

SB 910 A STAFF MEASURE SUMMARY**Carrier:** Sen. Steiner Hayward**Senate Committee On Health Care****Action Date:** 04/08/19**Action:** Do pass with amendments. (Printed A-Eng.)**Vote:** 5-0-0-0**Yeas:** 5 - Beyer, Fagan, Knopp, Linthicum, Monnes Anderson**Fiscal:** Has minimal fiscal impact**Revenue:** No revenue impact**Prepared By:** Brian Nieubuurt, LPRO Analyst**Meeting Dates:** 3/20, 4/3, 4/8**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 siting restrictions to the extent necessary to remove unreasonable barriers to accessing medically necessary treatment. Allows the Oregon Health Authority 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:

- Siting restriction impacts on county jails' ability to provide methadone to people in their custody
- Evolution of naloxone availability policy in Oregon

EFFECT OF AMENDMENT:

Replaces the measure.

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.

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.