

HB 2257 B STAFF MEASURE SUMMARY**Carrier:** Rep. Schouten**Joint Committee On Ways and Means****Action Date:** 06/14/19**Action:** Do pass with amendments to the A-Eng bill. (Printed B-Eng.)**House Vote****Yeas:** 7 - Gomberg, Holvey, McLain, Nosse, Piluso, Rayfield, Smith G**Nays:** 1 - Stark**Exc:** 1 - McLane**Senate Vote****Yeas:** 9 - Beyer, Frederick, Hansell, Heard, Johnson, Manning Jr, Roblan, Steiner Hayward, Wagner**Nays:** 2 - Girod, Thomsen**Exc:** 1 - Baertschiger Jr**Fiscal:** Fiscal impact issued**Revenue:** No revenue impact**Prepared By:** Tom MacDonald, Budget Analyst**Meeting Dates:** 6/10, 6/14**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. 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:

- Trauma informed treatment
- SUD as a chronic illness and relationship with access to treatment
- Reporting of diagnosis codes used by practitioners and potential challenges

EFFECT OF AMENDMENT:

Changes required number of pilot program counties from four to "up to" four. Removes General Fund appropriation from bill.

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.

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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 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.