

CCS HCS SCS SB 718 -- HEALTH CARE

This bill modifies provisions relating to health care.

DIABETES AWARENESS MONTH

The bill designates the month of November as Diabetes Awareness Month (Section 9.158, RSMo).

SHOW-ME FREEDOM FROM OPIOID ADDICTION DECADE

The years of 2018-2028 shall be designated as the Show-Me Freedom from Opioid Addiction Decade (Section 9.192).

MEDICAL RECORDS

For the purposes of furnishing a copy of a patient's health history or health records upon request, such request may be satisfied with a statement or record that no such health history or treatment record responsive to the request exists (Section 191.227).

CAREGIVER, ADVISE, RECORD, AND ENABLE (CARE) ACT

This bill creates the "Caregiver, Advise, Record, and Enable (CARE) Act," which requires a hospital or ambulatory surgical center to provide each patient or patient's legal guardian with an opportunity to designate a caregiver prior to the patient's discharge. Such caregiver designation, or lack thereof, shall be documented by the hospital or ambulatory surgical center. The hospital or ambulatory surgical center shall notify a patient's caregiver of the patient's discharge or transfer as soon as practicable. Hospitals, ambulatory surgical centers, or employees or contractors of such entities shall not be liable in any way for the actions of a caregiver. This bill shall not interfere with the rights of an attorney-in-fact under a durable power of health care.

The Department of Health and Senior Services shall provide a standard form that can be used to satisfy the requirements of the CARE Act. However, a hospital or ambulatory surgical center can continue to use their current forms to satisfy these requirements if the form is compliant with Centers for Medicare and Medicaid Services standards (Section 191.1150).

ADVERSE ACTIONS AGAINST CERTAIN INDIVIDUALS OR ENTITIES

The bill specifies that no individual or health care entity shall be subject to adverse action by the state if the individual or health care entity, acting in its normal course of business, acts in good faith upon an order relating to the medical use of hemp

extract (Section 192.947).

#### DRUG TAKE-BACK PROGRAM

The 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. The bill requires the Department of Health and Senior Services to develop an education and awareness program about drug disposal by August 28, 2019 (Sections 195.070 and 195.265).

#### ADVISORY COUNCIL ON RARE DISEASES AND PERSONALIZED MEDICINE

The bill establishes an "Advisory Council on Rare Diseases and Personalized Medicine" in the MO HealthNet Division to assist the Drug Utilization Review Board when making recommendations or determinations regarding prior authorization and reauthorization criteria for rare disease drugs and other topics relating to rare diseases. The bill specifies the council's membership and requires the council to meet no later than February 28, 2019. The council's recommendations to the board shall be in writing. All members of the council shall sign a conflict of interest statement each year and at least 20% of the members shall not have a conflict of interest with any insurer, pharmaceutical benefits manager, or pharmaceutical manufacturer (Section 208.183).

#### EYE DROPS FOR NEWBORN INFANTS

The administration of eye drops to a newborn infant is not required if a parent or legal guardian objects to the treatment because it is against the religious beliefs of the parent or guardian. The bill repeals a provision requiring the physician, nurse, or midwife to report in writing his or her compliance in administering the eye drops (Section 210.070).

#### ASSISTANT PHYSICIANS

This bill changes the examination requirement for an assistant physician to require that an assistant physician complete Step 2, instead of Step 1 and Step 2, of the United States Medical Licensing Examination within a three-year period before applying for licensure, but in no event more than three years after graduation from a medical college.

An assistant physician licensure fee cannot be more than the licensure fee for a physician assistant. Additionally, no rules

can require an assistant physician to complete more hours of continuing medical education than a licensed physician.

The bill repeals the requirement that an assistant physician has to enter into a collaborative practice agreement within six months of initial licensure.

A health carrier shall reimburse an assistant physician on the same basis that it covers a service when it is provided by another comparable mid-level provider.

No rule or regulation shall require the collaborating physician to review more than 10% of the assistant physician's patient charts or records during the one-month period that the physician is continuously present while the assistant physician is practicing medicine.

An assistant physician may prescribe buprenorphine for up to a 30-day supply without refill in certain circumstances.

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 334.036 and 334.037).

#### COLLABORATIVE PRACTICE AND SUPERVISORY AGREEMENTS

Currently, physicians are authorized to enter into a collaborative practice agreement with three advanced practice registered nurses (APRN) and three assistant physicians and a supervising agreement with three licensed physician assistants. This bill authorizes physicians to enter into a collaborative practice agreement or a supervising agreement with six APRNs, assistant physicians, licensed physician assistants, or any combination thereof.

The limitation on collaborative practice agreements and supervision agreements shall not apply to the supervision of certified registered nurse anesthetists in the provision of anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed.

Currently, a physician and a physician assistant in a supervisory agreement shall practice no further than 50 miles by road from each other. This bill repeals the 50-mile limitation and states that the physician assistant shall practice within a geographic proximity to be determined by the Board of Registration for the Healing Arts.

No supervision requirements in addition to the minimum federal law shall be required for a physician-physician assistant team working in a certified community behavioral health clinic or a federally qualified health center.

Advanced practice registered nurses and physician assistants may prescribe buprenorphine for up to a 30-day supply without refill in certain circumstances (Sections 334.037, 334.104, 334.735, and 334.747).

#### PSYCHOLOGISTS

The bill provides that a doctoral degree in psychology from a program accredited, or provisionally accredited, by the Psychological Clinical Science Accreditation System is acceptable to meet various requirements for licensure as a psychologist if the degree program meets certain requirements as specified in the bill (Sections 337.025, 337.029, and 337.033).

#### MAINTENANCE MEDICATION

Current law provides that dispensing of maintenance medication based on refills authorized by the physician or prescriber on the prescription be limited to no more than a 90-day supply of the medication and the patient shall have already been prescribed the medication for three months. This bill provides that the supply limitations shall not apply if the prescription is issued by a practitioner located in another state or dispensed to a patient who is a member of the United States Armed Forces serving outside the United States (Section 338.202).

#### 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 shall discontinue the use of patient satisfaction scores (Section 374.426).

#### HEALTH INSURANCE

The bill requires every insurance company and health service corporation to offer, in all insurance policies, coverage for medication-assisted treatment for substance use disorders (Section 376.811).

Currently, the provision requiring health carriers to provide coverage for early refills of an eye drop prescription is set to

expire on January 1, 2020. This bill repeals the expiration date (Section 376.1237).

The bill also modifies the definition of "mental health condition" for purposes of health insurance coverage by removing chemical dependency from the definition (Section 376.1550).

#### IMPROVED ACCESS TO TREATMENT FOR OPIOID ADDICTIONS ACT

The bill creates the "Improved Access to Treatment for Opioid Addictions Program," (IATOA), which shall disseminate information and best practices regarding opioid addiction, subject to appropriations. Assistant physicians who participate in the IATOA program shall complete the requirements to prescribe buprenorphine within 30 days of joining the program. The Department of Mental Health 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).

#### MENTAL HEALTH PROFESSIONALS

The bill adds psychiatric physician assistants, psychiatric advanced practice registered nurses, and psychiatric assistant physicians to the definition of mental health professionals for the purposes of provisions of law relating to alcohol and drug abuse and comprehensive psychiatric services and adds a definition for each term (Section 632.005).

This bill contains an emergency clause for certain sections relating to opioids.