

A-Engrossed
House Bill 4143

Ordered by the House February 7
Including House Amendments dated February 7

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of Governor Kate Brown)

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.

Requires Director of Department of Consumer and Business Services to study barriers to [*medication assisted*] **effective** treatment for **and recovery from** substance use disorders, including addictions to opioids and opiates, and to report and make recommendations to Legislative Assembly not later than June 30, 2018. Sunsets January 2, 2019.

Directs Oregon Health Authority to implement pilot project to [*place peer recovery support mentors in emergency departments to support*] **determine effectiveness of establishing immediate access to appropriate evidence-based treatments for** persons who suffer [*from*] opioid and opiate overdoses. Requires authority to report on pilot project to interim committee of Legislative Assembly not later than December 31 of each year. Sunsets January 2, 2021.

Requires practitioners to register with prescription monitoring program not later than July 1, 2018.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to drugs; creating new provisions; amending ORS 431A.855; and declaring an emergency.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. (1) The Director of the Department of Consumer and Business Services, in**
5 **consultation with the Oregon Health Authority, shall study and report on existing barriers**
6 **to effective treatment for and recovery from substance use disorders, including addictions**
7 **to opioids and opiates, that are a result of current structures of payment for treatment and**
8 **recovery services in both publicly and privately funded health systems in Oregon. The report**
9 **must including findings on:**

10 (a) **The impact of reimbursement systems, rules and requirements established by coor-**
11 **ordinated care organizations and third-party payers on access to treatment and recovery ser-**
12 **vices for substance use disorders, including access to evidence-based treatment and**
13 **medication-assisted treatment;**

14 (b) **Existing structures for reimbursement of substance use disorder treatment, including**
15 **the use of the least costly treatment option before any other treatment options;**

16 (c) **The classification of substance use disorder as an acute illness rather than a chronic**
17 **illness;**

18 (d) **Access to medication-assisted treatment for substance use disorders in rural and**
19 **underserved areas of this state; and**

20 (e) **Substance use disorder treatment options other than medication-assisted treatment.**

21 (2) **The director, in consultation with the Department of Corrections, shall study the ease**
22 **of and barriers to access to medication-assisted treatment for individuals entering into and**

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.

1 leaving custody of the Department of Corrections, and shall include findings from the study
2 described in this subsection in the report described in subsection (1) of this section.

3 (3) The director shall submit the report described in subsection (1) of this section in the
4 manner provided in ORS 192.245, and shall include recommendations for legislation, to an
5 interim committee of the Legislative Assembly related to public health not later than June
6 30, 2018.

7 **SECTION 2.** Section 1 of this 2018 Act is repealed on January 2, 2019.

8 **SECTION 3.** (1) The Oregon Health Authority shall establish a pilot project for the pur-
9 pose of determining the effectiveness of establishing immediate access to appropriate
10 evidence-based treatment for persons who suffer opioid and opiate overdoses. The pilot
11 project may include:

12 (a) Creating a direct link between an emergency department and appropriate treatment
13 and resources, including the availability of medication-assisted treatment in the emergency
14 department;

15 (b) Using peer recovery support mentors to facilitate the link between an emergency
16 department and appropriate treatment and resources; and

17 (c) Any other programming aimed at reducing deaths caused by opioid and opiate over-
18 doses by providing persons who suffer opioid and opiate overdoses with immediate access to
19 appropriate treatment and resources.

20 (2) The authority shall implement the pilot project in Coos, Jackson, Marion and
21 Multnomah Counties.

22 (3) At least twice each year, the counties listed in subsection (2) of this section shall
23 report to each other and the authority regarding the pilot project. The counties and the au-
24 thority may jointly determine the form and content of the reporting required under this
25 subsection.

26 (4) Not later than December 31 of each year, the authority shall submit, in the manner
27 provided in ORS 192.245, a report on the efficacy and implementation of the pilot project de-
28 scribed in this section, and may include any recommendations for legislation, to an interim
29 committee of the Legislative Assembly related to public health.

30 (5) The authority may adopt rules to carry out this section.

31 **SECTION 4.** There is appropriated to the Oregon Health Authority, out of the General
32 Fund, the amount of \$2,000,000 for the purpose of carrying out the provisions of section 3
33 of this 2018 Act. This appropriation is available continuously until the earlier of the date on
34 which the amount is expended for the purpose specified in this section or January 2, 2021.

35 **SECTION 5.** Section 3 of this 2018 Act is repealed on January 2, 2021.

36 **SECTION 6.** Section 7 of this 2018 Act is added to and made a part of ORS 431A.855 to
37 431A.900.

38 **SECTION 7.** (1) In order to ensure the development, administration and evaluation of
39 best practices for prescribing opioids and opiates, a practitioner shall register with the
40 electronic system established under ORS 431A.855.

41 (2) The Oregon Health Authority may adopt rules to administer this section.

42 **SECTION 8.** ORS 431A.855 is amended to read:

43 431A.855. (1)(a) The Oregon Health Authority, in consultation with the Prescription Monitoring
44 Program Advisory Commission, shall establish and maintain a prescription monitoring program for
45 monitoring and reporting:

1 (A) Prescription drugs dispensed by pharmacies licensed by the State Board of Pharmacy that
2 are classified in schedules II through IV under the federal Controlled Substances Act, 21 U.S.C. 811
3 and 812, as modified by the board by rule under ORS 475.035; and

4 (B) Prescribed naloxone dispensed by pharmacies.

5 (b)(A) To fulfill the requirements of this subsection, the authority shall establish, maintain and
6 operate an electronic system to monitor and report drugs described in paragraph (a) of this sub-
7 section that are dispensed by prescription.

8 (B) The electronic system must:

9 (i) Operate and be accessible by practitioners and pharmacies 24 hours a day, seven days a
10 week; **and**

11 **(ii) Allow practitioners to register as required under section 7 of this 2018 Act and to**
12 **apply for access to the electronic system in accordance with rules adopted by the authority**
13 **under subsection (2) of this section.**

14 (C) The authority may contract with a state agency or private entity to ensure the effective
15 operation of the electronic system.

16 (2) In consultation with the commission, the authority shall adopt rules for the operation of the
17 electronic prescription monitoring program established under subsection (1) of this section, including
18 standards for:

19 (a) Reporting data;

20 (b) Providing maintenance, security and disclosure of data;

21 (c) Ensuring accuracy and completeness of data;

22 (d) Complying with the federal Health Insurance Portability and Accountability Act of 1996 (P.L.
23 104-191) and regulations adopted under that law, including 45 C.F.R. parts 160 and 164, federal al-
24cohol and drug treatment confidentiality laws and regulations adopted under those laws, including
25 42 C.F.R. part 2, and state health and mental health confidentiality laws, including ORS 179.505,
26 192.517 and 192.553 to 192.581;

27 (e) Ensuring accurate identification of persons or entities requesting information from the da-
28 tabase;

29 (f) Accepting printed or nonelectronic reports from pharmacies that do not have the capability
30 to provide electronic reports; [*and*]

31 (g) Notifying a patient, before or when a drug classified in schedules II through IV is dispensed
32 to the patient, about the prescription monitoring program and the entry of the prescription in the
33 electronic system; **and**

34 **(h) Registering practitioners with the electronic system.**

35 (3) The authority shall submit an annual report to the commission regarding the prescription
36 monitoring program established under this section.

37 **SECTION 9. (1) Section 3 of this 2018 Act becomes operative on January 1, 2019.**

38 **(2) The Oregon Health Authority may take any action before the operative date specified**
39 **in subsection (1) of this section that is necessary to enable the authority to exercise, on and**
40 **after the operative date specified in subsection (1) of this section, all of the duties, functions**
41 **and powers conferred on the authority by section 3 of this 2018 Act.**

42 **SECTION 10. (1) A practitioner shall register as required by section 7 of this 2018 Act**
43 **not later than July 1, 2018.**

44 **(2) Subsection (1) of this section applies to a person who:**

45 **(a) Is a practitioner on the effective date of this 2018 Act; or**

1 **(b) Becomes a practitioner before July 1, 2018.**

2 **SECTION 11.** **This 2018 Act being necessary for the immediate preservation of the public**
3 **peace, health and safety, an emergency is declared to exist, and this 2018 Act takes effect**
4 **on its passage.**

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