



Governmental Services Group

This week, the Missouri House of Representatives dedicated a large portion of their time to passing the state budget bills. The budget package totals a \$46.1 billion dollar spending plan. During the budget debate on the House Floor, Democrats pushed Republican lawmakers to utilize Missouri's record surplus. The attempt was unsuccessful, and the House ended up passing a spending package that was around \$1.2 billion dollars less than Governor Parson's proposed budget.

The House cut Parson's minimum wage increase for teachers and his plan to allocate \$500 million to the Missouri State Employee Retirement System. Now that the budget bills have been sent to the Senate, expect for most of the time to be spent finalizing budget allocations over the next few weeks.

The Senate closed out their week without much fanfare compared to previous weeks. They took up consent bills for the majority of Wednesday. After the threat of a filibuster over vaccine related language on private employers the Senate instead went to tort reform over current statute of limitations on civil suits. There was opposition from an unlikely source, Sen. Eigel, who joined attorneys in the Senate, Democrat Sens. Roberts and Washington. The Senate wrapped up at around 11:30 pm Wednesday and took a short day Thursday.

We will continue to keep you updated on the latest as the pace picks up.

Telemedicine

HB 2510, sponsored by Representative Simmons, modifies the definitions for health care providers and physicians as it relates to the use of telemedicine in order to treat patients in this state by adding that the definition shall include those licensed by another state, a territory of the United States, or the District of Columbia. HB 2150 was voted out of Committee DO PASS.

State Mental Health Commission

SB 1168, sponsored by Senator Gannon, modifies provisions relating to the State Mental Health Commission. Under this act, the Department of Mental Health (DMH) and the Department of Social Services shall oversee and implement a collaborative project to assess the continued hospitalization without medical justification of foster children and DMH clients due to a lack of

post-discharge placement options or because they are awaiting screening for appropriateness of residential treatment services, as well as to develop recommendations to ensure these patients receive treatment in the most cost-effective and efficacious settings consistent with federal and state standards for treatment in the least restrictive environment. The Departments shall solicit information from specified persons and entities and shall issue interim reports by December 31, 2022, and July 1, 2023, before issuing a final report by December 1, 2023. The provisions of this act shall expire on January 1, 2024.

This bill was voted out of Senate Committee DO PASS.

Opioid Addiction Treatment and Recovery Fund

HB 2162, sponsored by Representative Deaton, modifies provisions relating to the opioid addiction treatment and recovery fund. Under this act, the Director of the Department of Health and Senior Services, if a licensed physician, or a licensed physician on behalf of the Director, may issue a statewide standing order for an addiction mitigation medication, defined as naltrexone hydrochloride administered in a manner approved by the U.S. Food and Drug Administration or any accepted medical practice method of administering.

Any licensed pharmacist may sell and dispense an addiction mitigation medication under a physician protocol or a statewide standing order. A pharmacist who, acting in good faith and with reasonable care, sells or dispenses the addiction mitigation medication and an appropriate device to administer the drug, and the protocol physician, shall not be subject to any criminal or civil liability or professional disciplinary action for prescribing or dispensing the medication and any outcome resulting from the administration of the medication. A physician issuing the statewide standing order shall likewise face no liability or professional discipline relating to the order or administration of the medication.

It shall be permissible for any person to possess an addiction mitigation medication.

This bill was third read and passed out of the Senate with a 30-0 vote. The Senate has requested House concurrence on the bill.

Masking Ordinances

HB 1960, sponsored by Representative Murphy, creates provisions relating to masking requirements. This bill defines "Masking order" as a public health order, ordinance, or rule requiring the wearing of masks, issued by the local governing body, local government entity or local government official in response to a public health threat. The bill sets forth the types of masks that satisfy the mask-wearing requirements. Other factors relating to the masking order such as posting of the order with instructions for proper fitting and disposal, duration of the order and renewals, and procedure for obtaining an exemption are included in the bill.

Any local government entity or local governing body that issues a masking order assumes all liability for any medical condition that is caused by the mask-wearing required by the order regardless of the sovereign immunity provisions or any other provision of the law.

Any school district or charter school that requires its students to wear masks during school hours shall offer a remote learning option to any student that does not wish to comply with the order.

Any masking requirement issued by the Governor or state government official supercedes contrary masking requirement orders issued by a local government entity or body.

The masking order does not apply to the term "order" defined in Section 67.265.

This bill also defines certain terms and specifies that a masking order does not apply to any public area in a government building unless the order is issued by the Governor or state government officials under a state of emergency declaration.

This bill was voted out of the House Rules Committee DO PASS.