

HCS SB 275 -- HEALTH CARE

SPONSOR: Sater

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health Policy by a vote of 7 to 3. Voted "Do Pass" by the Standing Committee on Rules- Legislative Oversight by a vote of 9 to 0.

JOINT COMMITTEE ON SUBSTANCE ABUSE

This bill creates the Joint Committee on Substance Abuse Prevention and Treatment. The committee is made up of six members of the House of Representatives appointed by the Speaker, six members of the Senate appointed by the President Pro Tem, and four members appointed by the Governor.

The committee must meet at least once during each legislative session. The committee will conduct hearings on current and future drug and substance abuse, explore solutions to substance abuse issues, and draft or modify legislation as necessary to reach the goals of finding and funding education and treatment solutions to combat drug and substance use and abuse. The committee will send a report of recommendations for legislation to the Governor and the General Assembly each year (Section 21.790, RSMo).

This provision is the same as HB 240 (2019) and HB 1253 (2018).

SUBSTANCE USE DISORDERS

This bill establishes the "Ensuring Access to High Quality Care for the Treatment of Substance Use Disorders Act."

This bill requires that medication-assisted treatment (MAT) services shall include pharmacologic and behavioral therapies.

All MAT medications must be placed on the lowest cost-sharing tier of the formulary managed by the health insurer or the pharmacy benefits manager.

MAT services shall not be subject to:

- (1) Annual or lifetime dollar limitations;
- (2) Financial requirements and quantitative treatment limitations that do not comply with the Mental Health Parity and Addition Equity Act of 2008;
- (3) Step therapy that conflicts with a prescribed course of

treatment; and

(4) Prior authorization for MAT services.

The health care benefits and MAT services required by the bill apply to all health insurance plans in the state.

Any treatment program must disclose the MAT services it provides, as well as which of its levels of care have been certified.

MO HealthNet must cover the MAT medications and services provided for in this section.

Drug courts and other diversion programs must ensure that all persons under their care are assessed for substance use disorders and make available MAT services.

All health insurance companies must disclose online and in any print provider directories which providers in its network provide MAT services and what level of care is provided. Each health insurance plan must have a process to ensure that an enrollee obtains a covered benefit for MAT services at an in-network level of coverage.

The Department of Insurance, within the Department of Insurance, Financial Institutions and Professional Registration (DIFP), must require that provider networks meet time and distance standards and minimum wait time standards for providers of MAT services. An insurance plan must have a process to ensure that an enrollee obtains a covered benefit for MAT services at an in-network level or coverage or make other arrangements.

When a health insurance plan is deemed inadequate under the requirements of the bill, the health insurer must treat the health care services an enrollee receives from an out-of-network provider as if the services were provided by an in-network provider. A health insurer must provide a determination to an enrollee for covered benefits for MAT services and for urgent care services for MAT from an out-of-network provider within 24 hours.

All health coverage payers must submit reports to the DIFP, which shall be publicly disclosed.

The DIFP must periodically perform parity compliance market conduct examinations of all health insurers that provide coverage for mental health and substance use disorder. The DIFP must make on their website a mechanism to explain the requirements of this bill and have a feedback process (Sections 191.1164 - 191.1168).

This provision is the same as HB 904 (2019).

#### INFECTION CONTROL DATA REPORTING

This bill states that if the Centers for Medicare and Medicaid Services requires hospitals to submit health care-associated infection data, then hospitals and the department shall not be required to submit health care-associated infection data required under state statute. The department must post a link on its website to the publicly reported data on the Centers for Medicare and Medicaid Services' Hospital Compare Website.

The bill requires hospitals to report antimicrobial use or resistance once the conditions of participation requiring electronic reporting are effective by the Centers for Medicare and Medicaid Services. However, nothing in the bill shall prohibit a hospital from voluntarily reporting antibiotic use or antibiotic resistance data prior to the effective date of the conditions of participation (Section 192.667).

This provision is the same as HB 1057.

#### PREGNANCY-ASSOCIATED MORTALITY REVIEW BOARD

This bill establishes the "Pregnancy-Associated Mortality Review Board" within the Department of Health and Senior Services to improve data collection and reporting regarding maternal mortality and to develop initiatives that support at-risk populations. The Board shall consist of no more than 18 members appointed by the director of the department with diverse racial, ethnic, and geographic membership. Before June 30, 2020, and each year thereafter, the board shall submit a report on maternal mortality in the state and proposed recommendations to the Director of the Centers for Disease Control and Prevention, the director of the department, the Governor, and the General Assembly.

The department shall have the authority to request and receive data for maternal deaths from specified entities. All individually identifiable or potentially identifiable information and other records shall be kept confidential (Section 192.990).

This provision is the same as SB 480 (2019) and similar to HB 664 (2019).

#### PHYSICIAN ASSISTANTS

This bill standardizes language regarding physician assistant supervision agreements to be consistent with advanced practice registered nurse collaborative practice arrangements (Section

193.015).

This provision is the same as HB 840 (2019).

#### ELECTRONIC PRESCRIPTIONS

This bill requires all prescriptions to be an electronic prescription beginning January 1, 2021, with a few exceptions, as outlined in the bill. A pharmacist receiving a non-electronic prescription is not required to verify that the prescription properly falls under one of the exceptions and may continue to dispense non-electronic prescriptions that are otherwise valid. The bill clarifies that all patients have the right to choose whether they would like an electronic prescription or a written prescription.

An individual who violates these provisions may be subject to a \$250 fine for each violation, not to exceed \$5,000 per calendar year. The Department of Health and Senior Services will enforce the provisions of the bill (Sections 195.060, 195.080, 195.550, 196.100, 221.111, 338.015, and 338.056).

This provision is the same as HB 872 (2019) and similar to SB 262 and SB 293 (2019).

#### EXEMPTION TO PRESCRIPTION LIMITATIONS

Currently, a practitioner cannot issue an initial prescription for more than a seven-day supply of any opioid controlled substance. This bill gives an exception to this limitation for a prescription for an opioid for a patient who is currently undergoing treatment for sickle cell disease (Section 195.080).

This provision is the same as HB 986 (2019).

#### DENTAL PRESCRIPTIONS

Under this bill, long-acting or extended-release opioids shall not be used to treat acute pain in dentistry. If the dentist, in his or her professional judgment, believes a long-acting or extended-release opioid is necessary to treat the patient, the dentist shall document and explain in the patient's dental record the reason for the necessity for the long-acting or extended-release opioid.

Dentists shall avoid prescribing doses greater than 50 Morphine Milligram Equivalents (MME) per day for treatment of acute pain. If the dentist believes doses greater than 50 MME are necessary to treat the patient, the dentist shall document and explain the reason for the dose greater than 50 MME.

The Missouri Dental Board is required to maintain an MME conversion chart and instructions for calculating MMEs on its website (Sections 195.080 and 332.361).

This provision is similar to HB 628 (2019).

#### TOBACCO CESSATION

This bill allows a pharmacist to prescribe and dispense nicotine replacement therapy products that are approved for the sole purpose of aiding in tobacco or smoking cessation. The Board of Pharmacy and Board of Healing Arts shall jointly adopt regulations governing a pharmacist's authority to prescribe and dispense nicotine replacement therapy products. Third party payment for nicotine replacement therapy products is not required (Sections 338.010, and 338.800).

This provision is the same as HB 725 (2019).

#### OUT-OF-NETWORK HEALTH CARE

Currently, utilizing the unanticipated out-of-network process is optional. This bill requires health care professionals to utilize the process outlined in statute for claims for charges for unanticipated out-of-network care (Section 376.690).

This provision is the same as HB 756 (2019) and SB 103 (2019).

#### CREDENTIALING PROCEDURE

This bill requires a health carrier to provide retroactive payments for any services performed by a practitioner during the application period, once a practitioner has been credentialed or re-credentialed with a health carrier. The application period begins once a fully completed application has been submitted (Section 376.1578).

This provision is the same as HB 654 (2019).

#### CONTROLLED SUBSTANCES

This bill adds to the offense of trafficking drugs in the first degree knowingly distributing, delivering, manufacturing, or producing or attempting to distribute, deliver, manufacture, or produce more than 10 milligrams of fentanyl or any derivative thereof, or any mixture or substance containing a detectable amount of fentanyl. If the violation involves 20 milligrams or more of fentanyl or any derivative thereof, or any mixture or substance

containing 20 milligrams or more of fentanyl, it is a class A felony. If it involves more than 10 milligrams, it is a class B felony. Additionally, one gram or more of flunitrazepam (Rohypnol) or any amount of gamma-hydroxybutyric acid (GHB) is a class B felony for the first offense and a class A felony for the second or subsequent offense.

The bill adds to the offense of trafficking drugs in the second degree knowingly possessing or having under one's control, purchasing or attempting to purchase, or bringing into the state more than 10 milligrams of fentanyl or any derivative thereof, or any mixture or substance containing a detectable amount of fentanyl. If the violation involves 60 grams or more of fentanyl or any derivative thereof, or any mixture or substance containing 60 grams or more of fentanyl, it is a class B felony. If it involves more than 10 milligrams, it is a class C felony. Additionally, the offense is a class C felony for the first offense and class B felony for the second or subsequent offense for the trafficking of less than one gram of flunitrazepam (Rohypnol) (Sections 579.065 and 579.068).

This provision is the same as HB 240 (2019).

**PROPONENTS:** Supporters say that this bill will address the opioid epidemic. There is a correlation between length and strength of an opioid prescription and development of opioid abuse disorders.

Testifying for the bill were Senator Sater; Missouri Dental Association; and Brian Barnett, Missouri Dental Board.

**OPPONENTS:** There was no opposition voiced to the committee.

**OTHERS:** Others testifying on the bill made themselves available to answer questions for the committee.

Testifying on the bill was the Missouri Pharmacy Association.