

HCB 15 -- OPIOIDS (Frederick)

COMMITTEE OF ORIGIN: Standing Committee on Health and Mental Health Policy

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).

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).

This provision is the same as HB 1253 (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).

NON-OPIOID DIRECTIVE FORM

This bill requires the Department of Health and Senior Services to develop and publish a voluntary nonopioid directive form, which can be used by a patient to deny or refuse administration or prescription of a controlled substance containing an opioid. The form will tell a health care provider that the patient cannot be offered or prescribed a controlled substance containing an opioid.

A patient can file a voluntary nonopioid directive form with a health care provider by signing and dating the form in the presence of the provider or a designee. A patient can revoke the form for any reason.

A provider who acts in good faith to comply with the nonopioid directive form and does not offer or administer a prescription for a controlled substance is not subject to criminal or civil liability and cannot be considered to have engaged in unprofessional conduct. However, a professional licensing board may take action against a health care provider who recklessly or negligently fails to comply with a patient's directive form (Section 192.530).

This provision is the same as HB 1927 (2018).

#### THE USE OF HEMP EXTRACT

Currently, the law allows people with intractable epilepsy to possess and use hemp extract to treat the condition. This bill expands the current law to allow individuals with other serious conditions to use hemp extract as well. Serious condition is defined as Cancer, HIV, AIDS, Amyotrophic Lateral Sclerosis, Rheumatoid Arthritis, Parkinson's Disease, Multiple Sclerosis, spinal cord damage, Epilepsy, Inflammatory Bowel Disease, neuropathies, Huntington's Disease, or certain specified symptoms or complications associated with the conditions listed above.

Currently, the Department of Health and Senior Services must issue a registration card to a person who provides a statement signed by a neurologist that the person suffers from intractable epilepsy and may benefit from treatment with hemp extract. This bill requires the department to also issue registration cards to people who provide certification signed by a physician that the person suffers from one of the previously mentioned serious conditions. The physician must also indicate to the department that he or she is qualified to treat the condition, and that the patient is under the practitioner's continuing care.

The maximum level of Tetrahydrocannabinol (THC) permitted in hemp extract under current law is 0.3% by weight. This bill raises the maximum level to 0.9% by weight. This bill also lowers the minimum level of cannabidiol required in hemp extracted from 5% by weight to 1.5% by weight.

The civil liability of a doctor or hospital that provides medical treatment to a patient pursuant to this bill will not be determined according to the normal standards for medical malpractice but can

only be found upon a showing that the damages were caused by gross negligence or willful or wanton acts or omissions on the part of the doctor or hospital.

A maximum of 10 licenses may be issued for the cultivation of cannabis to be used in the production of hemp extract (Sections 192.945, 192.947, 195.207, and 261.265).

This provision is the same as HB 1440 and HB 1441 (2018) and similar to HB 1007 (2017).

#### MISSOURI TASK FORCE ON OPIOID ABUSE

This bill creates the "Missouri Task Force on Opioid Abuse" to seek evidence-based and cost-effected 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 associate 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 NOs. 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).

#### FUND BALANCES

This bill changes the amount of funds that is required to revert to General Revenue at the end of each biennium for the following professional registration funds: Dental, Nursing, Healing Arts, Architects, Embalmers Funeral, Accountancy, and Pharmacy. A transfer to the General Revenue Fund can occur once such fund balance exceeds two times the average amount of expenses from the

board's funds for the preceding three completed fiscal years (Sections 326.319, 327.081, 332.061, 333.231, 334.050, 335.036, and 338.070).

This provision is the same as HB 2708 (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).

#### DISTRIBUTORS OF HYPODERMIC NEEDLES

This bill exempts any entity registered with the Department of Health and Senior Services that possesses, distributes, delivers, or sells hypodermic needles or syringes to be exempt from provisions of law prohibiting the distribution, delivery, or sale of drug paraphernalia.

This bill also exempts any entity registered with the Department of Health and Senior Services that delivers or manufactures hypodermic needles or syringes to be exempt from provisions of law prohibiting the manufacture of drug paraphernalia (Sections 579.040 and 579.076).

This provision is the same as HB 1620 (2018) HB 88 (2017), and similar to HB 2780 (2016).

#### DRUG TRAFFICKING

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 grams but fewer than 60 grams 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 a detectable amount of fentanyl, it is a class A felony. If it involves more than 10 grams but fewer than 60 grams, it is a class B felony.

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 grams but fewer than 60 grams 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 a detectable amount of fentanyl, it is a class B felony. If it involves more than 10 grams but fewer than 60 grams, it is a class C felony (Sections 579.065 and 579.068).

This provision is the same as HB 1254 (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. An assistant physician providing opioid addiction treatment can prescribe controlled substances without needing to work on site with the collaborating physician for at least 120 hours in a four-month period (Sections 630.875, 334.036, and 334.037).

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).