



DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

MEMORANDUM

DATE: February 14, 2017

TO: Honorable Laurie Monnes Anderson, Chair
Senate Committee on Health Care

FROM: David Hart, Assistant Attorney-in-Charge

SUBJECT: SB 270 – Preventing Opioid Over-Prescription

This testimony is presented in support of SB 270.

BACKGROUND

Opioids and opiates are powerful narcotic medications commonly prescribed to treat pain. These powerful drugs have benefits for many patients with serious-pain related conditions. However, even when used as directed, the risk of overdose and addiction is serious. In less than two decades, the number of opioid prescriptions written each year quadrupled, yet the amount of pain reported by Americans has not changed. Opioids are now the most commonly prescribed class of medications in the United States, and almost two million Americans suffer from prescription opioid addiction.

In Oregon, as across the nation, there has been a dramatic increase in overdose deaths and hospitalizations due to prescription opioid pain medications. In 2015, opioids killed more than 33,000 people in the United States. According to the U.S. Department of Health and Human Services, ER visits for opioids increased 114 percent between 2004 and 2011. Oregon's rate of ER visits exceeded the national rate.

One of the contributors to the opioid epidemic is the over-prescription of pain medication. To manage pain during the healing process, well-meaning providers prescribe opioids, but often in doses that go beyond what is necessary to treat the pain. For example, after surgery, a full 30 day supply is often not needed, and 7 days is more than adequate in most cases. This is consistent with CDC guidelines issued in 2016.

CONCEPT

SB 270 will help reduce the number of pills in circulation that might be subject to abuse or diversion by prohibiting prescribers from issuing more than a seven-day supply of opioids or opiates for adult outpatient use, unless the prescriber makes certain findings that warrant a larger supply. For minors, the prohibition applies to both initial and refill prescriptions for opioids or opiates. The prescriber must also discuss the risks associated with opiate use with the parent or guardian of the minor.

While SB 270 will help decrease risk of abuse, diversion and addiction, it will not prevent prescribers from using their independent medical judgment to treat pain. A prescriber need only document in the medical chart why a longer dose is needed. The bases for that finding include acute medical condition, chronic pain, cancer and palliative care, which should cover most if not all situations that could arise.

In 2014, enough opioids were prescribed in Oregon for nearly every person in the state to have a bottle. Limiting the quantity of these painkillers prescribed to outpatient users will not only diminish the supply of surplus opioids, it will also reduce the opportunity for addiction.

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