

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 501
99TH GENERAL ASSEMBLY

2231H.02C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 191.227, 195.206, 334.010, 334.036, 335.099, 338.010, 338.202, 345.051, and 374.426, RSMo, and to enact in lieu thereof twenty-one new sections relating to health care, with an emergency clause for a certain section.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 191.227, 195.206, 334.010, 334.036, 335.099, 338.010, 338.202, 2 345.051, and 374.426, RSMo, are repealed and twenty-one new sections enacted in lieu thereof, 3 to be known as sections 9.240, 191.227, 194.600, 195.205, 195.206, 198.053, 324.003, 334.010, 4 334.036, 335.099, 338.010, 338.202, 338.710, 345.051, 374.426, 478.004, 487.200, 630.870, 5 630.875, 630.880, and 630.890, to read as follows:

9.240. The years of 2017 to 2027 shall hereby be designated as "Show-Me Freedom 2 From Opioid Addiction Decade".

191.227. 1. All physicians, chiropractors, hospitals, dentists, and other duly licensed 2 practitioners in this state, herein called "providers", shall, upon written request of a patient, or 3 guardian or legally authorized representative of a patient, furnish a copy of his or her record of 4 that patient's health history and treatment rendered to the person submitting a written request, 5 except that such right shall be limited to access consistent with the patient's condition and sound 6 therapeutic treatment as determined by the provider. Beginning August 28, 1994, such record 7 shall be furnished within a reasonable time of the receipt of the request therefor and upon 8 payment of a fee as provided in this section.

9 2. Health care providers may condition the furnishing of the patient's health care records 10 to the patient, the patient's authorized representative or any other person or entity authorized by 11 law to obtain or reproduce such records upon payment of a fee for:

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

12 (1) (a) Search and retrieval, in an amount not more than ~~[twenty-two]~~ **twenty-four**
13 dollars and ~~[eighty-two]~~ **eighty-five** cents plus copying in the amount of ~~[fifty-three]~~ **fifty-seven**
14 cents per page for the cost of supplies and labor plus, if the health care provider has contracted
15 for off-site records storage and management, any additional labor costs of outside storage
16 retrieval, not to exceed ~~[twenty-one]~~ **twenty-three** dollars and ~~[thirty-six]~~ **twenty-six** cents, as
17 adjusted annually pursuant to subsection 5 of this section; or

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

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

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

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

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

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

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

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

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

45 **6. A health care provider may disclose a deceased patient's health care records or**
46 **payment records to the executor or administrator of the deceased person's estate, or**
47 **pursuant to a valid, unrevoked power of attorney for health care that specifically directs**

48 that the deceased person's health care records be released to the agent after death. If an
49 executor, administrator, or agent has not been appointed, the deceased prior to death did
50 not specifically object to disclosure of his or her records in writing, and such disclosure is
51 not inconsistent with any prior expressed preference of the deceased that is known to the
52 health care provider, a deceased patient's health care records may be released upon
53 written request of a person who is deemed as the personal representative of the deceased
54 person under this subsection. Priority shall be given to the deceased patient's spouse and
55 the records shall be released on the affidavit of the surviving spouse that he or she is the
56 surviving spouse. If there is no surviving spouse, the health care records may be released
57 to one of the following persons:

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

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

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

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

66 (5) A guardian or conservator of the deceased patient at the time of the patient's
67 death on the affidavit of the guardian or conservator that he or she is the guardian or
68 conservator of the deceased; or

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

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

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

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

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

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

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

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

12 2. The department shall issue a request for proposal and contract with a third party
13 for the establishment of a secure online central registry for individuals to be known as the

14 **"Advance Health Care Directives Registry" to store advance health care directives and to**
15 **give authorized health care providers access to such directives.**

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

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

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

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

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

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

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

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

46 **9. Failure to register a document with the registry maintained under this section**
47 **shall not affect the document's validity. Failure to notify the registry of the revocation of**
48 **a document previously filed with the registry shall not affect the validity of a revocation**
49 **that meets the statutory requirements for such revocation to be valid.**

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

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

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

12 **2. A person who, in good faith, seeks or obtains medical assistance for someone who**
13 **is experiencing a drug or alcohol overdose or other medical emergency or a person**
14 **experiencing a drug or alcohol overdose or other medical emergency who seeks medical**
15 **assistance for himself or herself or is the subject of a good faith request shall not be**
16 **arrested, charged, prosecuted, convicted, or have his or her property subject to civil**
17 **forfeiture or otherwise be penalized for the following if the evidence for the arrest, charge,**
18 **prosecution, conviction, seizure, or penalty was gained as a result of seeking or obtaining**
19 **medical assistance:**

20 **(1) Committing a prohibited act under section 579.015, 579.074, 579.078, or**
21 **579.105;**

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

23 **(3) Violating a restraining order; or**

24 **(4) Violating probation or parole.**

25 **3. (1) This section shall not prohibit a police officer from arresting a person for an**
26 **outstanding warrant under subsection 1 of section 221.510.**

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

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

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

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

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

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

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

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

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

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

19 ~~[3-]~~ **4. A licensed pharmacist who, acting in good faith and with reasonable care, sells**
20 **or dispenses an opioid antagonist and appropriate device to administer the drug, and the protocol**
21 **physician, shall not be subject to any criminal or civil liability or any professional disciplinary**
22 **action for prescribing or dispensing the opioid antagonist or any outcome resulting from the**
23 **administration of the opioid antagonist. A physician issuing a statewide standing order under**
24 **subsection 2 of this section shall not be subject to any criminal or civil liability or any**
25 **professional disciplinary action for issuing the standing order or for any outcome related**
26 **to the order or the administration of the opioid antagonist.**

27 ~~[4-]~~ **5. Notwithstanding any other law or regulation to the contrary, it shall be permissible**
28 **for any person to possess an opioid antagonist.**

29 ~~[5-]~~ **6. Any person who administers an opioid antagonist to another person shall,**
30 **immediately after administering the drug, contact emergency personnel. Any person who, acting**
31 **in good faith and with reasonable care, administers an opioid antagonist to another person whom**
32 **the person believes to be suffering an opioid-related overdose shall be immune from criminal**
33 **prosecution, disciplinary actions from his or her professional licensing board, and civil liability**
34 **due to the administration of the opioid antagonist.**

198.053. No later than October first of each year, in accordance with the latest
2 **recommendations of the Advisory Committee on Immunization Practices of the Centers**
3 **for Disease Control and Prevention, each assisted living facility, as such term is defined**

4 under section 198.006, shall notify residents and staff where in the facility that the latest
5 edition of the vaccine informational sheet published by the Centers for Disease Control and
6 Prevention has been posted. Nothing in this section shall be construed to require any
7 assisted living facility to provide or pay for any vaccination against influenza, allow the
8 department of health to promulgate any rules to implement this section, or city any facility
9 for acting in good faith to post the vaccine informational sheet.

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

4 (1) Any licensee to submit payment for fees so established in the form of personal
5 check, money order, cashier's check, credit card, or electronic check as defined by section
6 407.432;

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

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

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

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

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

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

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

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

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

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

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

23 **4. This section shall not apply to a person who holds a current, unrestricted license**
24 **to practice medicine in another state when the person, under a written agreement with an**
25 **athletic team located in the state in which the person is licensed, provides sports-related**
26 **medical services to any of the following individuals if the team is traveling to or from, or**
27 **participating in, a sporting event in this state:**

28 (1) A member of an athletic team;

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

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

33 (4) An athletic team's mascot.

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

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

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

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

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

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

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

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

20 (2) "Assistant physician collaborative practice arrangement", an agreement between a
21 physician and an assistant physician that meets the requirements of this section and section
22 334.037;

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

25 2. (1) An assistant physician collaborative practice arrangement shall limit the assistant
26 physician to providing only primary care services and only in medically underserved rural or
27 urban areas of this state or in any pilot project areas established in which assistant physicians
28 may practice.

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

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

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

35 3. (1) For purposes of this section, the licensure of assistant physicians shall take place
36 within processes established by rules of the state board of registration for the healing arts. The
37 board of healing arts is authorized to establish rules under chapter 536 establishing licensure and
38 renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such
39 other matters as are necessary to protect the public and discipline the profession. An application
40 for licensure may be denied or the licensure of an assistant physician may be suspended or
41 revoked by the board in the same manner and for violation of the standards as set forth by section
42 334.100, or such other standards of conduct set by the board by rule.

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

50 4. An assistant physician shall clearly identify himself or herself as an assistant physician
51 and shall be permitted to use the terms "doctor", "Dr.", or "doc". No assistant physician shall

52 practice or attempt to practice without an assistant physician collaborative practice arrangement,
53 except as otherwise provided in this section and in an emergency situation.

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

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

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

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

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

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

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

338.010. 1. The "practice of pharmacy" means the interpretation, implementation, and
2 evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section
3 353; receipt, transmission, or handling of such orders or facilitating the dispensing of such
4 orders; the designing, initiating, implementing, and monitoring of a medication therapeutic plan
5 as defined by the prescription order so long as the prescription order is specific to each patient
6 for care by a pharmacist; the compounding, dispensing, labeling, and administration of drugs and

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

28 2. Any pharmacist who accepts a prescription order for a medication therapeutic plan
29 shall have a written protocol from the physician who refers the patient for medication therapy
30 services. The written protocol and the prescription order for a medication therapeutic plan shall
31 come from the physician only, and shall not come from a nurse engaged in a collaborative
32 practice arrangement under section 334.104, or from a physician assistant engaged in a
33 supervision agreement under section 334.735.

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

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

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

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

44 7. The state board of registration for the healing arts, under section 334.125, and the state
45 board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of
46 protocols for prescription orders for medication therapy services and administration of viral
47 influenza vaccines. Such rules shall require protocols to include provisions allowing for timely
48 communication between the pharmacist and the referring physician, and any other patient
49 protection provisions deemed appropriate by both boards. In order to take effect, such rules shall
50 be approved by a majority vote of a quorum of each board. Neither board shall separately
51 promulgate rules regulating the use of protocols for prescription orders for medication therapy
52 services and administration of viral influenza vaccines. Any rule or portion of a rule, as that term
53 is defined in section 536.010, that is created under the authority delegated in this section shall
54 become effective only if it complies with and is subject to all of the provisions of chapter 536
55 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of
56 the powers vested with the general assembly pursuant to chapter 536 to review, to delay the
57 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the
58 grant of rulemaking authority and any rule proposed or adopted after August 28, 2007, shall be
59 invalid and void.

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

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

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

73 11. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary
74 medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or
75 an equivalent title means a person who has received a doctor's degree in veterinary medicine
76 from an accredited school of veterinary medicine or holds an Educational Commission for

77 Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary Medical
78 Association (AVMA).

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

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

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

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

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

92 (1) The identity of the patient;

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

94 (3) The route of administration;

95 (4) The anatomic site of the administration;

96 (5) The dose administered; and

97 (6) The date of administration.

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

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

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

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

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

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

 345.051. 1. Every person licensed or registered pursuant to the provisions of sections
2 345.010 to 345.080 shall renew the license or registration on or before the renewal date. Such
3 renewal date shall be determined by the board, **but shall be no less than three years.** The
4 application shall be made on a form furnished by the board. The application shall include, but
5 not be limited to, disclosure of the applicant's full name and the applicant's office and residence
6 addresses and the date and number of the applicant's license or registration, all final disciplinary
7 actions taken against the applicant by any speech-language-hearing association or society, state,
8 territory or federal agency or country and information concerning the applicant's current physical
9 and mental fitness to practice.

10 2. A blank form for application for license or registration renewal shall be mailed to each
11 person licensed or registered in this state at the person's last known office or residence address.
12 The failure to mail the form of application or the failure to receive it does not, however, relieve
13 any person of the duty to renew the license or registration and pay the fee required by sections
14 345.010 to 345.080 for failure to renew the license or registration.

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

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

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

23 4. If a license or registration is suspended pursuant to section 345.065, the license or
24 registration expires on the expiration date as established by the board for all licenses and
25 registrations issued pursuant to sections 345.010 to 345.080. Such license or registration may
26 be renewed but does not entitle the licensee to engage in the licensed or registered activity or in

27 any other conduct or activity which violates the order of judgment by which the license or
28 registration was suspended until such license or registration has been reinstated.

29 5. If a license or registration is revoked on disciplinary grounds pursuant to section
30 345.065, the license or registration expires on the expiration date as established by the board for
31 all licenses and registrations issued pursuant to sections 345.010 to 345.080. Such license or
32 registration may not be renewed. If a license or registration is reinstated after its expiration, the
33 licensee, as a condition of reinstatement, shall pay a reinstatement fee that is equal to the renewal
34 fee in effect on the last regular renewal date immediately preceding the date of reinstatement plus
35 any late fee established by the board.

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

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

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

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

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

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

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

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

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

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

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

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

630.870. 1. The department of mental health shall publish and make available an
2 **information form that discloses the possible risks, benefits, and side effects of taking opioid**
3 **medication including, but not limited to, opioid addiction. The language of the form shall**
4 **be clear and understandable to most patients.**

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

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

3 **2. As used in the improved access to treatment for opioid addictions act, the**
4 **following terms mean:**

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

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

8 **3. The department shall create and oversee an "Improved Access to Treatment for**
9 **Opioid Addictions Program", which is hereby created and whose purpose is to disseminate**
10 **information and best practices regarding opioid addiction and to facilitate collaborations**

11 to better treat and prevent opioid addiction in this state. The IATOA program shall
12 facilitate partnerships between assistant physicians practicing in federally qualified health
13 centers, rural health clinics, and other health care facilities and physicians practicing at
14 remote facilities located in this state. The IATOA program shall provide resources that
15 grant patients and their treating assistant physicians or physicians access to knowledge and
16 expertise through means such as telemedicine and extension for community healthcare
17 outcomes (ECHO) programs.

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

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

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

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

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

36 (1) Engage in community education;

37 (2) Engage in professional education outreach programs with local treatment
38 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
43 considering 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
49 participating in the IATOA program may perform other actions.

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

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

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

2

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

3

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

6

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

2

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

5

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

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

15 **4. The plan established in this section shall be made available to the governor and**
16 **general assembly by the start of the first Wednesday after the first Monday in January**
17 **2018.**

Section B. Because immediate action is necessary to allow qualified individuals to act
2 as assistant physicians and provide medical care, the repeal and reenactment of section 334.036
3 of this act is deemed necessary for the immediate preservation of the public health, welfare,
4 peace, and safety, and is hereby declared to be an emergency act within the meaning of the
5 constitution, and the repeal and reenactment of section 334.036 of this act shall be in full force
6 and effect upon its passage and approval.

✓