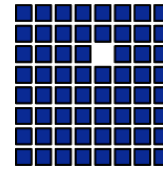




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**Testimony Before the
House Committee on Health Care regarding support for HB 4124
Presented by Mike Henstrom, MD
February 3, 2016**

Thank you for allowing me to testify today. My name is Dr. Mike Henstrom and I am an emergency physician practicing in Portland and the current president of the Oregon chapter of the American College of Emergency Physicians.

Health care providers and prescribers have an important role to play in helping the state achieve one its top priorities- reducing the misuse, abuse and unintentional overdose deaths due to opioids. HB 4124 is integral to this effort in two ways: 1) it streamlines the Prescription Drug Monitoring Database (PDMP) for front line health care providers through integrated system access and 2) reduces the likelihood of an overdose death from an opioid through increased access to naloxone for at-risk patients.

Prescription opioid misuse has reached epidemic proportions in Oregon- we currently rank second in the nation for non-medical use of prescription pain relievers. In 2013, one in four Oregonians was receiving a prescription for an opioid medication. Front line health care providers in hospital emergency departments and primary care offices, where an opioid prescription is most often first sought, need quick, complete and accurate information about the patient's prescription history to provide them with safe and effective pain treatment.

Oregon's PDMP, implemented in 2011, is one tool that has been utilized by providers and pharmacists to provide optimal care in managing a patient's prescriptions; however, it is still utilized at less than optimal rates due to log in and time-management barriers. HB 4124 removes these barriers by seamlessly integrating PDMP data into the existing health technology system used by the provider. The provider would no longer be required to access two separate systems under two separate logins. The privacy and security of any information accessed from the PDMP through the integrated system remains protected as only authorized users of the PDMP will be able to view the integrated PDMP data.

Emergency department providers in Washington have found that integrating PDMP data into their existing technology systems greatly improves their access to this data. Successful integration has translated to fewer prescription opioids in circulation and greater coordination among health care providers to treat pain and, if necessary, treat any resulting opioid addiction with more effective solutions.

For providers who treat chronic pain patients who have a higher risk of becoming addicted to opioids or overdosing, HB 4124 ensures that these patients and their families and loved ones

have expanded access to Naloxone, a drug used in the event of life-threatening overdose. An individual's family/loved one can currently obtain Naloxone after completing a training on the administration of Naloxone with a corresponding certificate signed by a physician, which serves as a prescription for Naloxone. HB 4124 would allow pharmacists to prescribe and dispense unit-of-use packages of Naloxone to an individual who has completed the training, without a physician's signature. This effectively removes barriers for family/loved ones who may not have access to a physician to get this certificate signed.

The Oregon Medical Association along with the Oregon chapter of the American College of Emergency Physicians urge your support of HB 4124. Your support will assist our members in reducing the number of Oregonian's impacted by opioid misuse, abuse and death every year.

I would like to thank you once again for the opportunity to address the committee regarding this very important topic and I'm happy to answer any questions.