

**PRELIMINARY STAFF MEASURE SUMMARY****CARRIER:**

Senate Committee on Senate Health Care

**REVENUE: No revenue impact****FISCAL: May have fiscal impact, statement not yet issued****Action:****Vote:****Yeas:****Nays:****Exc.:****Prepared By:** Zena Rockowitz, Administrator**Meeting Dates:** 4/1, 4/20

**WHAT THE MEASURE DOES:** Requires health benefit plans that provide coverage of opioid analgesic drug products to provide coverage of abuse-deterrent opioid analgesic drug products. Specifies health benefit plan may not: impose cost sharing coverage of abuse-deterrent opioid analgesic drug products that exceed lowest cost sharing for other drugs; impose utilization control measures to require initial treatment using opioid analgesic drugs before prescribing abuse-deterrent opioid analgesic product. Permits health benefit plans to impose abuse-deterrent opioid analgesic drug utilization control measures only if same requirements are applied to opioid analgesic drug products. Specifies insurers cannot increase lowest cost sharing level imposed on drugs covered in order to comply, or create financial disincentive for prescribers and dispensers.

**ISSUES DISCUSSED:**

- Widespread opioid prescription drug abuse
- Insurance companies payment for abuse deterrent medication
- Effectiveness of abuse deterrent medication
- Federal Drug Administration pending approval
- Safety challenges from law enforcement perspective
- Dispensing rate of opioids

**EFFECT OF COMMITTEE AMENDMENT:**

**BACKGROUND:** Opioids (e.g., oxycodone, morphine and methadone) are drugs that are commonly prescribed to relieve pain. Opioids are classified as Schedule II by the federal Drug Enforcement Administration which means they are considered to have high potential for abuse and may lead to severe psychological or physical dependence. For 2012, the Centers for Disease Control and Prevention reported prescribing rates per person by state. Oregon ranked 4<sup>th</sup> in prescribing extended-release opioid pain relievers, 20<sup>th</sup> in prescribing opioids, and 16<sup>th</sup> in prescribing high-dose opioid pain relievers. In 2011, the last date for which information on opioid abuse is available in Oregon, one person died of drug overdose for every 10,175 prescriptions dispensed.

People often choose to crush, cut, grate, or dissolve opioid products in order to snort or ingest the drug. This method of administration increases risks of addiction and overdose. The Federal Drug Administration approved an abuse-deterrent opioid analgesic drug product to render opioid drugs inactive when the substance is altered. These products can also be made to create an unpleasant effect if the dosage is manipulated.

4/17/2015 3:03:00 PM \*

***This summary has not been adopted or officially endorsed by action of the committee.***

Committee Services Form – 2015 Regular Session