

**PROPOSED AMENDMENTS TO
A-ENGROSSED SENATE BILL 71**

1 On page 1 of the printed A-engrossed bill, line 2, after “provisions;” delete
2 the rest of the line and insert “amending ORS 192.502, 431.964 and 431.996;
3 and declaring an emergency.”.

4 In line 27, after “(2)(b)” insert “and (c)”.

5 On page 2, after line 11, insert:

6 **“SECTION 2.** ORS 431.966 is amended to read:

7 “431.966. (1)(a) Except as provided under subsection (2) of this section,
8 prescription monitoring information submitted under ORS 431.964 to the
9 prescription monitoring program established in ORS 431.962:

10 “(A) Is protected health information under ORS 192.553 to 192.581.

11 “(B) Is not subject to disclosure pursuant to ORS 192.410 to 192.505.

12 “(b) Except as provided under subsection (2)(a)(E) of this section, pre-
13 scription monitoring information submitted under ORS 431.964 to the pre-
14 scription monitoring program may not be used to evaluate a practitioner’s
15 professional practice.

16 “(2)(a) To the extent that the law or regulation is applicable to the pre-
17 scription monitoring program, if a disclosure of prescription monitoring in-
18 formation, other than the sex of a patient for whom a drug was prescribed,
19 complies with the federal Health Insurance Portability and Accountability
20 Act of 1996 (P.L. 104-191) and regulations adopted under it, including 45
21 C.F.R. parts 160 and 164, federal alcohol and drug treatment confidentiality
22 laws and regulations [*adopted under those laws*], including 42 C.F.R. part 2,

1 and state health and mental health confidentiality laws, including ORS
2 179.505, 192.517 and 192.553 to 192.581, the Oregon Health Authority shall
3 disclose the information:

4 “(A) To a practitioner or pharmacist, or, if a practitioner or pharmacist
5 authorizes the authority to disclose the information to a member of the
6 practitioner’s or pharmacist’s staff, to a member of the practitioner’s or
7 pharmacist’s staff. If a practitioner or pharmacist authorizes disclosing the
8 information to a member of the practitioner’s or pharmacist’s staff under this
9 subparagraph, the practitioner or pharmacist remains responsible for the use
10 or misuse of the information by the staff member. To receive information
11 under this subparagraph, or to authorize the receipt of information by a staff
12 member under this subparagraph, a practitioner or pharmacist must certify
13 that the requested information is for the purpose of evaluating the need for
14 or providing medical or pharmaceutical treatment [*for*] **to** a patient to whom
15 the practitioner or pharmacist anticipates providing, is providing or has
16 provided care.

17 “(B) To a practitioner in a form that catalogs all prescription drugs pre-
18 scribed by the practitioner according to the number assigned to the practi-
19 tioner by the Drug Enforcement Administration of the United States
20 Department of Justice.

21 “(C) To designated representatives of the authority or any vendor or
22 contractor with whom the authority has contracted to establish or maintain
23 the electronic system of the prescription monitoring program.

24 “(D) Pursuant to a valid court order based on probable cause and issued
25 at the request of a federal, state or local law enforcement agency engaged
26 in an authorized drug-related investigation involving a person to whom the
27 requested information pertains.

28 “(E) To a health professional regulatory board that certifies in writing
29 that the requested information is necessary for an investigation related to
30 licensure, **licensure** renewal or **a** disciplinary action involving the applicant,

1 licensee or registrant to whom the requested information pertains.

2 **“(F) To the State Medical Examiner or designee of the State Med-**
3 **ical Examiner, a district medical examiner appointed under ORS**
4 **146.065 or a deputy medical examiner appointed under ORS 146.085, for**
5 **the purpose of conducting a medicolegal investigation or autopsy.**

6 ~~“(F) (G)~~ To a prescription monitoring program of another state if the
7 confidentiality, security and privacy standards of the requesting state are
8 determined by the authority to be equivalent to those of the authority.

9 ~~“(G) To the State Medical Examiner or designee of the State Medical Ex-~~
10 ~~aminer, for the purpose of conducting a medicolegal investigation or autopsy.]~~

11 **“(b) Upon request, the authority shall disclose, in the form of a data**
12 **set that uses unique identifiers, prescription monitoring information**
13 **that does not identify a patient, practitioner or drug outlet to a local**
14 **public health authority as defined in ORS 431.260 for purposes related**
15 **to research and epidemiological study.**

16 ~~“(b) (c)~~ The **Oregon Health** Authority may disclose information from
17 the prescription monitoring program that does not identify a patient, prac-
18 titioner or drug outlet:

19 ~~“(A)~~ For educational, research or public health purposes;

20 ~~“(B)~~ To a local public health authority, as defined in ORS 431.260; or

21 ~~“(C)~~ To officials of the **Oregon Health** Authority who are conducting
22 special epidemiologic morbidity and mortality studies in accordance with
23 ORS 413.196 and rules adopted under ORS 431.110.

24 **“(d) A local public health authority, as defined in ORS 431.260, may**
25 **disclose information from the prescription monitoring program that**
26 **does not identify a patient, practitioner or drug outlet for educational,**
27 **research or public health purposes.**

28 ~~“(c) (e)~~ The **Oregon Health** Authority shall disclose information relat-
29 ing to a patient maintained in the electronic system operated pursuant to the
30 prescription monitoring program [*established under ORS 431.962*] to that pa-

1 tient at no cost to the patient within 10 business days after the authority
2 receives a request from the patient for the information.

3 “[(d)(A)] **(f)(A)** A patient may request the authority to correct any in-
4 formation about the patient that is erroneous. The authority shall grant or
5 deny a request to correct information within 10 business days after the au-
6 thority receives the request.

7 “(B) If the authority denies a patient’s request to correct information
8 under this paragraph, or fails to grant a patient’s request to correct infor-
9 mation under this paragraph within 10 business days after the authority re-
10 ceives the request, the patient may appeal the denial or failure to grant the
11 request. Upon [receipt] **receiving notice** of an appeal under this subpara-
12 graph, the authority shall conduct a contested case hearing as provided in
13 ORS chapter 183. Notwithstanding ORS 183.450, [*in the contested case hear-*
14 *ing,*] the authority has the burden **in the contested case hearing** of estab-
15 lishing that the information included in the prescription monitoring program
16 is correct.

17 “[(e)] **(g)** The information in the prescription monitoring program may not
18 be used for any commercial purpose.

19 “[(f)] **(h)** In accordance with ORS 192.553 to 192.581 and federal privacy
20 regulations, any person authorized to prescribe or dispense a prescription
21 drug and who is entitled to access a patient’s prescription monitoring infor-
22 mation may discuss or release the information to other health care providers
23 involved with the patient’s care[, *in order to provide*] **for the purpose of**
24 **providing** safe and appropriate care coordination.

25 “(3)(a) The authority shall maintain records of the information disclosed
26 through the prescription monitoring program including, but not limited to:

27 “(A) The identity of each person who requests or receives information
28 from the program and [*the organization, if any,*] **any organization that** the
29 person represents;

30 “(B) The information released to each person or organization; and

1 “(C) The date and time the information was requested and the date and
2 time the information was provided.

3 “(b) Records maintained as required by this subsection may be reviewed
4 by the Prescription Monitoring Program Advisory Commission.

5 “(4) Information in the prescription monitoring program that identifies
6 an individual patient must be removed no later than three years from the
7 date the information is entered into the program.

8 “(5) The authority shall notify the Attorney General and each affected
9 individual of an improper disclosure of information from the prescription
10 monitoring program.

11 “(6)(a) If the authority or a person or entity required to report or au-
12 thorized to receive or release controlled substance prescription information
13 under this section violates this section or ORS 431.964 or 431.968, a person
14 injured by the violation may bring a civil action against the authority, per-
15 son or entity and may recover damages in the amount of \$1,000 or actual
16 damages, whichever is greater.

17 “(b) Notwithstanding paragraph (a) of this subsection, the authority and
18 a person or entity required to report or authorized to receive or release
19 controlled substance prescription information under this section are immune
20 from civil liability for violations of this section or ORS 431.964 or 431.968
21 unless the authority, person or entity acts with malice, criminal intent, gross
22 negligence, recklessness or willful intent.

23 “(7) Nothing in ORS 431.962 to 431.978 and 431.992 requires a practitioner
24 or pharmacist who prescribes or dispenses a prescription drug to obtain in-
25 formation about a patient from the prescription monitoring program. A
26 practitioner or pharmacist who prescribes or dispenses a prescription drug
27 may not be held liable for damages in any civil action on the basis that the
28 practitioner or pharmacist [*did or did not request or obtain*] **requested or**
29 **obtained** information from the prescription monitoring program.”.

30 In line 12, delete “2” and insert “3”.

1 On page 8, line 36, delete “3” and insert “4”.

2 After line 37, insert:

3 **“SECTION 5. The amendments to ORS 431.966 by section 2 of this**
4 **2015 Act apply to information related to prescription drugs classified**
5 **in schedules II through IV that are dispensed before, on or after the**
6 **operative date specified in section 6 of this 2015 Act.**

7 **“SECTION 6. (1) The amendments to ORS 431.964 and 431.966 by**
8 **sections 1 and 2 of this 2015 Act become operative on January 1, 2016.**

9 **“(2) The Oregon Health Authority may take any action before the**
10 **operative date specified in subsection (1) of this section that is neces-**
11 **sary to enable the authority to exercise, on and after the operative**
12 **date specified in subsection (1) of this section, all the duties, powers**
13 **and functions conferred on the authority by the amendments to ORS**
14 **431.964 and 431.966 by sections 1 and 2 of this 2015 Act.**

15 **“SECTION 7. This 2015 Act being necessary for the immediate**
16 **preservation of the public peace, health and safety, an emergency is**
17 **declared to exist, and this 2015 Act takes effect on its passage.”.**

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