

SB 910-4
(LC 1766)
4/2/19 (LHF/ps)

Requested by SENATE COMMITTEE ON HEALTH CARE (at the request of Multnomah County)

**PROPOSED AMENDMENTS TO
SENATE BILL 910**

1 In line 2 of the printed bill, after “ORS” delete the rest of the line and
2 insert “430.560, 430.590, 431A.855, 431A.860 and 689.681; and prescribing an
3 effective date.”.

4 Delete lines 4 through 24 and insert:

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

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

9 “(a) Detoxification;

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

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

21 “(2) Notwithstanding subsection (1) of this section, synthetic opiates may

1 be made available to a pregnant woman with her informed consent without
2 prior resort to the treatment programs described in subsection (1)(a) and (b)
3 of this section.

4 **“SECTION 2.** ORS 430.590 is amended to read:

5 “430.590. (1) It is unlawful for any person to commence operating a
6 methadone clinic:

7 “(a) Within 1,000 feet of the real property comprising an existing public
8 or private elementary, secondary or career school attended primarily by mi-
9 nors; or

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

14 “(2) Commencing operation of a methadone clinic within 1,000 feet of a
15 school or licensed child care facility is a nuisance and operation of the clinic
16 shall be enjoined and abated as provided in ORS 105.550 to 105.600.

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

22 **“(4) A county may waive the siting restriction under this section**
23 **to the extent necessary to remove unreasonable barriers to patients’**
24 **accessing medically necessary treatment at methadone clinics.**

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

27 “431A.855. (1)(a) The Oregon Health Authority, in consultation with the
28 Prescription Monitoring Program Advisory Commission, shall establish and
29 maintain a prescription monitoring program for monitoring and reporting:

30 “(A) Prescription drugs dispensed by pharmacies licensed by the State

1 Board of Pharmacy that are classified in schedules II through IV under the
2 federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified by the
3 board by rule under ORS 475.035; [and]

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

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

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

11 “(B) The electronic system must:

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

14 “(ii) Allow practitioners to register as required under section 7, chapter
15 45, Oregon Laws 2018, and to apply for access to the electronic system in
16 accordance with rules adopted by the authority under subsection (2) of this
17 section.

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

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

23 “(a) Reporting data;

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

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

26 “(d) Complying with the federal Health Insurance Portability and Ac-
27 countability Act of 1996 (P.L. 104-191) and regulations adopted under that
28 law, including 45 C.F.R. parts 160 and 164, federal alcohol and drug treat-
29 ment confidentiality laws and regulations adopted under those laws, includ-
30 ing 42 C.F.R. part 2, and state health and mental health confidentiality laws,

1 including ORS 179.505, 192.517 and 192.553 to 192.581;

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

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

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

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

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

12 **“SECTION 4.** ORS 431A.860 is amended to read:

13 “431A.860. (1) Not later than 72 hours after dispensing a prescription drug
14 that is subject to the prescription monitoring program established under ORS
15 431A.855, a pharmacy shall electronically report to the Oregon Health Au-
16 thority:

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

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

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

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

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

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

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

1 and

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

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

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

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

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

12 “(b) The sex of the patient for whom a drug was prescribed may be dis-
13 closed only for the purpose of research or epidemiological study under ORS
14 431A.865 (2)(b).

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

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

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

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

26 **“SECTION 5.** ORS 689.681 is amended to read:

27 “689.681. (1) As used in this section:

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

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

1 “(A) Opium;

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

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

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

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

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

25 **“SECTION 6. This 2019 Act takes effect on the 91st day after the
26 date on which the 2019 regular session of the Eightieth Legislative
27 Assembly adjourns sine die.”.**

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