

SB 910 -2, -4 STAFF MEASURE SUMMARY

Senate Committee On Health Care

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Meeting Dates: 3/20, 4/3, 4/8

WHAT THE MEASURE DOES:

Narrows sitting restriction on methadone clinics to clinics providing outpatient treatment. Requires the Oregon Health Authority to adopt by rule a definition of "outpatient" for the purposes of methadone clinic sitting restrictions.

REVENUE: No revenue impact

FISCAL: Has minimal fiscal impact

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-2 Requires retail and hospital outpatient pharmacies to provide written notice in a conspicuous manner that naloxone and the necessary medical supplies to administer naloxone are available at the pharmacy. Allows pharmacists to offer to prescribe and provide naloxone kits when dispensing an opiate or opioid in excess of 50 morphine equivalent doses per day. Allows local public health authorities to waive methadone clinic sitting restrictions to the extent necessary to remove unreasonable barriers to patients' accessing medically necessary treatment.

-4 Replaces measure. Removes requirement that parole and probation officer approve request for use of synthetic opiates. Allows counties to waive methadone clinic sitting restrictions to the extent necessary to remove unreasonable barriers to patients' accessing medically necessary treatment. Adds naloxone equivalents and other drugs identified by rule in the prescription monitoring program maintained by the Prescription Monitoring Program Advisory Commission. Allows pharmacies, health care professionals, and pharmacists to distribute multiple naloxone kits to social service agencies or other persons who work with individuals who have experienced an opiate overdose. Allows social service agencies and other persons to redistribute kits to individuals likely to experience an opiate overdose or to family members of the individuals.

BACKGROUND:

Naloxone and methadone are two medications frequently used in the treatment of opioid addiction and/or overdose. Naloxone blocks opioid receptor sites, reversing the toxic effects of the overdose. Naloxone is administered when a patient is showing signs of opioid overdose and can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection. Methadone works by changing how the brain and nervous system respond to pain. It lessens the painful symptoms of opiate withdrawal and blocks the euphoric effects of opiate drugs. Methadone is offered in pill, liquid, and wafer forms.

Senate Bill 910 removes barriers to access of naloxone and methadone by making naloxone kits more readily available and repealing methadone clinic sitting restrictions.