons.

6 630.875. 1. This section may be cited and shall be known as the "Improved Access to  
7 Treatment for Opioid Addictions Act" or "IATOA Act".

8 2. As used in the improved access to treatment for opioid addictions act, the following terms  
9 mean:

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

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

13 3. The department shall create and oversee an "Improved Access to Treatment for Opioid  
14 Addictions Program", which is hereby created and whose purpose is to disseminate information and  
15 best practices regarding opioid addiction and to facilitate collaborations to better treat and prevent  
16 opioid addiction in this state. The IATOA program shall facilitate partnerships between assistant  
17 physicians practicing in federally qualified health centers, rural health clinics, and other health care  
18 facilities and physicians practicing at remote facilities located in this state. The IATOA program  
19 shall provide resources that grant patients and their treating assistant physicians or physicians access  
20 to knowledge and expertise through means such as telemedicine and extension for community  
21 healthcare outcomes (ECHO) programs.

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

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

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

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

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

37 (1) Engage in community education;

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

39 (3) Serve as a liaison to courts;

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

41 (5) Provide educational outreach to schools;

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

44 (7) Refer patients to treatment centers;

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

46 (9) Perform other functions as authorized by the department.

47  
48 The list of authorizations in this subsection is a nonexclusive list, and assistant physician

1 participating in the IATOA program may perform other actions.

2 9. When an overdose survivor arrives in the emergency department, the assistant physician  
3 serving as a recovery coach or, if the assistant physician is unavailable, another properly trained  
4 recovery coach shall, when reasonably practicable, meet with the overdose survivor and provide  
5 treatment options and support available to the overdose survivor.

6 10. The department shall promulgate rules to implement the provisions of the improved  
7 access to treatment for opioid addictions act. Any rule or portion of a rule, as that term is defined in  
8 section 536.010, that is created under the authority delegated in this section shall become effective  
9 only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable,  
10 section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested  
11 with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to  
12 disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking  
13 authority and any rule proposed or adopted after August 28, 2017, shall be invalid and void.

14 630.880. 1. As used in this section, the following terms mean:

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

16 (2) "Neonatal abstinence syndrome", a syndrome that occurs in newborn infants when the  
17 infant's mother used opioids during pregnancy, causing the infant to go through drug withdrawal  
18 after birth.

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

22 630.890. 1. The department of mental health, by collaborating with the department of  
23 social services and the department of health and senior services, shall develop a statewide plan to  
24 inform and educate citizens on the risks associated with opioid medications, including opioid  
25 addiction.

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

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

35 4. The plan established in this section shall be made available to the governor and general  
36 assembly by the start of the first Wednesday after the first Monday in January 2018."; and

37  
38 Further amend said bill by amending the title, enacting clause, and intersectional references  
39 accordingly.