

Health Department

May 11, 2017

House Committee on Rules
900 Court St. NE - HR 50
Salem, Oregon 97301

Re: HB 3440 - Opioids

Chair Williamson, Vice-Chairs McLane and Rayfield, and members of the committee; my name is Dr. Paul Lewis, I am the Tri-County Health Officer for Multnomah, Clackamas and Washington Counties. I am here today on behalf of Multnomah County to voice my support of House Bill 3440.

As you know misuse of opioids and other substances is a growing problem in all communities across Oregon and around the Nation. As a practicing physician, I am personally galvanized to solve the problem of opioid misuse because of the substantial role of legal, but inappropriate, prescribing that has helped to fuel the dramatic rise in physical dependence, addiction, and fatal overdoses.

Since the 2013 session, the Oregon legislature has consistently supported requests from the harm reduction community to provide wide and easy access to naloxone the overdose antidote that literally brings overdose victims back to life from potentially fatal overdoses. Across the nation, overdose deaths continue to rise steeply but have not done so in Oregon, probably because of this legislature's efforts to make this life-saving drug available where it is needed. This success has energized many agencies, such as law enforcement and social service providers, to lead their own naloxone programs so their staff are prepared to provide this time-critical intervention.

To expand on the success of naloxone efforts to date, we have heard loudly that current state law has unintentional barriers to expanding distribution of this drug. HB 3400 specifically eliminates the requirements for clinician supervision of training which are difficult to meet for many agencies. The bill also acknowledges the idea that this life-saving drug with no potential for abuse should be as close to over-the-counter as possible by eliminating other training requirements which will bring Oregon in line with the vast majority of states which do not have such requirements.

The other major components of HB 3440 were identified through extensive stakeholder input and through a review of 2016 legislation adopted in other states. As the first step

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toward acknowledging that opioid addiction is a chronic, physical, disease, HB 3440 requires insurers to cover medical treatment for the miserable symptoms of drug withdrawal. Similarly, in acknowledging the importance to physician supervised medical treatment, Judge Eric Bloch recommended that the state adopt language that assures that individuals receiving such treatment can still participate in drug court.

The final two components of the bill are intended to provide timely information to those suffering from addiction and to county and state policy makers. First, the bill requires that an up-to-date, easily searchable, database of addiction treatment services across the state be developed and maintained. This database effort is linked to an annual analysis to identify gaps and report back to the legislature. We know that the rate of overdoses and deaths is actually higher in rural than urban counties yet treatment services are few or non-existent¹.

In the Portland metro area we have adequate staff and skill to provide annual or quarterly reporting of fatal overdoses through death records and non-fatal overdoses through our EMS system and Emergency Departments. This information helps us to drive local policies and programs and to hold ourselves accountable to improving these important outcomes. In many counties, however, there are not resources to gather, analyze, and publicize this information. HB 3440 would make this a state function and require quarterly reporting by county and annual report to this body to monitor progress in improving outcomes related to opioid misuse.

Thank you for the opportunity to speak with you today. I am happy to take any questions and comments you may have.

Paul Lewis, MD, MPH
Health Officer Multnomah County, Oregon

¹ <https://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Pages/data.aspx>. Accessed 5/11/17.