



Representative Mitch Greenlick  
Chair, House Committee on Health Care  
Oregon State Legislature

**RE: Support for House Bill 4143-1**

Chair Greenlick, Vice-Chair Nosse, Vice-Chair Hayden and members of the committee.

Thank you for the opportunity to speak in support of HB 4143-1. My name is Mike Marshall and I am the Director of Oregon Recovers, a statewide advocacy organization comprised of people in recovery, the state's drug and alcohol counselors and peers, and the state's largest addiction treatment providers. I am also a person in long-term recovery, which for me means, I've not had a drink or illicit drug in over 10 years.

Oregon Recovers mission is to advocate for transformation of Oregon's fractured and incomplete addiction recovery system into a recovery-based, continuum of care which recognizes addiction as a chronic disease requiring a lifetime of attention.

The opioid epidemic is a symptom of a larger, addiction epidemic in Oregon. According to Mental Health America, almost 1 in 10 Oregonians suffer from some form of addiction and we rank 4<sup>th</sup> in the nation in youth addiction rates. It's important to note that alcohol remains the number one killer in Oregon and crystal meth remains the second drug of choice after alcohol.

HB 4143-1, while focusing on reversing the rapid growth rate of opioid related deaths, will advance several important concepts critical to addressing the states larger addiction crisis.

First, it launches a pilot project that will include placing peer mentors in emergency rooms to work immediately with overdose survivors at critical moments. Access to peer mentors for all addicts is key to creating a seamless continuum of care—the results of this pilot project will undoubtedly inform and strengthen the strategic planning efforts of the state Alcohol & Drug Policy Commission (ADPC).

Second, mandating that providers register for the Prescription Drug Monitoring Program (PDMP) is another step towards encouraging our primary care providers to monitor and take

responsibility for their patients suffering from addiction. The development of a recovery-based continuum of lifetime care will require our providers significantly increase their understanding of addiction, how and when to intervene, and what various treatment options are best pursued. HB 4143 nudges the medical profession towards creating that new paradigm.

Lastly, the study by the DCBS on barriers to evidence-based addiction treatment is long overdue and critical to creating a new system of addiction recovery in Oregon. Insurance barriers to treatment and recovery support exist across the board and are not limited simply to those suffering from addiction to opioids. Identifying those barriers and identifying solutions will also positively improve the state's Alcohol & Drug Policy Commission's efforts to create a new continuum of care model.

Although the intention of HB 4143 is to tackle the challenges of the opioid epidemic, it will have a much larger, positive impact on the state's efforts to reduce Oregon's exceptionally high addiction rates and increase the number of people in recovery. I applaud Governor Brown for tackling this important issue and the Task Force members for their insightful work. Oregon Recovers urges this committee to approve this important legislation.

Mike Marshall, Director  
Oregon Recovers