

Senate Bill 718 of 2018

- Requires health insurers regulated by the state to reimburse for services delivered by an assistant physician on the same basis as for comparable mid-level practitioners.
- Removes language excluding chemical dependency from a statutory definition of mental health conditions for which insurance coverage is required.
- Allows geographic proximity standards for physician assistants and their collaborating physicians to be set by regulation, reflecting a new regulatory proximity standard of 75 miles established for advanced practice registered nurses.
- Allows a physician to concurrently supervise as many as six APRNs, assistant physicians and physician assistants, with elimination of specific caps for each type of provider. The caps do not apply to hospital employees in inpatient settings or to physician-supervised certified registered nurse anesthetists.
- Applies physician assistant supervision standards of federally-designated rural health clinics to certified community behavioral health clinics and federally-qualified health centers.
- Creates more stringent liability protections for hospitals and practitioners using hemp oil in medical treatment per current law.
- Revises standards for the prescribing of buprenorphine in medication-assisted treatment of opioid addiction under collaborative practice arrangements.
- Subject to appropriations, creates an opioid abuse treatment and prevention program involving advanced practice registered nurses, physician assistants and assistant physicians in collaboration with physicians.
- Blocks the inclusion of pain scores in quality of care and patient satisfaction data the Department of Insurance is authorized to collect.
- Requires health insurers to offer their enrollees coverage of medication-assisted treatment of substance abuse disorders for an additional premium.
- Allows patients admitted to a hospital or treated at an ambulatory surgical center to designate a caregiver to perform post-discharge tasks at the patient's residence. Facilities will notify the caregiver of the patient's discharge or transfer and provide the discharge plan or care instructions.
- Protects hospitals and ambulatory surgical centers from liability and state licensure sanctions related to post-discharge caregivers and bars the state caregiver law from requiring actions inconsistent with, or duplicative of, federal or accreditation standards.
- Waives required administration of prophylactic eye drops in newborns if the parent or guardian objects, as well as eliminates required reporting of such administration.
- Permits authorized persons and entities to collect and dispose of unused controlled substances from ultimate users or hospice or home health providers.
- Supersedes local ordinances on the collection and disposal of unused controlled substances.
- Mandates a state education and awareness program regarding the disposal of drugs, including controlled substances.
- Waives statutory limits on the quantity and timing of prescription refills of maintenance medication if the prescription is issued by a practitioner in another state or dispensed to a patient who is serving in the military outside of the U.S.
- Eliminates the expiration date on a state law on refills of prescription eye drops. (

- Clarifies how a state medical records copying fee cap applies when no records or health history exist.
- Creates an “Advisory Council on Rare Diseases and Personalized Medicine” in the MO HealthNet Division.
- Designates November as Diabetes Awareness Month.
- Expands the statutory definition of mental health professional to include advanced practice registered nurses, physician assistants and assistant physicians who have specified training or experience in providing psychiatric care.
- Revises the standards for licensure as an assistant physician.