

HB 3440 B STAFF MEASURE SUMMARY**Carrier:** Rep. Williamson**Joint Committee On Ways and Means****Action Date:** 06/29/17**Action:** Do pass with amendments to the A-Eng bill. (Printed B-Eng.)**House Vote****Yeas:** 10 - Gomberg, Holvey, Huffman, Nathanson, Rayfield, Smith G, Smith Warner, Stark, Whisnant, Williamson**Exc:** 1 - McLane**Senate Vote****Yeas:** 12 - DeBoer, Devlin, Frederick, Girod, Hansell, Johnson, Manning Jr, Monroe, Roblan, Steiner Hayward, Thomsen, Winters**Fiscal:** Fiscal impact issued**Revenue:** No revenue impact**Prepared By:** Meg Bushman-Reinhold, Fiscal Analyst**WHAT THE MEASURE DOES:**

Permits pharmacist, pharmacy, health care professional or any person designated by State Board of Pharmacy (SBP) to administer naloxone and distribute necessary medical supplies to administer naloxone. Provides good faith immunity from liability to individual who administers naloxone. Prohibits insurer of health benefit plan from requiring prior authorization of payment during first 30 days of treatment with naloxone. Prohibits individuals taking or intending to take prescribed medication for drug abuse or dependency treatment from being denied access to drug court. Requires Oregon Health Authority (OHA) develop and maintain online, searchable inventory with following information: each opioid and opiate abuse or dependency treatment provider in Oregon; treatment options offered by providers; and maximum capacity of each provider. Directs OHA to report annually to legislature on treatment options as specified, and every three months to local health department on total number of opioid and opiate overdoses and related deaths. Takes effect 91st day following adjournment *sine die*.

ISSUES DISCUSSED:

- Some training to those who will administer Naloxone will still be necessary
- Naloxone alone is not the solution

EFFECT OF AMENDMENT:

Specifies that prior authorization not required during first 30 days of treatment with naloxone. Clarifies that prior authorization may be required for reimbursement for payment for prescribing opioids or opiates for purposes other than medical management or treatment of opioid or opiate abuse or addiction.

Incorporates the provisions of HB 2518 which make changes to the Prescription Drug Monitoring Program, including requiring OHA to develop criteria by which a practitioner may be required to receive training on prescribing opioids or opiates, establishing a Prescribing Practices Review Subcommittee to advise OHA on interpreting prescription information and the necessity of practitioner training, and requiring OHA to coordinate with health professional regulatory boards to make resources available to practitioners regarding the best methods to change prescribing practices with respect to opioids and opiates and to incorporate alternative pain management options.

BACKGROUND:

According to the Oregon Health Authority's Public Health Division, Oregon has one of the highest rates of prescription opioid misuse in the nation. More drug poisoning deaths involve prescription opioids than any other type of drug, including alcohol, methamphetamines, heroin and cocaine. An average of three Oregonians die every week from prescription opioid overdose, and many more develop an opioid use disorder. The Public Health Division

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convened the Oregon Opioid Prescribing Guidelines Task Force in the spring of 2016 to develop statewide guidelines for clinicians and health care organizations to address the epidemic of opioid use, misuse and overdose.