

FISCAL IMPACT OF PROPOSED LEGISLATION

Measure: HB 3440 - A7

79th Oregon Legislative Assembly – 2017 Regular Session
Legislative Fiscal Office

*Only Impacts on Original or Engrossed
Versions are Considered Official*

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Measure Description:

Removes special training requirement from statutes governing prescribing, dispensing and distributing naloxone. Makes numerous changes to the Prescription Drug Monitoring Program (PDMP) at the Oregon Health Authority.

Government Unit(s) Affected:

Oregon Health Authority (OHA), Board of Pharmacy, Judicial Department

Analysis:

This bill removes special training requirements from statutes governing prescribing, dispensing and distributing naloxone and requires OHA to publish and report information related to opioids and opiates.

The -A7 amendment adds in the provisions of HB 2518 to make changes to the Prescription Drug Monitoring Program and expand the pool of participating practitioners to include practitioners from all states. The -A7 amendment also clarifies that prior authorization for payment reimbursement for naloxone is not required for the first 30 days of treatment; and clarifies that insurers can still require prior authorization for reimbursement for payment for prescribing opioids for purposes other than the medical management or treatment of opioid addiction.

Oregon Health Authority

Existing PDMP staff manages 15,000 users. OHA estimates this bill will result in an additional 20,000 out-of-state users. OHA will need an additional Administrative Specialist 2 to implement and manage a process of auditing out-of-state users' credentials with their state PDMP and to audit the actual access and use of the PDMP information on Oregonians receiving care from practitioners in other states. The Administrative Specialist will also help manage existing PDMP accounts, troubleshoot user account problems, deactivate and reactivate authorized users according to policy requirements, and support general PDMP operations brought on by the increase of new users.

This bill authorizes interstate data-sharing and requires participation in a national hub, collaboration with other states, determination of role/user types, and maintenance. These processes do not exist currently and will need to be developed to ensure that interstate data-sharing is limited to the types of users that are authorized by Oregon law and that those users have proper credentials with the PDMP in their state. There will also be additional costs to modify the PDMP for changes to the required reporting fields. The PDMP vendor will charge for the coding, implementation and maintenance of the collection and storage of Naloxone data by pharmacies.

For the 2017-19 biennium, OHA will require \$196,111 of Other Funds expenditure limitation for the Administrative Specialist 2 position and the necessary coding and database upgrades for the PDMP. Other Funds expenditures for 2019-2021 would be \$194,711. Funding for this program is paid for by in-state user fees. Expenditure limitation to cover the costs to OHA for the 2017-2019 biennium will be included in HB 5006, the omnibus budget bill.

Board of Pharmacy

There is a minimal fiscal impact to the Board of Pharmacy.

Judicial Department

This bill immunizes from civil liability any act or omission of an act committed by a person acting in good faith during the course of distributing and administering naloxone and distributing the necessary medical supplies to administer naloxone, as long as the act does not constitute wanton misconduct. The bill also provides that an individual may not be denied entry into a specialty court solely for the reason that the individual is taking or intends to take medication prescribed by a licensed health care practitioner for the treatment of drug abuse or dependency. The bill may increase the number of individuals who can participate in the specialty drug court program, but any increase will have only a minimal fiscal impact on the Judicial Department.