

SB 910-1
(LC 1766)
3/15/19 (LHF/ps)

Requested by Senator STEINER HAYWARD (at the request of Multnomah County)

**PROPOSED AMENDMENTS TO
SENATE BILL 910**

1 In line 2 of the printed bill, after “amending” insert “ORS 90.113, 430.560,
2 431A.855, 431A.860 and 689.681; and repealing”.

3 Delete lines 4 through 24 and insert:

4 **“SECTION 1.** ORS 430.560 is amended to read:

5 “430.560. (1) The Oregon Health Authority shall adopt rules to establish
6 requirements, in accordance with ORS 430.357, for drug treatment programs
7 that contract with the authority and that involve:

8 “(a) Detoxification;

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

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

20 “(2) Notwithstanding subsection (1) of this section, synthetic opiates may
21 be made available to a pregnant woman with her informed consent without

1 prior resort to the treatment programs described in subsection (1)(a) and (b)
2 of this section.

3 **“SECTION 2.** ORS 431A.855, as amended by section 8, chapter 45, Oregon
4 Laws 2018, is amended to read:

5 “431A.855. (1)(a) The Oregon Health Authority, in consultation with the
6 Prescription Monitoring Program Advisory Commission, shall establish and
7 maintain a prescription monitoring program for monitoring and reporting:

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

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

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

15 “(b)(A) To fulfill the requirements of this subsection, the authority shall
16 establish, maintain and operate an electronic system to monitor and report
17 drugs described in paragraph (a) of this subsection that are dispensed by
18 prescription.

19 “(B) The electronic system must:

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

22 “(ii) Allow practitioners to register as required under section 7, chapter
23 45, Oregon Laws 2018, and to apply for access to the electronic system in
24 accordance with rules adopted by the authority under subsection (2) of this
25 section.

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

28 “(2) In consultation with the commission, the authority shall adopt rules
29 for the operation of the electronic prescription monitoring program estab-
30 lished under subsection (1) of this section, including standards for:

1 “(a) Reporting data;

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

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

4 “(d) Complying with the federal Health Insurance Portability and Ac-
5 countability Act of 1996 (P.L. 104-191) and regulations adopted under that
6 law, including 45 C.F.R. parts 160 and 164, federal alcohol and drug treat-
7 ment confidentiality laws and regulations adopted under those laws, includ-
8 ing 42 C.F.R. part 2, and state health and mental health confidentiality laws,
9 including ORS 179.505, 192.517 and 192.553 to 192.581;

10 “(e) Ensuring accurate identification of persons or entities requesting in-
11 formation from the database;

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

14 “(g) Notifying a patient, before or when a drug classified in schedules II
15 through IV is dispensed to the patient, about the prescription monitoring
16 program and the entry of the prescription in the electronic system; and

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

18 “(3) The authority shall submit an annual report to the commission re-
19 garding the prescription monitoring program established under this section.

20 “**SECTION 3.** ORS 431A.860 is amended to read:

21 “431A.860. (1) Not later than 72 hours after dispensing a prescription drug
22 that is subject to the prescription monitoring program established under ORS
23 431A.855, a pharmacy shall electronically report to the Oregon Health Au-
24 thority:

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

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

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

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

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

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

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

10 “(h) The number of refills of the prescription authorized by the practi-
11 tioner and the number of the refill that the pharmacy dispensed.

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

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

16 “(B) Collect or use Social Security numbers in the prescription monitor-
17 ing program; or

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

20 “(b) The sex of the patient for whom a drug was prescribed may be dis-
21 closed only for the purpose of research or epidemiological study under ORS
22 431A.865 (2)(b).

23 “(3) Upon receipt of the data reported pursuant to subsection (1) of this
24 section, the authority shall record the data in the electronic system estab-
25 lished under ORS 431A.855.

26 “(4)(a) The authority may, for good cause as determined by the authority,
27 grant a pharmacy a waiver of the requirement that the information to be
28 reported under subsection (1) of this section be submitted electronically. The
29 waiver must state the format, method and frequency of the alternate non-
30 electronic submissions from the pharmacy and the duration of the waiver.

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

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

4 **“SECTION 4.** ORS 689.681 is amended to read:

5 “689.681. (1) As used in this section:

6 **“(a) ‘Kit’ means a dose of naloxone and the necessary medical sup-**
7 **plies to administer the naloxone.**

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

9 “(A) Opium;

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

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

12 “[*b*] (c) ‘Opiate overdose’ means a medical condition that causes de-
13 pressed consciousness and mental functioning, decreased movement, de-
14 pressed respiratory function and the impairment of the vital functions as a
15 result of ingesting opiates in an amount larger than can be physically tol-
16 erated.

17 “(2) Notwithstanding any other provision of law, a pharmacy, a health
18 care professional or a pharmacist with prescription and dispensing privileges
19 or any other person designated by the State Board of Pharmacy by rule may
20 distribute and administer naloxone and distribute the necessary medical
21 supplies to administer the naloxone. **The pharmacy, health care profes-**
22 **sional or pharmacist may also distribute multiple kits to social service**
23 **agencies under ORS 689.684 or to other persons who work with indi-**
24 **viduals who have experienced an opiate overdose. The social services**
25 **agencies or other persons may redistribute the kits to individuals**
26 **likely to experience an opiate overdose or to family members of the**
27 **individuals.**

28 “(3) A person acting in good faith, if the act does not constitute wanton
29 misconduct, is immune from civil liability for any act or omission of an act
30 committed during the course of distributing and administering naloxone and

1 distributing the necessary medical supplies to administer the naloxone under
2 this section.

3 **SECTION 5.** ORS 90.113 is amended to read:

4 “90.113. Residence in a licensed program, facility or home described in
5 ORS 430.306 to 430.375, 430.380, 430.385, 430.395, 430.397 to 430.401, 430.405 to
6 430.565, 430.570, [~~430.590,~~] 443.400 to 443.455, 443.705 to 443.825 or 443.835 is
7 not governed by this chapter.

8 **SECTION 6.** ORS 430.590 is repealed.”.

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