

REVENUE: No revenue impact
FISCAL: Fiscal statement issued

Action: Do Pass
Vote: 9 - 0 - 0
Yeas: Clem, Conger, Harker, Kennemer, Keny-Guyer, Lively, Thompson, Weidner, Greenlick
Nays: 0
Exc.: 0
Prepared By: Tyler Larson, Administrator
Meeting Dates: 4/29, 5/17

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 local oversight. 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:

- Naloxone as emergency response treatment for overdose
- Personal stories of administering naloxone to overdose patients
- Frequency and cause of opiate overdose
- Personal story of losing family member to accidental opiate overdose
- Current naloxone access and training in other states

EFFECT OF COMMITTEE AMENDMENT: No amendment.

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.