



HB 4124: Reducing Opioid Use in Oregon

What is the Issue?

Oregon's rate of non-medical use of prescription pain relievers ranks second highest in the nation, with almost one out of four Oregonians having received a prescription for opioid medications in 2013. According to the Oregon Public Health Division, there were 154 deaths from opioid overdoses in 2014. Reducing the misuse, abuse and unintentional overdoses due to opioids is one of the state's top priorities and one where physicians and prescribers have a role to play.

What tools are available to prescribers?

Front line doctors in hospital emergency departments or primary care offices who are trying to provide safe and effective pain treatment for patients need quick, complete, and accurate information about what prescriptions their patients are already getting.

The information exists. Oregon's Prescription Database Monitoring Program (PDMP) has become a valuable tool to help health care providers and pharmacists provide patients better care in managing their prescriptions. However, prescribers continue to face barriers to using the PDMP, resulting in less than optimal use.

Giving prescribers the opportunity to efficiently check the PDMP by integrating it with their existing health technology systems will give them the information to make the best health care decisions. Emergency department providers in Washington have found that integrating PDMP data into their existing technology systems greatly improves the access of this data. Successful integration translates to fewer prescription opioids in circulation and greater coordination among health care providers to treat pain and, if necessary, treat opioid addiction with more effective solutions.

For primary care providers who treat patients with longer-term chronic pain, and already know their patient's opioid history courtesy of the PDMP, they may also elect to co-prescribe the drug Naloxone (Narcan®), used in the event of a life-threatening overdose. Oregon's legislature previously expanded access to a patient's family or designated individual who has completed training on the administration of Naloxone. However, access to Naloxone remains limited due to the requirement that the individual family or friend obtain a prescription for the drug from a health care provider.

Why support HB 4124?

- Streamlines use of PDMP by allowing seamless integration into existing technology, eliminating the need for multiple provider logins.
- Connecting the PDMP to technology systems can be done in a way that preserves the privacy and security of the information as currently protected in the PDMP, and ensures that only authorized users access the information.

- Increases access and prevents potential overdoses by allowing pharmacists to prescribe and distribute unit-of-use packages of Naloxone (see next page for additional facts on Naloxone)

What is Naloxone?

Naloxone, also known by the trade name Narcan®, is a prescription medication that reverses heroin and prescription opiate overdoses. Naloxone does one thing very well – it blocks the effects of heroin and opiates on the brain and reverses overdoses. During an overdose, people stop breathing. Naloxone helps to restore breathing.

Naloxone saves lives

Heroin and opiate overdose deaths are preventable. Thousands of lives have been saved as a direct result of trained laypersons using Naloxone on an overdosing person. Research shows that when Naloxone is distributed in communities it can reduce overdose deaths by 50 percent.

Naloxone is safe

Naloxone is as nontoxic as water and has no potential for addiction. Naloxone does not have any effect on a person that has not used heroin or other opiates. Naloxone distribution has been endorsed by the American Medical Association, the Substance Abuse and Mental Health Services Administration, the National Institute on Drug Abuse and many others.

Naloxone is cost effective

It costs between \$20-\$40 for a full Naloxone kit, which includes everything a person would need to reverse an overdose. Money spent distributing Naloxone provides tremendous value for every dollar spent. An overdose death by comparison costs taxpayers about \$30,000.

What does HB 4124 do?

In order to get this life-saving drug into the hands of more family and friends that may need this drug for their loved ones, pharmacists would be given the ability to prescribe and dispense Naloxone. Non-medical providers would still be required to complete the existing training on how to administer Naloxone in a safe and effective manner, before the medicine could be dispensed.

For information on opiate response training visit:

<https://public.health.oregon.gov> and search for Naloxone Training Protocol

Please support HB 4124

For more information, contact Courtnei Dresser at the OMA: (503) 380-9488

The following organizations support HB 4124:



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