

SB 910 A -A8, -A9, -A10 STAFF MEASURE SUMMARY

House Committee On Health Care

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Meeting Dates: 5/14, 5/16

WHAT THE MEASURE DOES:

Requires retail and hospital outpatient pharmacies to provide written notice that naloxone and necessary administrative supplies are available at the pharmacy. Removes requirement that parole and probation officers approve requests for use of synthetic opiates for persons in drug treatment programs. Allows counties and local public health authorities to waive methadone clinic sitting restrictions to the extent necessary to remove unreasonable barriers to accessing medically necessary treatment. Allows the Oregon Health Authority (OHA) to identify, by rule, other drugs for inclusion in the prescription monitoring program. Allows pharmacies, health care professionals, and pharmacists to distribute multiple naloxone kits to social service agencies and other people who work with individuals who have experienced an opiate overdose for redistribution to individuals, or family members of individuals, likely to experience an opiate overdose. Allows pharmacists to offer to prescribe and provide naloxone kits when dispensing an opiate or opioid prescription in excess of 50 morphine equivalent doses per day. Takes effect on the 91st day following adjournment sine die.

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-A8 Allows State Board of Pharmacy to establish in rule criteria by which a pharmacist may prescribe naloxone and medical supplies when dispensing an opiate or opioid prescription.

REVENUE: May have revenue impact, but no statement yet issued.

FISCAL: May have fiscal impact, but no statement yet issued.

-A9 Removes reference to equivalents to naloxone. Removes current reporting requirement that pharmacies must report on the sex of the patient when dispensing a drug reported to the prescription drug monitoring program. Authorizes OHA to disclose prescription monitoring information if certain conditions are met that include complying with the federal Health Insurance Portability and Accountability Act, federal alcohol and drug treatment confidentiality laws and regulations, and state health and mental health confidentiality laws.

REVENUE: May have revenue impact, but no statement yet issued.

FISCAL: May have fiscal impact, but no statement yet issued.

-A10 Authorizes OHA to use data in the prescription drug monitoring program to conduct public health investigations into prescription drug misuse or a death from a prescription drug overdose. Authorizes OHA to disclose information, if certain conditions are met, from a drug-related investigation to a health professional regulatory board if the disclosure is in the public interest, and a local public health authority for: (1) compiling deidentified summary reports about opioid misuse, (2) investigating deaths from prescription drug overdoses, or (3) informing a prescribing provider about a patient's death from drug overdose. Removes current requirement that pharmacies report on the sex of the patient when dispensing a drug reported to the prescription drug monitoring program

REVENUE: May have revenue impact, but no statement yet issued.

FISCAL: May have fiscal impact, but no statement yet issued.

BACKGROUND:

Naloxone and methadone are two medications frequently used in the treatment of opioid addiction and overdose. Naloxone blocks opioid receptor sites, reversing the toxic effects of the overdose. Naloxone is administered when a patient is showing signs of opioid overdose and can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection. Methadone works by changing how the brain and nervous system respond to pain. It lessens the painful symptoms of opiate withdrawal and blocks the euphoric effects of opiate drugs. Methadone is offered in pill, liquid, and wafer forms.

Senate Bill 910-A removes barriers to access of naloxone and methadone by making naloxone kits more readily available and giving local authorities flexibility to waive methadone clinic siting restrictions.