



**MEMORANDUM**

To: Rep. Jennifer Williamson, Chair, House Committee on Rules  
Rep. Mike McLane, Vice-Chair, House Committee on Rules  
Rep. Dan Rayfield, Vice-Chair, House Committee on Rules  
Members of the House Committee on Rules

From: Courtni Dresser, OMA Government Relations  
Trevor Beltz, OMA Government Relations

Date: May 11, 2017

Subject: Support for HB 3440-3

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Reducing the misuse, abuse and unintentional overdoses due to opioids remains one of the state's top priorities and one where physicians and prescribers have a key role to play. HB 3440, with the -3 amendments, is integral to these effort in several ways.

HB 3440-3 streamlines access to Naloxone, a drug used in the event of life-threatening overdose, as well as reduces barriers to obtaining opioid and opiate withdrawal medication. An individual's family/loved one can currently obtain Naloxone after completing a training on the administration of Naloxone with a corresponding certificate signed by a physician or nurse practitioner, which serves as a prescription for Naloxone; HB 3440-3 removes the training component ensuring the drug is available without barrier, to a person's loved one, who may be individual's best chance at surviving an overdose.

In addition, HB 3440-3 directs the OHA to establish a web-based information portal for individuals to find the most up-to-date information on dependency treatment locations and facility occupancy. It is vitally important individuals in crisis and their families are able to quickly access resources and find appropriate care.

The OMA has taken significant steps in the past few years to ensure our membership is informed and participating in efforts to reduce opioid abuse and misuse by their patients. This has included: an OMA opioid task force to guide OMA CME education and policy, our annual meeting in 2016 dedicated to this topic and attended by over 200 members, an entire magazine issue on the opioid crisis and representation on state and regional coalitions as well as national coalitions. We continue to work with the OHA to increase the use of the Prescription Drug Monitoring Program (PDMP) and supported HB 4124 in the 2015 session, which integrates the PDMP into electronic health information platforms.

Oregon's opioid crisis is a complex problem that requires a multi-faceted approach. HB 3440-3 compliments the intent of other legislation making its way through the legislative process, including HB 2114 A and HB 2518 A. Together, these bills coordinate efforts to educate Oregonians, provide improved tools to health care providers and their patients, and streamline access to critical resources for those who need it most.

We urge your support of HB 3440-3