

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

Action:	Do Pass as Amended and Be Printed Engrossed
Vote:	5 - 0 - 0
Yeas:	Knopp, Kruse, Shields, Steiner Hayward, Monnes Anderson
Nays:	0
Exc.:	0
Prepared By:	Sandy Thiele-Cirka, Administrator
Meeting Dates:	2/18, 2/26

WHAT THE MEASURE DOES: Requires Oregon Health Authority (OHA) develop and prescribe criteria for training on treatment of opiate overdose and specifies training requirements. Allows person, upon successful completion of training, possess and administer naloxone for treatment of opiate overdose. Clarifies OHA’s role and increases oversight at local level. Authorizes persons prescribing and dispensing naloxone to distribute naloxone to trainees directly or to trainers that will distribute to trainees. Exempts person providing emergency treatment from civil liability except for wanton misconduct. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Opiate overdose in Oregon
- Increase in prescription opiate overdose deaths 2000 to 2011
- Oregon had the highest rate of illicit prescription opiate use in the nation 2010-11
- Review of naloxone and current use
- Personal stories of family members overdosing
- Reviews states that have implemented naloxone distribution programs
- Proposed amendment
- Concerns from American College of Emergency Physicians
- Clarification on effects of naloxone

EFFECT OF COMMITTEE AMENDMENT: Clarifies Oregon Health Authority’s role and increases oversight at the local level. Authorizes persons prescribing and dispensing naloxone to distribute naloxone to trainees directly or to trainers that will distribute to trainees.

BACKGROUND: Opiate overdose is a major public health problem. In 2010-11 Oregon had the highest rate in the nation for illicit prescription opiate use. Illicit prescription opiate use and heroin use often overlap and in a 2011 Oregon survey, 45 percent of heroin users stated they were addicted to prescription opiates before they started using heroin (196 out of 431).

Naloxone is a generic, low-cost prescription drug that reverses opiate overdoses. Currently, physicians and emergency medical personnel are authorized to use naloxone. Senate Bill 384-A expands authority to lay personnel, with proper training, to provide the emergency treatment.

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This summary has not been adopted or officially endorsed by action of the committee.