

Health Department



June 28, 2017

Joint Subcommittee on Human Services
900 Court St. NE - HR A
Salem, Oregon 97301

Re: HB 3440 - Opioids

Co-Chairs Steiner Hayward and Rayfield, and members of the committee, thank you for the opportunity to testify today in support of House Bill 3440. I am the Tri-County Health Officer for Multnomah, Clackamas and Washington Counties. I am here today on behalf of Multnomah County to voice my support of House Bill 3440.

HB 3440-4 does five things. First, it assures humane treatment for those suffering from opioid withdrawal symptoms by preventing insurance prior authorization of medications to ease symptoms. Second, it prevents specialty drug courts from excluding those receiving medication assisted treatment for opioid addiction; third, it requires OHA to provide an up-to-date, searchable inventory of opioid addiction treatment providers in Oregon. Fourth it requires OHA to provide an accounting of fatal and non-fatal overdoses by county every three months. Finally, it simplifies Oregon's naloxone law so that our state is more resilient as more potent opioids, like fentanyl, become more common.

In 2013, the legislature passed a bill that allowed lay people to carry naloxone and use it to reverse opioid overdoses. As a result, Multnomah County Health Department and Outside In have trained more than 3,500 people to carry naloxone, who have reported reversing more than 2,000 overdoses. This work has helped decrease heroin overdose deaths in Oregon, at a time when heroin deaths have increased dramatically in the rest of the U.S.¹

However, our naloxone law can be simplified to expand naloxone availability as the emerging threat of fatal fentanyl overdose worsens the risk already present from heroin. Current law requires that public or private agencies have a physician or nurse practitioner clinical oversight of naloxone training programs. Some agencies in urban and especially rural areas do not have such clinicians available and the law is a barrier

¹ NIDA: National Overdose Deaths, Number of Deaths from Heroin
Accessed online May 11, 2017 at:
<https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

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to more widespread availability of naloxone. These agencies include law enforcement, supportive housing, social service providers, libraries, and other organizations.

We support voluntary education efforts while easing Oregon's strict training requirements. Naloxone is a safe drug and should not have a higher training threshold than any other prescription medication (including prescription opioids, which are much more risky). Commercially available naloxone is simple and intuitive to use and over-the-counter status was seriously considered by the FDA. Lay people have successfully used naloxone and saved lives since 1996, with minimal or no training.^{2,3,4} Another study showed that communities with the most naloxone had the greatest success in reducing overdose deaths and hospitalizations, compared to other communities.⁵

Many lives have been saved already because of the 2013 naloxone law, but we can save even more by passing House Bill 3440.

Thank you for the opportunity to provide testimony today and I am happy to answer any questions you may have for me at this time.

Sincerely,

Paul Lewis, MD, MPH
Health Officer Multnomah County, Oregon

² Wheeler E, Jones TS, Gilbert MK, Davidson PJ. Opioid Overdose Prevention Programs Providing Naloxone to Laypersons — United States, 2014. *MMWR Morb Mortal Wkly Rep* 2015; 64(23):631-635.

³ Behar E, Santos GM, Wheeler E, Rowe C, Coffin PO. Brief overdose education is sufficient for naloxone distribution to opioid users. *Drug Alcohol Depend*. 2015 Mar 1;148:209-12.

⁴ Doe-Simkins M, Quinn E, Xuan Z, Sorensen-Alawad A, Hackman H, Ozonoff A, Walley AY. Overdose rescues by trained and untrained participants and change in opioid use among substance-using participants in overdose education and naloxone distribution programs: a retrospective cohort study. *BMC Public Health*. 2014 Apr 1;14:297.

⁵ Walley AY, Xuan Z, Hackman HH, Quinn E, Doe-Simkins M, Sorensen-Alawad A, Ruiz S, Ozonoff A. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *BMJ*. 2013 Jan 30;346:f174.