

SENATE AMENDMENTS TO SENATE BILL 910

By COMMITTEE ON HEALTH CARE

April 15

1 In line 2 of the printed bill, after the semicolon delete the rest of the line and insert “creating
2 new provisions; amending ORS 430.560, 430.590, 431A.855, 431A.860, 689.681 and 689.682; and pre-
3 scribing an effective date.”.

4 Delete lines 4 through 24 and insert:

5 **“SECTION 1. Section 2 of this 2019 Act is added to and made a part of ORS chapter 689.**

6 **“SECTION 2. (1) A retail or hospital outpatient pharmacy shall provide written notice in
7 a conspicuous manner that naloxone and the necessary medical supplies to administer
8 naloxone are available at the pharmacy.**

9 **“(2) The State Board of Pharmacy may adopt rules to carry out this section.**

10 **“SECTION 3. ORS 430.560 is amended to read:**

11 “430.560. (1) The Oregon Health Authority shall adopt rules to establish requirements, in ac-
12 cordance with ORS 430.357, for drug treatment programs that contract with the authority and that
13 involve:

14 “(a) Detoxification;

15 “(b) Detoxification with acupuncture and counseling; and

16 “(c) The supplying of synthetic opiates to such persons under close supervision and control.
17 However, the supplying of synthetic opiates shall be used only when detoxification or detoxification
18 with acupuncture and counseling has proven ineffective or upon a written request of a physician
19 licensed by the Oregon Medical Board or a naturopathic physician licensed by the Oregon Board
20 of Naturopathic Medicine showing medical need for synthetic opiates [*if the request is approved in
21 writing by the parole and probation officer, if any, of the drug-dependent person. The*]. A copy of the
22 request [*and the approval*] must be included in the client’s permanent treatment and releasing au-
23 thority records.

24 “(2) Notwithstanding subsection (1) of this section, synthetic opiates may be made available to
25 a pregnant woman with her informed consent without prior resort to the treatment programs de-
26 scribed in subsection (1)(a) and (b) of this section.

27 **“SECTION 4. ORS 430.590 is amended to read:**

28 “430.590. (1) It is unlawful for any person to commence operating a methadone clinic:

29 “(a) Within 1,000 feet of the real property comprising an existing public or private elementary,
30 secondary or career school attended primarily by minors; or

31 “(b) Within 1,000 feet of the real property comprising an existing licensed child care facility.
32 As used in this section, ‘licensed child care facility’ means a child care center certified under ORS
33 329A.280 that is operating under authority of a valid business license.

34 “(2) Commencing operation of a methadone clinic within 1,000 feet of a school or licensed child
35 care facility is a nuisance and operation of the clinic shall be enjoined and abated as provided in

1 ORS 105.550 to 105.600.

2 “(3) For purposes of this section, ‘within 1,000 feet’ means a straight line measurement in a ra-
3 dius extending for 1,000 feet or less in every direction from any point on the boundary line of the
4 real property comprising an existing public or private elementary, secondary or career school or an
5 existing licensed child care facility under this section.

6 “(4) **A county or a local public health authority, as defined in ORS 431.003, may waive the**
7 **siting restrictions under this section to the extent necessary to remove unreasonable barriers**
8 **to patients’ accessing medically necessary treatment at methadone clinics.**

9 “**SECTION 5.** ORS 431A.855, as amended by section 8, chapter 45, Oregon Laws 2018, is
10 amended to read:

11 “431A.855. (1)(a) The Oregon Health Authority, in consultation with the Prescription Monitoring
12 Program Advisory Commission, shall establish and maintain a prescription monitoring program for
13 monitoring and reporting:

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

17 “(B) Prescribed naloxone, **or equivalents to naloxone**, dispensed by pharmacies; **and**

18 “(C) **Other drugs identified by rules adopted by the authority.**

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

22 “(B) The electronic system must:

23 “(i) Operate and be accessible by practitioners and pharmacies 24 hours a day, seven days a
24 week; and

25 “(ii) Allow practitioners to register as required under section 7, chapter 45, Oregon Laws 2018,
26 and to apply for access to the electronic system in accordance with rules adopted by the authority
27 under subsection (2) of this section.

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

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

33 “(a) Reporting data;

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

35 “(c) Ensuring accuracy and completeness of data;

36 “(d) Complying with the federal Health Insurance Portability and Accountability Act of 1996
37 (P.L. 104-191) and regulations adopted under that law, including 45 C.F.R. parts 160 and 164, federal
38 alcohol and drug treatment confidentiality laws and regulations adopted under those laws, including
39 42 C.F.R. part 2, and state health and mental health confidentiality laws, including ORS 179.505,
40 192.517 and 192.553 to 192.581;

41 “(e) Ensuring accurate identification of persons or entities requesting information from the da-
42 tabase;

43 “(f) Accepting printed or nonelectronic reports from pharmacies that do not have the capability
44 to provide electronic reports;

45 “(g) Notifying a patient, before or when a drug classified in schedules II through IV is dispensed

1 to the patient, about the prescription monitoring program and the entry of the prescription in the
2 electronic system; and

3 “(h) Registering practitioners with the electronic system.

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

6 “**SECTION 6.** ORS 431A.860 is amended to read:

7 “431A.860. (1) Not later than 72 hours after dispensing a prescription drug that is subject to the
8 prescription monitoring program established under ORS 431A.855, a pharmacy shall electronically
9 report to the Oregon Health Authority:

10 “(a) [If the prescription drug is classified in schedules II through IV under the federal Controlled
11 Substances Act, 21 U.S.C. 811 and 812, as modified by the State Board of Pharmacy by rule under
12 ORS 475.035] **For prescription drugs described in ORS 431A.855 (1)(a)(A)**, the name, address,
13 phone number, date of birth and sex of the patient for whom the prescription drug was prescribed;

14 “(b) The identity of the pharmacy that dispensed the prescription drug and the date on which
15 the prescription drug was dispensed;

16 “(c) The identity of the practitioner who prescribed the prescription drug and the date on which
17 the prescription drug was prescribed;

18 “(d) The national drug code number for the prescription drug;

19 “(e) The prescription number assigned to the prescription drug;

20 “(f) The quantity of the prescription drug dispensed;

21 “(g) The number of days for which the prescription drug was dispensed; and

22 “(h) The number of refills of the prescription authorized by the practitioner and the number of
23 the refill that the pharmacy dispensed.

24 “(2)(a) Notwithstanding subsection (1) of this section, the authority may not:

25 “(A) Require the reporting of prescription drugs administered directly to a patient or dispensed
26 pursuant to ORS 127.800 to 127.897;

27 “(B) Collect or use Social Security numbers in the prescription monitoring program; or

28 “(C) Disclose under ORS 431A.865 (2)(a) the sex of the patient for whom a drug was prescribed.

29 “(b) The sex of the patient for whom a drug was prescribed may be disclosed only for the pur-
30 pose of research or epidemiological study under ORS 431A.865 (2)(b).

31 “(3) Upon receipt of the data reported pursuant to subsection (1) of this section, the authority
32 shall record the data in the electronic system established under ORS 431A.855.

33 “(4)(a) The authority may, for good cause as determined by the authority, grant a pharmacy a
34 waiver of the requirement that the information to be reported under subsection (1) of this section
35 be submitted electronically. The waiver must state the format, method and frequency of the alter-
36 nate nonelectronic submissions from the pharmacy and the duration of the waiver.

37 “(b) As used in this subsection, ‘good cause’ includes financial hardship.

38 “(5) This section does not apply to pharmacies in institutions as defined in ORS 179.010.

39 “**SECTION 7.** ORS 689.681 is amended to read:

40 “689.681. (1) As used in this section:

41 “(a) **‘Kit’ means a dose of naloxone and the necessary medical supplies to administer the**
42 **naloxone.**

43 “[*a*] (b) ‘Opiate’ means a narcotic drug that contains:

44 “(A) Opium;

45 “(B) Any chemical derivative of opium; or

1 “(C) Any synthetic or semisynthetic drug with opium-like effects.

2 “[b] (c) ‘Opiate overdose’ means a medical condition that causes depressed consciousness and
3 mental functioning, decreased movement, depressed respiratory function and the impairment of the
4 vital functions as a result of ingesting opiates in an amount larger than can be physically tolerated.

5 “(2) Notwithstanding any other provision of law, a pharmacy, a health care professional or a
6 pharmacist with prescription and dispensing privileges or any other person designated by the State
7 Board of Pharmacy by rule may distribute and administer naloxone and distribute the necessary
8 medical supplies to administer the naloxone. **The pharmacy, health care professional or
9 pharmacist may also distribute multiple kits to social service agencies under ORS 689.684 or
10 to other persons who work with individuals who have experienced an opiate overdose. The
11 social services agencies or other persons may redistribute the kits to individuals likely to
12 experience an opiate overdose or to family members of the individuals.**

13 “(3) A person acting in good faith, if the act does not constitute wanton misconduct, is immune
14 from civil liability for any act or omission of an act committed during the course of distributing and
15 administering naloxone and distributing the necessary medical supplies to administer the naloxone
16 under this section.

17 “**SECTION 8.** ORS 689.682 is amended to read:

18 “689.682. (1) In accordance with rules adopted by the State Board of Pharmacy under ORS
19 689.205, a pharmacist may prescribe naloxone and the necessary medical supplies to administer the
20 naloxone.

21 “(2) **If a prescription is presented to a pharmacist for dispensing an opiate or opioid in
22 excess of 50 morphine equivalent doses per day, the pharmacist may offer to prescribe and
23 provide, in addition to the prescribed opiate or opioid, a naloxone kit consisting of a dose of
24 naloxone and the necessary medical supplies to administer the naloxone.**

25 “**SECTION 9.** This 2019 Act takes effect on the 91st day after the date on which the 2019
26 regular session of the Eightieth Legislative Assembly adjourns sine die.”.

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