

HOUSE AMENDMENTS TO HOUSE BILL 3440

By COMMITTEE ON RULES

May 23

1 On page 1 of the printed bill, line 2, delete “431A.865 and”.

2 Delete lines 5 through 22 and delete pages 2 through 9 and insert:

“NALOXONE

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6 “**SECTION 1.** ORS 689.681, as amended by section 2, chapter 100, Oregon Laws 2016, is
7 amended to read:

8 “689.681. (1) As used in this section:

9 “(a) ‘Opiate’ means a narcotic drug that contains:

10 “(A) Opium;

11 “(B) Any chemical derivative of opium; or

12 “(C) Any synthetic or semisynthetic drug with opium-like effects.

13 “(b) ‘Opiate overdose’ means a medical condition that causes depressed consciousness and men-
14 tal functioning, decreased movement, depressed respiratory function and the impairment of the vital
15 functions as a result of ingesting opiates in an amount larger than can be physically tolerated.

16 “[*(2) The Oregon Health Authority shall establish by rule protocols and criteria for training on*
17 *lifesaving treatments for opiate overdose. The criteria must specify:*]

18 “[*(a) The frequency of required retraining or refresher training; and*]

19 “[*(b) The curriculum for the training, including:*]

20 “[*(A) The recognition of symptoms and signs of opiate overdose;*]

21 “[*(B) Nonpharmaceutical treatments for opiate overdose, including rescue breathing and proper*
22 *positioning of the victim;*]

23 “[*(C) Obtaining emergency medical services;*]

24 “[*(D) The proper administration of naloxone to reverse opiate overdose; and*]

25 “[*(E) The observation and follow-up that is necessary to avoid the recurrence of overdose*
26 *symptoms.*]

27 “[*(3) Training that meets the protocols and criteria established by the authority under subsection*
28 *(2) of this section must be subject to oversight by a licensed physician or certified nurse practitioner*
29 *and may be conducted by public health authorities, organizations or other appropriate entities that*
30 *provide services to individuals who take opiates.*]

31 “[*(4)* **(2)** Notwithstanding any other provision of law, a pharmacy, a health care professional or
32 a pharmacist with prescription and dispensing privileges or any other person designated by the State
33 Board of Pharmacy by rule may distribute [*unit-of-use packages of naloxone,*] **and administer**
34 **naloxone** and **distribute** the necessary medical supplies to administer the naloxone[, *to a person*
35 *who:*].

1 “[a] Conducts training that meets the protocols and criteria established by the authority under
2 subsection (2) of this section, so that the person may possess and distribute naloxone and necessary
3 medical supplies to persons who successfully complete the training; or]

4 “[b] Has successfully completed training that meets the protocols and criteria established by the
5 authority under subsection (2) of this section, so that the person may possess and administer naloxone
6 to any individual who appears to be experiencing an opiate overdose.]

7 “[5] A person who has successfully completed the training described in this section is immune from
8 civil liability for any act or omission committed during the course of providing the treatment pursuant
9 to the authority granted by this section, if the person is acting in good faith and the act or omission
10 does not constitute wanton misconduct.]

11 “**(3) A person acting in good faith, if the act does not constitute wanton misconduct, is**
12 **immune from civil liability for any act or omission of an act committed during the course**
13 **of distributing and administering naloxone and distributing the necessary medical supplies**
14 **to administer the naloxone under this section.**

15 “**SECTION 2.** Section 4, chapter 100, Oregon Laws 2016, is amended to read:

16 “**Sec. 4.** In accordance with rules adopted by the State Board of Pharmacy under ORS 689.205,
17 a pharmacist may prescribe [unit-of-use packages of] naloxone[,] and the necessary medical supplies
18 to administer the naloxone[, to a person who meets the requirements of ORS 689.681 (4)].

19 “**SECTION 3.** Section 6, chapter 100, Oregon Laws 2016, is amended to read:

20 “**Sec. 6.** (1) For purposes of this section, ‘social services agency’ includes, but is not limited to,
21 homeless shelters and crisis centers.

22 “(2) An employee of a social services agency may administer to an individual [a unit-of-use
23 package of] naloxone that was not distributed to the employee [if:] **if the individual appears to be**
24 **experiencing an opiate overdose as defined in ORS 689.681.**

25 “[a] The employee conducts or has successfully completed opiate overdose training under ORS
26 689.681;]

27 “[b] The unit-of-use package of naloxone was distributed to another employee of the social services
28 agency who conducts or has completed the opiate overdose training under ORS 689.681; and]

29 “[c] The individual appears to be experiencing an opiate overdose as defined in ORS 689.681.]

30 “(3) For the purposes of protecting public health and safety, the Oregon Health Authority may
31 adopt rules for the administration of naloxone under this section.

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33 “**PRIOR AUTHORIZATION**

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35 “**SECTION 4. (1) In reimbursing the cost of medication prescribed for the purpose of**
36 **treating opioid or opiate withdrawal, an insurer offering a health benefit plan as defined in**
37 **ORS 743B.005 may not require prior authorization of payment for the initial 30-day supply**
38 **of the medication.**

39 “**(2) This section is not subject to ORS 743A.001.**

40 “**SECTION 5.** Section 4 of this 2017 Act applies to reimbursements made pursuant to
41 health benefit plans entered into or renewed on or after the effective date of this 2017 Act.

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43 “**SPECIALTY COURTS**

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45 “**SECTION 6. (1) As used in this section, ‘specialty court’ has the meaning given that**

1 term in ORS 137.680.

2 “(2) An individual may not be denied entry into a specialty court in this state solely for
3 the reason that the individual is taking, or intends to take, medication prescribed by a li-
4 censed health care practitioner for the treatment of drug abuse or dependency.

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6 “TREATMENT INFORMATION

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8 “SECTION 7. (1) The Oregon Health Authority shall develop and regularly update a web-
9 based, searchable inventory of the following:

10 “(a) Each opioid and opiate abuse or dependency treatment provider located in this state;

11 “(b) Treatment options offered by each opioid and opiate abuse or dependency treatment
12 provider located in this state; and

13 “(c) The maximum capacity of each opioid and opiate abuse or dependency treatment
14 provider located in this state.

15 “(2) The authority shall post the inventory developed under subsection (1) of this section
16 on a website of the authority.

17 “SECTION 8. (1) In developing the inventory required by section 7 of this 2017 Act, the
18 Oregon Health Authority shall analyze the data to determine whether identifiable geographic
19 regions have insufficient treatment options for, or capacity to treat individuals suffering
20 from, opioid or opiate abuse or dependency.

21 “(2) Not later than September 15 of each year, the authority shall report to the interim
22 committees of the Legislative Assembly related to health care, in the manner provided by
23 ORS 192.245, on identifiable geographic regions that have insufficient treatment options for,
24 or capacity to treat individuals suffering from, opioid or opiate abuse or dependency.

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26 “ANNUAL REPORTING

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28 “SECTION 9. (1) From resources available to the Oregon Health Authority, the authority
29 shall compile statistics on the total number of opioid and opiate overdoses and the total
30 number of opioid and opiate overdose related deaths occurring in this state.

31 “(2) Not less than once every three months, the authority shall report to the Governor
32 and each local health department, as defined in ORS 431.003, the statistics compiled under
33 subsection (1) of this section.

34 “(3) Not later than September 15 of each year, the authority shall report to the interim
35 committees of the Legislative Assembly related to health care, in the manner provided by
36 ORS 192.245, the statistics compiled under subsection (1) of this section.

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38 “MISCELLANEOUS

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40 “SECTION 10. (1) Sections 7, 8 and 9 of this 2017 Act become operative on January 1,
41 2018.

42 “(2) The Oregon Health Authority may take any action before the operative date specified
43 in subsection (1) of this section that is necessary to enable the authority to exercise, on and
44 after the operative date specified in subsection (1) of this section, all the duties, functions
45 and powers conferred on the authority by sections 7, 8 and 9 of this 2017 Act.

1 “SECTION 11. Section 4 of this 2017 Act is added to and made a part of the Insurance
2 Code.

3 “SECTION 12. The unit captions used in this 2017 Act are provided only for the conven-
4 ience of the reader and do not become part of the statutory law of this state or express any
5 legislative intent in the enactment of this 2017 Act.

6 “SECTION 13. This 2017 Act takes effect on the 91st day after the date on which the 2017
7 regular session of the Seventy-ninth Legislative Assembly adjourns sine die.”

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