

February 3, 2016

House Health Care Committee
900 Court St. NE- HR E
Salem, Oregon 97301

Re: HB 4124 - PDMP Enhancement and Naloxone Access

Members of the House Healthcare Committee, My name is Paul Lewis, I am a practicing pediatrician and the Tri-County Public Health Officer. I am here today to testify in support of HB 4124 on behalf of Multnomah, Clackamas and Washington Counties, the Coalition of Local Health Officials (CLHO), and the Association of Oregon Community Mental Health Programs (AOCMHP). I have appeared before this committee during recent sessions to support your insightful efforts to decrease the deaths in our state from the national epidemic of opioid misuse and dependence.

You understand that Naloxone is an antidote for potentially fatal opioid overdoses; opioid overdoses lead to loss of consciousness to such a degree that even the automatic, essential, bodily function of breathing ceases followed quickly by death. Naloxone has been called the Lazarus drug because of its remarkable ability to almost instantly awaken those close to death from opiate overdose- it can be given by simple injection into muscle and even by squirting up the nose.

In 2013 you passed legislation that made it legal for lay people to administer this prescription drug to suspected overdose victims. In the year after the law went into effect, Multnomah county saw a 30% decrease in fatal heroin overdoses. Few, if any, legislative interventions have such a dramatic effect. In contrast, heroin overdose deaths across the rest of the US have only increased since then.

Despite this success, in 2014, each week we still recorded more than two opioid overdose deaths and more than a dozen EMS responses in Multnomah County. We knew that more needed to be done to prevent death from overdose but also to prevent drug dependence and addiction in the first place.

In 2015 you passed legislation, known as the Good Samaritan law, that removed the risk of arrest for opiate overdose victims and bystanders who called 911 and stayed on scene while awaiting first responders to opioid overdoses. This law went into effect on January 1, and we are working to publicize it through our outreach workers to ensure that overdose victims receive assistance as soon as possible.

Opioid addiction is not a moral failing, we are all vulnerable to this disease based on our human biology and brain receptors. Many people in this room have either suffered from drug dependence or watched a family member or friend struggle. Even young children can easily develop opioid addiction after treatment of prolonged painful conditions such as cancer and trauma. Everyone suffering from dependence needs help to gain recovery- -recovery that is not possible if overdose death occurs first.

Now we ask your support in another step to reduce deaths from opioids--this bill would make Naloxone both easily and widely available. Those suffering from dependence or watching others battle this disease want the security of having Naloxone in their homes or cars in case the unthinkable happens.

HB 4124 would expand access to Naloxone by allowing pharmacists to act as both the prescriber and the dispenser without requiring a visit to a doctor, nurse practitioner, or naturopath. This bill follows the patterns set by expanding the practice of pharmacists to give immunizations and to dispense contraceptives. According to the Network for Public Health Law, 27 states already have some form allowing such easy access and two others have implied language in statute. This bill is likely to have the greatest effect outside of the Portland metro area where there is currently little access.

Thank you again for your insight and compassion; the friends and families of those saved by this simple intervention are deeply grateful.

Sincerely,

Paul Lewis, MD, MPH
Health Officer Multnomah County, Oregon
Tri-County Health Officer, Clackamas, Multnomah, Washington Counties