



DATE: May 18, 2017

TO: The Honorable Jennifer Williamson, Chair
House Committee on Rules

FROM: Katrina Hedberg, MD, MPH
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SUBJECT: HB 3440-3 amendment, which includes several provisions to address the opioid overdose epidemic in Oregon.

Chair Williamson and members of the committee, I am Dr. Katrina Hedberg, Health Officer and State Epidemiologist for the Public Health Division in the Oregon Health Authority. I am here to present information on the -3 amendments to HB 3440, and how these provisions help to address the opioid overdose epidemic in Oregon.

Over the past 15 years in Oregon and across the US, there has been a dramatic increase in overdose deaths and hospitalizations due to prescription opioid pain medications. From 2000 to 2011 the rate of prescription opioid overdose deaths increased more than 300% (from 1.4 to 5.6 deaths per 100,000 population); since 2011 the rate has decreased slightly but remains more than 3 times higher than in 2000. In 2010, drug overdose deaths surpassed motor vehicle traffic deaths and remains the leading cause of unintentional injury death.

In 2016, opioids were prescribed to Oregonians at a rate of 960 opioid fills per 1,000 residents, almost enough for one opioid fill per Oregonian. In 2014, Oregon has the 2nd highest rate of non-medical use of prescription pain relievers.

To address the problem of opioid overdose and misuse, the Oregon Health Authority has developed a framework consisting of four strategies: 1) decreasing the amount opioids in the community through prescribing guidelines, alternative pain management strategies, and provider education; 2) increasing the availability of naloxone rescue; 3) increasing access to medication assisted treatment for opioid addiction; and 4) using data to target and evaluate our interventions. This work is

being coordinated by the OHA Opioid Initiative Workgroup, in conjunction with partners in the health care system; not for profit organizations; local public health departments; regional coalitions; licensing boards; and professional associations, among others. One example of this successful collaboration was the development of Oregon Opioid Prescribing Guidelines, which have been endorsed by numerous Oregon professional associations and licensing boards.

The good news is that Oregon is making progress: opioid overdose deaths are declining, and data from the Oregon Prescription Drug Monitoring Program show that opioid prescribing decreased 10% in the fourth quarter of 2016, and 15% in the first quarter of 2017, compared to the previous year.

HB 3440-3 includes several elements that will enhance the statewide efforts to address the opioid epidemic. Specifically, the Oregon Health Authority Public Health Division supports:

1. Allowing certain health care providers and pharmacists, in addition to prescribing and dispensing naloxone, to administer naloxone;
2. Removing prior authorization for entry into opioid use disorder treatment.
3. Opening specialty courts to those receiving medication assisted treatment for opioid use disorder.
4. Analyzing and reporting on data on opiate and opioid overdoses and deaths.

Regarding requirements for reporting on opioid overdose and death, much of this work is already underway. The Public Health Division has developed a web-based platform for opioid data: the prescribing data are updated quarterly and the opioid death data annually (since mortality data for all deaths in Oregon are only updated on a yearly basis).

The Oregon Health Authority's Public Health Division is committed to continuing our leadership in working on this problem. Thank you for the opportunity to testify today. I am available to answer questions.