# House Bill 3315

Sponsored by Representative SPRENGER


## SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced.**

Requires that certain prescription drugs, including those prescribed by veterinarians, must be reported to prescription monitoring program. Requires pharmacies located in institutions operated, controlled, managed and supervised by Oregon Health Authority and Department of Corrections to report specified prescriptions to prescription monitoring program.

Requires Oregon Health Authority to disclose prescribing history information to practitioner for purpose of practitioner's self-evaluation and to health professional regulatory board for purpose of evaluating practitioners regulated by board. Directs health professional regulatory board to require practitioners to register with prescription monitoring program.

Requires authority to meet specified objectives to increase effectiveness of prescription monitoring program and to report to interim committee of Legislative Assembly related to health care not later than December 31, 2020.

Takes effect on 91st day following adjournment sine die.


## A BILL FOR AN ACT

Relating to prescription drugs; creating new provisions; amending ORS 431A.850, 431A.855, 431A.860, 431A.865, 431A.896, 431A.898 and 677.511 and section 7, chapter 45, Oregon Laws 2018; and prescribing an effective date.

**Be It Enacted by the People of the State of Oregon:**

**SECTION 1.** ORS 431A.850, as amended by section 14, chapter 61, Oregon Laws 2018, is amended to read:

431A.850. As used in ORS 431A.855 to 431A.900:

(1) "Dispense" and "dispensing" have the meanings given those terms in ORS 689.005.

(2) "Drug outlet" has the meaning given that term in ORS 689.005.

(3) "Health professional regulatory board" means a health professional regulatory board, as defined in ORS 676.160, the Long Term Care Administrators Board, the Board of Licensed Dietitians and the Behavior Analysis Regulatory Board.

(4) "Medical director" means a physician employed by a hospital, health care clinic or system of hospitals or health care clinics for the purposes of overseeing the operations of the hospital, clinic or system and ensuring the delivery of quality health care within the hospital, clinic or system.

(5) "Pharmacist" means:

(a) A pharmacist as defined in ORS 689.005; or

(b) An individual licensed to practice pharmacy in another state, if the requirements for licensure are similar, as determined by the Oregon Health Authority, to the requirements for being licensed as a pharmacist as defined in ORS 689.005.

(6) "Pharmacy director" means a pharmacist employed by a pharmacy or system of pharmacies for the purposes of overseeing the operations of the pharmacy or system and ensuring the delivery of quality pharmaceutical care within the pharmacy or system.

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

(7) "Practitioner" means:

(a) A practitioner as defined in ORS 689.005; or

(b) An individual licensed to practice a profession in another state, if the requirements for licensure are similar, as determined by the authority, to the requirements for being licensed as a practitioner as defined in ORS 689.005.

(8) "Prescription" has the meaning given that term in ORS 475.005.

(9) "Prescription drug" has the meaning given that term in ORS 689.005.

**(10) "Veterinarian" means a person licensed to practice veterinary medicine under ORS chapter 686.**

**(11) "Veterinary facility" has the meaning given that term in ORS 686.010.**

**SECTION 2.** ORS 431A.855, as amended by section 8, chapter 45, Oregon Laws 2018, is amended to read:

431A.855. (1)(a) The Oregon Health Authority, in consultation with the Prescription Monitoring Program Advisory Commission, shall establish and maintain a prescription monitoring program for monitoring and reporting:

(A) Prescription drugs dispensed by pharmacies licensed by the State Board of Pharmacy that are classified in schedules II through [*IV*] **V** under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified by the board by rule under ORS 475.035; [*and*]

(B) Prescribed naloxone dispensed by pharmacies[.]**;**

**(C) Other drugs of concern, as determined by the Prescription Monitoring Program Practices Review Subcommittee established under ORS 431A.896; and**

**(D) Prescription drugs that are classified in schedules II through V that are prescribed and dispensed by veterinarians.**

(b)(A) To fulfill the requirements of this subsection, the authority shall establish, maintain and operate an electronic system to monitor and report drugs described in paragraph (a) of this subsection that are dispensed by prescription.

(B) The electronic system must:

(i) Operate and be accessible by practitioners and pharmacies 24 hours a day, seven days a week; [*and*]

(ii) Allow practitioners to register as required under section 7, chapter 45, Oregon Laws 2018, and to apply for access to the electronic system in accordance with rules adopted by the authority under subsection (2) of this section[.]**; and**

**(iii) Allow veterinarians sufficient access to the electronic system to enable compliance with subsection (1)(a)(D) of this section.**

(C) The authority may contract with a state agency or private entity to ensure the effective operation of the electronic system.

(2) In consultation with the commission, the authority shall adopt rules for the operation of the electronic prescription monitoring program established under subsection (1) of this section, including standards for:

(a) Reporting data;

(b) Providing maintenance, security and disclosure of data;

(c) Ensuring accuracy and completeness of data;

(d) Complying with the federal Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) and regulations adopted under that law, including 45 C.F.R. parts 160 and 164, federal alcohol and drug treatment confidentiality laws and regulations adopted under those laws, including

42 C.F.R. part 2, and state health and mental health confidentiality laws, including ORS 179.505, 192.517 and 192.553 to 192.581;

(e) Ensuring accurate identification of persons or entities requesting information from the database;

(f) Accepting printed or nonelectronic reports from pharmacies that do not have the capability to provide electronic reports;

(g) Notifying a patient, before or when a drug classified in schedules II through [*IV*] **V** is dispensed to the patient, about the prescription monitoring program and the entry of the prescription in the electronic system; and

(h) Registering practitioners with the electronic system.

(3) The authority shall submit an annual report to the commission regarding the prescription monitoring program established under this section.

**SECTION 3.** ORS 431A.860 is amended to read:

431A.860. (1) Not later than 72 hours after dispensing a prescription drug that is subject to the prescription monitoring program established under ORS 431A.855, a pharmacy **or veterinary facility** shall electronically report to the Oregon Health Authority:

(a) If the prescription drug is classified in schedules II through [*IV*] **V** under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified by the State Board of Pharmacy by rule under ORS 475.035 **or a drug of concern as described in ORS 431A.855**, the name, address, phone number, date of birth and sex of the patient for whom the prescription drug was prescribed;

(b) The identity of the pharmacy **or veterinary facility** that dispensed the prescription drug and the date on which the prescription drug was dispensed;

(c) The identity of the practitioner **or veterinarian** who prescribed the prescription drug and the date on which the prescription drug was prescribed;

(d) The national drug code number for the prescription drug;

(e) The prescription number assigned to the prescription drug;

(f) The quantity of the prescription drug dispensed;

(g) The number of days for which the prescription drug was dispensed; [*and*]

(h) The number of refills of the prescription **drug** authorized by the practitioner **or veterinarian** and the number of [*the refill*] **refills of the prescription drug** that the pharmacy **or veterinary facility** dispensed[.]**;**

**(i) The method of payment used to purchase the prescription drug;**

**(j) Any diagnosis codes or other information related to the prescription; and**

**(k) Whether the patient is required to obtain prescriptions from a designated practitioner or prescription drugs from a designated pharmacy.**

(2)(a) Notwithstanding subsection (1) of this section, the authority may not:

(A) Require the reporting of prescription drugs administered directly to a patient or dispensed pursuant to ORS 127.800 to 127.897;

(B) Collect or use Social Security numbers in the prescription monitoring program; or

(C) Disclose under ORS 431A.865 (2)(a) the sex of the patient for whom a drug was prescribed.

(b) The sex of the patient for whom a drug was prescribed may be disclosed only for the purpose of research or epidemiological study under ORS 431A.865 (2)(b).

(3) Upon receipt of the data reported pursuant to subsection (1) of this section, the authority shall record the data in the electronic system established under ORS 431A.855.

(4)(a) The authority may, for good cause as determined by the authority, grant a pharmacy **or**

**veterinary facility** a waiver of the requirement that the information to be reported under subsection (1) of this section be submitted electronically. The waiver must state the format, method and frequency of the alternate nonelectronic submissions from the pharmacy **or veterinary facility** and the duration of the waiver.

(b) As used in this subsection, "good cause" includes financial hardship.

[*(5) This section does not apply to pharmacies in institutions as defined in ORS 179.010.*]

**(5) The authority shall establish by rule criteria to determine when a practitioner or veterinarian shall query the electronic system maintained and operated under ORS 431A.855 in order to view a patient's prescription history.**

**SECTION 4.** ORS 431A.865 is amended to read:

431A.865. (1)[*(a)*] Except as provided under subsection (2) of this section, prescription monitoring information submitted under ORS 431A.860 to the prescription monitoring program established in ORS 431A.855:

[*(A)*] **(a)** Is protected health information under ORS 192.553 to 192.581.

[*(B)*] **(b)** Is confidential and not subject to disclosure under ORS 192.311 to 192.478.

[*(b) Except as provided under subsection (2)(a)(H) of this section, prescription monitoring information submitted under ORS 431A.860 to the prescription monitoring program may not be used to evaluate a practitioner's professional practice.*]

(2)(a) To the extent that the law or regulation is applicable to the prescription monitoring program, if a disclosure of prescription monitoring information, other than the sex of a patient for whom a drug was prescribed, complies with the federal Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) and regulations adopted under that law, including 45 C.F.R. parts 160 and 164, federal alcohol and drug treatment confidentiality laws and regulations, including 42 C.F.R. part 2, and state health and mental health confidentiality laws, including ORS 179.505, 192.517 and 192.553 to 192.581, the Oregon Health Authority shall disclose the information:

(A) To a practitioner or pharmacist, or, if a practitioner or pharmacist authorizes the authority to disclose the information to a member of the practitioner's or pharmacist's staff, to a member of the practitioner's or pharmacist's staff. If a practitioner or pharmacist authorizes disclosing the information to a member of the practitioner's or pharmacist's staff under this subparagraph, the practitioner or pharmacist remains responsible for the use or misuse of the information by the staff member. To receive information under this subparagraph, or to authorize the receipt of information by a staff member under this subparagraph, a practitioner or pharmacist must certify that the requested information is**:**

**(i)** For the purpose of evaluating the need for or providing medical or pharmaceutical treatment for a patient to whom the practitioner or pharmacist anticipates providing, is providing or has provided care[.]**; or**

**(ii) A report, in a form determined by the authority by rule, of the requesting practitioner's prescribing practices for the purpose of the practitioner's self-evaluation.**

(B) To a medical director or pharmacy director, or, if a medical director or pharmacy director authorizes the authority to disclose the information to a member of the medical director's or pharmacy director's staff, to a member of the medical director's or pharmacy director's staff. If a medical director or pharmacy director authorizes disclosing the information to a member of the medical director's or pharmacy director's staff under this subparagraph, the medical director or pharmacy director remains responsible for the use or misuse of the information by the staff member. To receive information under this subparagraph, or to authorize the receipt of information by a staff member

under this subparagraph, a medical director must certify that the requested information is for the purposes of overseeing the operations of a hospital, health care clinic or system of hospitals or health care clinics and ensuring the delivery of quality health care within the hospital, clinic or system. To receive information under this subparagraph, or to authorize the receipt of information by a staff member under this subparagraph, a pharmacy director must certify that the requested information is for the purposes of overseeing the operations of a pharmacy or system of pharmacies and ensuring the delivery of quality pharmaceutical care within the pharmacy or system.

(C) In accordance with subparagraphs (A) and (B) of this paragraph, to an individual described in subparagraphs (A) and (B) of this paragraph through a health information technology system that is used by the individual to access information about patients if:

(i) The individual is authorized to access the information in the health information technology system;

(ii) The information is not permanently retained in the health information technology system, except for purposes of conducting audits and maintaining patient records; and

(iii) The health information technology system meets any privacy and security requirements and other criteria, including criteria required by the federal Health Insurance Portability and Accountability Act, established by the authority by rule.

(D) To a practitioner in a form that catalogs all prescription drugs prescribed by the practitioner according to the number assigned to the practitioner by the Drug Enforcement Administration of the United States Department of Justice.

(E) To the Chief Medical Examiner or designee of the Chief Medical Examiner, for the purpose of conducting a medicolegal investigation or autopsy.

(F) To designated representatives of the authority or any vendor or contractor with whom the authority has contracted to establish or maintain the electronic system established under ORS 431A.855.

(G) **Except as provided in ORS 431A.898 (6),** pursuant to a valid court order based on probable cause and issued at the request of a federal, state or local law enforcement agency engaged in an authorized drug-related investigation involving a person to whom the requested information pertains.

(H) To a health professional regulatory board that certifies in writing that the requested information is necessary for an investigation related to licensure, license renewal or disciplinary action involving the applicant, licensee or registrant to whom the requested information pertains.

(I) Pursuant to an agreement entered into under ORS 431A.869.

**(J) To a health professional regulatory board in a form that enables the health professional regulatory board to analyze the prescribing practices of practitioners regulated by the health professional regulatory board.**

**(K) To the Oregon State Veterinary Medical Examining Board, pursuant to rules adopted by the board in collaboration with the authority.**

(b) The authority may disclose information from the prescription monitoring program that does not identify a patient, practitioner or drug outlet:

(A) For educational, research or public health purposes;

(B) For the purpose of educating practitioners about the prescribing of opioids and other controlled substances;

(C) To a health professional regulatory board;

(D) To a local public health authority, as defined in ORS 431.003; or

(E) To officials of the authority who are conducting special epidemiologic morbidity and mor-

tality studies in accordance with ORS 413.196 and rules adopted under ORS 431.001 to 431.550 and 431.990.

(c) The authority shall disclose information relating to a patient maintained in the electronic system established under ORS 431A.855 to that patient at no cost to the patient within 10 business days after the authority receives a request from the patient for the information.

(d)(A) A patient may request the authority to correct any information related to the patient that is maintained in the electronic system established under ORS 431A.855 that is erroneous. The authority shall grant or deny a request to correct information within 10 business days after the authority receives the request. If a request to correct information cannot be granted because the error occurred at the pharmacy where the information was inputted, the authority shall inform the patient that the information cannot be corrected because the error occurred at the pharmacy.

(B) If the authority denies a patient's request to correct information under this paragraph, or fails to grant a patient's request to correct information under this paragraph within 10 business days after the authority receives the request, the patient may appeal the denial or failure to grant the request. Upon receiving notice of an appeal under this subparagraph, the authority shall conduct a contested case hearing as provided in ORS chapter 183. Notwithstanding ORS 183.450, the authority has the burden in the contested case hearing of establishing that the information is correct.

(e) The information in the prescription monitoring program may not be used for any commercial purpose.

(f) In accordance with ORS 192.553 to 192.581 and federal laws and regulations related to privacy, any person authorized to prescribe or dispense a prescription drug who is entitled to access a patient's prescription monitoring information may discuss the information with or release the information to other health care providers involved with the patient's care for the purpose of providing safe and appropriate care coordination.

(3)(a) The authority shall maintain records of the information disclosed through the prescription monitoring program including:

(A) The identity of each person who requests or receives information from the program and any organization the person represents;

(B) The information released to each person or organization; and

(C) The date and time the information was requested and the date and time the information was provided.

(b) Records maintained as required by this subsection may be reviewed by the Prescription Monitoring Program Advisory Commission.

(4) Information in the prescription monitoring program that identifies an individual patient must be removed no later than three years from the date the information is entered into the program.

(5) The authority shall notify the Attorney General and each individual affected by an improper disclosure of information from the prescription monitoring program of the disclosure.

(6)(a) If the authority or a person or entity required to report or authorized to receive or release prescription information under this section violates this section or ORS 431A.860 or 431A.870, a person injured by the violation may bring a civil action against the authority, person or entity and may recover damages in the amount of $1,000 or actual damages, whichever is greater.

(b) Notwithstanding paragraph (a) of this subsection, the authority and a person or entity required to report or authorized to receive or release prescription information under this section are immune from civil liability for violations of this section or ORS 431A.860 or 431A.870 unless the authority, person or entity acts with malice, criminal intent, gross negligence, recklessness or willful

intent.

(7) Nothing in ORS 431A.855 to 431A.900 requires a practitioner or pharmacist who prescribes or dispenses a prescription drug to obtain information about a patient from the prescription monitoring program. A practitioner or pharmacist who prescribes or dispenses a prescription drug may not be held liable for damages in any civil action on the basis that the practitioner or pharmacist did or did not request or obtain information from the prescription monitoring program.

(8) The authority shall, at regular intervals, ensure compliance of a health information technology system described in subsection (2) of this section with the privacy and security requirements and other criteria established by the authority under subsection (2) of this section.

**SECTION 5.** ORS 431A.896 is amended to read:

431A.896. (1) The Prescription Monitoring Program Prescribing Practices Review Subcommittee is established as a subcommittee of the Prescription Monitoring Program Advisory Commission created under ORS 431A.890, for the purpose of advising the Oregon Health Authority and the commission on interpreting prescription information, understanding the clinical aspects of prescribing practices and evaluating prescribing practices.

(2)(a) The authority shall appoint the number of members to the subcommittee that the authority determines is necessary to fulfill the functions of the subcommittee.

(b) Members of the subcommittee must be practitioners who:

(A) Hold a valid license issued in this state or a valid emeritus license issued in this state;

(B) Are registered with the federal Drug Enforcement Administration to prescribe drugs classified in schedules II through [*IV*] **V**; and

(C) Have at least five years of experience prescribing drugs classified in schedules II through [*IV*] **V**.

(c) To the extent feasible, the authority shall appoint one member to the subcommittee for each type of practitioner in this state that prescribes drugs classified in schedules II through [*IV*] **V**.

**SECTION 6.** ORS 431A.898 is amended to read:

431A.898. (1) Not less than once per year, the Oregon Health Authority, in consultation with the Prescription Monitoring Program Advisory Commission created under ORS 431A.890 and the Prescription Monitoring Program Prescribing Practices Review Subcommittee established under ORS 431A.896, shall develop, through the use of prescription monitoring information, criteria by which a practitioner may be required to receive education or training on the prescribing of opioids or opiates.

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

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

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

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

(3) In developing the criteria developed under subsection (1) of this section, the authority must take into consideration the total quantity and volume of opioids and opiates classified in schedules II and III prescribed by each practitioner.

(4) The subcommittee may review, through the use of prescription monitoring information that does not identify a patient, a practitioner's prescribing history for the three years immediately preceding the date of the review to determine whether a practitioner meets the criteria developed under subsection (1) of this section.

(5) After performing the review described in subsection (4) of this section, the subcommittee may direct the authority to provide to a practitioner who meets the criteria developed under subsection (1) of this section educational information about prescribing opioids and opiates, as determined appropriate by the authority.

**(6)(a) For the purposes of evaluating a practitioner's written prescriptions of opioids and opiates and other controlled substances required to be reported to the electronic system established under ORS 431A.855, the subcommittee may direct the authority to compare prescriptions described in this paragraph among similarly situated practitioners and to provide the comparative information to practitioners who meet criteria established by the subcommittee.**

**(b) The subcommittee may collaborate with a health professional regulatory board and, if necessary, a federal, state or local law enforcement agency to evaluate and remedy the prescribing practices of a practitioner that meet criteria established by the subcommittee.**

**(c) The subcommittee may adopt rules to carry out this subsection, including rules to establish criteria to determine:**

**(A) Which practitioners are provided the comparative information described in paragraph (a) of this subsection; and**

**(B) When to collaborate with a health professional regulatory board and law enforcement agencies under paragraph (b) of this subsection.**

**(7) The subcommittee shall:**

**(a) Identify and propose to the authority and the State Board of Pharmacy other drugs of concern the prescriptions of which should be monitored and reported to the electronic system established under ORS 431A.855.**

**(b) Determine the extent to which a veterinarian and the Oregon State Veterinary Medical Examining Board shall have access to the electronic system established under ORS 431A.855 and shall advise the authority on the collaboration with the board in adopting rules under ORS 431A.865.**

**(c) Adopt rules regarding the applicability of this section to veterinarians, in collaboration with the Oregon State Veterinary Medical Examining Board.**

[*(6)*] **(8)** Prescription monitoring information used for purposes of this section and the data created through the use of prescription monitoring information pursuant to this section:

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

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

**SECTION 7.** Section 7, chapter 45, Oregon Laws 2018, is amended to read:

**Sec. 7.** (1) In order to ensure the development, administration and evaluation of best practices for prescribing opioids and opiates, a practitioner **or veterinarian** shall register with the electronic system established under ORS 431A.855.

(2) The Oregon Health Authority may adopt rules to administer this section.

**(3)(a) A health professional regulatory board shall adopt rules to require practitioners regulated by the health professional regulatory board to comply with subsection (1) of this section. Rules adopted under this subsection may include the imposition of discipline, including, but not limited to, suspension of the practitioner's authorization to practice, for the practitioner's failure to comply with subsection (1) of this section and the rules adopted under this subsection.**

**(b) The Oregon State Veterinary Medical Examining Board shall adopt rules to require**

**veterinarians to comply with subsection (1) of this section. Rules adopted under this subsection may include the imposition of discipline, including, but not limited to, suspension of the veterinarian's license, for the veterinarian's failure to comply with subsection (1) of this section and the rules adopted under this subsection.**

**SECTION 8.** ORS 677.511 is amended to read:

677.511. (1)(a) A supervising physician or supervising physician organization may apply to the Oregon Medical Board for authority for a physician assistant to dispense drugs specified by the supervising physician or supervising physician organization.

(b) Notwithstanding paragraph (a) of this subsection, and except as permitted under ORS 677.515 (4), a physician assistant may not dispense controlled substances classified in Schedule I or II under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035.

(2) The board shall adopt rules establishing standards and qualifications for physician assistants with dispensing authority. The rules must require:

(a) A physician assistant seeking dispensing authority to complete a drug dispensing training program; and

(b) The supervising physician or supervising physician organization that applies for dispensing authority for a physician assistant to:

(A) Provide the board with a plan for drug delivery and control;

(B) Submit an annual report to the board on the physician assistant's use of dispensing authority;

(C) Submit to the board a list of the drugs or classes of drugs that the supervising physician or supervising physician organization proposes to authorize the physician assistant to dispense; and

(D) Submit to the board documentation showing that the supervising physician or supervising physician organization has registered the facility from which the physician assistant will dispense drugs as a drug outlet with the State Board of Pharmacy under ORS 689.305.

(3) The Oregon Medical Board and the State Board of Pharmacy shall jointly develop a drug dispensing training program for physician assistants and adopt that program by rule.

(4) A supervising physician or supervising physician organization that supervises a physician assistant with dispensing authority shall comply with rules adopted by the State Board of Pharmacy relating to registration, acquisition, storage, integrity, security, access, dispensing and disposal of drugs, record keeping and consultation with pharmacists.

(5) A physician assistant who dispenses a controlled substance classified in Schedule III [*or IV*] **through V** under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035, shall report the dispensing of the controlled substance to the Oregon Health Authority in a manner consistent with the requirements for reporting by pharmacies as provided in ORS 431A.855 to 431A.900.

(6) Drugs dispensed by a physician assistant with dispensing authority under this section must be personally dispensed by the physician assistant.

**SECTION 9. (1) In order to increase the effectiveness of the prescription monitoring program established under ORS 431A.855, the Oregon Health Authority shall:**

**(a) Maintain ongoing partnerships with health professional regulatory boards, as defined in ORS 431A.850, through targeted outreach efforts designed to encourage all practitioners, as defined in ORS 431A.850, to register with the prescription monitoring program;**

**(b) Provide guidance, including examples, to practitioners on ways in which to integrate the use of the prescription monitoring program into the practitioner's daily workflow;**

**(c) Verify any specialty area information of a practitioner registered with the prescription monitoring program with the health professional regulatory board that regulates the practitioner, and update data maintained by the prescription monitoring program accordingly; and**

**(d) Develop a process for the sharing of data regarding patients who are recipients of medical assistance, as defined in ORS 414.025, between the prescription monitoring program and the state medical assistance program to ensure the completeness of information maintained in the prescription monitoring program and to allow the state medical assistance program to better monitor the prescription behavior of recipients of medical assistance.**

**(2) The authority shall submit, in the manner provided in ORS 192.245, to an interim committee of the Legislative Assembly related to health care, a report detailing the authority's progress in meeting the objectives described in subsection (1) of this section not later than December 31, 2020.**

**SECTION 10. Section 9 of this 2019 Act is repealed on January 2, 2021.**

**SECTION 11. (1) The amendments to ORS 431A.850, 431A.855, 431A.860, 431A.865, 431A.896, 431A.898 and 677.511 and section 7, chapter 45, Oregon Laws 2018, by sections 1 to 8 of this 2019 Act become operative on January 1, 2020.**

**(2) The Oregon Health Authority, the Oregon State Veterinary Medical Examining Board and the Prescription Monitoring Program Practices Review Subcommittee may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority, the board and the subcommittee to exercise, on or after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority, the board and the subcommittee by the amendments to ORS 431A.850, 431A.855, 431A.860, 431A.865, 431A.896, 431A.898 and 677.511 and section 7, chapter 45, Oregon Laws 2018, by sections 1 to 8 of this 2019 Act.**

**SECTION 12. This 2019 Act takes effect on the 91st day after the date on which the 2019 regular session of the Eightieth Legislative Assembly adjourns sine die.**