

Requested by Representative WILLIAMSON

**PROPOSED AMENDMENTS TO
HOUSE BILL 3440**

1 On page 1 of the printed bill, line 2, delete “431A.865 and”.
2 Delete lines 5 through 22 and pages 2 through 9 and insert:

3
4 **“NALOXONE**

5
6 **“SECTION 1.** ORS 689.681, as amended by section 2, chapter 100, Oregon
7 Laws 2016, is 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
14 consciousness and mental functioning, decreased movement, depressed re-
15 spiratory function and the impairment of the vital functions as a result of
16 ingesting opiates in an amount larger than can be physically tolerated.

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

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

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

1 “[A] *The recognition of symptoms and signs of opiate overdose;*]
2 “[B] *Nonpharmaceutical treatments for opiate overdose, including rescue*
3 *breathing and proper positioning of the victim;*]
4 “[C] *Obtaining emergency medical services;*]
5 “[D] *The proper administration of naloxone to reverse opiate overdose;*
6 *and]*
7 “[E] *The observation and follow-up that is necessary to avoid the recur-*
8 *rence of overdose symptoms.]*
9 “[3] *Training that meets the protocols and criteria established by the au-*
10 *thority under subsection (2) of this section must be subject to oversight by a*
11 *licensed physician or certified nurse practitioner and may be conducted by*
12 *public health authorities, organizations or other appropriate entities that pro-*
13 *vide services to individuals who take opiates.]*
14 “[4] **(2)** *Notwithstanding any other provision of law, a pharmacy, a*
15 *health care professional or a pharmacist with prescription and dispensing*
16 *privileges or any other person designated by the State Board of Pharmacy*
17 *by rule may distribute [unit-of-use packages of naloxone,] **and administer***
18 ***naloxone** and **distribute** the necessary medical supplies to administer the*
19 *naloxone[, to a person who:].*
20 “[a] *Conducts training that meets the protocols and criteria established by*
21 *the authority under subsection (2) of this section, so that the person may pos-*
22 *sess and distribute naloxone and necessary medical supplies to persons who*
23 *successfully complete the training; or]*
24 “[b] *Has successfully completed training that meets the protocols and cri-*
25 *teria established by the authority under subsection (2) of this section, so that*
26 *the person may possess and administer naloxone to any individual who ap-*
27 *pears to be experiencing an opiate overdose.]*
28 “[5] *A person who has successfully completed the training described in this*
29 *section is immune from civil liability for any act or omission committed during*
30 *the course of providing the treatment pursuant to the authority granted by this*

1 *section, if the person is acting in good faith and the act or omission does not*
2 *constitute wanton misconduct.]*

3 **“(3) A person acting in good faith, if the act does not constitute**
4 **wanton misconduct, is immune from civil liability for any act or**
5 **omission of an act committed during the course of distributing and**
6 **administering naloxone and distributing the necessary medical sup-**
7 **plies to administer the naloxone under this section.**

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

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

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

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

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

22 **“[(a)** *The employee conducts or has successfully completed opiate overdose*
23 *training under ORS 689.681;*]

24 **“[(b)** *The unit-of-use package of naloxone was distributed to another em-*
25 *ployee of the social services agency who conducts or has completed the opiate*
26 *overdose training under ORS 689.681; and]*

27 **“[(c)** *The individual appears to be experiencing an opiate overdose as de-*
28 *fin ed in ORS 689.681.]*

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

1 this section.

2

3

“PRIOR AUTHORIZATION

4

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

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

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

14

15

“SPECIALTY COURTS

16

17 **“SECTION 6. (1) As used in this section, ‘specialty court’ has the**
18 **meaning given that term in ORS 137.680.**

19 **“(2) An individual may not be denied entry into a specialty court**
20 **in this state solely for the reason that the individual is taking, or in-**
21 **tends to take, medication prescribed by a licensed health care practi-**
22 **tioner for the treatment of drug abuse or dependency.**

23

24

“TREATMENT INFORMATION

25

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

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

30 **“(b) Treatment options offered by each opioid and opiate abuse or**

1 dependency treatment provider located in this state; and

2 “(c) The maximum capacity of each opioid and opiate abuse or de-
3 pendency treatment provider located in this state.

4 “(2) The authority shall post the inventory developed under sub-
5 section (1) of this section on a website of the authority.

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

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

17
18 “ANNUAL REPORTING
19

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

24 “(2) Not less than once every three months, the authority shall re-
25 port to the Governor and each local health department, as defined in
26 ORS 431.003, the statistics compiled under subsection (1) of this sec-
27 tion.

28 “(3) Not later than September 15 of each year, the authority shall
29 report to the interim committees of the Legislative Assembly related
30 to health care, in the manner provided by ORS 192.245, the statistics

1 **compiled under subsection (1) of this section.**

2

3

“MISCELLANEOUS

4

5 **“SECTION 10. (1) Sections 7, 8 and 9 of this 2017 Act become oper-**
6 **ative on January 1, 2018.**

7

8 **“(2) The Oregon Health Authority may take any action before the**
9 **operative date specified in subsection (1) of this section that is neces-**
10 **sary to enable the authority to exercise, on and after the operative**
11 **date specified in subsection (1) of this section, all the duties, functions**
12 **and powers conferred on the authority by sections 7, 8 and 9 of this**
13 **2017 Act.**

13

14 **“SECTION 11. Section 4 of this 2017 Act is added to and made a part**

15

16 **of the Insurance Code.**

17 **“SECTION 12. The unit captions used in this 2017 Act are provided**
18 **only for the convenience of the reader and do not become part of the**
19 **statutory law of this state or express any legislative intent in the**
20 **enactment of this 2017 Act.**

19

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

22
