

HB 3440 A STAFF MEASURE SUMMARY

House Committee On Rules

Action Date: 05/18/17

Action: Do pass with amendments
and be referred to Ways and Means by prior reference. (Printed A-Eng.)

Vote: 9-0-0-0

Yeas: 9 - Barreto, Hack, Holvey, Kennemer, McLane, Nosse, Rayfield, Smith Warner, Williamson

Fiscal: Has minimal fiscal impact

Revenue: No revenue impact

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WHAT THE MEASURE DOES:

Permits pharmacist, pharmacy, health care professional or any person designated by State Board of Pharmacy (SBP) to administer naloxone and distribute necessary medical supplies to administer naloxone. Provides good faith immunity from liability to individual who administers naloxone. Permits pharmacist to prescribe naloxone and necessary supplies to administer naloxone, in accordance with SBP rules. Permits employee of social service agency to administer naloxone, not prescribed to them, to individual experiencing opiate overdose. Prohibits insurer of health benefit plan from requiring prior authorization of payment of initial 30-day supply of naloxone for reimbursement purposes. Prohibits individuals taking or intending to take prescribed medication for drug abuse or dependency treatment from being denied access to drug court. Requires Oregon Health Authority (OHA) develop and maintain online, searchable inventory with following information: each opioid and opiate abuse or dependency treatment provider in Oregon; treatment options offered by providers; and maximum capacity of each provider. Directs OHA to report annually to legislature on treatment options as specified, and every three months to local health department on total number of opioid and opiate overdoses and related deaths. Takes effect 91st day following adjournment *sine die*.

ISSUES DISCUSSED:

- Barriers to availability of naloxone
- Improving ease of access to addiction treatment information
- Impact of specialty courts and access to medication-assisted treatment
- Different facets of recovery from drug addiction
- Rate of opiate prescriptions

EFFECT OF AMENDMENT:

Replaces measure.

BACKGROUND:

According to the Oregon Health Authority's Public Health Division, Oregon has one of the highest rates of prescription opioid misuse in the nation. More drug poisoning deaths involve prescription opioids than any other type of drug, including alcohol, methamphetamines, heroin and cocaine. An average of three Oregonians die every week from prescription opioid overdose, and many more develop an opioid use disorder. The Public Health Division convened the Oregon Opioid Prescribing Guidelines Task Force in the spring of 2016 to develop statewide guidelines for clinicians and health care organizations to address the epidemic of opioid use, misuse and overdose.

House Bill 3440-A takes a number of steps to increase access to naloxone and related supplies. Naloxone is a medication that frustrates the effects of opioids, particularly associated with overdose. The measure permits medical professionals and others to administer naloxone and protects them from liability for good faith efforts. It also permits

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pharmacists to prescribe naloxone and the supplies necessary to administer it, in accordance with rules promulgated by the State Board of Pharmacy. In addition, the measure prohibits insurers from requiring prior authorization for payment of initial 30-day supplies, and prohibits individuals from being denied access to drug court who are taking or intending to take prescribed medications to treat drug abuse or dependency. Further, the measure directs OHA to maintain an online, searchable inventory of treatment providers and treatment-related information for individuals struggling with opioid or opiate abuse or dependency.