Opioid Prescribing Meeting Notice
Missouri State Board of Registration for the Healing Arts

Tuesday, August 16, 2016
10:00 A.M.

Division of Professional Registration
Missouri Board of Healing Arts
3605 Missouri Boulevard
Jefferson City, Missouri 65109

Notification of special needs as addressed by the Americans with Disabilities Act should be forwarded to the Missouri State Board of Registration for the Healing Arts, 3605 Missouri Boulevard, Jefferson City, MO 65109, or by calling (573) 751-0098 to ensure available accommodations. The text telephone for the hearing impaired is (800) 735-2966.

Except to the extent disclosure is otherwise required by law, the Missouri State Board of Registration for the Healing Arts is authorized to closed meetings, records, and votes, to the extent they relate to the following: Sections 610.021 (1), (3), (5), (7), (13), and (14) RSMo, and Sections 324.001.8 and 324.001.9 and 334.001 RSMo.

The Board may go into closed session at any time during the meeting. If the meeting is closed, the appropriate section will be announced to the public with the motion and vote recorded in open session minutes.

Please see attached tentative agenda for this meeting.

Posted: 8/12/2016

Missouri State Board of Registration for the Healing Arts
August 16, 2016 – 10:00am

Division of Professional Registration
Missouri Board of Healing Arts
3605 Missouri Boulevard
Jefferson City, Missouri 65109

Tentative Agenda

10:00 a.m.

1) Election of Committee Chair

2) Discussion of Opioid Prescribing

3) Education and Outreach

Closed Session Agenda

Closed Session in accordance with Section 610.021 Subsections (1), (5), (7), (14) and Chapters 324.001.8 and 324.001.9, RSMo; for the purpose of discussing investigative reports and complaints; information pertaining to licensees and applicants for licensure; privileged communication between this agency and its attorney; deliberation on discipline; discussing testing and examination materials; the medical, psychiatric, psychological, alcoholism or drug dependency diagnosis or treatment of specific Licensees; and for the purpose of reviewing and approving the closed session minutes of previous meetings.

1. Election of Committee Chair

2. Discussion of Opioid Prescribing

HHS.gov U.S. Department of Health & Human Services

FOR IMMEDIATE RELEASE
July 6, 2016

Contact: HHS Press Office
202-690-6343
media@hhs.gov

HHS announces new actions to combat opioid epidemic

U.S. Health and Human Services (HHS) Secretary Sylvia M. Burwell today announced several new actions the department is taking to combat the nation's opioid epidemic.

The actions include expanding access to buprenorphine, a medication to treat opioid use disorder, a proposal to eliminate any potential financial incentive for doctors to prescribe opioids based on patient experience survey questions, and a requirement for Indian Health Service prescribers and pharmacists to check state Prescription Drug Monitoring Program (PDMP) databases before prescribing or dispensing opioids for pain. In addition, the department is launching more than a dozen new scientific studies on opioid misuse and pain treatment and soliciting feedback to improve and expand prescriber education and training programs.

"The opioid epidemic is one of the most pressing public health issues in the United States. More Americans now die from drug overdoses than car crashes, and these overdoses have hit families from every walk of life and across our entire nation," said Secretary Burwell . "At HHS, we are helping to lead the nationwide effort to address the opioid epidemic by taking a targeted approach focused on prevention, treatment, and intervention. These actions build on this approach. However, if we truly want to turn the tide on this epidemic, Congress should approve the President's $1.1 billion budget request for this work."

The actions announced today build on the HHS Opioid Initiative, which was launched in March 2015 and is focused on three key priorities: 1) improving opioid prescribing practices; 2) expanding access to medication-assisted treatment (MAT) for opioid use disorder; and 3) increasing the use of naloxone to reverse opioid overdoses. They also build on the National Pain Strategy, the federal government's first coordinated plan to reduce the burden of chronic pain in the U.S.

Actions that are part of today's announcement include the:

Buprenorphine Final Rule

Expanding access to MAT is one of the three foundational priorities of the HHS Opioid Initiative, and buprenorphine is one of the drugs frequently used for MAT. The rule finalized today by the Substance Abuse and Mental Health Services Administration (SAMHSA) allows practitioners who have had a waiver to prescribe buprenorphine for up to 100 patients for a year or more, to now obtain a waiver to treat up to

275 patients. Practitioners are eligible to obtain the waiver if they have additional credentialing in addiction medicine or addiction psychiatry from a specialty medical board and/or professional society, or practice in a qualified setting as described in the rule.

HCAHPS Proposal

Many clinicians report feeling pressure to overprescribe opioids because scores on the HCAHPS survey pain management questions are tied to Medicare payments to hospitals. But those payments currently have a very limited connection to the pain management questions on the HCAHPS survey. In order to mitigate even the perception that there is financial pressure to overprescribe opioids, the Centers for Medicare and Medicaid Services (CMS) is proposing to remove the HCAHPS survey pain management questions from the hospital payment scoring calculation. This means that hospitals would continue to use the questions to survey patients about their in-patient pain management experience, but these questions would not affect the level of payment hospitals receive.

IHS PDMP Policy

While many Indian Health Service (IHS) clinicians already utilize PDMP databases, IHS will now require its opioid prescribers and pharmacists to check their state PDMP database prior to prescribing or dispensing any opioid for more than seven days. The new policy is effective immediately for more than 1,200 IHS clinicians working in IHS federally operated facilities who are authorized to prescribe opioids. Checking a PDMP database before prescribing an opioid helps to improve appropriate pain management care, identify patients who may have an opioid misuse problem, and prevent diversion of drugs. This policy builds on IHS efforts to reduce the health consequences associated with opioid use disorder. As a part of this work, IHS announced that it would train hundreds of Bureau of Indian Affairs law enforcement officers on how to use naloxone, and provide them with the life-saving, opioid overdose-reversing drug.

New Research Priorities

Research on opioids conducted and funded by HHS helps the department better track and understand the epidemic, support the development of new pain and addiction treatments, identify evidence-based clinical practices to advance pain management, reduce opioid misuse and overdose, and improve opioid use disorder treatment – all areas of research that are critical to our national response to the opioid epidemic. HHS will launch more than a dozen new scientific studies on opioid misuse and pain treatment to help fill knowledge gaps and further improve our ability to fight this epidemic. As part of this announcement, the department released a report and inventory on the opioid misuse and pain treatment research being conducted or funded by its agencies in order to provide policy-makers, researchers, and other stakeholders with the full scope of HHS activities in this area. The report will also help these stakeholders and external funders of research avoid unnecessarily duplicating research that is currently underway. For more information, download the HHS infographic on the department's research priorities.

Prescriber Training RFI

HHS is actively working to stem the overprescribing of opioids in a number of ways, including by providing prescribers with access to the tools and education they need to make informed decisions. In particular, HHS has developed a number of activities that support opioid prescriber education. This request for information seeks comment on current HHS prescriber education and training programs and proposals that would augment ongoing HHS activities.

For more information on other actions HHS has taken to address the opioid epidemic, download the department's new Opioid Epidemic fact sheet.

###

Note: All HHS press releases, fact sheets and other news materials are available at http://www.hhs.gov/news.

Like HHS on Facebook, follow HHS on Twitter @HHSgov, and sign up for HHS Email Updates.

Last revised: July 5, 2016

- News Room
- News Releases
- 2016 : News Releases

A Compact to Fight Opioid Addiction

- +
July 13, 2016

Governors have long been at the forefront of efforts to prevent and treat opioid addiction, working with health care providers, law enforcement and other stakeholders to mount a comprehensive response to the opioid crisis. Although there has been progress in recent years, inappropriate opioid prescribing continues to fuel one of the deadliest drug epidemics in our nation's history, claiming the lives of 78 people every day. More Americans died from drug overdoses in 2014 than in any year on record. Driven by a spike in opioid-related deaths, drug overdose now surpasses motor vehicle crashes as the leading cause of injury death in the United States. While most opioid-related overdoses involve prescription painkillers, an increasing number are linked to heroin and fentanyl, a powerful synthetic opioid often packaged and sold as heroin. The consequences of the opioid epidemic continue to reverberate through society, ruining lives, devastating families and overwhelming the health care system, law enforcement and social services.

During the 2016 NGA Winter Meeting, governors agreed that collective action is needed to end the opioid crisis. With more lives lost every day, governors are redoubling their efforts to combat the epidemic with bold and thoughtful new strategies. While states play a central role in ending this public health and safety emergency, they cannot do it alone. Turning the tide on the epidemic requires a coordinated response across all levels of government and strong leadership from the private sector, including opioid manufacturers and prescribers.

With this compact, the undersigned commit to build on their efforts to fight opioid addiction by

- **Taking steps to reduce inappropriate opioid prescribing, which may include:**
  - Partnering with health care providers to develop or update evidence-based opioid prescribing guidelines, which may be informed by CDC's guideline, and consider prescription limits with exceptions for certain patients and circumstances;
  - Requiring that physicians, osteopaths, nurse practitioners, physician assistants, dentists, veterinarians and all other opioid prescribers receive education on pain management, opioid prescribing and addiction throughout their training and careers;
  - Integrating data from state prescription drug monitoring programs (PDMPs) into electronic health records and requiring PDMP use by opioid prescribers and dispensers; and
  - Reducing payment and administrative barriers in Medicaid and other health plans to promote comprehensive pain management that includes alternatives to opioid painkillers.
- **Leading efforts to change the nation's understanding of opioids and addiction, which may include:**

- Developing a communications strategy through the governor's office to raise awareness about the risks of abuse associated with opioid use and reduce the stigma of addiction;
- Establishing social media campaigns and integrating education into schools, athletic programs and other community-based settings to raise awareness about opioid abuse and addiction among youth and other at-risk groups; and
- Partnering with professional associations to improve understanding of the disease of addiction among health care providers and law enforcement.

- **Taking actions to ensure a pathway to recovery for individuals with addiction, which may include:**
  - Reducing payment and administrative barriers in Medicaid and other health plans to promote access to a range of treatment options, including well-supervised medication-assisted treatment and comprehensive recovery services;
  - Pursuing overdose prevention and harm reduction strategies, such as Good Samaritan laws and standing orders to increase access to and use of naloxone; and
  - Implementing and strengthening programs that provide addiction treatment as an alternative for non-violent individuals charged with low-level drug-related crimes.

During the 2017 NGA Winter Meeting, NGA will report on specific steps governors have taken to meet the above commitments and build on their existing efforts. These actions may include examining policies in Medicaid and other state health programs, such as corrections and state employee health programs; convening stakeholders; establishing new coalitions; and incorporating the above commitments into the governor's budget and legislative priorities.

Signatories

Governor Robert Bentley
Alabama

Governor Bill Walker
Alaska

Governor Lolo Matalasi Moliga
American Samoa

Governor Doug Ducey
Arizona

Governor Asa Hutchinson
Arkansas

Governor Edmund G. Brown, Jr.
California

Governor Daniel Malloy
Connecticut

Governor John Hickenlooper
Colorado

Governor Jack Markell
Delaware

Governor Eddie Calvo
Guam

Governor David Ige
Hawaii

Governor Mike Pence
Indiana

Governor Terry Branstad
Iowa

Governor Sam Brownback
Kansas

Governor Matt Bevin
Kentucky

Governor John Bel Edwards
Louisiana

Governor Larry Hogan
Maryland

Governor Charlie Baker
Massachusetts

Governor Rick Snyder
Michigan

Governor Mark Dayton
Minnesota

Governor Phil Bryant
Mississippi

Governor Jay Nixon
Missouri

Governor Pete Ricketts
Nebraska

Governor Brian Sandoval
Nevada

Governor Maggie Hassan
New Hampshire

Governor Chris Christie
New Jersey

Governor Susana Martinez
New Mexico

Governor Andrew Cuomo
New York

Governor Pat McCrory
North Carolina

Governor Jack Dalrymple
North Dakota

Governor John Kasich
Ohio

Governor Mary Fallin
Oklahoma

Governor Kate Brown
Oregon

Governor Tom Wolf
Pennsylvania

Governor Alejandro Padilla
Puerto Rico

Governor Gina Raimondo
Rhode Island

Governor Nikki R. Haley
South Carolina

Governor Dennis Daugaard
South Dakota

Governor Bill Haslam
Tennessee

Governor Gary Herbert
Utah

Governor Peter Shumlin
Vermont

Governor Terry McAuliffe
Virginia

Governor Jay Inslee
Washington

Governor Earl Ray Tomblin
West Virginia

Governor Scott Walker
Wisconsin

Governor Matthew Mead
Wyoming

Related Content

- Governors Sign Compact to Fight Opioid Addiction

National Governors Association

© copyright 2015.
All Right Reserved.

- - -

Phone: *(202) 624-5300*

Fax: *(202) 624-5313*

Email: *webmaster*

POLITICS

Congress Finally Passes Bipartisan Legislation To Address Opioid Epidemic

The president said he will sign the bill, but he has reservations about its lack of funding.

07/13/2016 11:07 pm 23:07:09 | Updated 3 days ago

2.3k

Jason Cherkis
Reporter, The Huffington Post

WASHINGTON — In a rare instance of bipartisanship and compromise in Congress, the Senate on Wednesday passed legislation by a 92-2 vote that addresses the opioid epidemic. President Barack Obama, who in his State of the Union speech had ad-libbed a plea to lawmakers to do something about the crisis, will now have a bill to sign.

The bill, known as the Comprehensive Addiction and Recovery Act, or CARA, was sponsored by Sens. Rob Portman (R-Ohio) and Sheldon Whitehouse (D-R.I.). Both saw the epidemic ravage their states. In 2014, Ohio had the second highest number of overdose deaths nationwide, while Rhode Island's fatal overdoses continue to rise.

Every few months, the U.S. Centers for Disease Control and Prevention seems to put out yet another report on surging opioid-related deaths; more than 28,000 Americans died from opioid overdoses in 2014, an all-time high. Weekend surges in overdoses have become routine news across the country.

In the last few years, there has been no shortage of hearings and legislative proposals to deal with the epidemic. Addiction specialists, old drug warriors, and law enforcement officials have all marched up to the Hill to give testimony and express frustration as the death toll continued to climb and those suffering with addiction got added to waiting lists for treatment.

The CARA legislation, influenced by such testimony and other bills, tilts the federal response away from the old drug war tactics of mass incarceration to one that seeks to enhance and build up the country's treatment capacity. It embraces the use of naloxone, the medication that can instantly reverse the effects of an overdose, and seeks to incorporate a more medical approach to the U.S. treatment system.

Democrats had criticized the bill as one that had good ideas but no real funding to implement them. Sen. Chuck Schumer (D-N.Y.) argued recently about the bill,

saying that "we believe you've got to walk the walk, not just talk the talk. And doing all these changes without funding? Law enforcement needs more funding, treatment needs more funding."

CARA doesn't come close to the more than $1 billion the president had proposed to spend on evidenced-based treatment services. In a recent press call, the White House's Drug Czar Michael Botticelli reiterated that he felt the bill was inadequate.

The White House press office issued a statement following CARA's passage saying the president would sign the bill. But it did express regret that his funding request was not included.

"The Administration has consistently said that turning the tide of the prescription opioid and heroin epidemic requires real resources to help those Americans seeking treatment get the care that they need," the White House said. "We continue to believe this bill falls far short."

The bill does contain at least one provision that will have an impact on preventing future deaths: the expansion of those eligible to prescribe buprenorphine to treat opioid addiction. Now, nurse practitioners and physician assistants will be allowed to be certified so they can provide the medication that established medical experts view as essential in treating those with opioid-use disorder. This was a rule change that had been pushed hard by Sen. Ed Markey (D-Mass). He had introduced the idea in his own bill.

The medication, commonly sold in the U.S. under the brand name Suboxone, has been shown to blunt cravings and ease withdrawal symptoms. Before CARA, only doctors could get certified to prescribe it — and only to treat 30 patients at any one time in their first year. They could then treat up to 100 patients in their second year of prescribing the medication. The Department of Health and Human Services announced recently that it would be making a rule change to allow doctors to prescribe to as many as 275 patients. The change goes into effect in early August.

In January 2015, The Huffington Post reported that access to such medication-assisted treatment was nearly impossible to find within the treatment industry. In a follow-up story, it reported that doctors struggled to maintain waiting lists and that patients in rural areas had to drive hundreds of miles to find a doctor willing to treat them with Suboxone.

The American Society of Addiction Medicine praised CARA's passing but cautioned that there was much more to be done to address the epidemic.

"This is a major bipartisan acknowledgement of the opioid crisis, and shows the ability of advocates to educate and lawmakers to act," Dr. Kelly Clark, ASAM's president-elect, explained in an email to The Huffington Post. "We next need to engage Congress to fund the programs approved today by the Senate.

"Allowing advanced practice providers to prescribe buprenorphine will increase access, but we need this to be an ongoing ability rather than a 5 year trial program. The HHS increase in the physician cap to 275 will increase access as well, but these measures will not close the treatment gap. Major strides have been taken but the journey is not yet over."

SUBSCRIBE AND FOLLOW

Get top stories and blog posts emailed to me each day. Newsletters may offer personalized content or advertisements.
Learn more

address@email.com

Subscribe Now →

1.77 M 784 K

378 K Podcast

Add us on Snapchat

TRENDING

Melania Trump Plagiarized Her Convention Speech From Michelle Obama

Melania Trump's Claims She Graduated From College Are About As Credible As Her Speech Last Night

A GOP Congressman Just Made An Argument For White Supremacy On Live TV

Prime-Time RNC Speaker Claims Obama Is 'Absolutely' A Muslim

GOP Convention Speakers Declare Everything Is Awful, Then Go On To Prove It

JUNE 22, 2016 Albany

Governor Cuomo Signs Legislation to Combat the Heroin and Opioid Crisis

Comprehensive Legislative Package Limits Opioid Prescriptions from 30 to 7 Days, Requires Mandatory Prescriber Education on Pain Management to Stem the Tide of Addiction, Eliminates Burdensome Insurance Barriers to Treatment

Expands Supports for New Yorkers in Recovery, Increases Treatment Beds by 270 and Adds 2,335 Program Slots for Substance Use Disorder in New York

Governor Andrew M. Cuomo today signed legislation to combat the heroin and opioid crisis in New York State. The comprehensive package of bills was passed as part of the 2016 Legislative Session and marks a major step forward in the fight to increase access to treatment, expand community prevention strategies, and limit the over-prescription of opioids in New York. The legislation includes several best practices and recommendations identified by the Governor's Heroin and Opioid Task Force, and builds on the state's aggressive efforts to break the cycle of heroin and opioid addiction and protect public health and safety. The Governor signed the sweeping legislation, touring the state and visiting the epicenters of the crisis, at events in Buffalo, Long Island and Staten Island.

"New York is leading the way forward in the fight against heroin and opioid addiction, and with this legislation, we are taking an affirmative stand for our families and communities who have suffered from this epidemic's debilitating effects," **Governor Cuomo said.** "I commend the Senate and the Assembly for their hard work and dedication to stopping this epidemic and creating a stronger and healthier New York."

Senate Majority Leader John J. Flanagan said: "Everyday lives are being lost and families destroyed by the scourge of heroin and opioid abuse. The Senate formed the Joint Task Force on Heroin and Opioid Addiction

more than two years ago to fight this epidemic, and our good work has resulted in numerous laws being passed, $189 million allocated in the 2016-17 budget, and several of the recommendations recently issued by Co-Chairs Senators Terrence Murphy, Robert Ortt, and George Amedore being incorporated into this new law. I thank the Governor, our colleagues in the Legislature, and especially the parents and families who have been personally touched by tragedy for working with us to prevent addiction, ensure treatment for those who need it, support people in their recovery, and bring hope to communities battling opioid abuse throughout New York."

Assembly Speaker Carl Heastie said: "Opioid addiction and related deaths have touched every community across New York State. The Assembly Majority pushed to ensure that this legislative session we took meaningful steps to put an end to this ongoing crisis. By making sure that every New Yorker has access to the supportive services and treatment they need, we can help prevent families from experiencing the devastating effects of losing a loved one to addiction."

Senate Independent Democratic Conference Leader Jeffrey Klein said: "Heroin and opioid addictions ruin lives. As lawmakers, we came together to combat this scourge and get people in every corner of this state the help they need. I thank Governor Cuomo for his leadership and for signing this life-saving and life-changing package into law."

Senate Democratic Leader Andrea Stewart-Cousins said: "After forty years of misguided policy, New York is finally turning the page and better addressing the heroin and opioid crisis. The Senate Democrats helped lead the fight to ensure state government took meaningful steps to combat this crisis and provide vital services to New Yorkers struggling with addiction. We are proud to stand with Governor Cuomo as New York serves as an example to the nation on how to better address the heroin and opioid epidemic."

The new legislation includes several initiatives to address rampant heroin and opioid abuse across the state, including measures to increase access to life-saving over-dose reversal medication, regulations to limit opioid prescriptions from 30 to 7 days, and ongoing prevention education for all physicians and prescribers. Specifically, the legislation will:

REMOVE BURDENSOME BARRIERS TO ACCESS FOR INPATIENT TREATMENT AND MEDICATION

- **Ends Prior Insurance Authorization to Allow for Immediate Access to Inpatient Treatment as Long as Such Treatment is Needed:** People suffering from addiction who seek treatment need immediate access to services, but prior authorization requirements by insurance companies are often a roadblock to admission to inpatient programs. This legislation requires insurers to cover necessary inpatient services for the treatment of substance use disorders for as long as an individual needs them. In addition, the legislation establishes that utilization review by insurers can begin only after the first 14 days of treatment, ensuring that every patient receives at least two weeks of uninterrupted, covered care before the insurance company becomes involved.

- **Ends Prior Insurance Authorization to Allow for Greater Access to Drug Treatment Medications:** People seeking medication to manage withdrawal symptoms or maintain recovery must often request prior approval from their insurance company, which slows or stops the individual from getting needed medication. This legislation prohibits insurers from requiring prior approval for emergency supplies of these medications. Similar provisions will also apply to managed care providers treating Medicaid recipients who seek access to buprenorphine and injectable naltrexone.
- **Requires All Insurance Companies Use Objective State-Approved Criteria to Determine the Level of Care for Individuals Suffering from Substance Abuse:** Insurance companies often use inconsistent criteria to determine the covered level of care for persons suffering from substance use disorder, which often creates barriers preventing these individuals from receiving care. This legislation will require all insurers operating in New York State to use objective, state-approved criteria when making coverage determinations for all substance use disorder treatment in order to make sure individuals get the treatment they need.
- **Mandate Insurance Coverage for Opioid Overdose-Reversal Medication:** Naloxone is a medication that revives an individual from a heroin or opioid overdose and has saved thousands of New Yorkers' lives. To expand access to this life-saving medication, the new legislation requires insurance companies to cover the costs of naloxone when prescribed to a person who is addicted to opioids and to his/her family member/s on the same insurance plan.

ENHANCE ADDICTION TREATMENT SERVICES

- **Increase Evaluation for Individuals Incapacitated by Drugs from 48 to 72-Hours:** Sometimes, individuals suffering from addiction are at risk for overdose and thus pose a threat to themselves. The legislation allows families to seek 72-hours of emergency treatment, an increase from the current 48-hours, for their loved one so that they can be stabilized and connected to longer-term addiction treatment options while also balancing individual rights of the incapacitated individuals.
- **Require Hospitals to Provide Follow-Up Treatment Service Options to Individuals Upon Hospital Discharge:** Hospitals play an important role in caring for individuals suffering from addiction who are often admitted to hospital emergency rooms after an overdose. This legislation requires hospital medical staff to provide discharge-planning services to connect patients who have or are at-risk for substance use disorder with nearby treatment options to provide continuous medical care.
- **Allow More Trained Professionals to Administer Life-Saving Overdose-Reversal Medication:** Overdose-reversal medication such as naloxone saves lives. However, the law does not currently allow certain licensed professionals to administer this medication to individuals overdosing from heroin and opioids. To ensure that more people are able to help reverse overdoses, the new legislation authorizes trained professionals to administer naloxone in emergency situations without risk to their professional license.
- **Expand Wraparound Services to Support Long-Term Recovery:** Individuals leaving treatment are at great risk for relapse. To provide services during this critical period, the legislation extends the wraparound program launched in 2014 to provide services to individuals completing treatment including education and employment resources; legal services; social services; transportation assistance, childcare services; and peer support groups.

STRENGTHEN COMMUNITY PREVENTION STRATEGIES

- **Reduce Prescription Limits for Opioids from 30-days to Seven Days:** There is a well-established link between the rise in opioid prescriptions and the current heroin crisis. To reduce unnecessary access to opioids, the legislation lowers the

limit for opioid prescriptions for acute pain from 30-days to no more than a 7-day supply, with exceptions for chronic pain and other conditions.

- **Require Ongoing Education on Addiction & Pain Management for All Physicians and Prescribers:** Physicians and other opioid prescribers are important partners in preventing addiction linked to abuse of prescription opioids. To ensure that prescribers understand the risks presented by prescription opioids, the legislation mandates that these health care professionals complete three hours of education every three years on addiction, pain management, and palliative care.
- **Mandate Pharmacists Provide Easy to Understand Information on Risks Associated with Drug Addiction and Abuse:** Consumers may not understand the addiction and abuse risks posed by prescription opioids. To improve consumer awareness about these risks the legislation requires pharmacists to provide educational materials to consumers about the risk of addiction, including information about local treatment services.
- **Require Data Collection on Overdoses and Prescriptions to Assist the State in Providing Additional Protections to Combat this Epidemic:** Current and accurate data is critical to combat the heroin and opioid crisis yet gaps currently exist in statewide data on overdoses and usage of opioid reversal medication. To fill that gap the legislation requires the State Commissioner of Health to report county-level data on opioid overdoses and usage of overdose-reversal medication on a quarterly basis.

Lieutenant Governor Kathy Hochul said: “From the beginning, Governor Cuomo was clear that this effort was not just about policy or procedure, but rather the human cost that was simply too devastating to continue. As someone who has assembled forums all over the state, I have looked into the eyes of the parents burdened with tremendous guilt because they lost their child and often didn’t know how to help. No more can that be the case in New York State. Today we make a commitment to end the heroin and opioid epidemic once and for all.”

Buffalo Mayor Byron Brown said: “Like other cities across the State and Country, Buffalo has witnessed first-hand the tragic toll that heroin and opioid drugs can have, and the legislation signed today by Governor Cuomo should help with both prevention and treatment. I thank Governor Cuomo, the Legislature and our local delegation for their support of these common sense steps for ending the crisis of heroin and opioid addiction in New York State.”

State Senator David Carlucci said: "Having been at the forefront of fighting this crisis, I am proud to have championed proposals to address one of our state’s most pressing concerns - the heroin epidemic. This legislative package will enhance services for those who need help most, and with my legislation, will put New York State on the map as the first state in the nation to require over-the-counter Naloxone by law. When it comes to the families that are affected by this devastating problem, working to provide solutions must be our top priority, and I want to thank Governor Cuomo for his leadership."

State Senator Tim Kennedy said: “As the opioid crisis continues to grow, it is becoming ever rarer to find a Western New Yorker that has not been impacted,” said Senator Kennedy. “Day after day we are losing young lives to this scourge, and day after day we are told that nothing can be done, that these drugs are simply too

addictive. As a state we must reject that thinking, and with this legislation we are. If we can save just one life, and prevent one more parent from having to bury their child, then these laws will have been worth it. I want to thank Governor Cuomo for his leadership in bringing about this agreement, and I want to personally thank the many hardworking men and women who dedicate their time to facilitating treatment, for no chemically-dependent individual is past saving."

Senator Andrew J. Lanza said: "Governor Cuomo's signing of this comprehensive and critically important legislative package to combat the opioid epidemic raging throughout our state is welcome news and a signal of hope, not only for those suffering through addiction, but for those of us who look forward to the day when we finally win the fight against this terrible scourge. I thank Governor Cuomo for his leadership and for the bipartisan legislative partnership which has brought us to this moment."

State Senator Terrence Murphy said: "Too many lives have been cut short as result of this devastating public health crisis. By limiting opioid prescriptions, eliminating insurance barriers to treatment and expanding support for New Yorkers in recovery, this legislation builds on this state's aggressive efforts to combat heroin addiction and reverse the trends of this deadly epidemic. I was proud to be a member of the Governor's Task Force and I thank the Governor for his commitment to building a safer and healthier New York. This is a critical step in helping those in need get on the path to recovery and improving the lives of our most vulnerable New Yorkers."

State Senator Diane J. Savino said: "I want to commend Governor Cuomo and my fellow legislative leaders for taking these important steps towards combating opioid abuse and the addiction crisis that's affecting so many people and their families. While there's still work to be done to combat this horrible epidemic thanks to this package of bills, we will finally begin to address the issues and concerns raised by those individuals who have been affected most with a more comprehensive approach."

Assemblyman Michael Cusick said: As our borough, city, and state continue to battle the heroin & opioid crisis, the legislation being signed today represents a significant step forward for the individuals and families affected by this epidemic. Eliminating insurance barriers to treatment, establishing discharge plans for individuals treated for an overdose, and limiting the length of opioid prescriptions, all recommendations borne out of Governor Cuomo's Heroin & Opioid Task Force, will aid us in turning the tide against this terrible scourge of use and abuse. I want to thank Governor Cuomo, the members of the Task Force, and the hundreds of Staten Islanders who submitted suggestions and attended the meeting of the Task Force at Mount Loretto in May for their dedication to ridding our communities of addiction.

Assemblywoman Shelley Mayer said: "One of the greatest threats to the safety and security of our communities is the growing heroin and opioid epidemic. This year's opioid overdose legislative package supports a comprehensive approach to tackling the problem. The legislation I sponsored with Senator Carlucci (A9078-B/S6346-B) will increase the availability of naloxone – a life-saving opioid overdose treatment – in

pharmacies throughout the state without a prescription. It is critical to ensure that friends and family members of overdose victims have access to and are properly trained in the administration of naloxone, as they are often the people in a position to save an overdose victim's life. I commend Governor Cuomo and my legislative colleagues for taking such a comprehensive approach to this terrible epidemic."

Assemblywoman Linda B. Rosenthal, Chair of the Committee on Alcoholism and Drug Abuse said: "To address the growing public health crisis that is heroin and opioid addiction, this plan removes barriers to treatment, such as bureaucratic hurdles created by insurance companies, and requires that doctors receive training in prescribing controlled, highly addictive substances. We must continue to focus on dedicating resources to proven methods of harm reduction, expanding access to comprehensive and supportive treatment and recovery programs and investing heavily in targeted prevention education. We must also work to change attitudes surrounding addiction and to ensure that those seeking treatment become deliberative partners with us on a shared path toward their own health and wellbeing. I applaud the Governor for taking this important first step, and look forward to continuing our work together to tackle the opioid and heroin abuse epidemic."

Assemblyman Sean Ryan said: "In February, I announced comprehensive legislation to combat New York's heroin and opioid epidemic, by focusing on increasing doctor education. I thank Governor Cuomo for his leadership as he signs into law today a comprehensive plan which includes a provision to mandate ongoing doctor education in the areas of addiction, pain management, and palliative care. This important law will help to prevent opioid addiction, expand access to treatment, and most importantly, save lives. By improving doctor education, we are getting to the root of the problem, and preventing people from becoming life-long opioid addicts. This law is a huge step forward for New York State, and I thank everyone who has been pushing for bold action to address this public health crisis."

Assemblywoman Crystal Peoples-Stokes said: "Heroin and opioid abuse has created an epidemic requiring creative and alternative solutions. Thanks to the Governor's Heroin and Opioid Task Force's findings, there were numerous recommendations for my colleagues and I to review and vote on as a package. I applaud Governor Cuomo, the Task Force, my colleagues in government, and especially the professionals and family members that not only voiced their concerns but provided input to help families across the state struggling with this epidemic."

Staten Island District Attorney Michael E. McMahon said: "While heroin and opioid addiction have already taken a tragic toll on our borough, city and state, the legislation being signed today marks a significant step in getting individuals and their families the help they need to battle this epidemic head on and save lives. However, it is important to remember that this is just one step forward. And tomorrow we must not lose our resolve but rather keep the conversation going to address this public health and public safety crisis and work together to continue to eliminate this drug scourge from our communities. As a member of Governor Cuomo's Heroin and Opioid Task Force, I am proud of the comprehensive and historic reforms established in this

package of bills, particularly with regards to changes in the insurance industry. I would like to commend the Governor and legislative leaders for their diligence on combating the drug epidemic that is ravaging the lives of so many people every day."

Suffolk County Executive Steve Bellone said: "This comprehensive legislation marks a major step forward in the fight to combat heroin and opioid abuse and end this harrowing epidemic once and for all. Under the leadership of Governor Cuomo, the state continues to take bold action to increase access to treatment, eliminate unnecessary insurance barriers and ensure widespread distribution of naloxone. I applaud Governor Cuomo, Senator Flanagan and Speak Heastie for their commitment to our most vulnerable New Yorkers and for listening to the countless families, advocates and individuals across the state who have called for change. This is life-saving legislation will help break the cycle of addiction and ensure our loved-ones have access to the addiction treatment services they need and deserve."

Nassau County Executive Edward P. Mangano said: "This legislation is good news as it assists in the battle against drug abuse by providing broader access to treatment, supporting prevention education and increasing access to life saving overdose reversal drugs."

NYS Office of Alcoholism and Substance Abuse Services Commissioner, Arlene González-Sánchez: "As Commissioner of New York State's alcoholism and substance use disorder agency, I was honored to travel our great state with Lieutenant Governor Kathy Hochul as a co-lead of the Heroin and Opioids Task Force. Together with Task Force members, we logged many miles across the state to hear firsthand from New Yorkers about their needs. After hearing recommendations from all across the state, Governor Cuomo, the Senate and the Assembly acted quickly to pass this history-making package of bills. This legislation will help to ensure that more lives are saved from the grips of addiction and that solid connections to addiction treatment are made. These bills will further strengthen our care system for New Yorkers battling addiction and support their families now and for years to come. I look forward to working together with our partners to make this legislative package come alive for all New Yorkers in the coming months."

Maria T. Vullo, Superintendent of Financial Services said: "This administration is paving the way to ending the nationwide opioid epidemic with the signing of this landmark legislation by eliminating insurer prior approval for inpatient care and state approved criteria to determine insurance coverage for inpatient treatment. I am proud to have been a part of Governor Cuomo's Opioid and Heroin Task Force as New York State moves to implement measures that will ultimately make essential services and lifesaving techniques readily available to those in need."

NYS Health Commissioner Dr. Howard Zucker said: "The bills being signed by Governor Cuomo today will help save lives and rescue many people from the agony of drug addiction. I am very proud to serve on the Governor's Heroin Task Force and to be helping to protect the public health by fighting the opioid epidemic."

ADDITIONAL INITIATIVES TO COMBAT ADDICTION

The FY 2017 Budget invests nearly $200 million through the New York State Office of Alcoholism and Substance Abuse Services to combat the heroin and opioid epidemic -- an 82 percent increase in state spending since 2011. This investment includes $66 million for residential treatment beds, including counseling and support services for roughly 8,000 individuals; $38 million to fund medication-assisted treatment programs that serve approximately 12,000 clients in residential or outpatient settings; $25 million in funding for state-operated Addiction Treatment Centers; $24 million for outpatient services that provide group and individual counseling; and $8 million for crisis/detox programs to manage and treat withdrawal from heroin and opioids.

As part of the Governor's ongoing efforts to address this public health crisis, this funding will allow the addition of 270 treatment beds and 2,335 opioid treatment program slots across the state to help New Yorkers suffering from substance use disorder and to expand vital treatment and recovery resources.

The funding will also provide additional family support navigators across New York to assist substance users and their families locate and access treatment options and cope with addiction. The agreement will also expand the on-call peer program which partners individuals in recovery with people in hospitals suffering from substance use disorder to help connect these individuals to treatment and other resources upon discharge. The state is also increasing the number of Recovery Community and Outreach Centers and Adolescent Club Houses statewide to provide safe spaces for teens in recovery that deliver health and wellness services for teens and young adults.

The Governor's Heroin and Opioid Task Force – comprised of a diverse coalition of experts in healthcare, drug policy, advocacy, education, and parents and New Yorkers in recovery – held executive meetings and eight listening sessions across the state – hearing directly from health care providers, family support groups, educators, law enforcement officials, and community members and gathering input that has influenced the initiatives announced today. The task force is co-chaired by Lieutenant Governor Kathy Hochul and New York State Office of Alcoholism and Substance Abuse Services Commissioner Arlene González-Sánchez. The final report and recommendations can be found here. For more information, please visit: combatheroin.ny.gov.

Since 2014, Governor Cuomo has implemented a series of aggressive reforms to combat heroin and opioid addiction, including signing historic Combat Heroin Legislation that year; expanding insurance coverage for substance use disorder treatment; increasing access and enhancing treatment capacity across the state, including a major expansion of opioid treatment and recovery services; implementing the comprehensive I-STOP law to curb prescription drug abuse; and launching a public awareness and prevention campaign to inform New Yorkers about the dangers of heroin use and opioid misuse.

New York is leading the way forward in the fight against heroin and opioid addiction, and with this legislation, we are taking an affirmative stand for our families and communities who have suffered from this epidemic's debilitating effects.

Governor Cuomo

Executive Director of SI partnership for Community Wellness, Adrienne Abbate said: "It's critical that our communities have the information and resources to prevent substance use and connect those in need of treatment with services. With this legislation and its multi-pronged approach, we will be better equipped to combat the opioid scourge plaguing our communities. I thank the Governor, the Legislature, the staff at OASAS, and the advocates from across NYS for their hard work on making this groundbreaking legislation a reality."

CEO of Horizon Health Services, Anne Constantino said: "Heroin and opioid abuse has been a scourge on communities in every corner of the state. As someone who has dealt with addiction first hand, I know all too well this rising public health crisis has cut too many promising lives short. Today we are taking a stand against the epidemic. I thank the Governor for his leadership on this issue, and commend the legislature for rising to the occasion and taking decisive action to bring hope to families and communities suffering from the devastation of opioid abuse across the state."

Executive Director, Human Understanding & Growth Services, Kym Laube said: "We have listened to families across the state who have struggled to cope with the loss and pain associated with addiction. Today, with this

bold legislation, we are saying to these families: we hear you, and we are with you. New Yorkers struggling with addiction have found a strong partner in Governor Cuomo, who has been spearheading this call to action from the onset. These new policies will ensure that those suffering from addiction, and their loved ones, receive the assistance they need and deserve."

CEO of Arms Acres, Patrice Wallace-Moore said: "Heroin and opioid abuse affects thousands of New Yorkers across this state and nation. This legislation provides those struggling to overcome the stronghold of addiction with the support they need to receive critical treatment and get their lives back on track. Under Governor Cuomo's leadership, the state is enacting landmark policies that will carry forth hope and improve the lives of families and entire communities that have been fraught with adversity and inaction. Today, with this legislation, New York State is leading the way for a better tomorrow."

Event Photos

President and CEO of Family and Children's Association, Jeffrey Reynolds said: "Today is truly a monumental day for New York and especially for those who are struggling with substance use disorders. This package of bills will dramatically increase access to treatment services and help thousands find a path to recovery. I'm

honored to serve on the Task Force and I thank both the Governor and the legislature for taking decisive action to bring hope to families and communities that have been ravaged by heroin and other drugs. When we look back, I'm hopeful that this will be the day when we finally turned the corner in fighting this epidemic."

Executive Director of Drug Crisis in Our Backyard, Susan Salomone said: “As a parent who has lost their loved-one to opioid addiction, I have experienced the devastating effects addiction can have on our families and communities first-hand. Now, with this landmark legislation, we are sending a message across this state that those struggling with addiction are not alone. We are ensuring that our families have access to the treatment and support services they need, and putting more New Yorkers on a path to long-term recovery. I am proud to be a member of the Governor’s task force to combat heroin and opioid abuse in New York, and I commend Governor Cuomo as well as the State Legislature for enacting these sweeping reforms.”

Director of Services, Addiction Psychiatry at the University of Rochester Medical Center, Patrick Seche said: "As an addiction treatment specialist, I see patients in need every day. I am so pleased that with this legislation, those patients will have better access to services and improved supports. Thank you to Governor Cuomo, the New York State Senate and Assembly, the Task Force, which I was very proud to be a part of, and everyone involved in passing this truly game-changing legislative package that will help New Yorkers who are battling addiction."

New Yorkers struggling with an addiction, or whose loved ones are struggling, can find help and hope by calling the state’s **HOPEline at 1-877-8-HOPENY (1-877-846-7369)** or by texting **HOPENY (Short Code 467369).** New Yorkers can find an OASAS-certified substance use disorder treatment provider by using the OASAS Treatment Availability Dashboard. For help with accessing care and insurance coverage, visit the Access Treatment page on the OASAS website. To find a naloxone overdose reversal medication training near you, visit the OASAS opioid overdose prevention trainings page. Visit www.combatheroin.ny.gov for more information on addressing heroin and prescription opioid abuse, including a Kitchen Table Tool Kit to help start the conversation about the warning signs of addiction and where to get help. For additional tools to use in talking to a young person about preventing underage drinking or drug use, visit the State’s Talk2Prevent website.

Contact the Governor's Press Office

Contact us by phone:

Albany: (518) 474 - 8418
New York City: (212) 681 - 4640

Contact us by email:

Press.Office@exec.ny.gov

Ohio's New Opioid Prescribing Guidelines for Acute Pain Expand Fight Against Prescription Drug Abuse

As part of Ohio's continuing effort to curb the misuse and abuse of prescription pain medications and unintentional overdoses, the Governor's Cabinet Opiate Action Team has issued new opioid prescribing guidelines for the treatment of patients with acute pain. Short-term acute pain can result from injuries, or surgical and dental procedures, and is generally resolved within 12 weeks.

The new acute guidelines expand upon Ohio's existing prescribing guidelines for emergency departments and acute care facilities issued in 2012, and for treatment of chronic pain lasting longer than 12 weeks issued in 2013. None of the guidelines are intended to replace clinical judgment, and all three were developed by the Governor's Cabinet Opiate Action Team in conjunction with clinical professionals associations, healthcare providers, state licensing boards and state agencies.

"Too many families are being torn apart by drugs and that is why we have been so proactive in exploring new ways to prevent Ohioans from becoming addicted to prescription opioids," said Gov. John R. Kasich. "Building upon prescribing guidelines we established for emergency rooms and chronic pain, the new protocols for treating short-term acute pain will strengthen our efforts to fight abuse and ultimately save lives."

Copies of all three opioid prescribing guidelines, and tools and resources for prescribers, are available at www.opioidprescribing.ohio.gov. The website also contains video messages to prescribers from Gov. John R. Kasich, and from a young patient who shares his story of life on opioids: from legitimate use during recovery from a sports injury, to abuse and addiction.

In 2014, more than 262 million opioid doses were dispensed in Ohio for the management of acute pain —35 percent of the state's 750 million total dispensed opioid doses. Prescription opioids remain a significant contributor to unintentional drug overdose deaths in Ohio, contributing to nearly one-half of all deaths in 2014.

The new guidelines urge prescribers to first consider non-opioid therapies and pain medications—when appropriate— for the outpatient management of acute pain. This approach can help to prevent the potential misuse and abuse of leftover opioids. When opioid medications are necessary to manage a patient's acute pain, the guidelines recommend that the clinician prescribe the minimum quantity necessary without automatic refills.

"No prescriber can predict which patients will become addicted to their opioid pain medication, so why take the chance if the patient's acute pain can be managed by less dangerous treatment options?" said Dr. Amol Soin, a pain management specialist, and Vice President of the State Medical Board of Ohio.

"Just because clinicians can prescribe a 30-day supply of opioid medication doesn't mean that they should," he said. "Prescribing only the amount necessary—based on each individual patient's needs—will help reduce the number of leftover, unused opioids and the potential for diversion and abuse."

Dr. Soin noted that patients can take an active role in keeping themselves and others safe. "When you talk with your doctor or healthcare provider about managing your acute pain, ask to try non-opioid pain medications and therapies first," he said. "If you do need opioid pain medication, make sure that you store it securely where no one else can get it, and safely dispose of any leftover pills."

Dr. Soin also noted that, like the emergency department and chronic pain prescribing guidelines, the new acute pain guidelines call for prescribers to check the State Board of Pharmacy's Ohio Automated Rx Reporting System (OARRS) before prescribing an opioid. A review of OARRS is required for most opioid and benzodiazepine prescriptions of seven days or longer.

"Patients may already be using opioids or benzodiazepines from other prescribers to treat a range of conditions including anxiety and insomnia," he said. "Taking these drugs together increases a patient's risk of a drug overdose, respiratory depression and death."

Ohio is making it even easier for prescribers to check OARRS.

Last October, Gov. Kasich announced an investment of up to $1.5 million a year to integrate OARRS directly into electronic medical records and pharmacy dispensing systems across Ohio, allowing instant access for prescribers and pharmacists. More than 110 hospitals, pharmacies and physician offices already have requested integration.

Ohio's opioid prescribing guidelines are having a positive impact in the fight against prescription drug abuse:

- The number of prescriber and pharmacist queries using OARRS increased from 778,000 in 2010 to 9.3 million in 2014.
- The number of individuals "doctor shopping" for controlled medications decreased from more than 3,100 in 2009 to approximately 960 in 2014.
- The number of opioid doses dispensed to Ohio patients decreased by almost 42 million from 2012 to 2014.
- The number of patients prescribed opioid doses higher than chronic pain guidelines recommend to ensure patient safety decreased by 11 percent from the last quarter of 2013 to the second quarter of 2015.
- Ohio patients receiving prescriptions for opioids and benzodiazepine sedatives at the same time dropped 8 percent from the last quarter of 2013 to the second quarter of 2015.

###

SECOND REGULAR SESSION

SENATE BILL NO. 768

98TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHAAF.

Pre-filed December 2, 2015, and ordered printed.

ADRIANE D. CROUSE, Secretary.

4607S.02I

Unofficial Bill Copy

AN ACT

To repeal section 195.015 as enacted by senate bills nos. 215 & 58, eighty-fifth general assembly, first regular session, section 195.050 as enacted by senate bill no. 491, ninety-seventh general assembly, second regular session, and section 195.050 as enacted by senate bills nos. 215 & 58, eighty-fifth general assembly, first regular session, RSMo, and to enact in lieu thereof thirteen new sections relating to a prescription drug monitoring program, with penalty provisions and a referendum clause.

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

Section A. Section 195.015 as enacted by senate bills nos. 215 & 58, eighty-fifth general assembly, first regular session, section 195.050 as enacted by senate bill no. 491, ninety-seventh general assembly, second regular session, and section 195.050 as enacted by senate bills nos. 215 & 58, eighty-fifth general assembly, first regular session, RSMo, are repealed and thirteen new sections enacted in lieu thereof, to be known as sections 195.015, 195.050, 195.450, 195.453, 195.456, 195.458, 195.459, 195.460, 195.462, 195.465, 195.466, 195.468, and 195.471, to read as follows:

195.015. 1. The department of health and senior services shall administer sections 195.005 to **[**195.425**] 195.471** and may add substances to the schedules after public notice and hearing. In making a determination regarding a substance, the department of health and senior services shall consider the following:

(1) The actual or relative potential for abuse;

(2) The scientific evidence of its pharmacological effect, if known;

(3) The state of current scientific knowledge regarding the substance;

EXPLANATION–Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

(4) The history and current pattern of abuse;

(5) The scope, duration, and significance of abuse;

(6) The risk to the public health;

(7) The potential of the substance to produce psychic or physiological dependence liability; and

(8) Whether the substance is an immediate precursor of a substance already controlled under sections 195.005 to 195.425.

2. After considering the factors enumerated in subsection 1 of this section the department of health and senior services shall make findings with respect thereto and issue a rule controlling the substance if it finds the substance has a potential for abuse.

3. If the department of health and senior services designates a substance as an immediate precursor, substances which are precursors of the controlled precursor shall not be subject to control solely because they are precursors of the controlled precursor.

4. If any substance is designated, rescheduled, or deleted as a controlled substance under federal law and notice thereof is given to the department of health and senior services, the department of health and senior services shall similarly control the substance under sections 195.005 to 195.425 after the expiration of thirty days from publication in the federal register of a final order designating a substance as a controlled substance or rescheduling or deleting a substance, unless within that thirty-day period, the department of health and senior services objects to inclusion, rescheduling, or deletion. In that case, the department of health and senior services shall publish the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the department of health and senior services shall publish its decision, which shall be final unless altered by statute. Upon publication of objection to inclusion, rescheduling or deletion under sections 195.005 to 195.425 by the department of health and senior services, control under sections 195.005 to 195.425 is stayed as to the substance in question until the department of health and senior services publishes its decision.

5. The department of health and senior services shall exclude any nonnarcotic substance from a schedule if such substance may, under the federal Food, Drug, and Cosmetic Act and the law of this state, be lawfully sold over the counter without a prescription.

6. The department of health and senior services shall prepare a list of all

Unofficial Bill Copy

45 drugs falling within the purview of controlled substances. Upon preparation, a
46 copy of the list shall be filed in the office of the secretary of state.

195.050. 1. A duly registered manufacturer or wholesaler may sell
2 controlled substances to any of the following persons:
3 (1) To a manufacturer, wholesaler, or pharmacy;
4 (2) To a physician, dentist, podiatrist or veterinarian;
5 (3) To a person in charge of a hospital, but only for use in that hospital;
6 (4) To a person in charge of a laboratory, but only for use in that
7 laboratory for scientific and medical purposes.
8 2. A duly registered manufacturer or wholesaler may sell controlled
9 substances to any of the following persons:
10 (1) On a special written order accompanied by a certificate of exemption,
11 as required by federal laws, to a person in the employ of the United States
12 government or of any state, territorial, district, county, municipal or insular
13 government, purchasing, receiving, possessing, or dispensing controlled
14 substances by reason of his or her official duties;
15 (2) To a master of a ship or person in charge of any aircraft upon which
16 no physician is regularly employed, for the actual medical needs of persons on
17 board such ship or aircraft, when not in port; provided, such controlled substances
18 shall be sold to the master of such ship or person in charge of such aircraft only
19 in pursuance of a special order form approved by a commissioned medical officer
20 or acting surgeon of the United States Public Health Service;
21 (3) To a person in a foreign country if the provisions of federal laws are
22 complied with.
23 3. An official written order for any controlled substance listed in
24 Schedules I and II shall be signed in duplicate by the person giving the order or
25 by his or her duly authorized agent. The original shall be presented to the person
26 who sells or dispenses the controlled substance named therein. In event of the
27 acceptance of such order by the person, each party to the transaction shall
28 preserve his or her copy of such order for a period of two years in such a way as
29 to be readily accessible for inspection by any public officer or employee engaged
30 in the enforcement of this chapter or chapter 579. It shall be deemed a
31 compliance with this subsection if the parties to the transaction have complied
32 with federal laws, respecting the requirements governing the use of order forms.
33 4. Possession of or control of controlled substances obtained as authorized
34 by this section shall be lawful if in the regular course of business, occupation,

Unofficial Bill Copy

35 profession, employment, or duty of the possessor.

36 5. A person in charge of a hospital or of a laboratory, or in the employ of
37 this state or of any other state, or of any political subdivision thereof, and a
38 master or other proper officer of a ship or aircraft, who obtains controlled
39 substances under the provisions of this section or otherwise, shall not administer,
40 nor dispense, nor otherwise use such drugs, within this state, except within the
41 scope of his or her employment or official duty, and then only for scientific or
42 medicinal purposes and subject to the provisions of this chapter and chapter 579.

43 6. Every person registered to manufacture, distribute or dispense
44 controlled substances under this chapter shall keep records and inventories of all
45 such drugs in conformance with the record keeping and inventory requirements
46 of federal law, and in accordance with any additional regulations of the
47 department of health and senior services. **All registrants who dispense**
48 **controlled substances shall maintain dispensing records and report the**
49 **dispensing to the department's prescription drug monitoring program**
50 **under sections 195.450 to 195.471 in conformance with the requirements**
51 **in this chapter.**

52 7. Manufacturers and wholesalers shall keep records of all narcotic and
53 controlled substances compounded, mixed, cultivated, grown, or by any other
54 process produced or prepared, and of all controlled substances received and
55 disposed of by them, in accordance with this section.

56 8. Apothecaries shall keep records of all controlled substances received
57 and disposed of by them, in accordance with the provisions of this section.

58 9. The form of records shall be prescribed by the department of health and
59 senior services.

195.050. 1. A duly registered manufacturer or wholesaler may sell
2 controlled substances to any of the following persons:

3 (1) To a manufacturer, wholesaler, or pharmacy;

4 (2) To a physician, dentist, podiatrist or veterinarian;

5 (3) To a person in charge of a hospital, but only for use in that hospital;

6 (4) To a person in charge of a laboratory, but only for use in that
7 laboratory for scientific and medical purposes.

8 2. A duly registered manufacturer or wholesaler may sell controlled
9 substances to any of the following persons:

10 (1) On a special written order accompanied by a certificate of exemption,
11 as required by federal laws, to a person in the employ of the United States

Unofficial Bill Copy

12 government or of any state, territorial, district, county, municipal or insular
13 government, purchasing, receiving, possessing, or dispensing controlled
14 substances by reason of his official duties;

15 (2) To a master of a ship or person in charge of any aircraft upon which
16 no physician is regularly employed, for the actual medical needs of persons on
17 board such ship or aircraft, when not in port; provided, such controlled substances
18 shall be sold to the master of such ship or person in charge of such aircraft only
19 in pursuance of a special order form approved by a commissioned medical officer
20 or acting surgeon of the United States Public Health Service;

21 (3) To a person in a foreign country if the provisions of federal laws are
22 complied with.

23 3. An official written order for any controlled substance listed in
24 Schedules I and II shall be signed in duplicate by the person giving the order or
25 by his duly authorized agent. The original shall be presented to the person who
26 sells or dispenses the controlled substance named therein. In event of the
27 acceptance of such order by the person, each party to the transaction shall
28 preserve his copy of such order for a period of two years in such a way as to be
29 readily accessible for inspection by any public officer or employee engaged in the
30 enforcement of sections 195.005 to 195.425. It shall be deemed a compliance with
31 this subsection if the parties to the transaction have complied with federal laws,
32 respecting the requirements governing the use of order forms.

33 4. Possession of or control of controlled substances obtained as authorized
34 by this section shall be lawful if in the regular course of business, occupation,
35 profession, employment, or duty of the possessor.

36 5. A person in charge of a hospital or of a laboratory, or in the employ of
37 this state or of any other state, or of any political subdivision thereof, and a
38 master or other proper officer of a ship or aircraft, who obtains controlled
39 substances under the provisions of this section or otherwise, shall not administer,
40 nor dispense, nor otherwise use such drugs, within this state, except within the
41 scope of his employment or official duty, and then only for scientific or medicinal
42 purposes and subject to the provisions of sections 195.005 to 195.425.

43 6. Every person registered to manufacture, distribute or dispense
44 controlled substances under sections 195.005 to 195.425 shall keep records and
45 inventories of all such drugs in conformance with the record keeping and
46 inventory requirements of federal law, and in accordance with any additional
47 regulations of the department of health and senior services. **All registrants**

Unofficial Bill Copy

who dispense controlled substances shall maintain dispensing records and report the dispensing to the department's prescription drug monitoring program under sections 195.450 to 195.471 in conformance with the requirements in this chapter.

7. Manufacturers and wholesalers shall keep records of all narcotic and controlled substances compounded, mixed, cultivated, grown, or by any other process produced or prepared, and of all controlled substances received and disposed of by them, in accordance with this section.

8. Apothecaries shall keep records of all controlled substances received and disposed of by them, in accordance with the provisions of this section.

9. The form of records shall be prescribed by the department of health and senior services.

195.450. 1. Sections 195.450 to 195.471 shall be known and may be cited as the "Prescription Drug Monitoring Program Act".

2. As used in sections 195.450 to 195.471, the following terms mean:

(1) "Controlled substance", the same meaning given such term in section 195.010;

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

(3) "Dispenser", a person who delivers a Schedule II, III, or IV controlled substance to the ultimate user, but does not include:

(a) A hospital, as defined in section 197.020, that distributes such substances for the purpose of inpatient care or dispenses prescriptions for controlled substances at the time of discharge from inpatient care at such facility;

(b) A practitioner or other authorized person who administers such a substance; or

(c) A wholesale distributor of a Schedule II, III, or IV controlled substance;

(4) "Patient", a person who is the ultimate user of a drug for whom a prescription is issued or for whom a drug is dispensed, except that "patient" shall not include a hospice patient enrolled in a Medicare-certified hospice program who has controlled substances dispensed to him or her by such hospice program;

(5) "Prescriber", a person who prescribes a Schedule II, III, or IV controlled substance to a patient;

(6) "Prescription drug monitoring program" or "PDMP", a

Unofficial Bill Copy

program established by the department under sections 195.450 to 195.471, to monitor the prescription and dispensation of all Schedule II, III, or IV controlled substances;

(7) "Schedule II, III, or IV controlled substance", a controlled substance that is listed in Schedules II, III, or IV of the schedules provided under this chapter or the federal Controlled Substances Act, 21 U.S.C. Section 812.

3. Notwithstanding any other law to the contrary, the provisions of sections 195.450 to 195.471 shall not apply to persons licensed under chapter 340.

195.453. 1. The department, using an existing data aggregation platform through the state data center within the office of administration, shall establish and maintain a program to monitor the prescription and dispensation of all Schedule II, III, and IV controlled substances by all professionals licensed to prescribe or dispense such substances in this state. The aggregated information from each prescriber and dispenser data source shall remain segregated from any other data source and shall not be commingled with data from any other source. The information contained on the database shall not be entered into any other database outside the control of the department. The information shall not be entered into any national PDMP database.

2. The funding of the PDMP shall be subject to appropriation. In addition to appropriations from the general assembly, the department may apply for available grants and may accept other gifts, grants, and donations necessary to develop and maintain the program.

3. The department is authorized to contract with any other agency of this state or with any other state that currently runs, or contracts with a private vendor to run, a PDMP for any necessary hardware or software to establish and maintain the PDMP. Any contractor shall comply with the provisions regarding confidentiality of prescription and dispensation information under section 195.456.

4. At the time of filling a prescription for a drug included in subsection 1 of this section, each dispenser shall electronically submit to the department the following information, including but not limited to:

(1) The pharmacy federal Drug Enforcement Administration

Unofficial Bill Copy

("DEA") number;

(2) The date of the dispensation;

(3) If there is a prescription:

(a) The prescription number;

(b) Whether the prescription is new or a refill;

(c) The prescriber DEA or National Provider Identifier ("NPI") number;

(d) The date the prescriber issued the prescription; and

(e) The source of payment for the prescription;

(4) The dispensed drug's National Drug Code ("NDC");

(5) The number of days' supply of the drug;

(6) The quantity dispensed;

(7) The patient identification number, including but not limited to, any one of the following:

(a) The patient's driver's license number;

(b) The patient's government-issued identification number; or

(c) The patient's insurance cardholder identification number;

(8) The patient's name, address, and date of birth.

5. At the time of prescribing a drug included in subsection 1 of this section, each prescriber may, and all prescribers who hold themselves out to the public as a specialist in pain management and who are prescribing a Schedule II controlled substance shall, electronically submit to the department the following information, including but not limited to:

(1) The prescriber's DEA or NPI number;

(2) The date of the prescription;

(3) The prescription number;

(4) The controlled substance being prescribed;

(5) Whether the prescription is new or a refill;

(6) The number of days' supply of the drug;

(7) The quantity to be dispensed;

(8) The patient's name, address, and date of birth.

6. If a dispenser does not otherwise transmit the prescription of a drug to a third party payor, then each dispenser shall submit the information in accordance with transmission standards established by the American Society for Automation in Pharmacy, or any successor organization, and shall report data within every seven days.

Unofficial Bill Copy

7. (1) The department may issue a waiver to a dispenser that is unable to submit dispensation information by electronic means. Such waiver may permit the dispenser to submit dispensation information by paper form or other means, provided all information required in subsection 4 of this section is submitted in such alternative format.

(2) The department may grant an extension to dispensers who are temporarily unable to electronically submit the dispensation information required in subsection 4 of this section in accordance with the time frame established in subsection 6 of this section due to unforseen circumstances. In cases where an extension is granted, dispensers shall be responsible for reporting the required data in a subsequent file.

8. The department shall reimburse each dispenser for the fees of transmitting the information required by this section.

9. All communications and data transmitted under sections 195.450 to 195.471 shall be encrypted.

10. The provisions of sections 195.450 to 195.471 shall not apply to Schedule II, III, or IV controlled substances prescribed or dispensed where the ultimate user is an individual under eighteen years of age.

195.456. 1. Prescription and dispensation information submitted to the department shall be confidential and not subject to public disclosure under chapter 610 except as provided in subsections 3 and 4 of this section.

2. The department shall maintain procedures to ensure that the privacy and confidentiality of patients and personal information collected, recorded, transmitted, and maintained is not disclosed to persons except as provided in subsections 3 and 4 of this section.

3. The department may only provide data in the PDMP to the following persons under the following circumstances:

(1) An individual patient or bureau of narcotics and dangerous drugs registrant who requests his or her own prescription and dispensation monitoring information in accordance with state law;

(2) The state board of pharmacy, when used to further an investigation based on a complaint filed under section 338.055;

(3) The state board of registration for healing arts, when used to further an investigation based on a complaint filed under sections 334.100 or 334.741;

Unofficial Bill Copy

(4) The state board of nursing, when used to further an investigation based on a complaint filed under section 335.066;

(5) Local, state, and federal law enforcement or prosecutorial officials, both in-state and out-of-state, who are engaged in the administration, investigation, or enforcement of the laws governing licit drugs based on a specific case and under a court-issued subpoena or court order;

(6) Medical examiners and coroners for the purpose of investigating the cause of death of any person under the jurisdiction of the medical examiner or coroner;

(7) The family support division within the department of social services regarding MO HealthNet program recipients;

(8) A judge or other judicial authority under a subpoena or court order;

(9) Personnel of the bureau of narcotics and dangerous drugs, or its successor agency within the department, for the administration and enforcement of sections 195.450 to 195.471; and

(10) Dispensers and prescribers, pursuant to the provisions of sections 195.458 and 195.459.

4. The department may provide data to public or private entities for statistical, research, or educational purposes after removing all information that could be used to identify individual patients, prescribers, dispensers, or persons who received dispensations from dispensers.

5. Nothing in sections 195.450 to 195.471 shall be construed to require a dispenser or prescriber to obtain information about a patient from the PDMP. A dispenser or prescriber shall not be held liable for damages to any person in any civil action for injury, death, or loss to person or property on the basis that the dispenser or prescriber did or did not seek or obtain information from the PDMP.

6. Beginning August 28, 2018, the department shall maintain an individual's prescription and dispensation information obtained under sections 195.450 to 195.471 for a maximum of one hundred eighty days. Such prescription or dispensation information shall thereafter be deleted from the PDMP after one hundred eighty days.

195.458. 1. Notwithstanding the provisions of subsection 3 of section 195.456, no dispenser shall have access to the information

Unofficial Bill Copy

contained in the PDMP established under sections 195.450 to 195.471, but shall only transmit information to be included into it. All dispensers shall have a prominently posted sign in bold letters stating "ALL CONTROLLED SUBSTANCE PRESCRIPTIONS SHALL BE REPORTED TO THE BUREAU OF NARCOTICS AND DANGEROUS DRUGS AND SCREENED FOR VIOLATIONS".

2. After transmitting information to the PDMP, a dispenser shall expect to receive a response from the department. If the department responds that no concern is detected, the dispenser may dispense the prescription according to his or her professional judgment. If the department responds that a concern is detected, the dispenser shall dispense or not dispense the prescription according to his or her professional judgment, appropriate to the concern communicated by the department. If the department does not respond due to a technical or other problem, the dispenser shall dispense or not dispense the prescription according to his or her professional judgment.

3. No licensed dispenser following the provisions of sections 195.450 to 195.471 shall be subject to discipline by the Missouri board of pharmacy or by any other state agency for acting in good faith to fill a prescription for a controlled substance, nor for acting outside of these rules in an emergency.

195.459. 1. Notwithstanding the provisions of subsection 3 of section 195.456, no prescriber shall have access to the information contained in the PDMP established under sections 195.450 to 195.471, but shall only transmit information to be included into it.

2. After transmitting information to the PDMP, a prescriber shall expect to receive a response from the department. If the department responds that no concern is detected, the prescriber may issue a prescription according to his or her professional judgment. If the department responds that a concern is detected, the prescriber shall issue or not issue the prescription according to his or her professional judgment, appropriate to the concern communicated by the department. If the department does not respond due to a technical or other problem, the prescriber shall issue or not issue the prescription according to his or her professional judgment.

3. No licensed prescriber following the provisions of sections 195.450 to 195.471, shall be subject to discipline by the Missouri board

Unofficial Bill Copy

of healing arts or by any other state agency for acting in good faith to prescribe a controlled substance, nor for acting outside of these rules in an emergency.

195.460. 1. When a dispenser electronically sends the department the information required under subsection 4 of section 195.453, the department shall electronically screen its PDMP database and any national PDMP database to determine if the prescription may be properly dispensed and if a similar prescription has been dispensed within the allowable day's supply limits set by the department. If no concern is detected, the department shall electronically and automatically issue a communication to the dispenser that no concern was detected. If a concern is detected, the department shall electronically and automatically issue a communication to the dispenser that a concern is detected, and shall state the nature of the concern identified by the computer algorithm used by the department.

2. When a prescriber electronically sends the department the information required under subsection 5 of section 195.453, the department shall electronically screen its PDMP database and any national PDMP database to determine if the prescription may be properly issued and if a similar prescription has been issued within the allowable day's supply limits set by the department. If no concern is detected, the department shall electronically and automatically issue a communication to the prescriber that no concern was detected. If a concern is detected, the department shall electronically and automatically issue a communication to the prescriber that a concern is detected, and shall state the nature of the concern identified by the computer algorithm used by the department.

3. The department shall, as time and staff permit and subject to appropriations, review the concerns generated under subsections 1 and 2 of this section. If, after staff review, there is reasonable cause to believe that a person has obtained a prescription fraudulently from more than one prescriber, the department shall contact the prescribers and, as appropriate, inform them of the concern and the details about the patient receiving prescriptions from other prescribers, and request copies of the controlled substance records relating to the prescriptions of concern. The prescribers shall provide the records, if possible, by fax or electronically. If, after department review of the provided

Unofficial Bill Copy

35 **records, it is clear that a person has obtained prescriptions under false**
36 **pretenses, the entire matter shall be referred to the appropriate law**
37 **enforcement agency or local prosecuting attorney for action.**
38 **4. The bureau of narcotics and dangerous drugs, or its successor**
39 **agency within the department, shall do the following:**
40 **(1) Review the prescription and dispensation information; and**
41 **(2) If there is reasonable cause to believe a violation of law or**
42 **breach of professional standards may have occurred, the bureau of**
43 **narcotics and dangerous drugs shall, subject to rules promulgated**
44 **under section 195.462, refer the matter to the appropriate law**
45 **enforcement or professional licensing, certification, or regulatory**
46 **agency or entity, and provide the prescription and dispensation**
47 **information required for an investigation.**
48 **5. Nothing in the PDMP database shall be the sole basis for**
49 **probable cause to obtain an arrest or search warrant as part of a**
50 **criminal investigation.**

195.462. The department shall promulgate rules setting forth the
2 **procedures and methods of implementing sections 195.450 to**
3 **195.471. Any rule or portion of a rule, as that term is defined in section**
4 **536.010 that is created under the authority delegated in this section**
5 **shall become effective only if it complies with and is subject to all of**
6 **the provisions of chapter 536, and, if applicable, section 536.028. This**
7 **section and chapter 536 are nonseverable and if any of the powers**
8 **vested with the general assembly pursuant to chapter 536, to review, to**
9 **delay the effective date, or to disapprove and annul a rule are**
10 **subsequently held unconstitutional, then the grant of rulemaking**
11 **authority and any rule proposed or adopted after August 28, 2016, shall**
12 **be invalid and void.**

195.465. 1. All dispensing information that is required to be
2 **reported to the department in sections 195.450 to 195.471 shall be**
3 **submitted to the department in compliance with subsection 6 of section**
4 **195.050 and subsection 4 of section 195.453. All prescribing information**
5 **that is required to be reported to the department in sections 195.450 to**
6 **195.471 shall be submitted to the department in compliance with**
7 **subsection 5 of section 195.453. Knowingly failing to submit a report as**
8 **required under this section is a violation of this chapter and such**
9 **person shall be guilty of a class A misdemeanor under section 195.252,**

Unofficial Bill Copy

10 **and beginning on January 1, 2017, section 579.084.**

11 **2. Any person who unlawfully and knowingly accesses or**
12 **discloses, or a person authorized to have prescription or dispensation**
13 **monitoring information under sections 195.450 to 195.471 who**
14 **knowingly discloses, such information in violation of sections 195.450**
15 **to 195.471, or knowingly uses such information in a manner and for a**
16 **purpose in violation of sections 195.450 to 195.471 is guilty of a class D**
17 **felony until December 31, 2016, and a class E felony beginning January**
18 **1, 2017.**

19 **3. Neither the sovereign nor the official immunity doctrine shall**
20 **apply to a person or a department authorized to have an individual's**
21 **prescription and dispensation information under sections 195.450 to**
22 **195.471 in instances when such information is disclosed to an**
23 **unauthorized party. If a person unlawfully and knowingly accesses or**
24 **discloses, or if a person authorized to have prescription or dispensation**
25 **information under sections 195.450 to 195.471 knowingly discloses such**
26 **information in violation of sections 195.450 to 195.471 or knowingly**
27 **uses such information in a manner and for a purpose in violation of**
28 **sections 195.450 to 195.471, the person whose information was disclosed**
29 **shall have a cause of action to recover liquidated damages in the**
30 **amount of twenty-five thousand dollars in addition to compensatory**
31 **economic and noneconomic damages, attorney fees, and court costs. If**
32 **it is determined by a court of competent jurisdiction that such**
33 **disclosure was done intentionally and maliciously, the person shall be**
34 **entitled to punitive damages in addition to any other damages.**

195.466. The department shall annually provide to the general
2 **assembly a report as to the number of controlled substances dispensed,**
3 **broken down by drug, the number of incidents of fraudulent**
4 **prescriptions identified and any other pertinent information requested**
5 **by the general assembly.**

195.468. 1. The department shall create and implement the
2 **following education courses:**

3 **(1) An orientation course during the implementation phase of the**
4 **provisions established in sections 195.450 to 195.471;**

5 **(2) A course for persons who are authorized to access the**
6 **prescription or dispensation information but who did not participate**
7 **in the orientation course;**

Unofficial Bill Copy

(3) A course for persons who are authorized to access the prescription or dispensation information but who have violated laws or breached occupational standards involving dispensing, prescribing, and use of substances monitored by the provisions established in sections 195.450 to 195.471.

When appropriate, the department shall develop the content of the education courses described in subdivisions (1) to (3) of this subsection.

2. The department shall, when appropriate:

(1) Work with associations for impaired professionals to ensure intervention, treatment, and ongoing monitoring and followup; and

(2) Encourage individual patients who are identified and who have become addicted to substances monitored by the PDMP to receive addiction treatment.

195.471. Notwithstanding the provisions of section 23.253 of the Missouri sunset act to the contrary, the provisions of sections 195.450 to 195.471 shall expire on August 28, 2021.

Section B. This act is hereby submitted to the qualified voters of this state for approval or rejection at an election which is hereby ordered and which shall be held and conducted on Tuesday next following the first Monday in November, 2016, pursuant to the laws and constitutional provisions of this state for the submission of referendum measures by the general assembly, and this act shall become effective when approved by a majority of the votes cast thereon at such election and not otherwise.

Section C. Pursuant to chapter 116, RSMo, and other applicable constitutional provisions and laws of this state allowing the general assembly to adopt ballot language for the submission of this act to the voters of this state, the official ballot title of this act shall be as follows:

"Shall the Missouri Statutes be amended to create a database of the controlled substances dispensed to each person, searchable by name, drug, prescriber, and other elements, and accessible by all physicians and others as authorized, with the intent of preventing criminal doctor shopping?"

✓

Unofficial Bill Copy

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 4607-02
Bill No.: SB 768
Subject: Health Care; Health Care Professionals; Health and Senior Services Department; Pharmacy; Physicians
Type: Original
Date: April 18, 2016

Bill Summary: This proposal establishes a Prescription Drug Monitoring Act.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2017	FY 2018	FY 2019
General Revenue	$0 or ($941,971)	$0 or ($5,997,046)	$0 or ($6,649,829)
Total Estimated Net Effect on General Revenue	**$0 or ($941,971)**	**$0 or ($5,997,046)**	**$0 or ($6,649,829)**

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2017	FY 2018	FY 2019
Total Estimated Net Effect on Other State Funds	**$0**	**$0**	**$0**

Numbers within parentheses: ( ) indicate costs or losses.
This fiscal note contains 14 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2017	FY 2018	FY 2019
Total Estimated Net Effect on All Federal Funds	**$0**	**$0**	**$0**

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2017	FY 2018	FY 2019
General Revenue	0 or 3	0 or 41	0 or 41
Total Estimated Net Effect on FTE	**0 or 3**	**0 or 41**	**0 or 41**

☒ Estimated Net Effect (expenditures or reduced revenues) expected to exceed $100,000 in any of the three fiscal years after implementation of the act.

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2017	FY 2018	FY 2019
Local Government	**$0**	**$0**	**$0**

FISCAL ANALYSIS

ASSUMPTION

Oversight notes Section B of this proposal provides that the proposal will be submitted to a vote of the people at the November 2016 election. Therefore, Oversight will not present election costs in the fiscal note. In addition, Oversight will range agency costs as $0 or the amount presented since, if the proposal does not pass, the provisions of the proposal will not take effect. In addition, costs for FY 2017 are presented for 6 months since election results are not certified until 30 days after the election (December 8, 2016) and it is assumed that implementation of the program would generally not begin until January, 2017.

§195.453 - Prescription Drug Monitoring Program

Officials from the **Department of Health and Senior Services (DHSS)** state Section 195.453 requires DHSS to establish and maintain a program monitoring the dispensing of all Schedule II, III, or IV controlled substances by all professionals licensed to dispense such substances in this state. Further requirements in Sections 195.458.2, 195.459.2, and 195.460.1 would require real-time reporting at the time of prescribing and dispensing with an automated system review and response to the prescriber or dispenser based on algorithms included in the system. Responses will be either "no concern" or "concern with an explanation" and the prescriber or dispenser will use that information along with their professional judgment to make the determination whether it is appropriate to prescribe or fill the prescription. All the transmissions from dispensers and prescribers that resulted in a "concern with an explanation" will be reviewed by the DHSS as time and staff permits and appropriate investigations, referrals, etc. will be completed.

DHSS anticipates the need to hire the following staff on the dates indicated below:

One Program Manager, Broad Band 3, ($76,416 annually) to provide overall direction and management of the program development and present educational programs; hired in November 2016.

One Broad Band 2 Manager ($64,160 annually) to manage the Administrative Office Support Assistants (AOSAs) and Health Program Representatives in the daily operation of the program, and present educational programs; hired in September 2017.

Two Investigative Managers ($45,120 each, annually) to develop and implement investigative standards and scope of investigative activities; one hired in November 2016 and one hired in September 2017.

Two Investigators III ($39,984 each, annually) to supervise and train lower level investigative staff, coordinate and participate in inspections/investigations; hired in September 2017.

ASSUMPTION (continued)

Eighteen Investigators II ($37,176 each, annually) whose duties will include investigation and inspections related to "concern with an explanation" prescriptions; review of submitted documents as they relate to such prescriptions, etc; hired in September 2017.

Two AOSAs ($27,828 each, annually) to direct support functions for the program; plans, assigns, directs, and coordinates work schedules and activities of the staff; one hired in November 2016 and one hired in September 2017.

Two Senior Office Support Assistants (SOSAs, $25,572 each, annually) whose duties will include providing overall clerical support for the program, tracking documents, preparing packets for law enforcement referrals, etc.; hired in November 2017.

Eight Health Program Representative I ($30,672 each, annually) to generate and perform preliminary review and follow-up on "concern with an explanation" prescriptions; hired in September 2017.

The average pharmacy fills 250 prescriptions per day. DHSS, Bureau of Narcotics and Dangerous Drugs (BNDD) estimates that typically 10 percent of these are for Schedule II, III, or IV controlled substances. For fiscal note purposes, DHSS estimates 25 prescriptions /pharmacy x 1,348 pharmacies = 33,700 prescriptions to be submitted daily X 365 days or 12,300,500 prescriptions annually will be submitted to the system for review. It is further assumed that 101 licensed ambulatory surgery centers would dispense 10 times per day on 246 surgery days (no weekends and not on 15 holidays) for a total of 248,460 prescriptions dispensed annually (101 ASCs X 10 prescriptions daily X 246 days per year). It is further assumed that some individual practitioners may dispense from their offices. The BNDD has 24,067 registrants in practitioner categories. Assuming that 25 percent of them dispense schedule II, III, or IV drugs = 6,017 practitioner dispensers (24,067 registrants X 0.25). If they are assumed to dispense once a day only on 246 days, there would be 1,480,182 dispensings annually (6,017 dispensing registrants X 246 days). The grand total for all dispensers is assumed to be 14,029,142 prescriptions annually (12,300,500 pharmacy + 248,460 ASCs + 1,480,182 practitioners). Data is not available to estimate the number of the above estimated prescriptions that might relate to an ultimate user under 18 years of age.

Based on a study of 2010 and 2011 data by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and documented in the National Survey on Drug Use and Health (NSDUH) Report, 4.83 percent of prescription pain relievers are used for non-medical purposes in Missouri. http://archive.samhsa.gov/data/2k12/NSDUH115/sr115- non-medical-use-pain-relievers.htm

ASSUMPTION (continued)

Applying 4.83 percent to the 14,029,142 anticipated annual controlled substance prescriptions to be dispensed results in 677,608 "concern with an explanation" prescriptions annually that will need to be reviewed and potential follow-up actions taken. This is an average of 2,606 to be followed-up on each work day (52 weeks X 5 work days = 260; 677,608 "concern" /260 days). These will be reviewed and followed-up on by the Health Program Representative I and investigative staff. The level of initial review will depend on the type and severity of "concern with an explanation" generated by the prescription.

		FY 2018 (Sept - June)		------FY 2018------	
Category	Number Statewide	Annual Transmissions	Reimbursement	Annual Transmissions	Reimbursement
Pharmacies	1,348	10,250,417	$2,562,604	12,669,515	$3,167,379
ASCs	101	207,050	$51,763	255,914	$63,979
Individual Practitioners	6,017	1,233,485	$308,371	1,524,587	$381,147
Totals	7,466	11,690,952	$2,922,738	14,450,146	$3,612,505

Section 195.453.8

Section 195.453.8 of the proposed legislation requires DHSS to reimburse dispensers for fees of transmitting the required information. Based on recent discussions with the industries affected, the dispensers who will qualify for reimbursement will fall into three categories – pharmacies, ambulatory surgical centers and individual practitioners – each transmission is expected to cost $0.25. The number of transmissions is expected to grow three percent annually and is reflected below:

Each dispenser is expected to invoice quarterly for a total of 29,864 (7,466 dispensers X 4 quarters) invoices in FY 2018 and FY 2019. DHSS would also be required to hire staff in both the Division of Administration (DA) and the Division of Regulation and Licensure (DRL) to process the invoices received from dispensers.

Based on current department practices, each invoice will take 10 minutes to process in DRL and 10 minutes to process in DA. Three different job categories will work together as follows to pay an invoice. In DRL, an Office Support Assistant will take 2½ minutes to open the invoice, log it into the tracking system and forward it to the Account Clerk II. In DRL, an Account Clerk II will

ASSUMPTION (continued)

take five minutes to determine and assign the account coding and forward to the Accounting Generalist II for review and approval. In DRL, the Accounting Generalist II will take 2½ minutes to verify the coding and funding availability and approve the document for central processing. In DA, an Office Support Assistant will take 2 ½ minutes to open the invoice and distribute it to the Account Clerk II. This position is also responsible for filing the documents after the payment processing is complete. In DA, the Account Clerk II will take five minutes to review, audit, and enter the payment documents from DRL into SAM II. In DA, the Accounting Generalist II will take 2½ minutes to apply final approval to the payment. The additional FTE required for invoice processing is as follows:

29,864 invoices X 20 minutes per invoice = 597,280 minutes to process invoices. 597,280 minutes / 60 minutes per hour = 9,954 hours. 9,954 hours/2,080 = 4.79 FTE (rounded to 5.00), broken down as follows:

Job Title	Percent of the Time to Process a Claim	DRL FTE	DA FTE	Salary	Total Annual Salaries
Office Support Assistant	25	0.625	0.625	$23,160	$28,950
Account Clerk II	50	1.25	1.25	$25,824	$64,560
Accounting Generalist II	25	0.625	0.625	$36,204	$45,255
Totals	100	2.5	2.5		$138,765

It is assumed these positions will be hired on January 1, 2018.

Oversight assumes the DHSS would not hire partial FTEs. However, to keep the total number of new staff at the 5 FTE DHHS has indicated would be necessary to process the claims, Oversight assumes DHSS would hire 1 FTE OSA, 3 FTE Account Clerk II, and 1 FTE Accounting Generalist II.

Section 195.468

DHSS is required to create and implement three PDMP-related education courses. DHSS is currently required to provide education courses and information by Section 195.198, RSMo, and assumes the new requirements will be met with existing resources.

ASSUMPTION (continued)

DHSS provided the response for the **Office of Administration (OA), Information Technology Services Division (ITSD)/DHSS**. Infrastructure costs were calculated using the FY 2016 State Data Center (SDC) Cost Allocation Plan (CAP) document. ITSD is assuming the use of an application built for the State of Missouri and hosted in the SDC. Prescription data is to be maintained for a maximum of 180 days. Aggregated information from each prescriber and dispenser data source shall remain segregated from any other data source. Three servers to include development, test, and production with 100 gb of disk storage each are needed. Funding has been identified as General Revenue based on language in the bill that directs the department to establish and maintain this program subject to appropriation.

It is estimated that FY 2017 ITSD costs to the General Revenue (GR) Fund will total $761,341; FY 2018 GR costs will total $497,275; and FY 2019 GR costs will total $163,659.

Officials from the **Office of Administration (OA), Division of Facilities Management, Design and Construction (FMDC)** indicated this proposal will have a cost to the General Revenue Fund of $198,030 for FY 2017; $202,982 for FY 2018; and $208,055 for FY 2019. These costs are building lease costs, fuel and utilities, and janitorial services for the DHSS.

Oversight notes that the proposal is to be put to a vote of the people in November 2016. Oversight assumes, if the proposal passes, DHSS will not need rental space until the beginning of FY 2018 as it is anticipated that only 3 FTE will be hired at the onset to develop the program. Oversight will present FY 2018 and FY 2019 lease, fuel and utilities, an janitorial services costs as $0 or the amount provided by FMDC.

Officials from the **Department of Corrections (DOC)** state this legislation would create a new D felony supervised by the Department of Corrections. There is no historical data upon which to base a more accurate estimate of the impact of this felony, thus the standard response for a new D felony is used.

It is estimated that a new nonviolent D felony will result in an increase of one prison and two probation sentences each year. The prison sentence will yield a total of 1.5 years in prison followed by 2 years on parole, while the probation sentences will each yield a total of three years on supervision. The total impact of an increase of 1.5 offenders in prison and 8 clients on supervision will not be felt until the third year after implementation.

The FY 2015 average cost of supervision is $6.04 per offender per day or an annual cost of $2,205 per offender. The DOC cost of incarceration is $16.809 per day or an annual cost of $6,135 per offender.

ASSUMPTION (continued)

The DOC would assume this legislation will result in long term cost as indicated below; a 2% inflation factor has been included:

Year 2017 (6 months)	$ 5,273
Year 2018	$19,508
Year 2019	$26,780
Year 2020	$28,485
Year 2021	$29,055
Year 2022	$29,636
Year 2023	$30,229
Year 2024	$30,834
Year 2025	$31,450
Year 2026	$32,079

Oversight assumes the DOC can absorb the minimal costs for FY 2017 and will present FY 2018 and FY 2019 costs as $0 or the amount provided since this proposal may be put to a vote of the people in November 2016.

Officials from the **Office of Secretary of State (SOS)** state each year, a number of joint resolutions that would refer to a vote of the people a constitutional amendment and bills that would refer to a vote of the people the statutory issue in the legislation may be considered by the General Assembly.

Unless a special election is called for the purpose, a joint resolutions proposing a constitutional amendment is submitted to a vote of the people at the next general election. Article XII section 2(b) of the Missouri Constitution authorizes the governor to order a special election for constitutional amendments referred to the people. If a special election is called to submit a Joint Resolution to a vote of the people, section 115.063.2 RSMo requires the state to pay the costs. The cost of the special election has been estimated to be $7.1 million based on the cost of the 2012 Presidential Preference Primary.

The Secretary of State's office is required to pay for publishing in local newspapers the full text of each statewide ballot measure as directed by Article XII, Section 2(b) of the Missouri Constitution and Section 116.230-116.290, RSMo. The Secretary of State's office is provided with core funding to handle a certain amount of normal activity resulting from each year's legislative session. Funding for this item is adjusted each year depending upon the election cycle with $1.3 million historically appropriated in odd numbered fiscal years and $100,000 appropriated in even numbered fiscal years to meet these requirements. Through FY 2013, the

ASSUMPTION (continued)

appropriation had historically been an estimated appropriation because the final cost is dependent upon the number of ballot measures approved by the General Assembly and the initiative petitions certified for the ballot. In FY 2013, at the August and November elections, there were 5 statewide Constitutional Amendments or ballot propositions that cost $2.17 million to publish (an average of $434,000 per issue). In FY 2015, the General Assembly changed the appropriation so that it was no longer an estimated appropriation and the Secretary of State's office was appropriated $1.19 million to publish the full text of the measures. Due to this reduced funding, the Secretary of State's office reduced the scope of the publication of these measures. In FY 2015, at the August and November elections, there were 9 statewide Constitutional Amendments or ballot propositions that cost $1.1 million to public (an average of $122,000 per issue). Despite the FY 2015 reduction, the Secretary of State's office will continue to assumed, for the purposes of this fiscal note, that it should have the full appropriation authority it needs to meet the publishing requirements. Because these requirements are mandatory, the SOS reserves the right to request additional funding to meet the cost of its publishing requirements if the Governor and the General Assembly again change the amount or continue to not designate it as an estimated appropriation.

In addition, many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement the act. The SOS is provided with core funding to handle a certain amount of normal activity resulting from each year's legislative session. The fiscal impact for this fiscal note to the SOS for Administrative Rules is less than $2,500. The SOS recognizes that this is a small amount and does not expect that additional funding would be required to meet these costs. However, the SOS also recognizes that many such bills may be passed by the General Assembly in a given year and that collectively the costs may be in excess of what the office can sustain with the core budget. Therefore, the SOS reserves the right to request funding for the cost of supporting administrative rules requirements should the need arise based on a review of the finally approved bills signed by the governor.

Oversight assumes the SOS could absorb the costs of printing and distributing regulations related to this proposal. If multiple bills pass which require the printing and distribution of regulations at substantial costs, the SOS could request funding through the appropriation process.

For the purpose of this proposed legislation, officials from the **Office of State Public Defender (SPD)** cannot assume that existing staff will provide competent, effective representation for any new cases where indigent persons are charged with any of the proposed new crimes relating to dispensation of pharmaceuticals monitoring.

ASSUMPTION (continued)

While the number of new cases may be too few or uncertain to request additional funding for this specific bill, the SPD will continue to request sufficient appropriations to provide effective representation in all cases.

Oversight assumes the SPD can absorb the additional caseload that may result from this proposal.

Officials from the **Office of Attorney General (AGO)** state section 195.460 authorizes the bureau of narcotics and dangerous drugs to notify the appropriate professional licensing entity of violations of law or breaches of professional standards. This could result in an increase in caseload. Without knowing the number of resulting disciplines or appeals, the AGO assumes any potential costs arising from this proposal can be absorbed with existing resources. However, if there is a significant increase in the number of referrals, the AGO may seek additional appropriations.

Officials from the **Joint Committee on Administrative Rules (JCAR)** state the legislation is not anticipated to cause a fiscal impact to JCAR beyond its current appropriation.

Officials from the **Department of Insurance, Financial Institutions and Professional Registration**, the **Department of Mental Health**, the **Department of Public Safety, Missouri State Highway Patrol**, the **Missouri Office of Prosecution Services**, the **Office of Administration divisions of: Administrative Hearings Commission, Purchasing and Materials Management,** and **General Services**, and the **Office of State Courts Administrator** each assume the proposal would not fiscally impact their respective agencies.

FISCAL IMPACT - State Government	FY 2017 (6 Mo.)	FY 2018	FY 2019
GENERAL REVENUE FUND			
Costs - DOC (§195.465)	$0 or...	$0 or...	$0 or...
Increase in incarceration and probation/parole costs	$0	($19,508)	($26,780)
Costs - DHSS (§§195.450 - 195.462)	$0 or...	$0 or...	$0 or...
Personal service	($99,576)	($1,215,453)	($1,498,491)
Fringe benefits	($52,434)	($665,098)	($823,160)
Equipment and expense	($28,620)	($473,992)	($317,179)
Rent and utilities	$0	($202,982)	($208,055)
IT consultant costs & on-going expenses	($761,341)	($497,275)	($163,659)
Reimbursement to dispensers	$0	($2,922,738)	($3,612,505)
Total Costs - DHSS	$0 or ($941,971)	$0 or ($5,977,538)	$0 or ($6,623,049)
FTE Change - DHSS	0 or 3 FTE	0 or 41 FTE	0 or 41 FTE
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	**$0 or ($941,971)**	**$0 or ($5,997,046)**	**$0 or ($6,649,829)**
Estimated Net FTE Change on the General Revenue Fund	0 or 3 FTE	0 or 41 FTE	0 or 41 FTE

FISCAL IMPACT - Local Government	FY 2017 (6 Mo.)	FY 2018	FY 2019
	$0	**$0**	**$0**

FISCAL IMPACT - Small Business

This proposal could have a negative fiscal impact on small business practitioners who dispense drugs from their offices as well as small business pharmacies and surgery centers.

FISCAL DESCRIPTION

This act establishes the Prescription Drug Monitoring Act. The Department of Health and Senior Services is required to establish and maintain a program to monitor the prescribing and dispensing of all Schedule II through Schedule IV controlled substances by all licensed professionals who prescribe or dispense these substances in Missouri. The Department shall use an existing data aggregation platform through the State Data Center within the Office of Administration to establish the Prescription Drug Monitoring Program (PDMP). The provisions of this act shall be subject to appropriations and may also be funded by federal or private moneys.

The Department shall ensure the privacy and security of personal information while only aggregating necessary and appropriate information related to the prescribing or dispensing of Schedule II through Schedule IV controlled substances. The aggregated information from each prescriber and dispenser data source shall remain segregated from any other data source. All submitted prescription and dispensation information shall be kept confidential with specified exceptions.

Most prescribers may, and all prescribers who hold themselves out to the public as pain management specialists and all dispensers shall, electronically submit to the Department information for each prescription or dispensation of a Schedule II through Schedule IV controlled substance. The Department may issue a waiver to a dispenser who is unable to submit the required information electronically. If a waiver is obtained, a dispenser can submit the required information in paper format or by other approved means. The Department shall reimburse each dispenser for the fees of transmitting the information required by this act.

This act delineates the duties of the prescribers, dispensers, and the Department for communicating when there is a prescription for or dispensation of a Schedule II through Schedule IV controlled substance. If the Department responds with a message that there was a concern detected and describes the nature of that concern, the prescriber or dispenser shall issue the prescription or the medication according to his or her professional judgment appropriate to the concern communicated. If the response is not timely, the prescriber or dispenser shall issue the prescription or the medication according to his or her professional judgment.

The Department shall review the prescription and dispensation information and, if there is reasonable cause to believe a violation of law or breach of professional standards may have occurred, the Department shall notify the appropriate law enforcement or professional regulatory entity and provide the prescription or dispensation information required for an investigation. If, after staff review, it appears that there is reasonable cause to believe that a person has obtained a prescription fraudulently from more than one prescriber, the Department shall contact the

FISCAL DESCRIPTION (continued)

prescribers, inform them of the potential problem and provide details, and request copies of medical records concerning the prescriptions of concern. The prescribers shall provide the records, if possible, by fax or electronically. If, after Department review of the provided records, it is clear that a person has obtained prescriptions under false pretenses, the entire matter shall be referred to the appropriate law enforcement agency or local prosecuting attorney for action. Nothing in the PDMP database shall be the sole basis for probable cause to obtain an arrest or search warrant as part of a criminal investigation.

Any person who unlawfully and knowingly accesses or discloses prescription and dispensation monitoring information or prescribers and dispensers who knowingly fail to submit the required information or who knowingly submit incorrect information shall be subject to penalties and shall be guilty of a Class A misdemeanor. Any persons authorized to have prescription or dispensation information who knowingly disclose such information or who use it in a manner and for a purpose in violation of the act shall be guilty of a Class D felony until December 31, 2016, and a Class E felony beginning January 1, 2017. Additionally, this act provides a private cause of action for persons whose data has been disclosed to an unauthorized person. Recovery under this cause of action for negligent disclosure shall include liquidated damages of $25,000 and compensatory economic and non-economic damages, attorney fees, and court costs. Punitive damages are available for intentional and malicious unauthorized disclosure. Neither the sovereign nor the official immunity doctrines shall apply to a person or department authorized to have private medical information who discloses such information to unauthorized parties.

The Department shall annually provide to the General Assembly a report as to the number of controlled substances dispensed, broken down by drug, the number of incidents of fraudulent prescriptions identified and any other pertinent information requested by the General Assembly.

The Department shall create and implement an educational course regarding the provisions of this act and, when appropriate, shall work with associations for impaired professionals to ensure the intervention, treatment, and ongoing monitoring of patients who have been identified as being addicted to substances monitored by the act.

The provisions of this act shall not apply to Schedules II, III, and IV controlled substances prescribed or dispensed where the ultimate user is an individual under 18.

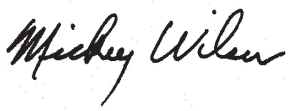
The provisions of this act shall expire on August 28, 2021.

This act contains a referendum clause.

This legislation is not federally mandated and would not duplicate any other program; however, this legislation would require additional capital improvements or rental space.

SOURCES OF INFORMATION

Office of Attorney General
Department of Health and Senior Services
Department of Insurance, Financial Institutions and Professional Registration
Department of Mental Health
Department of Corrections
Department of Public Safety -
    Missouri State Highway Patrol
Joint Committee on Administrative Rules
Missouri Office of Prosecution Services
Office of Administration -
    Administrative Hearing Commission
    Facilities Management, Design and Construction
    General Services Division
    Information Technology Services Division
Office of State Courts Administrator
Office of Secretary of State
Office of State Public Defender



Mickey Wilson, CPA
Director
April 18, 2016

Ross Strope
Assistant Director
April 18, 2016

3. Education and Outreach

EXAMPLES OF CONSUMER RESOURCES

opioid abuse - Drug Enforcement Administration - DEA Search Results - Internet Explorer

http://search.dea.gov/search?utf8=%E2%9C%93&affiliate=justice

opioid abuse - Drug Enfor...

File Edit View Favorites Tools Help

DEA UNITED STATES Drug Enforcement Administration

TOUGH WORK, VITAL MISSION

Search a DOJ site

opioid abuse

DEA.gov: Videos
www.dea.gov/media/chasing-dragon.shtml
An **opioid** and prescription drug **abuse** epidemic is sweeping the country, impacting all segments of society. To help raise awareness of this epidemic ...

[PDF] Drug Fact Sheet - Drug Enforcement Administration
www.dea.gov/druginfo/drug_data_sheets/Hydrocodone.pdf
Hydrocodone Overview Hydrocodone is the most frequently prescribed **opioid** in the United States and is associated with more drug **abuse** and diversion ...

DEA.gov: 360 Strategy Diversion Control
www.dea.gov/prevention/360-strategy/360-diversion.shtml
The connection between prescription **opioid abuse** and heroin use is clear, with 80% of new heroin abusers starting their **opioid addiction** by misusing ...

[PDF] Drug Fact Sheet - Drug Enforcement Administration
www.dea.gov/druginfo/drug_data_sheets/Narcotics.pdf
These effects are helpful in a therapeutic setting but contribute to the drugs' **abuse**. Narcotic/**opioid** use ... Drug Fact Sheet Drug Enforcement ...

[PDF] Chasing the Dragon: The Life of an **Opiate** Addict
www.dea.gov/media/OPA-CTD%20Booklet06.pdf
Opiate addiction can occur quickly, and, in most cases, individuals first become addicted by **abusing** pain pills. Prescription drugs are very

DEA.gov / New York News Releases, 02/07/16
www.dea.gov/divisions/nyc/2016/nyc020716.shtml
DEA Special Agent in Charge James J. Hunt stated, "**Opioid abuse** has ravaged communities nationwide and hit the Northeast like a tidal wave, from Maine ...

[PDF] Drugs of **Abuse** - Drug Enforcement Administration
www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf
Also known as **opioids**, the term "narcotic" comes from the Greek word for stupor and originally ... »» **Abuse** of

http://www.dea.gov/

Prescription Drug Misuse - Internet Explorer

http://dmh.mo.gov/ada/prescription-drug-misuse.html

Prescription Drug Misuse

File Edit View Favorites Tools Help

Missouri Department of MENTAL HEALTH

MO.gov | Governor Jay Nixon | Find an Agency | Online Services | Search

Follow Us | Like Us

Crisis Assistance | Alcohol and Drug Use | Mental Illness | Developmental Disabilities | Programs

Prescription Drug Misuse

» Alcohol & Drug Use

An estimated 235,000 Missourians misuse prescription drugs in the past year. Prescription drug misuse can cause negative health effects including addiction and overdose death. This issue affects people young and old. The problem can be prevented.

- What is prescription drug misuse?
- Which medications are commonly misused?
- What are the myths about prescription drugs?
- What are the signs of addiction or overdose?
- Where to get treatment?
- What are the statistics?
- What should I tell my kids?
- What should I say to my parents?
- What do I say to my doctor?

Alcohol & Drug Use

- About Us
- How & Where to Get Help
- Programs & Services
- Prevention Initiatives
- Information for Providers
- Alcohol & Drug Fact Sheets
- Bulletins/Policy Memos
- Helpful Links
- State Advisory Council
- MO Behavioral Health Epidemiology Workgroup
- Behavioral Health Data Tool
- Reports & Statistics
- Organization & Personnel

Related Information

- Substance Abuse Traffic Offender Program (SATOP)
- Missouri Credentialing Board

Search Results: opioid abuse - Internet Explorer

http://search.mo.gov/search?q=opioid+abuse&site=dhss&output

Search Results: opioid abu...

File Edit View Favorites Tools Help

Missouri Department of
Health & Senior Services

Jay Nixon, Governor
Peter Lyskowski, Acting Director

Healthy Living | Senior & Disability Services | Licensing & Regulations | Disaster & Emergency Planning | Data & Statistics | Online Services

opioid abuse [Google Search]

Search

Results **1** - **10** of about **67** for **opioid abuse**. Search took **0.04** seconds.

Next>

Sort by date / Sort by relevance

Research Alert: Rural Opioid Abuse: Prevalence and User ...

... Home; About. Research Alert: Rural **Opioid Abuse**: Prevalence and User Characteristics. February 25, 2016 View the Rural Health Research articles ...
health.mo.gov/.../ruralspotlight/research-alert-rural-opioid-abuse-prevalence-and-user-characteristics/ - 20k

RHIhub's Am I Rural? tool has new features; Rural Monitor: Rx ...

... tool has new features; Rural Monitor: Rx for healthy food; **Opioid abuse** prevention funding; Understanding social determinants; more. ...
health.mo.gov/.../ - 20k

[PDF] **CDC Guideline for Prescribing Opioids for Chronic Pain ...**

... eg, 60 mg daily of oral **morphine**, 30 mg ... with intermittent, as-needed **opioid** use (contextual ... **Abuse**-deterrent technologies have been employed to ...
health.mo.gov/safety/bndd/pdf/opiate-guidelines.pdf - 692k - 2016-03-18

[PDF] **HOT TOPICS IN PUBLIC HEALTH**

... for the Baltimore Substance **Abuse** System, Inc. (bSAS). Dr. Olsen has written and lectured extensively on addiction, **opioid** dependence, and co ...
health.mo.gov/information/news/fridayfacts/WebinarFlyers-HOTTOPICS.pdf - 50k - 2016-06-14

[PDF] **Accidental Drug Poisoning Deaths With Heroin Involvement in ...**

... According to the National Institute on Drug **Abuse** (NIDA), heroin is an **opioid** drug that is synthesized from **morphine**, which is a naturally occurring ...

EXAMPLES OF PRACTITIONER RESOURCES

Federation of State Medical Boards - Internet Explorer

http://fsmb.org/search?q=opioid+abuse

Federation of State Medic...

File Edit View Favorites Tools Help

Federation of STATE MEDICAL BOARDS

Search

Home About Sign In

opioid abuse

Search

Share

1 - 10 of 21 results

ER/LA Opioid Education

Updated On Monday, May 05, 2014 1:30:00 PM

This learning activity is built upon the combined expertise of some of the nation's most respected leaders in safe prescribing and risk management of opioid analgesics. The goal of this ... more

Local Site Content

Opioid Prescribing Book

Updated On Monday, September 22, 2014 10:36:00 AM

RESPONSIBLE OPIOID PRESCRIBING: A CLINICIAN'S GUIDE
UPDATED 2014 EDITION NOW AVAILABLE — Revised and Expanded
Responsible Opioid Prescribing: A Clinician& ... more

Local Site Content

Opioid Prescribing Book

Updated On Thursday, June 05, 2014 11:42:00 AM

RESPONSIBLE OPIOID PRESCRIBING: A CLINICIAN'S GUIDE

Early reactions to the
Clinician's Guide include: ... more

Local Site Content

Nr-opioid

Updated On Monday, April 28, 2014 2:01:03 PM

PDF Document

FSMB Prescription Drug Abuse Senate Hearing Testimony

Updated On Thursday, July 31, 2014 8:51:10 AM

PDF Document

Search | Medical Board of California - Internet Explorer

http://www.mbc.ca.gov/Search.aspx?q=opioid+abuse&cx=00177

File Edit View Favorites Tools Help

opioid abuse

The Medical Board of California

Consumers | Applicants | Licensees | About Us

Search Results

About 159 results (0.58 seconds)

Guidelines for Prescribing Controlled Substances for Pain ...
File Format: PDF/Adobe Acrobat
patient's risk for **opioid** misuse, **abuse**, or diversion. For patients presenting to the ED with an acute exacerbation of non-cancer chronic pain, ACEP recommends ...
www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf

Public Policy Relating to Prescription Drug **Abuse** – The Roles of
File Format: PDF/Adobe Acrobat
Feb 21, 2013 **...** White AG, Birnbaum, HG, Mareva MN, et al. Direct Costs of **Opioid Abuse** in an Insured Population in the United States. J Manag Care Pharm.
www.mbc.ca.gov/About_Us/Meetings/.../materials_20130221_rx-1.pdf

Clinical Challenges in **Opioid** Prescribing: Balancing Safety and ...
File Format: PDF/Adobe Acrobat
Jul 11, 2016 **...** Select patients who are appropriate candidates for **opioid** management of chronic pain. 3. Define risk factors for potential misuse, **abuse**, and ...
www.mbc.ca.gov/Licensees/Continuing.../CME_**Opioid**_20160711.pdf

State Workgroup Seeks to Curb Prescription-Drug Deaths
File Format: PDF/Adobe Acrobat
Dec 30, 2014 **...** The Prescription **Opioid** Misuse and Overdose Prevention Workgroup was ... The cost of health care related to **abuse** of **opioid** pain relievers is.
www.mbc.ca.gov/About_Us/.../news_releases_20141230_cdph.pdf

How Education and Cooperation of Physicians and Pharmacists ...

License Search
Public Documents
Subscriber Alerts
Outpatient Surgery Settings
Forms
Index

Quick Links

- Board and Committee Meeting Dates and Locations
- Laws & Regulations
- Contact Us
- Publications
- Website Feedback
- License Renewal
- LVS Information
- Medical Assistants

http://www.ncmedboard.org/search?q=opioid+abuse - Internet Explorer

http://www.ncmedboard.org/search?q=opioid+abuse

ncmedboard.org

File Edit View Favorites Tools Help

NORTH CAROLINA MEDICAL BOARD

Home About the Board Licensure Resources & Information Contact

Search Results

opioid abuse

Look up a licensee

Start Search

About 169 results (0.38 seconds)

NCMB **opioid** position statement to be adopted statewide by July 2016

Nov 13, 2015 **...** The report concluded that NC needs to strengthen its monitoring and prevention of prescription **opioid abuse** and specifically noted that North ...

www.ncmedboard.org/.../ncmb-**opioid**-position-statement-to-be-adopted- statewide-by-july-2016

NCMB's **opioid** prescribing policy to be broadly adopted statewide

Sep 21, 2015 **...** The NCMB **opioid** prescribing policy provides detailed guidance for clinicians ... to prevent **abuse**, misuse and diversion of **opioid** painkillers.

www.ncmedboard.org/.../ncmbs-**opioid**-prescribing-policy-adopted-as- statewide-standard

POLICY FOR THE USE OF OPIATES FOR THE TREATMENT OF PAIN

File Format: PDF/Adobe Acrobat

Jun 4, 2014 **...** Chief Medical Officer, and the Indiana Prescription Drug Abuse Task Force. ... **opioid abuse** treatment for every one opioid prescription-related ...

www.ncmedboard.org/.../Policy_for_the_Use_of_**Opiates**_for_the_Treatment _of_Pain_June_4_2014.pdf

Responsible **opioid** prescribing

Responsible **Opioid** Prescribing: A Physician's Guide by M. Scott Fishman, MD, ... strategies for reducing the risk of **addiction**, **abuse** and diversion of **opioids** that ...

www.ncmedboard.org/resources.../responsible-**opioid**-prescribing

Board seeks comment on rule changes to require controlled ...

Feb 4, 2016 ... Communities facing **opioid addiction** crises struggle to adequately ... the signs

http://www.ncmedboard.org/search

Board of Pharmacy - Internet Explorer

http://pr.mo.gov/pharmacists.asp

Board of Pharmacy

File Edit View Favorites Tools Help

Applications/Forms

Board Information

Consumers

Complaint Information

General Information

Licensee Information

Get Pharmacy Board News

General Inquiries

Board of Pharmacy
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573.751.0091 Telephone
573.526.3464 Fax
800.735.2966 TTY
800.735.2466 Voice Relay
MissouriBOP@pr.mo.gov
http://pr.mo.gov/pharmacists

Board of Pharmacy

PR Home » Pharmacy Home

HB 600 (Tax) List	Publications/Resources
Individual Address & Employment Changes	Statutes/Rules
Licensee Search	Technician Disqualification List
News & Alerts	Conditional Registration List
Report Technician Discipline	Online Services/Reporting
Pharmacist Practice Guide	Disciplinary Orders

Did You Miss The Board's Last Webinar?

The last webinar, "An Update on Sterile Compounding Regulations", may be viewed **here**.
Handouts
Links to other Board webinars may be found **here**.

Revised Sterile Compounding Rule

The Board of Pharmacy has filed an interim emergency rule to revise the Board's sterile compounding rule, 20 CSR 2220-2.200. The emergency rule will be effective on August 4, 2016. The Board will be conducting an educational campaign to assist pharmacies in the implementation of the revisions. This campaign will include guidance documents, webinars, and the inspection process.

Emergency Rule
Implementation Guide

Registration Is Now Open for the Sterile Compounding: Garbing & Cleaning Webinar

Date: Wednesday, August 17, 2016

Time: Noon - 1:00 PM CDT

Cost: Free

Subject: Sterile Compounding: Garbing & Cleaning

EXAMPLES OF PRACTITIONER RESOURCES

Federation of State Medical Boards - Internet Explorer

http://fsmb.org/search?q=opioid+abuse

Federation of State Medic...

File Edit View Favorites Tools Help

Federation of STATE MEDICAL BOARDS

Search

Home About Sign In

opioid abuse

Search

Share

1 - 10 of 21 results

ER/LA Opioid Education

Updated On Monday, May 05, 2014 1:30:00 PM

This learning activity is built upon the combined expertise of some of the nation's most respected leaders in safe prescribing and risk management of opioid analgesics. The goal of this ... more

Local Site Content

Opioid Prescribing Book

Updated On Monday, September 22, 2014 10:36:00 AM

RESPONSIBLE OPIOID PRESCRIBING: A CLINICIAN'S GUIDE
UPDATED 2014 EDITION NOW AVAILABLE — Revised and Expanded
Responsible Opioid Prescribing: A Clinician& ... more

Local Site Content

Opioid Prescribing Book

Updated On Thursday, June 05, 2014 11:42:00 AM

RESPONSIBLE OPIOID PRESCRIBING: A CLINICIAN'S GUIDE

Early reactions to the
Clinician's Guide include: ... more

Local Site Content

Nr-opioid

Updated On Monday, April 28, 2014 2:01:03 PM

PDF Document

FSMB Prescription Drug Abuse Senate Hearing Testimony

Updated On Thursday, July 31, 2014 8:51:10 AM

PDF Document

Search | Medical Board of California - Internet Explorer

http://www.mbc.ca.gov/Search.aspx?q=opioid+abuse&cx=00177

File Edit View Favorites Tools Help

opioid abuse

The Medical Board of California

Consumers | Applicants | Licensees | About Us

Search Results

About 159 results (0.58 seconds)

Guidelines for Prescribing Controlled Substances for Pain ...
File Format: PDF/Adobe Acrobat
patient's risk for **opioid** misuse, **abuse**, or diversion. For patients presenting to the ED with an acute exacerbation of non-cancer chronic pain, ACEP recommends ...
www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf

Public Policy Relating to Prescription Drug **Abuse** – The Roles of
File Format: PDF/Adobe Acrobat
Feb 21, 2013 **...** White AG, Birnbaum, HG, Mareva MN, et al. Direct Costs of **Opioid Abuse** in an Insured Population in the United States. J Manag Care Pharm.
www.mbc.ca.gov/About_Us/Meetings/.../materials_20130221_rx-1.pdf

Clinical Challenges in **Opioid** Prescribing: Balancing Safety and ...
File Format: PDF/Adobe Acrobat
Jul 11, 2016 **...** Select patients who are appropriate candidates for **opioid** management of chronic pain. 3. Define risk factors for potential misuse, **abuse**, and ...
www.mbc.ca.gov/Licensees/Continuing.../CME_**Opioid**_20160711.pdf

State Workgroup Seeks to Curb Prescription-Drug Deaths
File Format: PDF/Adobe Acrobat
Dec 30, 2014 **...** The Prescription **Opioid** Misuse and Overdose Prevention Workgroup was ... The cost of health care related to **abuse** of **opioid** pain relievers is.
www.mbc.ca.gov/About_Us/.../news_releases_20141230_cdph.pdf

How Education and Cooperation of Physicians and Pharmacists ...

License Search
Public Documents
Subscriber Alerts
Outpatient Surgery Settings
Forms
Index

Quick Links

- Board and Committee Meeting Dates and Locations
- Laws & Regulations
- Contact Us
- Publications
- Website Feedback
- License Renewal
- LVS Information
- Medical Assistants

http://www.ncmedboard.org/search?q=opioid+abuse - Internet Explorer

http://www.ncmedboard.org/search?q=opioid+abuse

ncmedboard.org

File Edit View Favorites Tools Help

NORTH CAROLINA MEDICAL BOARD

Home About the Board Licensure Resources & Information Contact

Search Results

opioid abuse

Look up a licensee

Start Search

About 169 results (0.38 seconds)

NCMB **opioid** position statement to be adopted statewide by July 2016

Nov 13, 2015 **...** The report concluded that NC needs to strengthen its monitoring and prevention of prescription **opioid abuse** and specifically noted that North ...

www.ncmedboard.org/.../ncmb-**opioid**-position-statement-to-be-adopted- statewide-by-july-2016

NCMB's **opioid** prescribing policy to be broadly adopted statewide

Sep 21, 2015 **...** The NCMB **opioid** prescribing policy provides detailed guidance for clinicians ... to prevent **abuse**, misuse and diversion of **opioid** painkillers.

www.ncmedboard.org/.../ncmbs-**opioid**-prescribing-policy-adopted-as- statewide-standard

POLICY FOR THE USE OF OPIATES FOR THE TREATMENT OF PAIN

File Format: PDF/Adobe Acrobat

Jun 4, 2014 **...** Chief Medical Officer, and the Indiana Prescription Drug Abuse Task Force. ... **opioid abuse** treatment for every one opioid prescription-related ...

www.ncmedboard.org/.../Policy_for_the_Use_of_**Opiates**_for_the_Treatment _of_Pain_June_4_2014.pdf

Responsible **opioid** prescribing

Responsible **Opioid** Prescribing: A Physician's Guide by M. Scott Fishman, MD, ... strategies for reducing the risk of **addiction**, **abuse** and diversion of **opioids** that ...

www.ncmedboard.org/resources.../responsible-**opioid**-prescribing

Board seeks comment on rule changes to require controlled ...

Feb 4, 2016 ... Communities facing **opioid addiction** crises struggle to adequately ... the signs

http://www.ncmedboard.org/search

Board of Pharmacy - Internet Explorer

http://pr.mo.gov/pharmacists.asp

Board of Pharmacy

File Edit View Favorites Tools Help

Applications/Forms

Board Information

Consumers

Complaint Information

General Information

Licensee Information

Get Pharmacy Board News

General Inquiries

Board of Pharmacy
3605 Missouri Boulevard
P.O. Box 625
Jefferson City, MO 65102-0625
573.751.0091 Telephone
573.526.3464 Fax
800.735.2966 TTY
800.735.2466 Voice Relay
MissouriBOP@pr.mo.gov
http://pr.mo.gov/pharmacists

Board of Pharmacy

PR Home » Pharmacy Home

HB 600 (Tax) List	Publications/Resources
Individual Address & Employment Changes	Statutes/Rules
Licensee Search	Technician Disqualification List
News & Alerts	Conditional Registration List
Report Technician Discipline	Online Services/Reporting
Pharmacist Practice Guide	Disciplinary Orders

Did You Miss The Board's Last Webinar?

The last webinar, "An Update on Sterile Compounding Regulations", may be viewed **here**.
Handouts
Links to other Board webinars may be found **here**.

Revised Sterile Compounding Rule

The Board of Pharmacy has filed an interim emergency rule to revise the Board's sterile compounding rule, 20 CSR 2220-2.200. The emergency rule will be effective on August 4, 2016. The Board will be conducting an educational campaign to assist pharmacies in the implementation of the revisions. This campaign will include guidance documents, webinars, and the inspection process.

Emergency Rule
Implementation Guide

Registration Is Now Open for the Sterile Compounding: Garbing & Cleaning Webinar

Date: Wednesday, August 17, 2016

Time: Noon - 1:00 PM CDT

Cost: Free

Subject: Sterile Compounding: Garbing & Cleaning