SB 910 A -A8, -A12 STAFF MEASURE SUMMARY

House Committee On Health Care

Prepared By: Oliver Droppers, LPRO Analyst
Meeting Dates: 5/14, 5/16, 5/23

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:

- Administration of medication assisted by correctional officers
- Authority to waive site restrictions by local government entities for methadone clinics, particularly in local jails; reasonable definition for site restrictions (less than 1,000 feet)
- Removal of barriers to accessing methadone
- Whether the proposals were considered by the Governor's Opioid Epidemic Task Force

EFFECT OF AMENDMENT:

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

REVENUE: No revenue impact.
FISCAL: Minimal expenditure impact.

-A12 Clarifies statutory language by removing 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. Specifies OHA is not permitted to disclose the identity of an individual for whom naloxone is prescribed. Authorizes OHA to review the prescription monitoring information of an individual who dies from a drug overdose. Specifies disclosure of information in the PDMP requires compliance 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: Statement issued: minimal.

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.

Gov. Kate Brown convened the Opioid Epidemic Task Force in 2017. The Task Force sought to elevate policy actions in four different priority areas: better pain management, fewer pills, better access to treatment, and data/education. In 2018, the Task Force released a report with a comprehensive set of recommendations, emphasizing substance use disorder as a chronic condition that requires both acute treatment and long-term management.

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.

PRELIMINARY