

## HB 2257 -3 STAFF MEASURE SUMMARY

### House Committee On Health Care

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**Prepared By:** Oliver Droppers, LPRO Analyst

**Sub-Referral To:** Joint Committee On Ways and Means

**Meeting Dates:** 2/5, 2/12

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#### WHAT THE MEASURE DOES:

Declares substance use disorders (SUD) as chronic illnesses. Requires the Department of Corrections to study and report SUD treatment options for individuals in custody. Directs the Oregon Health Authority (OHA) to convene advisory group; develop accreditation requirements for SUD treatment programs; implement accreditation requirements no later than January 2, 2021. Directs the Health Evidence Review Commission (HERC) to study and develop recommendations regarding barriers to and reimbursement for SUD services in Medicaid no later than December 31, 2019. Requires OHA to create pilot project to provide medication-assisted treatment to pregnant individuals. Appropriates \$5 million for pilot project. Defines “syringe service program.”

#### ISSUES DISCUSSED:

- Provisions of the measure
- Addiction, effective treatment, community supports
- County correctional settings, substance use screenings, detox treatments
- Proposed amendments
- Prohibition of prior authorization for medication-assisted treatment in Medicaid
- Continuity of care study by Department of Corrections
- Parental substance use disorder, pregnancy, foster care, and adverse childhood events
- Prescription drug monitoring program (PDMP); recent state trends in the decline of opioid deaths and prescriptions
- Modifications to PDMP to improve monitoring and evaluation of opioid prescriptions by licensed professionals
- Expansion of PDMP to officials with executive agencies
- Accreditation of SUD treatment centers, establishing a standard of care statewide

#### EFFECT OF AMENDMENT:

-3 Allows the Department of Corrections to collaborate with local correctional facilities. Removes requirement for counties that operate a correctional facility to study substance use disorder (SUD) for individuals in custody. Narrows scope of advisory group to advising OHA on establishing accreditation requirements for SUD treatment programs. Removes study by Health Evidence Review Commission. Prohibits coordinated care organizations and public payers of health insurance from requiring prior authorization for medication-assisted treatment during first 30 days of treatment. Clarifies sterile needles, syringes, and other items provided by syringe service programs are not to be considered drug paraphernalia. Defines dental director. Authorizes dental directors to access prescription drug monitoring program (PDMP). Adds gabapentin to list of prescription drugs monitored in the PDMP. Adds a new reporting requirement to prescription monitoring program and allows program subcommittee to evaluate prescribing patterns. Modifies operative dates.

**REVENUE:** *No revenue impact.*

**FISCAL:** *Fiscal impact statement issued.*

#### BACKGROUND:

The Oregon Health Authority's Public Health Division reports that Oregon has one of the highest rates of prescription opioid misuse in the nation. More drug poisoning deaths involve prescription opioids than any other

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type of drug, including alcohol, methamphetamines, heroin, and cocaine. An average of three Oregonians die every week from prescription opioid overdoses, and many more develop opioid use disorders.

In 2017, Governor Brown created the Opioid Epidemic Task Force as a statewide effort to “combat opioid abuse and dependency.” The Task Force consists of medical experts, drug treatment specialists, and government officials. The Task Force initially prioritized reducing the number of narcotic pills in circulation, improving access to high quality treatment, facilitating data sharing, and promoting education efforts in Oregon. In 2018, based on the initial work of the Task Force, Governor Brown proposed House Bill 4143 as a multi-pronged approach to address the epidemic of opioid.

After passage of HB 4143 (2018), the Task Force continued its work to address the state’s opioid crisis by defining substance use disorder as a chronic disease rather than an acute illness, and addressing access, payment, and affordability of treatment services among commercial and public payers.

House Bill 2257 seeks to address the epidemic of opioid use in Oregon.