

HB 2257-1
(LC 633)
1/30/19 (SCT/ps)

Requested by HOUSE COMMITTEE ON HEALTH CARE (at the request of Governor Kate Brown)

**PROPOSED AMENDMENTS TO
HOUSE BILL 2257**

1 On page 1 of the printed bill, line 2, after “drugs;” insert “creating new
2 provisions; amending ORS 431A.850, 431A.855, 431A.860, 431A.865 and
3 431A.867;”.

4 On page 2, after line 15, insert:

5 “(2) In establishing the requirements under this section, the advisory
6 group shall:

7 “(a) Solicit input from stakeholders, including state agencies, unions re-
8 presenting substance use disorder treatment providers and others; and

9 “(b) Consider relevant factors, including but not limited to the geographic
10 accessibility of treatment, culturally appropriate treatment options, the lan-
11 guage needs of potential treatment patients and the needs of substance use
12 disorder treatment providers.

13 “(3) The advisory group shall research and determine how to maximize
14 all sources of federal funding that is available for treatment programs de-
15 scribed in this section.

16 “(4) The advisory group may adopt rules to carry out this section.”.

17 In line 16, delete “(2)” and insert “(5)”.

18 Delete lines 22 through 28 and insert:

19 **“SECTION 7. (1) The Oregon Health Authority shall prohibit public**
20 **payers of health insurance, when reimbursing the cost of treating**
21 **substance use disorders, including opioid and opiate addiction, from**

1 **requiring prior authorization of payment during the first 30 days of**
2 **treatment.**

3 **“(2) The authority may adopt rules to carry out this section.**

4 **“SECTION 8. Section 7 of this 2019 Act applies to the provision of**
5 **treatment services that begins on and after the operative date speci-**
6 **fied in section 20 (1) of this 2019 Act.”.**

7 On page 3, after line 17, insert:

8 **“(3) Sterile needles and syringes and other items provided by a syringe**
9 **service program may not be considered ‘drug paraphernalia,’ as that term is**
10 **defined in ORS 475.525.”.**

11 Delete lines 20 through 26 and insert:

12 **“SECTION 15. ORS 431A.850. As used in ORS 431A.855 to 431A.900:**

13 **“(1) ‘Dental managing director’ means a dentist, as defined in ORS**
14 **679.010, employed by a dental clinic or office, or a system of dental**
15 **clinics or offices, for the purpose of overseeing the operations of the**
16 **dental clinic or office, or the system of dental clinics or offices, and**
17 **ensuring the delivery of quality dental care within the clinic, office**
18 **or system.**

19 **“[(1)] (2) ‘Dispense’ and ‘dispensing’ have the meanings given those terms**
20 **in ORS 689.005.**

21 **“[(2)] (3) ‘Drug outlet’ has the meaning given that term in ORS 689.005.**

22 **“[(3)] (4) ‘Health professional regulatory board’ means a health profes-**
23 **sional regulatory board, as defined in ORS 676.160, the Long Term Care Ad-**
24 **ministrators Board, the Board of Licensed Dietitians and the Behavior**
25 **Analysis Regulatory Board.**

26 **“[(4)] (5) ‘Medical director’ means a physician employed by a **coordinated****
27 **care organization, hospital, health care clinic or system of hospitals or**
28 **health care clinics for the purposes of overseeing the operations of the hos-**
29 **pital, clinic or system and ensuring the delivery of quality health care within**
30 **the hospital, clinic or system.**

1 “[5] (6) ‘Pharmacist’ means:

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

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

7 “[6] (7) ‘Pharmacy director’ means a pharmacist employed by a pharmacy
8 or system of pharmacies for the purposes of overseeing the operations of the
9 pharmacy or system and ensuring the delivery of quality pharmaceutical care
10 within the pharmacy or system.

11 “[7] (8) ‘Practitioner’ means:

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

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

16 “[8] (9) ‘Prescription’ has the meaning given that term in ORS 475.005.

17 “[9] (10) ‘Prescription drug’ has the meaning given that term in ORS
18 689.005. ORS 431A.850, as amended by section 14, chapter 61, Oregon Laws
19 2018, is amended to read:

20 “**SECTION 16.** ORS 431A.855, as amended by section 8, chapter 45,
21 Oregon Laws 2018, is amended to read:

22 “431A.855. (1)(a) The Oregon Health Authority, in consultation with the
23 Prescription Monitoring Program Advisory Commission, shall establish and
24 maintain a prescription monitoring program for monitoring and reporting:

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

29 “(B) Prescribed **gabapentin and** naloxone dispensed by pharmacies.

30 “(b)(A) To fulfill the requirements of this subsection, the authority shall

1 establish, maintain and operate an electronic system to monitor and report
2 drugs described in paragraph (a) of this subsection that are dispensed by
3 prescription.

4 “(B) The electronic system must:

5 “(i) Operate and be accessible [*by practitioners and pharmacies*] 24 hours
6 a day, seven days a week, **to practitioners, pharmacies and the dental**
7 **director appointed by the authority under ORS 413.083**; and

8 “(ii) Allow practitioners to register as required under section 7, chapter
9 45, Oregon Laws 2018, and to apply for access to the electronic system in
10 accordance with rules adopted by the authority under subsection (2) of this
11 section.

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

14 “(2) In consultation with the commission, the authority shall adopt rules
15 for the operation of the electronic prescription monitoring program estab-
16 lished under subsection (1) of this section, including standards for:

17 “(a) Reporting data;

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

19 “(c) Ensuring accuracy and completeness of data;

20 “(d) Complying with the federal Health Insurance Portability and Ac-
21 countability Act of 1996 (P.L. 104-191) and regulations adopted under that
22 law, including 45 C.F.R. parts 160 and 164, federal alcohol and drug treat-
23 ment confidentiality laws and regulations adopted under those laws, includ-
24 ing 42 C.F.R. part 2, and state health and mental health confidentiality laws,
25 including ORS 179.505, 192.517 and 192.553 to 192.581;

26 “(e) Ensuring accurate identification of persons or entities requesting in-
27 formation from the database;

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

30 “(g) Notifying a patient, before or when a drug classified in schedules II

1 through IV is dispensed to the patient, about the prescription monitoring
2 program and the entry of the prescription in the electronic system; and

3 “(h) Registering practitioners with the electronic system.

4 “(3) The authority shall submit an annual report to the commission re-
5 garding the prescription monitoring program established under this section.

6 **“SECTION 17.** ORS 431A.860 is amended to read:

7 “431A.860. (1) Not later than 72 hours after dispensing a prescription drug
8 that is subject to the prescription monitoring program established under ORS
9 431A.855, a pharmacy shall electronically report to the Oregon Health Au-
10 thority:

11 “(a) If the prescription drug is classified in schedules II through IV under
12 the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified
13 by the State Board of Pharmacy by rule under ORS 475.035, the name, ad-
14 dress, phone number, date of birth and sex of the patient for whom the pre-
15 scription drug was prescribed;

16 “(b) The identity of the pharmacy that dispensed the prescription drug
17 and the date on which the prescription drug was dispensed;

18 “(c) The identity of the practitioner who prescribed the prescription drug
19 and the date on which the prescription drug was prescribed;

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

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

22 “(f) The quantity of the prescription drug dispensed;

23 “(g) The number of days for which the prescription drug was dispensed;

24 [*and*]

25 “(h) The number of refills of the prescription authorized by the practi-
26 tioner and the number of the refill that the pharmacy dispensed; **and**

27 **“(i) The diagnosis code used by the practitioner and the reason for**
28 **the prescription.**

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

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

3 “(B) Collect or use Social Security numbers in the prescription monitor-
4 ing program; or

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

7 “(b) The sex of the patient for whom a drug was prescribed may be dis-
8 closed only for the purpose of research or epidemiological study under ORS
9 431A.865 (2)(b).

10 “(3) Upon receipt of the data reported pursuant to subsection (1) of this
11 section, the authority shall record the data in the electronic system estab-
12 lished under ORS 431A.855.

13 “(4)(a) The authority may, for good cause as determined by the authority,
14 grant a pharmacy a waiver of the requirement that the information to be
15 reported under subsection (1) of this section be submitted electronically. The
16 waiver must state the format, method and frequency of the alternate non-
17 electronic submissions from the pharmacy and the duration of the waiver.

18 “(b) As used in this subsection, ‘good cause’ includes financial hardship.

19 “(5) This section does not apply to pharmacies in institutions as defined
20 in ORS 179.010.

21 **“SECTION 18.** ORS 431A.865 is amended to read:

22 “431A.865. (1)(a) Except as provided under subsection (2) of this section,
23 prescription monitoring information submitted under ORS 431A.860 to the
24 prescription monitoring program established in ORS 431A.855:

25 “(A) Is protected health information under ORS 192.553 to 192.581.

26 “(B) Is confidential and not subject to disclosure under ORS 192.311 to
27 192.478.

28 “(b) Except as provided under subsection (2)(a)(H) of this section, pre-
29 scription monitoring information submitted under ORS 431A.860 to the pre-
30 scription monitoring program may not be used to evaluate a practitioner’s

1 professional practice.

2 “(2)(a) To the extent that the law or regulation is applicable to the pre-
3 scription monitoring program, if a disclosure of prescription monitoring in-
4 formation, other than the sex of a patient for whom a drug was prescribed,
5 complies with the federal Health Insurance Portability and Accountability
6 Act of 1996 (P.L. 104-191) and regulations adopted under that law, including
7 45 C.F.R. parts 160 and 164, federal alcohol and drug treatment
8 confidentiality laws and regulations, including 42 C.F.R. part 2, and state
9 health and mental health confidentiality laws, including ORS 179.505, 192.517
10 and 192.553 to 192.581, the Oregon Health Authority shall disclose the in-
11 formation:

12 “(A) To a practitioner or pharmacist, or, if a practitioner or pharmacist
13 authorizes the authority to disclose the information to a member of the
14 practitioner’s or pharmacist’s staff, to a member of the practitioner’s or
15 pharmacist’s staff. If a practitioner or pharmacist authorizes disclosing the
16 information to a member of the practitioner’s or pharmacist’s staff under this
17 subparagraph, the practitioner or pharmacist remains responsible for the use
18 or misuse of the information by the staff member. To receive information
19 under this subparagraph, or to authorize the receipt of information by a staff
20 member under this subparagraph, a practitioner or pharmacist must certify
21 that the requested information is for the purpose of evaluating the need for
22 or providing medical or pharmaceutical treatment for a patient to whom the
23 practitioner or pharmacist anticipates providing, is providing or has provided
24 care.

25 “(B) To a **dental managing director**, medical director or pharmacy di-
26 rector, or, if a **dental managing director**, medical director or pharmacy
27 director authorizes the authority to disclose the information to a member of
28 the **dental managing director’s**, medical director’s or pharmacy director’s
29 staff, to a member of the **dental managing director’s**, medical director’s
30 or pharmacy director’s staff. If a **dental managing director**, medical direc-

1 tor or pharmacy director authorizes disclosing the information to a member
2 of the **dental managing director's**, medical director's or pharmacy
3 director's staff under this subparagraph, the **dental managing director**,
4 medical director or pharmacy director remains responsible for the use or
5 misuse of the information by the staff member. To receive information under
6 this subparagraph, or to authorize the receipt of information by a staff
7 member under this subparagraph[,]:

8 **“(i) A dental managing director must certify that the requested in-**
9 **formation is for the purposes of overseeing the operations of a dental**
10 **clinic or office, or a system of dental clinics or offices, and ensuring**
11 **the delivery of quality dental care within the clinic, office or system.**

12 **“(ii) A medical director must certify that the requested information is for**
13 **the purposes of overseeing the operations of a hospital, health care clinic**
14 **or system of hospitals or health care clinics and ensuring the delivery of**
15 **quality health care within the hospital, clinic or system. [To receive infor-**
16 **mation under this subparagraph, or to authorize the receipt of information by**
17 **a staff member under this subparagraph,]**

18 **“(iii) A pharmacy director must certify that the requested information is**
19 **for the purposes of overseeing the operations of a pharmacy or system of**
20 **pharmacies and ensuring the delivery of quality pharmaceutical care within**
21 **the pharmacy or system.**

22 **“(C) In accordance with subparagraphs (A) and (B) of this paragraph, to**
23 **an individual described in subparagraphs (A) and (B) of this paragraph**
24 **through a health information technology system that is used by the individ-**
25 **ual to access information about patients if:**

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

28 **“(ii) The information is not permanently retained in the health informa-**
29 **tion technology system, except for purposes of conducting audits and main-**
30 **taining patient records; and**

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

5 “(D) To a practitioner in a form that catalogs all prescription drugs pre-
6 scribed by the practitioner according to the number assigned to the practi-
7 tioner by the Drug Enforcement Administration of the United States
8 Department of Justice.

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

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

15 “(G) Pursuant to a valid court order based on probable cause and issued
16 at the request of a federal, state or local law enforcement agency engaged
17 in an authorized drug-related investigation involving a person to whom the
18 requested information pertains.

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

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

24 **“(J) To a dental managing director, medical director, pharmacy di-
25 rector, practitioner or pharmacist for the purposes of evaluating the
26 prescription of opioids and other controlled substances by practitioners
27 and for making comparisons of prescriptions for opioids and other
28 controlled substances between similarly situated practitioners.**

29 “(b) The authority may disclose information from the prescription moni-
30 toring program that does not identify a patient, practitioner or drug outlet:

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

2 “(B) For the purpose of educating practitioners about the prescribing of

3 opioids and other controlled substances;

4 “(C) To a health professional regulatory board;

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

6 “(E) To officials of the authority who are conducting special

7 epidemiologic morbidity and mortality studies in accordance with ORS

8 413.196 and rules adopted under ORS 431.001 to 431.550 and 431.990.

9 “(c) The authority shall disclose information relating to a patient main-

10 tained in the electronic system established under ORS 431A.855 to that pa-

11 tient at no cost to the patient within 10 business days after the authority

12 receives a request from the patient for the information.

13 “(d)(A) A patient may request the authority to correct any information

14 related to the patient that is maintained in the electronic system established

15 under ORS 431A.855 that is erroneous. The authority shall grant or deny a

16 request to correct information within 10 business days after the authority

17 receives the request. If a request to correct information cannot be granted

18 because the error occurred at the pharmacy where the information was

19 inputted, the authority shall inform the patient that the information cannot

20 be corrected because the error occurred at the pharmacy.

21 “(B) If the authority denies a patient’s request to correct information

22 under this paragraph, or fails to grant a patient’s request to correct infor-

23 mation under this paragraph within 10 business days after the authority re-

24 ceives the request, the patient may appeal the denial or failure to grant the

25 request. Upon receiving notice of an appeal under this subparagraph, the

26 authority shall conduct a contested case hearing as provided in ORS chapter

27 183. Notwithstanding ORS 183.450, the authority has the burden in the con-

28 tested case hearing of establishing that the information is correct.

29 “(e) The information in the prescription monitoring program may not be

30 used for any commercial purpose.

1 “(f) In accordance with ORS 192.553 to 192.581 and federal laws and reg-
2 ulations related to privacy, any person authorized to prescribe or dispense
3 a prescription drug who is entitled to access a patient’s prescription moni-
4 toring information may discuss the information with or release the informa-
5 tion to other health care providers involved with the patient’s care for the
6 purpose of providing safe and appropriate care coordination.

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

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

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

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

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

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

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

22 “(6)(a) If the authority or a person or entity required to report or au-
23 thorized to receive or release prescription information under this section vi-
24 olates this section or ORS 431A.860 or 431A.870, a person injured by the
25 violation may bring a civil action against the authority, person or entity and
26 may recover damages in the amount of \$1,000 or actual damages, whichever
27 is greater.

28 “(b) Notwithstanding paragraph (a) of this subsection, the authority and
29 a person or entity required to report or authorized to receive or release
30 prescription information under this section are immune from civil liability

1 for violations of this section or ORS 431A.860 or 431A.870 unless the au-
2 thority, person or entity acts with malice, criminal intent, gross negligence,
3 recklessness or willful intent.

4 “(7) Nothing in ORS 431A.855 to 431A.900 requires a practitioner or
5 pharmacist who prescribes or dispenses a prescription drug to obtain infor-
6 mation about a patient from the prescription monitoring program. A practi-
7 tioner or pharmacist who prescribes or dispenses a prescription drug may
8 not be held liable for damages in any civil action on the basis that the
9 practitioner or pharmacist did or did not request or obtain information from
10 the prescription monitoring program.

11 “(8) The authority shall, at regular intervals, ensure compliance of a
12 health information technology system described in subsection (2) of this
13 section with the privacy and security requirements and other criteria estab-
14 lished by the authority under subsection (2) of this section.

15 **“SECTION 19.** ORS 431A.867 is amended to read:

16 “431A.867. (1) The Oregon Health Authority may require a person re-
17 questing prescription monitoring program information under ORS 431A.865
18 (2)(b) to enter into a data use agreement under which the person:

19 “(a) Describes the proposed use for the information;

20 “(b) Agrees to any terms and conditions imposed on transferring the in-
21 formation;

22 “(c) Agrees to any limitations imposed on using the information;

23 “(d) Agrees to any terms and conditions imposed on keeping the infor-
24 mation; and

25 “(e) Agrees to destroy the information after completing the proposed use
26 for the information.

27 “(2) In determining whether to enter into an agreement under this section,
28 the authority shall:

29 “(a) [*Evaluate the merits of the request for information*] **Ensure that the**
30 **agreement will benefit the health and safety of Oregonians;**

1 “(b) Determine whether the person making the request has the technical
2 competence needed to meet any terms, conditions or limitations imposed un-
3 der subsection (1) of this section and the ability to complete the proposed
4 use for the information;

5 “(c) If the proposed use for the information involves research, ensure that
6 the proposed use has been approved by any involved institutional review
7 board; and

8 “(d) Consider any other factor that the authority determines is relevant.

9 “(3) Using the factors described in subsection (2) of this section, the au-
10 thority shall evaluate any agreement entered into under this section at least
11 once per year for the purpose of determining whether to renew the agree-
12 ment.

13 **“SECTION 20. (1) Sections 1 to 14 of this 2019 Act and the amend-
14 ments to ORS 431A.850, 431A.855, 431A.860, 431A.865 and 431A.867 by
15 sections 15 to 19 of this 2019 Act become operative on January 1, 2020.**

16 **“(2) The Department of Corrections and the Oregon Health Au-
17 thority may take any action before the operative date specified in
18 subsection (1) of this section that is necessary to enable the depart-
19 ment and the authority to exercise, on and after the operative date
20 specified in subsection (1) of this section, all of the duties, functions
21 and powers conferred on the department and the authority by sections
22 1 to 14 of this 2019 Act and the amendments to ORS 431A.850, 431A.855,
23 431A.860, 431A.865 and 431A.867 by sections 15 to 19 of this 2019 Act.”.**

24 In line 27, delete “16” and insert “21”.

25
