

HB 3258 -4 STAFF MEASURE SUMMARY

House Committee On Behavioral Health and Health Care

Prepared By: Brian Nieubuurt, LPRO Analyst

Meeting Dates: 3/27, 4/4

WHAT THE MEASURE DOES:

Requires monitoring and reporting by prescription drug monitoring program (PDMP) of prescription and dispensation of Schedule V prescription drugs. Takes effect on 91st day following adjournment sine die.

ISSUES DISCUSSED:

-

EFFECT OF AMENDMENT:

-4 Permits pharmacist to receive prescription monitoring information regarding prescriptions for animals. Defines patient to include individual to whom prescription drug is prescribed and individual to whom prescription drug is prescribed on behalf of an animal. Requires OHA to contract with information technology services vendor to provide secure connections between electronic system and prescribers and pharmacies. Exempts naloxone and drugs containing pseudoephedrine or ephedrine from substances subject to PDMP monitoring and reporting. Requires disclosure of minimum PDMP information necessary to specified medical assistance program staff and the Centers for Medicare and Medicaid Services (CMS). Add veterinarian representative to Prescription Monitoring Program Advisory Commission.

FISCAL: Has minimal fiscal impact

REVENUE: No revenue impact

BACKGROUND:

All 50 states have prescription drug monitoring programs (PDMPs) that maintain electronic databases of prescription drug information, allowing physicians and pharmacists access to information regarding a patient's prescription history and also allowing state tracking of practitioner prescribing practices. This tracking helps support the appropriate use of prescription drugs and can inform guidelines and efforts to improve addiction prevention and treatment. All PDMPs minimally collect prescription information on drugs classified in Schedules II through IV under the federal Controlled Substances Act, with many also requiring the collection of information on Schedule V drugs. Schedule V drugs have the lowest potential for abuse relative to other controlled substances and consist primarily of preparations containing limited quantities of certain narcotics. Examples of Schedule V drugs include cough medications containing not more than 200 milligrams of codeine per 100 milliliters or grams and ezogabine.

A 2018 audit of Oregon's PDMP by the Secretary of State ("Constraints on Oregon's Prescription Drug Monitoring Program Limit the State's Ability to Help Address Opioid Misuse and Abuse") included 12 recommendations for improving and more effectively operating the state's PDMP. These recommendations included allowing for additional information to be collected by the PDMP, including prescriptions for schedule V controlled substances.

House Bill 3258 would require monitoring and reporting by prescription drug monitoring program of prescription and dispensation of Schedule V prescription drugs.