

February 5, 2018

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

By Hand

RE: Support for House Bill 4143

Chair Greenlick, Vice-Chair Nosse, Vice Chair Hayden and Members of the Committee:

I write to offer my unqualified support for House Bill 4143, filed at the request of Governor Brown and consistent with the efforts of the Governor's Task Force on Opioids. I apologize that I am out of town and cannot join you in person.

The misuse and abuse of opioids continues to wreak havoc on tens thousands of Oregon families each year – killing hundreds of Oregonians and leaving thousands others struggling with dependence on prescription painkillers and – and for many, heroin. While we have made significant progress – reducing opioid prescribing over 20% in the last few years alone – we have much work to do. We still prescribe on the order of 220 million opioid pills in Oregon each year. Our health care system is still not meeting the needs of those in need of addiction treatment. And we need better alternatives to treating the very real pain which is at the heart of this crisis.

As some members of the Committee may know, I joined the effort to combat the opioid crisis back in 2010, when I served as United States Attorney for Oregon and learned of the exploding devastation opioids were visiting upon Oregon Families. In 2013, at the behest of the Governor's Office, I helped launch the Oregon Coalition for Responsible Use of Meds, a statewide collaboration of key stakeholders working to address the crisis. And I am privileged now to serve on the Governor's Opioid Task Force.

House Bill 4143 is an important *beginning* to the work we need to do to fully address the opioid crisis in Oregon, and takes vital steps to addressing key features of the crisis:

- **Connections to Treatment:** The bill seeks to step up addiction treatment efforts by connecting people at high risk from opioid abuse with the treatment they need for recovery. We have in Oregon had important success with the use of the life-saving drug Naloxone in reviving people from opioid overdose. Naloxone saves hundreds of lives in Oregon each year. HB 4143 would help connect these overdose survivors with treatment by funding pilot projects to launch initiatives connecting people in need with treatment.

Among the most promising efforts we have seen in other states: beginning addiction treatment *in the emergency room* by empowering providers in ERs to begin induction of buprenorphine. A study published just last week reported that people who begin treatment in the ER are nearly twice as likely to stick with treatment than those who do not begin treatment. *See*

<https://jamanetwork.com/journals/jama/fullarticle/2279713>



It is clear that connecting overdose survivors with peers in the emergency room is another effective means of improving prospects for recovery and treatment.

The bill purposefully does not specify a particular solution, but creates opportunity for the most innovative and effective ideas promoted by localities.

- **Improving Access to Treatment:** The way we pay for addiction treatment inadvertently creates barriers making it harder to get treatment. The bottom line is that our reimbursement systems have not kept pace with the science of addiction treatment and recovery. *For example:* our reimbursement system treats addiction as an acute condition – and once you are clean and sober, you are “better” – and thus no longer diagnosed with substance use disorder.

But the reality is that addiction is a chronic condition that requires a lifetime of recovery and support – much like diabetes. Once you have diabetes, you have diabetes – and if your insulin levels shift and you need ongoing treatment, you don’t need to be re-diagnosed with diabetes. Rather, with diabetes, we give ongoing support and calibrate recovery support to the need of the patient. Not so with substance use disorder – where once you are clean your diagnosis is considered “cured,” and you are only eligible for ongoing supports if you are re-diagnosed with substance use disorder – which usually requires that we wait for you to use again before we will get you help.

This type of barrier to effective treatment and recovery is shot through both our public and private health care reimbursement systems.

House Bill 4143 directs the Department of Business and Consumer Services and Oregon Health Authority to work together to study substance use disorder treatment reimbursement systems to identify barriers to treatment and recovery and make recommendation to address these systemic barriers.

- **Expanding Use of the Prescription Drug Monitoring Program:** The Prescription Drug Monitoring Program (PDMP) has proven to be an invaluable tool for prescribing providers and the public health community alike. We know from data around the nation that use of the PDMP leads to safer opioid prescribing. Unfortunately, PDMP usage is uneven in Oregon, even among providers prescribing opioids.

Many states have now shifted to *mandating* use of the PDMP by providers prescribing opioids – and with good success at improving prescribing.

House Bill 4143 does not mandate use, but takes the more preliminary step of mandating that prescribers register for the PDMP – so that use of the PDMP is easier when required.

While I think the devastation of the opioid crisis might justify the approach of mandating use of the PDMP, I support the more limited step proposed in the bill as a first step. I am hopeful that Oregon providers will step up in response and demonstrate that mandatory use is unnecessary – but should that prove wrong, I am more than ready to urge mandatory usage as a prompt next step.

These are important first steps and I offer my unqualified support for HB 4143, along with the support of Lines for Life.

I am hopeful that in next year's session, Oregon will be able to take further and more impactful steps to address the opioid crisis. To be effective, it is imperative that we move on three important fronts:

- **Pain treatment:** we must pursue initiatives that improve the way we treat pain and expand alternative to opioids for pain management - for the pain driving the use of opioids is all too real. Getting rid of opioids will address the disastrous consequences of opioid overprescribing, but not the underlying pain.
- **Addiction Treatment and Recovery Supports:** We must dramatically increase access to effective addiction treatment *and* the recovery supports that make treatment successful. Tens of thousands of Oregonians are struggling with addiction – we do not have enough treatment providers, they are not in the right places, and we do not reimburse them sufficiently to hire the quality people they need to get the job done.
- **Reducing the Abundance of Opioids In Our Medicine Cabinets:** We have taken important steps to improve prescribing – we must continue this work, but we must also address the danger and impact of those leftover opioids sitting in our medicine cabinets. Over 3 out of 4 people who become dependent on opioids report that they started out of a medicine cabinet. **We need effective disposal of opioids that makes it as easy to get rid of your leftover pain pills as it is to get them in the first place. And that means a statewide system for pharmacy-based opioid disposal.** Funded by the pharmaceutical industry and relying on private sector waste disposal solutions, pharmacy-based disposal can be simple, cost-free to taxpayers, and does not need a complicated new state bureaucracy.

I hope you will consider these priorities as you begin to develop your “To Do” list for the 2019 legislative session. We at Lines for Life and the Oregon Coalition for Responsible Use of Meds stand ready to assist in any way.

Just last week, I met yet another mother who lost her child to opioid overdose. A talented athlete prescribed opiate pain killers for a sports industry, Taylor died at age 24 just 13 months ago after a struggle with addiction. I meet moms, dads, sisters, brothers, friends who have lost someone to this crisis nearly every day. These strong courageous people are working every day to stop this madness – to make the loss of their loved one meaningful in ending the crisis so that others don't have to live their suffering.

I urge you help these moms, dads, families and friends in their dream of ending the opioid crisis. House Bill 4143 is an important step in this fight.

If I can provide any further support or otherwise be helpful in any way, I can be reached at (503) 501-6682 or at DwightH@linesforlife.org.

Sincerely,



Dwight Holton
Chief Executive Officer
Lines for Life

