

February 5th, 2018

House Committee on Health Care

Oregon Prevention, Education and Recovery Association Testimony in support of HB 4143

Presented: Heather Jefferis MA, Executive Director OPERA

Dear Chair Rep. Greenlick and Committee Members,

We thank you for your service and review of HB 4143. Oregon Prevention Education and Recovery Association is a statewide member association comprised of just under 30 Substance Use Disorder (SUD) organizations. Our members provide SUD and mental health services from prevention/early intervention through residential and detox services. Our members are in both urban and rural communities across the state. We serve thousands of Oregonians annually on their journey to a healthier life in recovery. We are here today in support of HB4143.

Access to the right quality care at the right time is a high priority and deep concern for our membership. As a group we work exhaustively each day with our most vulnerable citizens. Sadly, Oregon continues in various studies and evaluations to linger in the bottom of states. We understand that no system of care can meet every need for every individual, but we do believe improvements such as those in HB 4143 can assist in making gains. HB 4143 is carefully crafted, best practice informed, and though initiated to focus on the Opioid crisis, it mindfully touches across the entire SUD service delivery system from peers through medically administered services. The contained study areas, pilot projects and monitoring practices can help lift our efforts and improve results across our state.

HB4143 as stated above uniquely targets the Opioid crisis and encompasses a variety of components that provide value across the SUD system. Section 1. of this bill requiring study by the Department of Consumer and Business Services in consultation with Oregon Health Authority including, payment and authorizations practices, a chronic disease approach, and service access in rural areas is timely. Historically limited access to residential services, detox and medically assisted treatment is a struggle our membership and those they serve cope with daily. In rural and even urban areas limited access to these services can cause individuals to move outside their own communities. Individuals must frequently obtain services far from their homes, families and support systems impacting their ability to create sustainable community supports for recovery and family engagement. Patients having to travel or move to services also increases administrative burden for providers. Moving increases costs of care coordination, transportation and all other activities that are required to provide effective transitions

from different levels of care. OPERA is encouraged that valuable information for system improvement will manifest from the comprehensive study and barrier analysis in HB4143.

As a SUD professional organization, many of our members currently utilize certified peers with strong effect. We believe in the value and see the success of peer services in engaging vulnerable and at-risk persons in a wide variety of settings. Well known peer work such as programs in Rhode Island indicate that peers assist at all levels of care, but most particularly are effective in engaging persons who are contemplative, have significant barriers or hesitant to engage in treatment. We support the study and application of peer services such as proposed in amended section 3 of HB4143, in variety of settings most particularly where early engagement is possible. OPERA recommends the use of certified recovery peers in these settings.

Lastly, we support the best practice compliance recommendation in Section 7 for the prescription monitoring system. As stated by the Center for Disease Control and Prevention;

“prescription drug monitoring programs (PDMPs) continue to be among the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk. Although findings are mixed, evaluations of PDMPs have illustrated changes in prescribing behaviors, use of multiple providers by patients, and decreased substance abuse treatment admissions”

OPERA advocates for methods that help increase the conversation of SUD in all levels of care and across all health care professionals. It is one simple way to reduce stigma and increase discussion of SUD as a chronic disease which benefits from a continuum of care that supports all stages of a person’s experience with the disease.

HB4143 supports a robust multidisciplinary continuum of care from recovery supports, such as peers, through more intensive interventions, such as MAT, provided by medical professionals. Again, OPERA supports the efforts and intentions of the contained house bill study areas, pilot projects and monitoring practices which can help lift our efforts and improve results across our state.

We thank you for consideration of HB4143.

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