

HB 2257 A STAFF MEASURE SUMMARY

House Committee On Health Care

Action Date: 02/12/19

Action: Do pass with amendments
and be referred to Ways and Means by prior reference. (Printed A-Eng.)

Vote: 10-1-0-0

Yeas: 10 - Alonso Leon, Boles, Greenlick, Hayden, Keny-Guyer, Mitchell, Noble, Nosse, Prusak, Salinas

Nays: 1 - Drazan

Fiscal: Fiscal impact issued

Revenue: No revenue impact

Prepared By: Oliver Droppers, LPRO Analyst

Meeting Dates: 2/5, 2/12

WHAT THE MEASURE DOES:

Declares substance use disorders (SUD) chronic illnesses. Requires the Department of Corrections to study and report on SUD treatment options for individuals in custody by July 1, 2020. Directs the Oregon Health Authority (OHA) to convene an advisory group to study accreditation standards for SUD treatment programs. Directs OHA to implement accreditation requirements by January 2, 2021. Appropriates \$5 million from the General Fund to OHA to create a pilot program in four counties to provide medication-assisted treatment to pregnant individuals.

Requires OHA to report annually to the Legislative Assembly on the pilot program; sunsets pilot program January 2, 2022. Prohibits publicly funded health coverage programs from requiring prior authorization during the first 30 days of SUD treatment. Modifies requirements around the state prescription drug monitoring program (PDMP) by adding gabapentin to the list of reported drugs; adding dental directors to the list of providers able to access the PDMP; requiring pharmacies to report clinical diagnoses made by medical professionals and reasons for prescriptions within 72 hours of dispensing a drug; and allowing the PDMP subcommittee to evaluate prescribing patterns. Defines "syringe service program" and excludes sterile needles and syringes in possession of employees or volunteers from definition of drug paraphernalia for criminal purposes. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Provisions of the measure
- Addiction, effective treatment, community supports
- County correctional settings, substance use screenings, detox treatments
- Proposed amendments
- Prohibit prior authorization for medication-assisted treatment in Medicaid
- Continuity of care study by Department of Corrections
- Parental substance use disorder, pregnancy, foster care, and adverse childhood events
- Prescription drug monitoring program (PDMP); recent state trends in the decline of opioid deaths and prescriptions
- Modifications to PDMP to improve monitoring and evaluation of opioid prescriptions by licensed professionals
- Expansion of PDMP to officials with executive agencies; inclusion of dental directors in PDMP
- Accreditation of SUD treatment centers, establishing statewide standard of care
- Exempting organizations and individuals that participate in syringe service programs from potential criminal liability related to handling drug paraphernalia

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EFFECT OF AMENDMENT:

Allows the Department of Corrections to collaborate with local correctional facilities. Modifies scope of OHA advisory group to establish accreditation requirements for SUD treatment programs. Prohibits coordinated care organizations and public payers of health insurance from requiring prior authorization for medication-assisted treatment during first 30 days of treatment. Clarifies sterile needles, syringes, and other items provided by syringe service programs are not to be considered drug paraphernalia. Defines and authorizes dental directors to access prescription drug monitoring program (PDMP). Adds gabapentin to list of prescription drugs reported to the PDMP. Adds a new reporting requirement to PDMP. Allows program subcommittee to evaluate prescribing patterns. Modifies operative dates.

BACKGROUND:

The Oregon Health Authority's Public Health Division reports that Oregon has one of the highest rates of prescription opioid misuse in the nation. More drug poisoning deaths involve prescription opioids than any other type of drug, including alcohol, methamphetamines, heroin, and cocaine. An average of three Oregonians die every week from prescription opioid overdoses, and many more develop opioid use disorders.

In 2017, Governor Brown created the Opioid Epidemic Task Force as a statewide effort to “combat opioid abuse and dependency.” The Task Force consists of medical experts, drug treatment specialists, and government officials. The Task Force initially prioritized reducing the number of narcotic pills in circulation, improving access to high quality treatment, facilitating data sharing, and promoting education efforts in Oregon. In 2018, based on the initial work of the Task Force, Governor Brown proposed House Bill 4143 as a multi-pronged approach to address the epidemic of opioid use.

After passage of House Bill 4143, the Task Force continued its work by defining substance use disorder (SUD) as a chronic disease rather than an acute illness, and addressing access, payment, and affordability of treatment services among commercial and public payers.

House Bill 2257-A is a result of Task Force activity. It establishes a pilot program to treat pregnant individuals suffering from SUDs and enhances access for individuals receiving treatment for SUD services that are publicly funded. It also establishes accreditation standards for SUD programs, and improves use of the state's prescription drug monitoring program.