



CCS HCS SB 660 Riddle became the DMH Mental Health Omnibus Bill in House Health and Mental Health Policy. The HCS SB660 included DMH technical bills and three of five floor amendments. It was signed into law by Gov. Greitens on 6/1/18. \$0 Fiscal Note on all components

Here are the eight components:

Underlying bill

SB660 Riddle Exempts the first Sunday of November each year when Daylight Saving Time ends from current law requirements that limit the number of hours a state employee may work in a 24-hour period in certain secured mental health facilities.

HCS added DMH technical priorities.

HB2716 Hurst—Modifies provisions relating to the DMH obtaining third party payer information on individuals.

HB1970 Fitzwater—Involuntary Medication and Motion to Proceed

HB2611 Smith—Inspection of Residential Facilities and Timeline.

CCS retained these floor amendments

Amendment 2—HB1375 Ruth Post Traumatic Stress Awareness Day June 27

Amendment 3—HB1629 Evans Doctoral degrees from Psychological Clinical Science Accreditation System are acceptable for licensure as psychologist with certain requirements

Amendment 4—HB2295 Helms allows certain physician assistants, assistant physicians and APRNs licensed under chapter 334 to provide psychiatric treatment to certain mental health patients;

Here is a link to all bills that were TAFPed and their status

<https://dmh.mo.gov/opla/legislativeupdatepage.html>

Signed into law

HB2280 Haefner—Expands MO HealthNet benefits for pregnant women to provide SUD treatment for one year post-partum

SB806 Crawford—Guardianship and conservatorship—still doing the bill review on this one

TAFP but waiting action by Governor

SB718 Eigel—Includes health initiatives such as assistant physicians and their ability to prescribe buprenorphine for up to a 30-day supply without refill in certain circumstances. An assistant physician who is providing opioid addiction treatment can receive a certificate of prescriptive authority without having completed 120 hours of practice in a four-month period with a collaborating physician. **Collaborative practice between physicians and APRNs expanded from 3 to 6.** This act requires every insurance company and health service corporation to offer, in all insurance policies, **coverage for**



medication-assisted treatment for substance use disorder. The act creates the "**Improved Access to Treatment for Opioid Addictions Program,**" (**IATOA**), which shall disseminate information and best practices regarding opioid addiction, subject to appropriations. Assistant physicians who participate in the IATOA program shall complete the requirements to prescribe buprenorphine within 30 days of joining the program. The Department of Mental Health may develop curriculum, examinations, and certification on the subject of opioid addiction and treatment. An assistant physician in the IATOA program may serve several functions. When an overdose survivor comes to an emergency room, an assistant physician shall provide treatment options and support to the survivor, when reasonably practicable.