A-Engrossed House Bill 3440

Ordered by the House May 23 Including House Amendments dated May 23

Sponsored by Representatives WILLIAMSON, KENNEMER

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

[Specifies that Oregon Health Authority may use prescription monitoring information to determine whether practitioners are prescribing opioids or opiates in compliance with guidelines for prescribing opioids and opiates. Specifies that authority may inform health regulatory board with jurisdiction over practitioner of practitioner's prescribing practices with respect to opioids or opiates for educational purposes.]

Removes special training requirement from statutes governing prescribing, dispensing and distributing naloxone.

Specifies that reimbursing [cost of inpatient treatment for opioid or opiate abuse or dependency for first two weeks of treatment and] cost of initial 30-day supply of medication prescribed for purpose of treating opioid or opiate [abuse or dependency] withdrawal does not require prior authorization.

Specifies that individual may not be denied entry into specialty court in this state solely for reason that individual is taking, or intends to take, medication prescribed by licensed health care practitioner for treatment of drug abuse or dependency.

Requires Oregon Health Authority to publish and report information related to opioids and opiates.

[Establishes Task Force on Opioid and Opiate Abuse and Dependency for purpose of studying opioid and opiate abuse and dependency. Requires task force to report to Legislative Assembly on or before September 15, 2018. Sunsets task force on December 31, 2018.]

Takes effect on 91st day following adjournment sine die.

A BILL FOR AN ACT 1 Relating to drugs; creating new provisions; amending ORS 689.681 and sections 4 and 6, chapter 100, Oregon Laws 2016; and prescribing an effective date. 3 Be It Enacted by the People of the State of Oregon: 4 5 **NALOXONE** 6 7 **SECTION 1.** ORS 689.681, as amended by section 2, chapter 100, Oregon Laws 2016, is amended 8 9 to read: 689.681. (1) As used in this section: 10 (a) "Opiate" means a narcotic drug that contains: 11 (A) Opium; 12 (B) Any chemical derivative of opium; or 13 14 (C) Any synthetic or semisynthetic drug with opium-like effects. (b) "Opiate overdose" means a medical condition that causes depressed consciousness and men-15 tal functioning, decreased movement, depressed respiratory function and the impairment of the vital 16

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

functions as a result of ingesting opiates in an amount larger than can be physically tolerated.

[(2) The Oregon Health Authority shall establish by rule protocols and criteria for training on

17 18

- 1 lifesaving treatments for opiate overdose. The criteria must specify:]
- 2 [(a) The frequency of required retraining or refresher training; and]
- 3 [(b) The curriculum for the training, including:]
- 4 [(A) The recognition of symptoms and signs of opiate overdose;]
- 5 [(B) Nonpharmaceutical treatments for opiate overdose, including rescue breathing and proper po-6 sitioning of the victim;]
 - [(C) Obtaining emergency medical services;]

- [(D) The proper administration of naloxone to reverse opiate overdose; and]
- 9 [(E) The observation and follow-up that is necessary to avoid the recurrence of overdose symptoms.]
 - [(3) Training that meets the protocols and criteria established by the authority under subsection (2) of this section must be subject to oversight by a licensed physician or certified nurse practitioner and may be conducted by public health authorities, organizations or other appropriate entities that provide services to individuals who take opiates.]
 - [(4)] (2) Notwithstanding any other provision of law, a pharmacy, a health care professional or a pharmacist with prescription and dispensing privileges or any other person designated by the State Board of Pharmacy by rule may distribute [unit-of-use packages of naloxone,] and administer naloxone and distribute the necessary medical supplies to administer the naloxone[, to a person who:].
 - [(a) Conducts training that meets the protocols and criteria established by the authority under subsection (2) of this section, so that the person may possess and distribute naloxone and necessary medical supplies to persons who successfully complete the training; or]
 - [(b) Has successfully completed training that meets the protocols and criteria established by the authority under subsection (2) of this section, so that the person may possess and administer naloxone to any individual who appears to be experiencing an opiate overdose.]
 - [(5) A person who has successfully completed the training described in this section is immune from civil liability for any act or omission committed during the course of providing the treatment pursuant to the authority granted by this section, if the person is acting in good faith and the act or omission does not constitute wanton misconduct.]
 - (3) A person acting in good faith, if the act does not constitute wanton misconduct, is immune from civil liability for any act or omission of an act committed during the course of distributing and administering naloxone and distributing the necessary medical supplies to administer the naloxone under this section.
 - SECTION 2. Section 4, chapter 100, Oregon Laws 2016, is amended to read:
 - **Sec. 4.** In accordance with rules adopted by the State Board of Pharmacy under ORS 689.205, a pharmacist may prescribe [unit-of-use packages of] naloxone[,] and the necessary medical supplies to administer the naloxone[, to a person who meets the requirements of ORS 689.681 (4)].
 - **SECTION 3.** Section 6, chapter 100, Oregon Laws 2016, is amended to read:
 - **Sec. 6.** (1) For purposes of this section, "social services agency" includes, but is not limited to, homeless shelters and crisis centers.
 - (2) An employee of a social services agency may administer to an individual [a unit-of-use package of] naloxone that was not distributed to the employee [if:] if the individual appears to be experiencing an opiate overdose as defined in ORS 689.681.
 - [(a) The employee conducts or has successfully completed opiate overdose training under ORS 689.681;]

1	[(b) The unit-of-use package of naloxone was distributed to another employee of the social services
2	agency who conducts or has completed the opiate overdose training under ORS 689.681; and]
3	[(c) The individual appears to be experiencing an opiate overdose as defined in ORS 689.681.]
4	(3) For the purposes of protecting public health and safety, the Oregon Health Authority may
5	adopt rules for the administration of naloxone under this section.
6	
7	PRIOR AUTHORIZATION
8	
9	SECTION 4. (1) In reimbursing the cost of medication prescribed for the purpose of
10	treating opioid or opiate withdrawal, an insurer offering a health benefit plan as defined in
11	ORS 743B.005 may not require prior authorization of payment for the initial 30-day supply
12	of the medication.
13	(2) This section is not subject to ORS 743A.001.
14	SECTION 5. Section 4 of this 2017 Act applies to reimbursements made pursuant to
15	health benefit plans entered into or renewed on or after the effective date of this 2017 Act.
16	
17	SPECIALTY COURTS
18	
19	SECTION 6. (1) As used in this section, "specialty court" has the meaning given that
20	term in ORS 137.680.
21	(2) An individual may not be denied entry into a specialty court in this state solely for
22	the reason that the individual is taking, or intends to take, medication prescribed by a li-
23	censed health care practitioner for the treatment of drug abuse or dependency.
24	
25	TREATMENT INFORMATION
26	
27	SECTION 7. (1) The Oregon Health Authority shall develop and regularly update a web-
28	based, searchable inventory of the following:
29	(a) Each opioid and opiate abuse or dependency treatment provider located in this state;
30	(b) Treatment options offered by each opioid and opiate abuse or dependency treatment
31	provider located in this state; and
32	(c) The maximum capacity of each opioid and opiate abuse or dependency treatment
33	provider located in this state.
34	(2) The authority shall post the inventory developed under subsection (1) of this section
35	on a website of the authority.
36	SECTION 8. (1) In developing the inventory required by section 7 of this 2017 Act, the
37	Oregon Health Authority shall analyze the data to determine whether identifiable geographic
38	regions have insufficient treatment options for, or capacity to treat individuals suffering
39	from, opioid or opiate abuse or dependency.
40	(2) Not later than September 15 of each year, the authority shall report to the interim
41	committees of the Legislative Assembly related to health care, in the manner provided by
42	ORS 192.245, on identifiable geographic regions that have insufficient treatment options for,
43	or capacity to treat individuals suffering from, opioid or opiate abuse or dependency.

ANNUAL REPORTING

44

45

1

2

24

25

SECTION 9. (1) From resources available to the Oregon Health Authority, the authority

shall compile statistics on the total number of opioid and opiate overdoses and the total

3	number of opioid and opiate overdose related deaths occurring in this state.
4	(2) Not less than once every three months, the authority shall report to the Governor
5	and each local health department, as defined in ORS 431.003, the statistics compiled under
6	subsection (1) of this section.
7	(3) Not later than September 15 of each year, the authority shall report to the interim
8	committees of the Legislative Assembly related to health care, in the manner provided by
9	ORS 192.245, the statistics compiled under subsection (1) of this section.
10	
11	MISCELLANEOUS
12	
13	SECTION 10. (1) Sections 7, 8 and 9 of this 2017 Act become operative on January 1, 2018.
14	(2) The Oregon Health Authority may take any action before the operative date specified
15	in subsection (1) of this section that is necessary to enable the authority to exercise, on and
16	after the operative date specified in subsection (1) of this section, all the duties, functions
17	and powers conferred on the authority by sections 7, 8 and 9 of this 2017 Act.
18	SECTION 11. Section 4 of this 2017 Act is added to and made a part of the Insurance
19	Code.
20	SECTION 12. The unit captions used in this 2017 Act are provided only for the conven-
21	ience of the reader and do not become part of the statutory law of this state or express any
22	legislative intent in the enactment of this 2017 Act.
23	SECTION 13. This 2017 Act takes effect on the 91st day after the date on which the 2017

regular session of the Seventy-ninth Legislative Assembly adjourns sine die.