



SB 1043

Provision of Two Doses of Overdose Reversal Medication

The Health Facility Licensing and Certification program has amended existing administrative rules relating to discharge planning due to passage of SB 1043 ([ORS 441.052](#)) during the 2023 legislative session. Passage of this law requires several facility types, including hospitals, to provide two doses of an opioid overdose reversal medication upon discharge to home or other unlicensed, private setting.

OAR 333-505-0055 – Discharge Planning Requirements

A patient who has been treated by the hospital for an opioid use disorder and who is being discharged to home or another private setting must be provided with two doses of an opioid overdose reversal medication, such as naloxone or Narcan®. If the patient leaves the hospital against medical advice or leaves without receiving treatment, the hospital is not required to track down the patient to provide the medication. The discharge rule has been amended requiring each hospital to adopt, maintain, and follow a written policy that requires the hospital to provide patients the required doses of opioid overdose reversal medication.

FREQUENTLY ASKED QUESTIONS

- **Is it okay to give a patient a written prescription rather than giving the patient the actual medication?**
No. The intent of the law is to ensure that opioid reversal medication is immediately in the hands of patients most at risk of overdose.
- **A patient I was treating at the hospital for an opioid use disorder left the emergency department unnoticed and before we could provide them with naloxone. Are we required to track this individual down to give them the doses of naloxone?**
No. A hospital is not required to provide a patient with opioid overdose reversal medication if they leave against medical advice.
- **A patient I was treating at the hospital for an opioid use disorder has decided to leave against my advice and has signed appropriate paperwork. Can I provide the individual with the two doses of naloxone?**
Yes. While the law does not require a hospital to provide opioid overdose reversal medication to a patient that leaves against medical advice, there is nothing in the law that prohibits the hospital from giving the patient the medication anyway.

- I offered my patient naloxone after being treated at the hospital for an opioid use disorder and the patient didn't want it. Will the hospital be violating the rule if we don't provide them the doses?**

No. A patient still has autonomy to make decisions about their care and whether or not to accept treatments or medication.
- Narcan® comes in a box that includes two doses of medication. Do I give the patient two boxes or one box?**

The law requires providing two doses of opioid overdose reversal medication. If the box provided to the patient has two doses in it, giving only the one box is necessary.
- I am a physician working in a hospital emergency department. Are we required to ensure that the naloxone provided to a patient is labeled according to prescribed requirements by the Board of Pharmacy?**

The Oregon Board of Pharmacy is the regulatory body for medication labeling requirements. Temporary rules were filed on December 20, 2023 and became effective January 1, 2024 amending the emergency department labeling requirements related to opioid overdose reversal medication. This amendment specifies that nothing in the rules is intended to restrict or conflict with the directives of 2023 Oregon Laws, chapters [285](#), [297](#), and [593](#). Please contact the [Oregon Board of Pharmacy](#) for additional information and questions regarding these rules.
- Is a health care provider who works for a hospital required to document in a patient medical record that the patient has received the two doses of naloxone?**

Yes. A hospital is still required to comply with medical record documentation under [OAR 333-505-0050](#) including all patient admission, treatment and discharge orders, as well as discharge planning documentation under [OAR 333-505-0055](#). Additional record-keeping is required by the Centers for Medicare & Medicaid Services for Medicare/Medicaid-participating hospitals.
- How do providers that must comply with SB 1043 pay for the naloxone they give out for patients and clients?**

SB 1043 did not appropriate any funds for providers or facilities to purchase naloxone; however, pathways do exist for reimbursement for naloxone given to clients or patients. Options for reimbursement include:

 - Hospitals can bill for the medication using their regular and customary methods for billing as they would with any medication for patients being discharged.
 - Facilities that are eligible for the 340B pharmacy program are encouraged to explore that option to provide the required naloxone to clients. Information on the 340B Drug Pricing program can be found at: <https://www.hrsa.gov/opa>.
- As a Medicaid provider in Oregon, who is not part of a hospital and does not have an established structure for dispensing and billing patients for medication, can I bill Medicaid for the cost of distributing naloxone to clients or patients leaving my facility after being treated for opioid use disorder (OUD) or OUD related conditions?**

Yes – effective January 1, 2024, Medicaid codes will be open for reimbursement for naloxone dispensing. G1028 is the most common code available for reimbursement for two doses of naloxone. Other settings, such as opioid treatment programs, can use G2215. Please check with your billing department for additional codes that may be applicable for your individual setting. OHA's Medicaid department also can provide additional guidance as needed.

- **We operate a sobering center, which can't bill Medicaid for any services, including naloxone distribution. How are we able to comply with SB 1043's requirements?**
All facilities identified in SB 1043 ([ORS 441.052](#)), as passed by the Oregon State Legislature and signed into law by the Governor must comply with the requirements identified in the bill. There will be settings which do not have processes established for billing or simply not eligible to bill Medicaid or private insurance. If these settings are eligible for discounted naloxone pricing due to status or connection with a local or county government entity, that is one option to explore.

Oregon's Save Lives Oregon (SLO) Initiative staff are available for consultation and technical assistance as needed. Oregon's SLO initiative can provide technical assistance and other resources to support agencies that are either currently or planning to engage in direct harm reduction service to people who use drugs and people at the highest risk of overdose, infection, and injury due to substance use. More information is available at: <https://www.savelivesoregon.org/>

This rule is effective January 29, 2024 and is available at: <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=310426>.

Oregon Health Authority – Contact Information:

Public Health Division, Health Care Regulation & Quality Improvement

Please contact the Oregon Health Authority, Public Health Division for information about hospital compliance requirements at mailbox.hclc@odhsoha.oregon.gov or 971-673-0540. To make a complaint about hospital services go to www.healthoregon.org/facilitycomplaints.

Health Systems Division Please contact the Oregon Health Authority, Health Systems Division for information or questions about Medicaid reimbursement or billing at SB1043Inquiries@oha.oregon.gov.