House Bill 4143

Introduced and printed pursuant to House Rule 12.00. Presession filed (at the request of Governor Kate Brown)

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 Director of Department of Consumer and Business Services to study barriers to medication assisted treatment for substance use disorders, including addictions to opioids and opiates, and to report and make recommendations to Legislative Assembly not later than June 30, 2018. Sunsets January 2, 2019.

Directs Oregon Health Authority to implement pilot project to place peer recovery support mentors in emergency departments to support persons who suffer from opioid and opiate overdoses. Requires authority to report on pilot project to interim committee of Legislative Assembly not later than December 31 of each year. Sunsets January 2, 2021.

Requires practitioners to register with prescription monitoring program not later than July 1,

2018.

Declares emergency, effective on passage.

A BILL FOR AN ACT

- 2 Relating to drugs; creating new provisions; amending ORS 431A.855; and declaring an emergency.
- Be It Enacted by the People of the State of Oregon: 3
 - SECTION 1. (1) The Director of the Department of Consumer and Business Services, in consultation with the Oregon Health Authority, shall study:
 - (a) Existing barriers to medication-assisted treatment for substance use disorders, including addictions to opioids and opiates;
 - (b) The impact of coordinated care organizations and third-party payers on access to substance use disorder treatment;
 - (c) Existing structures for reimbursement of substance use disorder treatment, including the use of the least costly treatment option before any other treatment options;
 - (d) The treatment of substance use disorder as an acute illness rather than a chronic illness:
 - (e) Access to medication-assisted treatment for substance use disorders in rural and underserved areas of this state; and
 - (f) Substance use disorder treatment options other than medication-assisted treatment.
 - (2) The director shall submit the findings of the study described in subsection (1) of this section in the manner provided in ORS 192.245, and shall include recommendations for legislation, to an interim committee of the Legislative Assembly related to public health not later than June 30, 2018.
 - SECTION 2. Section 1 of this 2018 Act is repealed on January 2, 2019.
 - SECTION 3. (1) The Oregon Health Authority shall establish a pilot project for the purpose of determining the effectiveness of placing peer recovery support mentors in emergency departments in this state to provide support to emergency department patients who suffer from opioid and opiate overdoses.
 - (2) The authority shall implement the pilot project in Coos, Jackson, Marion and

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- (3) At least twice each year, the counties listed in subsection (2) of this section shall report to each other and the authority regarding the pilot project. The counties and the authority may jointly determine the form of the reporting required under this subsection.
- (4) Not later than December 31 of each year, the authority shall submit a report on the efficacy and implementation of the pilot project described in this section in the manner provided in ORS 192.245, and may include any recommendations for legislation, to an interim legislative committee related to public health.
 - (5) The authority may adopt rules to carry out this section.

<u>SECTION 4.</u> There is appropriated to the Oregon Health Authority, out of the General Fund, the amount of \$2 million for the purpose of carrying out the provisions of section 3 of this 2018 Act. This appropriation is available continuously until the earlier of either the date on which the amount is expended for the purpose specified in this section or January 2, 2021.

SECTION 5. Section 3 of this 2018 Act is repealed on January 2, 2021.

SECTION 6. Section 7 of this 2018 Act is added to and made a part of ORS 431A.855 to 431A.900.

<u>SECTION 7.</u> (1) In order to ensure compliance with best practices for prescribing opioids and opiates, a practitioner shall register with the prescription monitoring system established under ORS 431A.855.

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

SECTION 8. ORS 431A.855 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 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.
- (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 operate and be accessible by practitioners and pharmacies 24 hours a day, seven days a week, and must include the functionality to allow practitioners to register as required under section 7 of this 2018 Act.
- (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 al-

- cohol 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; [and]
 - (g) Notifying a patient, before or when a drug classified in schedules II through IV 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 prescription monitoring program.
 - (3) The authority shall submit an annual report to the commission regarding the prescription monitoring program established under this section.
 - SECTION 9. (1) Section 3 of this 2018 Act becomes operative on January 1, 2019.
 - (2) The Oregon Health Authority may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority by section 3 of this 2018 Act.
 - <u>SECTION 10.</u> (1) A practitioner shall register as required by section 7 of this 2018 Act no later than July 1, 2018.
 - (2) Subsection (1) of this section applies to a person who is a practitioner on the effective date of this 2018 Act.
 - SECTION 11. This 2018 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2018 Act takes effect on its passage.