



February 5, 2019

To: The Honorable Representative Mitch Greenlick, Chair
House Committee on Health Care

From: Dana Hargunani, MD, MPH
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Subject: HB 2257, -1 amendments

Chair Greenlick and members of the Committee; my name is Dana Hargunani and I serve as the Chief Medical Officer for the Oregon Health Authority (OHA). I am here today to provide information regarding HB 2257 and the -1 amendments.

Substance use disorder is known as a chronic condition throughout research and treatment community, much like heart disease or diabetes. It requires continued multi-disciplinary and coordinated care over time. HB 2257 appropriately calls out this distinction to ensure that services representing the continuum of care are available and provided.

As you know, the Oregon Health Plan has covered substance use disorder services- including medication-assisted treatment, intensive outpatient and inpatient treatment, peer services and acupuncture- for many years. Services are also covered for those patients whose substance use disorder is in remission.

The -1 amendments address several statutory amendments that will further improve the timely access to services for individuals with substance use disorders. It is important for individuals to have access to evidence-based services that will meet their needs; this is particularly important for individuals affected by substance use disorder, whose decision to engage in treatment may wane if treatment is not immediately accessible. Although OHA has encouraged open access to these

medications without prior authorization in the first 30 days, CCOs have had discretion to develop their own prior authorization criteria. By prohibiting public payers of health insurance from requiring prior authorization of payment during the first 30 days of treatment, it will better ensure that services can be delivered at the right place and at the right time when individuals determine that it is the right service for them. This will provide greater chances of successful treatment of substance use disorder.

Finally, as a pediatrician who recognizes the deleterious impacts of substance use disorder on pregnancy and family outcomes, I strongly support the pilot projects outlined in Section 9 of HB 2257. Parental substance use disorders are recognized as one of the Adverse Childhood Experiences or ACEs. Exposure to parental substance use increases the probability that children will suffer from the same chronic illness later in life. These pilot projects will enable Oregon to better learn from and expand on proven methods for addressing Substance Use Disorder during pregnancy, thus reducing the cyclical and generational impact of addiction on children and families.

Thank you for the opportunity to testify and I am happy to answer any questions from the Committee.