

Requested by Representative PRUSAK

**PROPOSED AMENDMENTS TO
HOUSE BILL 2376**

1 On page 1 of the printed bill, line 2, delete “677.190, 678.111 and 679.140”
2 and insert “431A.898”.

3 In line 7, delete “or” and insert a comma and after “678.390” insert “, a
4 physician assistant licensed under ORS 677.495 to 677.535, a naturopathic
5 physician licensed under ORS chapter 685 or an optometrist licensed under
6 ORS 683.010 to 683.340”.

7 On page 2, line 6, delete “physician” and insert “dentist”.

8 In line 9, after “physician” insert “or a physician assistant”.

9 Delete lines 13 through 45 and delete pages 3 through 7 and insert:

10 “(d) The Oregon Board of Naturopathic Medicine may adopt rules, in
11 consultation with the State Board of Pharmacy, regarding the prescription
12 of naloxone or other drug for overdose reversal described in subsection (2)
13 of this section by a naturopathic physician.

14 “(e) The Oregon Board of Optometry may adopt rules, in consultation
15 with the State Board of Pharmacy, regarding the prescription of naloxone
16 or other drug for overdose reversal described in subsection (2) of this section
17 by an optometrist.

18 **“SECTION 2.** ORS 431A.898 is amended to read:

19 “431A.898. (1) Not less than once per year, the Oregon Health Authority,
20 in consultation with the Prescription Monitoring Program Advisory Com-
21 mission created under ORS 431A.890 and the Prescription Monitoring Pro-

1 gram Prescribing Practices Review Subcommittee established under ORS
2 431A.896, shall develop, through the use of prescription monitoring informa-
3 tion, criteria by which a practitioner may be required to receive education
4 or training on the prescribing of opioids or opiates.

5 “(2) Criteria developed under subsection (1) of this section must include:

6 “(a) Prescribing a high volume of opioids or opiates classified in schedules
7 II and III;

8 “(b) Prescribing an above-average amount of doses of opioids or opiates
9 classified in schedules II and III to a high number of patients; and

10 “(c) Simultaneously prescribing opioids or opiates classified in schedules
11 II and III with other drugs classified in schedules II and III.

12 “(3) In developing the criteria developed under subsection (1) of this sec-
13 tion, the authority must take into consideration the total quantity and vol-
14 ume of opioids and opiates classified in schedules II and III prescribed by
15 each practitioner.

16 “(4) The subcommittee may review, through the use of prescription moni-
17 toring information that does not identify a patient, a practitioner’s pre-
18 scribing history for the three years immediately preceding the date of the
19 review to determine whether a practitioner meets the criteria developed un-
20 der subsection (1) of this section.

21 “(5) After performing the review described in subsection (4) of this sec-
22 tion, the subcommittee may direct the authority to provide to a practitioner
23 who meets the criteria developed under subsection (1) of this section educa-
24 tional information about prescribing opioids and opiates, as determined ap-
25 propriate by the authority. **The educational information provided to a**
26 **practitioner under this subsection shall include notice of and infor-**
27 **mation about the requirements established under section 1 of this 2021**
28 **Act.**

29 “(6)(a) For the purposes of evaluating prescriptions made by practitioners
30 of opioids and opiates and other controlled substances, the subcommittee may

1 direct the authority to compare the prescriptions described in this paragraph
2 between similarly situated practitioners and to provide the comparative in-
3 formation to practitioners who meet criteria established by the subcommit-
4 tee.

5 “(b) The subcommittee may adopt rules to carry out this subsection, in-
6 cluding rules to establish criteria to determine to which practitioners to
7 provide the information described in this subsection.

8 “(7) Prescription monitoring information used for purposes of this section
9 and the data created through the use of prescription monitoring information
10 pursuant to this section:

11 “(a) Are confidential and not subject to public disclosure under ORS
12 192.311 to 192.478; and

13 “(b) Are not admissible as evidence in a civil or criminal proceeding.

14 **“SECTION 3. Section 1 of this 2021 Act and the amendments to ORS**
15 **431A.898 by section 2 of this 2021 Act apply to prescriptions written on**
16 **or after the operative date specified in section 4 of this 2021 Act.**

17 **“SECTION 4. (1) Section 1 of this 2021 Act and the amendments to**
18 **ORS 431A.898 by section 2 of this 2021 Act become operative on January**
19 **1, 2022.**

20 **“(2) The Oregon Board of Dentistry, the Oregon Medical Board, the**
21 **Oregon State Board of Nursing, the Oregon Board of Optometry, the**
22 **Oregon Board of Naturopathic Medicine and the State Board of Phar-**
23 **macy may take any action before the operative date specified in sub-**
24 **section (1) of this section that is necessary to enable the boards to**
25 **exercise, on and after the operative date specified in subsection (1) of**
26 **this section, all of the duties, functions and powers conferred on the**
27 **boards by section 1 of this 2021 Act and the amendments to ORS**
28 **431A.898 by section 2 of this 2021 Act.**

29 **“SECTION 5. This 2021 Act takes effect on the 91st day after the**
30 **date on which the 2021 regular session of the Eighty-first Legislative**

1 **Assembly adjourns sine die.”.**

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