

SECOND REGULAR SESSION
[P E R F E C T E D]
SENATE SUBSTITUTE NO. 3 FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 710
96TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR ENGLER.

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TERRY L. SPIELER, Secretary.

4886S.10P

AN ACT

To repeal sections 195.015, 195.060, 195.080, and 334.747, RSMo, and to enact in lieu thereof thirteen new sections relating to controlled substances, with penalty provisions and a referendum clause.

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

Section A. Sections 195.015, 195.060, 195.080, and 334.747, RSMo, is
2 repealed and thirteen new sections enacted in lieu thereof, to be known as
3 sections 195.015, 195.060, 195.080, 195.450, 195.453, 195.456, 195.459, 195.462,
4 195.465, 195.468, 195.474, 195.477, and 334.747, to read as follows:

195.015. 1. The department of health and senior services shall administer
2 sections 195.005 to [195.425] **195.477** and may add substances to the schedules
3 after public notice and hearing. In making a determination regarding a
4 substance, the department of health and senior services shall consider the
5 following:

- 6 (1) The actual or relative potential for abuse;
- 7 (2) The scientific evidence of its pharmacological effect, if known;
- 8 (3) The state of current scientific knowledge regarding the substance;
- 9 (4) The history and current pattern of abuse;
- 10 (5) The scope, duration, and significance of abuse;
- 11 (6) The risk to the public health;

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

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

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

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

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

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

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

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

195.060. 1. Except as provided in subsection [3] 4 of this section, a

2 pharmacist, in good faith, may sell and dispense controlled substances to any
3 person only upon a prescription of a practitioner as authorized by statute,
4 provided that the controlled substances listed in Schedule V may be sold without
5 prescription in accordance with regulations of the department of health and
6 senior services. All written prescriptions shall be signed by the person
7 prescribing the same. All prescriptions shall be dated on the day when issued
8 and bearing the full name and address of the patient for whom, or of the owner
9 of the animal for which, the drug is prescribed, and the full name, address, and
10 the registry number under the federal controlled substances laws of the person
11 prescribing, if he is required by those laws to be so registered. If the prescription
12 is for an animal, it shall state the species of the animal for which the drug is
13 prescribed. The person filling the prescription shall either write the date of
14 filling and his own signature on the prescription or retain the date of filling and
15 the identity of the dispenser as electronic prescription information. The
16 prescription or electronic prescription information shall be retained on file by the
17 proprietor of the pharmacy in which it is filled for a period of two years, so as to
18 be readily accessible for inspection by any public officer or employee engaged in
19 the enforcement of this law. No prescription for a drug in Schedule I or II shall
20 be filled more than six months after the date prescribed; no prescription for a
21 drug in schedule I or II shall be refilled; no prescription for a drug in Schedule
22 III or IV shall be filled or refilled more than six months after the date of the
23 original prescription or be refilled more than five times unless renewed by the
24 practitioner.

25 **2. A pharmacist, in good faith, may sell and dispense controlled**
26 **substances to any person upon a prescription of a practitioner located**
27 **in another state, provided that the:**

28 **(1) Prescription was issued according to and in compliance with**
29 **the applicable laws of that state and the United States; and**

30 **(2) Quantity limitations in subsection 2 of section 195.080 apply**
31 **to prescriptions dispensed to patients located in this state.**

32 **3.** The legal owner of any stock of controlled substances in a pharmacy,
33 upon discontinuance of dealing in such drugs, may sell the stock to a
34 manufacturer, wholesaler, or pharmacist, but only on an official written order.

35 **[3.] 4.** A pharmacist, in good faith, may sell and dispense any Schedule
36 II drug or drugs to any person in emergency situations as defined by rule of the
37 department of health and senior services upon an oral prescription by an

38 authorized practitioner.

39 [4.] 5. Except where a bona fide physician-patient-pharmacist
40 relationship exists, prescriptions for narcotics or hallucinogenic drugs shall not
41 be delivered to or for an ultimate user or agent by mail or other common carrier.

195.080. 1. Except as otherwise in sections 195.005 to 195.425 specifically
2 provided, sections 195.005 to 195.425 shall not apply to the following cases:
3 prescribing, administering, dispensing or selling at retail of liniments, ointments,
4 and other preparations that are susceptible of external use only and that contain
5 controlled substances in such combinations of drugs as to prevent the drugs from
6 being readily extracted from such liniments, ointments, or preparations, except
7 that sections 195.005 to 195.425 shall apply to all liniments, ointments, and other
8 preparations that contain coca leaves in any quantity or combination.

9 2. The quantity of Schedule II controlled substances prescribed or
10 dispensed at any one time shall be limited to a thirty-day supply. The quantity
11 of Schedule III, IV or V controlled substances prescribed or dispensed at any one
12 time shall be limited to a ninety-day supply and shall be prescribed and
13 dispensed in compliance with the general provisions of sections 195.005 to
14 195.425. The supply limitations provided in this subsection may be increased up
15 to three months if the physician describes on the prescription form or indicates
16 via telephone, fax, or electronic communication to the pharmacy to be entered on
17 or attached to the prescription form the medical reason for requiring the larger
18 supply. The supply limitations provided in this subsection shall not apply if:

19 (1) **The prescription is issued by a practitioner located in**
20 **another state according to and in compliance with the applicable laws**
21 **of that state and the United States and dispensed to a patient located**
22 **in another state; or**

23 (2) The prescription is dispensed directly to a member of the United
24 States armed forces serving outside the United States.

25 3. The partial filling of a prescription for a Schedule II substance is
26 permissible as defined by regulation by the department of health and senior
27 services.

195.450. 1. Sections 195.450 to 195.477 shall be known and may
2 be cited as the "Prescription Drug Monitoring Program Act".

3 2. As used in sections 195.450 to 195.477, the following terms
4 mean:

5 (1) "Cash transactions", a payment to a dispenser by a patient by

6 means other than through a third party payer which conducts business
7 for the purpose of making payment for health care services delivered
8 to a patient, including but not limited to a health carrier defined under
9 section 376.1350 and self-insured entities;

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

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

13 (4) "Dispenser", a person who delivers a schedule II controlled
14 substance or a schedule III controlled substance containing
15 dihydrocodone to the ultimate user, but does not include:

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

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

21 (c) A wholesale distributor of a schedule II controlled substance
22 or a schedule III controlled substance containing dihydrocodone;

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

28 (6) "Schedule II controlled substance or a schedule III controlled
29 substance containing dihydrocodone", a controlled substance that is
30 listed in schedule II or a controlled substance containing
31 dihydrocodone listed in schedule III of the schedules provided under
32 this chapter or the Federal Controlled Substances Act, 21 U.S.C. Section
33 812.

34 3. Notwithstanding any other law to the contrary, the provisions
35 of this section shall not apply to persons licensed under chapter 340.

195.453. 1. The department of health and senior services shall
2 establish and maintain a program for the monitoring of prescribing and
3 dispensing of all schedule II controlled substances and all schedule III
4 controlled substances containing dihydrocodone by all professionals
5 licensed to prescribe or dispense such substances in this state and
6 where such substances are purchased by a cash transaction. The
7 department may apply for any available grants and shall accept any

8 gifts, grants, or donations to develop and maintain the program. All
9 funding for prescription drug monitoring program shall be provided
10 exclusively by gifts, grants, and donations.

11 2. Each dispenser shall submit to the department by electronic
12 means information regarding each dispensation of a drug included in
13 subsection 1 of this section. The information submitted for each shall
14 include, but not be limited to:

15 (1) The pharmacy federal Drug Enforcement Administration
16 ("DEA") number;

17 (2) The date of the dispensation;

18 (3) If there is a prescription:

19 (a) The prescription number;

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

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

23 (d) The date the prescription is issued by the prescriber;

24 (e) The source of payment for the prescription;

25 (4) The National Drug Code ("NDC") for the drug dispensed;

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

27 (6) The quantity dispensed;

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

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

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

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

33 3. Each dispenser shall submit the information in accordance
34 with transmission standards established by the American Society for
35 Automation in Pharmacy, or any successor organization, and shall
36 report data within every seven days except that such information under
37 this subsection shall be transmitted immediately once the department
38 has provided for the information to be transmitted in real-time. Such
39 real-time transmission shall occur by August 28, 2014, or sooner if such
40 technology becomes available.

41 4. (1) The department may issue a waiver to a dispenser that is
42 unable to submit dispensation information by electronic means. Such
43 waiver may permit the dispenser to submit dispensation information
44 by paper form or other means, provided all information required in

45 subsection 2 of this section is submitted in such alternative format.

46 (2) The department may grant an extension to dispensers who
47 are temporarily unable to electronically submit the dispensation
48 information required in subsection 2 of this section in accordance with
49 the time frame established in subsection 3 of this section due to
50 unforeseen circumstances. In cases where an extension is granted,
51 dispensers shall be responsible for reporting the required data in a
52 subsequent file.

53 5. The department shall reimburse each dispenser for the fees
54 and other direct costs of transmitting the information required by this
55 section.

195.456. 1. Dispensation information submitted to the
2 department shall be confidential and not subject to public disclosure
3 under chapter 610 except as provided in subsections 3 to 5 of this
4 section.

5 2. The department shall maintain procedures to ensure that the
6 privacy and confidentiality of patients and personnel information
7 collected, recorded, transmitted, and maintained is not disclosed to
8 persons except as provided in subsections 3 to 5 of this section.

9 3. The department shall review the dispensation information
10 and, if there is reasonable cause to believe a violation of law or breach
11 of professional standards may have occurred, the department shall
12 notify the appropriate law enforcement or professional licensing,
13 certification, or regulatory agency or entity, and provide dispensation
14 information required for an investigation.

15 4. The department may provide data in the controlled substances
16 dispensation monitoring program to the following persons:

17 (1) Persons, both in-state and out-of-state, authorized to
18 prescribe or dispense controlled substances for the purpose of
19 providing medical or pharmaceutical care for their patients;

20 (2) An individual who requests his or her own dispensation
21 monitoring information in accordance with state law;

22 (3) The state board of pharmacy;

23 (4) Any state board charged with regulating a professional that
24 has the authority to prescribe or dispense controlled substances that
25 requests data related to a specific professional under the authority of
26 that board;

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

31 **(6) The family support division within the department of social**
32 **services regarding Medicaid program recipients;**

33 **(7) A judge or other judicial authority under a subpoena or court**
34 **order; and**

35 **(8) Personnel of the department of health and senior services for**
36 **the administration and enforcement of sections 195.450 to 195.477.**

37 **5. The department may provide data to public or private entities**
38 **for statistical, research, or educational purposes after removing**
39 **information that could be used to identify individual patients,**
40 **prescribers, dispensers, or persons who received dispensations from**
41 **dispensers.**

42 **6. Nothing in sections 195.450 to 195.477 shall be construed to**
43 **require a pharmacist or prescriber to obtain information about a**
44 **patient from the database. A pharmacist or prescriber shall not be held**
45 **liable for damages to any person in any civil action for injury, death,**
46 **or loss to person or property on the basis that the pharmacist or**
47 **prescriber did or did not seek or obtain information from the database.**

48 **7. The department shall not retain the data obtained from the**
49 **controlled substances dispensation monitoring program under sections**
50 **195.450 to 195.477 for more than one hundred and eighty days after the**
51 **prescription was written or was filled by the patient, whichever is**
52 **sooner.**

195.459. The department is authorized to contract with any other
2 **agency of this state or any other state with a private vendor, or any**
3 **state government that currently runs a prescription monitoring**
4 **program. Any contractor shall comply with the provisions regarding**
5 **confidentiality of prescription information in section 195.456.**

195.462. The department shall promulgate rules setting forth the
2 **procedures and methods of implementing sections 195.450 to**
3 **195.474. 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 the effective date of
12 this act shall be invalid and void.

195.465. 1. A dispenser who knowingly fails to submit
2 dispensation monitoring information to the department as required in
3 sections 195.450 to 195.477 or knowingly submits the incorrect
4 dispensation information shall be subject to an administrative penalty
5 in the amount of one thousand dollars for each violation. The penalty
6 shall be assessed through an order issued by the director of the
7 department. Any person subject to an administrative penalty may
8 appeal to the administrative hearing commission under the provisions
9 of chapter 621.

10 2. A person authorized to have dispensation monitoring
11 information under sections 195.450 to 195.477 who knowingly discloses
12 such information in violation of sections 195.450 to 195.477 or who uses
13 such information in a manner and for a purpose in violation of sections
14 195.450 to 195.477 is guilty of a class A misdemeanor.

15 3. Neither the sovereign nor the official immunity doctrines shall
16 apply to a person or a department authorized to have private
17 prescription-related medical information under sections 195.450 to
18 195.477 in instances when such information is disclosed. If the
19 department is responsible in whole or in part for private prescription-
20 related medical information being negligently disclosed, then the
21 person whose information was disclosed shall have a cause of action to
22 recover liquidated damages in the amount of twenty-five thousand
23 dollars in addition to compensatory economic and non-economic
24 damages, attorney fees, and court costs. If it is determined by a court
25 of competent jurisdiction that such disclosure was done intentionally
26 and maliciously, then the person shall be entitled to punitive damages
27 in addition to the damages above. None of the foregoing damages shall
28 be paid out from the state legal expense fund but shall be paid out of
29 the appropriations to the department for its operations.

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 **dispensation monitoring program established in section 195.453;**

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

8 **(3) A course for persons who are authorized to access the**
9 **dispensation monitoring information but who have violated laws or**
10 **breached occupational standards involving dispensing, prescribing, and**
11 **use of substances monitored by the dispensation monitoring program**
12 **established in section 195.453.**

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

15 **2. The department shall, when appropriate:**

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

18 **(2) Encourage individual patients who are identified and who**
19 **have become addicted to substances monitored by the dispensation**
20 **monitoring program established in section 195.453 to receive addiction**
21 **treatment.**

195.474. Under section 23.253 of the Missouri sunset act:

2 **(1) The provisions of the new program authorized under sections**
3 **195.450 to 195.474 shall automatically sunset six years after the**
4 **effective date of sections 195.450 to 195.474 unless reauthorized by an**
5 **act of the general assembly; and**

6 **(2) If such program is reauthorized, the program authorized**
7 **under sections 195.450 to 195.474 shall automatically sunset six years**
8 **after the effective date of the reauthorization of sections 195.450 to**
9 **195.474; and**

10 **(3) Sections 195.450 to 195.474 shall terminate on September first**
11 **of the calendar year immediately following the calendar year in which**
12 **the program authorized under sections 195.450 to 195.474 is sunset.**

195.477. 1. By no later than January 1, 2014, the bureau of
2 **narcotics and dangerous drugs within the department of health and**
3 **senior services shall establish a two-year statewide pilot project for the**
4 **reporting of fraudulently obtained prescription controlled**
5 **substances. The pilot project shall include the following:**

6 **(1) Provide a toll-free number for reporting to the bureau by**

7 physicians, pharmacists, and other health care professionals with
8 prescriptive authority who have reason to believe that a person is
9 fraudulently attempting to obtain a prescription for a controlled
10 substance or is attempting to obtain an excessive amount of a
11 controlled substance by prescription;

12 (2) Establish a system within the bureau for receiving such
13 reports under subdivision (1) of this subsection along with any
14 evidence offered or submitted by the reporter which indicates the
15 fraud; and

16 (3) Forward such reports, along with any evidence offered or
17 submitted to the appropriate prosecuting attorney or the state attorney
18 general for investigation and prosecution.

19 2. On or before February 1, 2014, and February 1, 2015, the
20 bureau of narcotics and dangerous drugs shall submit a report to the
21 general assembly detailing the following specifics regarding the pilot
22 project:

23 (1) The number of reports received under this section;

24 (2) The type of evidence offered or submitted indicating the
25 fraud;

26 (3) The number of referrals to the attorney general and each
27 local prosecuting attorney;

28 (4) The number of cases investigated and prosecuted as a result
29 of such reporting, and the number of convictions or pleas resulting
30 from such investigations and prosecutions. The attorney general and
31 local prosecuting attorneys shall cooperate with the bureau in the
32 submission and collection of the information necessary for inclusion in
33 the report; and

34 (5) Any recommendations regarding continuance of and
35 improvements in the pilot project.

36 Nothing in this section shall be construed as authorizing the inclusion
37 or release of any identifying information of any reporter or person who
38 is identified as a person who is attempting to fraudulently obtain
39 prescription controlled substances.

40 3. Any person who in good faith reports to the bureau under this
41 section shall be immune from any civil or criminal liability as the
42 result of such good faith reporting.

43 4. The department of health and senior services may promulgate

44 rules to implement the provisions of this section. Any rule or portion
45 of a rule, as that term is defined in section 536.010, that is created
46 under the authority delegated in this section shall become effective
47 only if it complies with and is subject to all of the provisions of chapter
48 536 and, if applicable, section 536.028. This section and chapter 536 are
49 nonseverable and if any of the powers vested with the general assembly
50 pursuant to chapter 536 to review, to delay the effective date, or to
51 disapprove and annul a rule are subsequently held unconstitutional,
52 then the grant of rulemaking authority and any rule proposed or
53 adopted after the effective date of this act shall be invalid and void.

54 5. The department shall implement and provide all monitoring
55 under the pilot project with existing department employees. Nothing
56 in this section shall be construed as authorizing the hiring of
57 additional employees to implement this pilot project and the
58 department is required to implement this pilot project upon receipt of
59 gifts, grants, and donations received for such purpose, without any
60 additional state appropriations or department staff; except that, the
61 department may enter into agreements with other state agencies or a
62 private vendor, as necessary, to ensure the effective operations of the
63 program if such agreements are funded solely from gifts, grants, and
64 donations. Any agency or private vendor entering into an agreement
65 with the department for the pilot project shall comply with the
66 confidentiality provisions regarding the prescription information under
67 section 195.456.

68 6. Under section 23.253 of the Missouri sunset act:

69 (1) The provisions of the new program authorized under this
70 section shall automatically sunset three years after the effective date
71 of this section unless reauthorized by an act of the general assembly;
72 and

73 (2) If such program is reauthorized, the program authorized
74 under this section shall automatically sunset twelve years after the
75 effective date of the reauthorization of this section; and

76 (3) This section shall terminate on September first of the
77 calendar year immediately following the calendar year in which the
78 program authorized under this section is sunset.

334.747. 1. A physician assistant with a certificate of controlled
2 substance prescriptive authority as provided in this section may prescribe any

3 controlled substance listed in schedule III, IV, or V of section 195.017 when
4 delegated the authority to prescribe controlled substances in a supervision
5 agreement. Such authority shall be listed on the supervision verification form on
6 file with the state board of healing arts. The supervising physician shall
7 maintain the right to limit a specific scheduled drug or scheduled drug category
8 that the physician assistant is permitted to prescribe. Any limitations shall be
9 listed on the supervision form. Physician assistants shall not prescribe controlled
10 substances for themselves or members of their families. Schedule III controlled
11 substances shall be limited to a five-day supply without refill. Physician
12 assistants who are authorized to prescribe controlled substances under this
13 section shall register with the federal Drug Enforcement Administration and the
14 state bureau of narcotics and dangerous drugs, and shall include [such] **the**
15 **Drug Enforcement Administration** registration [numbers] **number** on
16 prescriptions for controlled substances.

17 2. The supervising physician shall be responsible to determine and
18 document the completion of at least one hundred twenty hours in a four-month
19 period by the physician assistant during which the physician assistant shall
20 practice with the supervising physician on-site prior to prescribing controlled
21 substances when the supervising physician is not on-site. Such limitation shall
22 not apply to physician assistants of population-based public health services as
23 defined in 20 CSR 2150-5.100 as of April 30, 2009.

24 3. A physician assistant shall receive a certificate of controlled substance
25 prescriptive authority from the board of healing arts upon verification of the
26 completion of the following educational requirements:

27 (1) Successful completion of an advanced pharmacology course that
28 includes clinical training in the prescription of drugs, medicines, and therapeutic
29 devices. A course or courses with advanced pharmacological content in a
30 physician assistant program accredited by the Accreditation Review Commission
31 on Education for the Physician Assistant (ARC-PA) or its predecessor agency
32 shall satisfy such requirement;

33 (2) Completion of a minimum of three hundred clock hours of clinical
34 training by the supervising physician in the prescription of drugs, medicines, and
35 therapeutic devices;

36 (3) Completion of a minimum of one year of supervised clinical practice
37 or supervised clinical rotations. One year of clinical rotations in a program
38 accredited by the Accreditation Review Commission on Education for the

39 Physician Assistant (ARC-PA) or its predecessor agency, which includes
40 pharmacotherapeutics as a component of its clinical training, shall satisfy such
41 requirement. Proof of such training shall serve to document experience in the
42 prescribing of drugs, medicines, and therapeutic devices;

43 (4) A physician assistant previously licensed in a jurisdiction where
44 physician assistants are authorized to prescribe controlled substances may obtain
45 a state bureau of narcotics and dangerous drugs registration if a supervising
46 physician can attest that the physician assistant has met the requirements of
47 subdivisions (1) to (3) of this subsection and provides documentation of existing
48 federal Drug Enforcement Agency registration.

Section B. This act is hereby submitted to the qualified voters of this state
2 for approval or rejection at an election which is hereby ordered and which shall
3 be held and conducted on Tuesday next following the first Monday in November,
4 2012, pursuant to the laws and constitutional provisions of this state for the
5 submission of referendum measures by the general assembly, and this act shall
6 become effective when approved by a majority of the votes cast thereon at such
7 election and not otherwise.

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

5 "Shall the Missouri Statutes be amended to:

- 6 • Create a prescription drug monitoring program?
- 7 • Create limits on prescriptions issued by out-of-state medical professionals?
- 8 • Modify the controlled substance registration of physician assistants?"

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