

HCB 15 -- OPIOIDS

SPONSOR: Frederick

COMMITTEE ACTION: Voted "To Introduce" by the Standing Committee on Health and Mental Health Policy by a vote of 10 to 0. Voted "Do Pass" by the Rules- Administrative Oversight Committee by a vote of 11 to 0.

This bill contains several provisions relating to opioids.

#### SHOW-ME FREEDOM FROM OPIOID ADDICTION DECADE

The bill designates the years 2018 to 2028 as the "Show-Me Freedom From Opioid Addiction Decade" (Section 9.192, RSMo).

This provision is the same as a provision in HB 2105 (2018).

#### LEVELS OF ADDICTION CARE

This bill requires the Department of Health and Senior Services to develop levels of care for emergency departments and hospitals for treating overdoses and opioid use disorder. An emergency department or hospital may be designated as a Level I, Level II, or Level III addiction care facility if it meets the criteria developed by the department. Minimum requirements for each level of designation are outlined in the bill (Section 190.220).

#### MISSOURI TASK FORCE ON OPIOID ABUSE

This bill creates the "Missouri Task Force on Opioid Abuse" to seek evidence-based and cost-effective approaches to combat the opioid crisis in Missouri. Members of the task force will be appointed by the Department of Health and Senior Services. The task force must submit a report of its findings to the Governor and the General Assembly by August 1, 2019. The task force will expire on January 1, 2020 (Section 192.2350).

#### PUBLIC SERVICE ANNOUNCEMENTS

The Department of Health and Senior Services and the Department of Mental Health will create and disseminate public service announcements to inform and educate citizens on the risks associated with opioid medications (Section 192.2355).

#### SEVEN-DAY SUPPLY OF OPIOID PRESCRIPTIONS

This bill limits certain initial prescriptions of opioid controlled substances to no more than a seven-day supply for the treatment of

acute pain. 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 (Sections 195.010 and 195.080).

These provisions are the same as SB 825 (2018).

#### DRUG TAKE-BACK PROGRAM

This 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. This bill requires the Department of Health and Senior Services to develop an education and awareness program about drug disposal (Sections 195.070 and 195.265).

These provisions are the same as SB 826 (2018).

#### NEAR-FATAL OVERDOSE REPORTING

This bill requires each administration of an opioid antagonist to a person who is suffering from an opioid-related drug overdose to be reported to the Department of Health and Senior Services for the purpose of providing the person with information regarding opioid abuse treatment options and services (Section 195.206).

#### MO HEALTHNET BENEFITS FOR PREGNANT WOMEN

This bill extends MO HealthNet benefits for pregnant women who are receiving substance abuse treatment within 60 days of giving birth for no more than 12 additional months as long as the woman remains adherent with treatment. The Department of Mental Health and Department of Social Services must report to the House Budget Committee and Senate Appropriations Committee on compliance with federal cost neutrality requirements within 15 months of receiving any necessary waiver (Section 208.151).

This provision is the same as HB 2280, 2120, 1468 & 1616 (2018).

#### MEDICATION-ASSISTED TREATMENT

This bill prohibits the Department of Corrections from preventing an offender from participating in and receiving medication-assisted treatment for opioid or other substance misuse or dependence (Section 217.364).

This provision is the same as a provision of HCS HB 2105 (2018).

#### PAIN MANAGEMENT AND OPIOID ADDICTION TRAINING

This bill requires licensed physicians to complete two hours of training in pain management and opioid addiction every two years as part of their continuing education requirements for licensure (Section 334.074).

This provision is the same as a provision of HCS HB 2105 (2018).

#### HEALTH INSURANCE COVERAGE FOR MEDICATION-ASSISTED TREATMENT FOR SUBSTANCE ABUSE

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

This provision is the same as HB 1636 (2018).

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

The bill creates the "Improved Access to Treatment for Opioid Addictions Program," (IATOA), which will disseminate information and best practices regarding opioid addiction, subject to appropriations. Assistant physicians who participate in the IATOA program must complete the requirements to prescribe buprenorphine within 30 days of joining the program. The department 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 (Sections 630.875 and 334.036).

These provisions are the same as provisions of HCS HB 2105 (2018).

#### INFORMATION AND CONSENT FORM ON OPIOIDS

This bill requires the Department of Mental Health to publish an information and consent form that discloses the risks, benefits, and side effects of taking opioid medication (Section 630.870).

## NEONATAL ABSTINENCE SYNDROME

This bill allows the department to study the establishment of a regional neonatal abstinence syndrome step-down program (Section 630.880).

This provision is the same as a provision of HCS HB 2105 (2018).

## INVOLUNTARY DETENTION

This bill specifies that a health care provider may file an application with the court for the detention, treatment, and rehabilitation of a person who presents a likelihood of serious harm to himself or herself as a result of drug or alcohol abuse. A person who has been administered an opioid antagonist following an opioid-related drug overdose is considered to present a likelihood of serious harm to himself or herself (Section 631.115).

PROPOSERS: Supporters discussed pain as the fifth vital sign and the difficulties associated with removing patient satisfaction scores, as some organizations require patient satisfaction scores. Supporters also discussed developing a neonatal abstinence syndrome ECHO module.

Testifying for the bill were Representative Frederick; Dr. Elizabeth Simpson; and Dr. Lauren Umstattd.

OPPOSERS: Those who oppose the bill say that the topics in the bill would be better if broken up into separate bills.

Testifying against the bill was Wayne Lee.

OTHERS: Others testifying on the bill discussed the provisions that would designate addiction care level facilities at an emergency department or hospital and the need to more fully flush out the idea. Additionally, patient satisfaction scores are required by Medicare, although Medicare is moving away from patient satisfaction scores for pain. Furthermore, other states have had success utilizing an involuntary hold for those suffering as a result of drug or alcohol abuse.

Testifying on the bill were Dr. Steve Keithahn and the Hospital Corporation of America.