

CCS HCS SS SCS SB 826 -- HEALTH CARE

This bill modifies provisions relating to health care.

HEALTH CARE RECORDS

Currently, health care providers are required to provide, upon request, copies of patients' health history or treatment records. However, providers are allowed to charge a search and retrieval and copying fees for the records. This bill allows a provider to respond to such a request with a statement or record that no such health history or treatment record exist and to charge a fee for providing such a statement or record (Section 191.227, RSMo).

LIMITATIONS ON PRESCRIBING OPIOIDS

This bill limits certain initial prescriptions of opioid controlled substances to no more than a seven-day supply for the treatment of acute pain. Prior to prescribing the opioid, a practitioner shall consult with the patient regarding the quantity of the opioid and the patient's option to fill the prescription in a lesser quantity, as well as inform the patient of the risks associated with the prescribed opioid. 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.

The bill further states that no pharmacy or pharmacist shall be liable or subject to disciplinary action for dispensing or refusing to dispense medication in good faith pursuant to an otherwise valid prescription that exceeds these prescribing limits (Sections 195.010 and 195.080).

DISPOSAL OF UNUSED CONTROLLED SUBSTANCES

This bill specifies that a Drug Enforcement Agency-authorized collector, in accordance with federal regulations, may accept unused controlled substances even if the authorized collector did not originally dispense the drug. Unused controlled substances may be accepted from ultimate consumers, from hospice or home health care providers on behalf of ultimate users, or from any person lawfully entitled to dispose of an ultimate user's property if the ultimate user has died. Collection can be through collection

receptacles, drug disposal boxes, mail back packages, or drug take back programs. This provision shall supersede and preempt any local drug disposal ordinance or regulation.

Additionally, the Department of Health and Senior Services shall develop an education and awareness program regarding drug disposal, including the development of a web-based resource and promotional activities (Sections 195.070 and 195.265).

These provisions have an emergency clause.

ADVISORY COUNCIL ON RARE DISEASES AND PERSONALIZED MEDICINE

This bill establishes the "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).

LONG-ACTING REVERSIBLE CONTRACEPTIVES

This bill specifies that any long-acting reversible contraceptive (LARC) prescribed to and obtained for a MO HealthNet participant may be transferred to another MO HealthNet participant if the LARC was not delivered to, implanted in, or used on the original participant, as specified in the bill (Section 208.1070).

NEWBORN EYE DROPS

This bill modifies existing law regarding the administration of prophylactic eye drops to newborns after delivery by repealing the requirement that the administration of eye drops be reported within 48 hours to the local board of health or county physician. The bill also creates an exception to the required administration of such eye drops if a parent or legal guardian objects on grounds that doing so is against the religious beliefs of the parent or legal guardian (Section 210.070).

VACCINE PROTOCOLS

This bill modifies the minimum age for the administration of certain vaccines, including viral influenza, from 12 years of age

to at least seven years of age or the age recommended by the Centers for Disease Control and Prevention, whichever is higher. Additionally, a pharmacist shall inform the patient that the administration of the vaccine will be entered into the ShowMeVax system. The patient may indicate that he or she does not want such information entered into the system (Section 338.010).

PRESCRIPTIONS

This bill modifies current law regarding written prescriptions to permit a pharmacist who receives a prescription for a brand name drug or biological product to select a less expensive generically equivalent drug or interchangeable biological product unless requested otherwise by the patient or prescribing practitioner who indicates that substitution is prohibited, as specified in the bill. If an oral prescription is involved, the practitioner or practitioner's agency shall instruct the pharmacist if a generic drug or interchangeable biological product may be substituted (Section 338.056).

MAINTENANCE MEDICATIONS

Currently, the 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 must 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).

PHARMACY BENEFIT MANAGERS

This bill specifies that, no pharmacy benefits manager (PBM) shall include in a contract entered into or modified after August 28, 2018, with a pharmacist or pharmacy a provision requiring a covered person to make a payment for a prescription drug at the point of sale in an amount that exceeds the lesser of the co-payment under the health benefit plan or the amount an individual would pay if payment was in cash. A pharmacy or pharmacist shall have the right to provide to a covered person information regarding the amount of the covered person's cost share for a prescription and other information specified in the bill. Additionally, no PBM shall, directly or indirectly, charge or hold a pharmacist or pharmacy responsible for any fee amount related to a claim that is not known at the time of adjudication, unless the amount is the result of improperly paid claims or the charges for administering a plan (Section 376.387).

PRESCRIPTION EYE DROPS

Currently, the law that requires 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).