

**SB 910 B STAFF MEASURE SUMMARY****Carrier:** Rep. Wilde**House Committee On Health Care****Action Date:** 05/23/19**Action:** Do pass with amendments to the A-Eng bill. (Printed B-Eng.)**Vote:** 7-4-0-0**Yeas:** 7 - Alonso Leon, Greenlick, Keny-Guyer, Mitchell, Nosse, Prusak, Salinas**Nays:** 4 - Boles, Drazan, Hayden, Noble**Fiscal:** Has minimal fiscal impact**Revenue:** No revenue impact**Prepared By:** Oliver Droppers, LPRO Analyst**Meeting Dates:** 5/14, 5/16, 5/23**WHAT THE MEASURE DOES:**

Requires retail and hospital outpatient pharmacies to provide written notice that naloxone and necessary supplies are available at the pharmacy. 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 and allows State Board of Pharmacy to establish appropriate dose that pharmacist may prescribe in rule. 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 (OHA) to identify other drugs for inclusion in the prescription drug monitoring program (PDMP) by rule. Authorizes OHA to review the prescription monitoring information of an individual who dies from a drug overdose. Prohibits OHA from disclosing the identity of recipients of naloxone prescriptions. Takes effect on 91st day following adjournment *sine die*.

**ISSUES DISCUSSED:**

- Administration of medication assisted by correctional officers
- Authority of local governments to waive site restrictions for methadone clinics, particularly in local jails; reasonable definition for site restrictions (less than 1,000 feet)
- Barriers to accessing methadone
- Whether proposals were considered by Governor's Opioid Epidemic Task Force
- Use of data available in the prescription drug monitoring program (PDMP); PDMP as a tool for public health surveillance
- Practitioners' use of the PDMP; prescribing patterns and best practices
- Proposed, adopted, and rescinded amendments

**EFFECT OF AMENDMENT:**

Allows State Board of Pharmacy to establish the medical supplies and dose of naloxone that a pharmacist may prescribe when dispensing an opiate or opioid prescription. Removes reference to equivalents of naloxone. Removes requirement that pharmacies must include patient's sex when dispensing a drug reported to the prescription drug monitoring program. Prohibits OHA from disclosing the identities of recipients of naloxone prescriptions. Authorizes OHA to review the prescription monitoring information of an individual who dies from a drug overdose. Emphasizes that disclosure of PDMP information is subject to all applicable federal and state laws.

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### **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 overdose. Naloxone is administered when a patient is showing signs of opioid overdose and can be given by intranasal spray or 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.

In 2017, the Governor convened an Opioid Epidemic Task Force to address four different policy areas: better pain management, fewer pills, improved access to treatment, and data/education. The Task Force released a report in 2018 with a comprehensive set of recommendations, emphasizing substance use disorder as a chronic condition that requires both acute treatment and long-term management.

Senate Bill 910-B removes barriers to accessing naloxone and methadone by making naloxone kits more readily available and giving local authorities flexibility to waive methadone clinic siting restrictions.