May 16, 2019

House Committee on Healthcare
Salem, Oregon 97301

Re: SB 910- Relating to drug treatment

SB-910 both addresses historical barriers that prevent access to addiction treatment and helps modernize Oregon's approach to monitoring and responding to this on-going problem. We would appreciate your legislative support as we continue to modify and enhance our response to this issue.

Sections 1 and 2 of SB 910 require that pharmacies post written notice that customers may obtain naloxone, the opioid overdose antidote, at that site. The Oregon legislature previously increased access to naloxone by allowing pharmacists to prescribe this life-saving drug. This section pushes to make this drug even more available. Anecdotal reports suggest that little has been prescribed through pharmacies even though it can be done. Section 5 addresses monitoring.

Section 3 deletes a brief phrase in existing law (ORS 430.560) that allows medication-assisted opioid use disorder treatment for justice-involved clients only with the written approval by a probation or parole officer. Substance-use disorder, and opioid-use disorder specifically, is common in the jail and prison populations. In Multnomah County, we estimate that 50% of those booked into our jail carry one or both of these medical diagnoses. On May 14, Nate Gaoiran from the Association of Community Corrections Directors testified in favor of this and other, provision of SB 910 noting that their member have expertise in criminality but do not want to be responsible for over-riding

Section 4 modifies the so-called '1000 foot rule' that prevents a program providing methadone from being within proximity of schools or childcare facilities. The A-engrossed version of SB 910 does not eliminate this restriction but it allows local authority to waive this constraint. An ironic example relevant to Multnomah County is that the only maximum-security jail facility in Oregon, the Multnomah County Detention Center, could not operate a methadone clinic because of its location near a childcare center.

Section 5 also allows the Oregon Health Authority to add other drugs to the Prescription Drug Monitoring Program (PDMP) by rule. This addition will provide future flexibility to

track emerging trends in prescription drug misuse without requiring specific statutory changes. A current example of a prescription drug that falls outside of the current law is gabapentin, which is frequently misused in combination with other legal and illegal substances.

Section 6 is PDMP housekeeping needed to assure consistency with the changes in Section 5.

Section 7 further expands Oregon's effective naloxone law to enhance widespread distribution. In Oregon, we have reached an opioid overdose fatality stalemate; our state's opioid deaths peaked in 2011 and, after a slight decrease, plateaued at over twice the rate in the year 2000. Naloxone distribution is a foundational part of expanding substance misuse harm reduction efforts across the state. Naloxone is safe, rapidly acting opioid overdose antidote that can be injected or sprayed in the nose by lay people. Naloxone has no psychoactive properties, is not a drug of abuse, and has been considered for 'over-the-counter' status by the FDA. Outside In and Multnomah County have performed over 5300 client trainings in how to recognize and reverse and opioid overdose and have reported over 4000 rescues. Harm Reduction programs deserve our praise for limiting the deaths from opioid overdose across the country. Much of the training and distribution of naloxone occurs in conjunction with syringe exchange and we are concerned that we are not reaching other opioid users who do not inject or do not visit syringe exchange. This section of the bill will specifically allow distribution of more than one naloxone kit to individuals or social service agencies with the intention of increasing the availability of naloxone in the community and, hopefully, continuing to reduce deaths from overdose.

Section 8 in the A-engrossed bill provides a specific opioid dose for which a pharmacist may offer to prescribe and provide a naloxone antidote kit.

There are a number of possible amendments that I want to summarize and explain.

First, the dash-8 amendment is very short, it modifies section 8 described above to have the dose at which a pharmacist should offer naloxone be established by rule rather than statue.

The dash-9 amendment does several things; first, it clarifies language related to naloxone by eliminating the term 'naloxone equivalents', which does not have a currently accepted medical meaning. It also modifies the details regarding reporting of naloxone to the PDMP by not including the name of the recipient. This is a request from the harm reduction community to help avoid the perception of stigma among those seeking naloxone from a pharmacy. As in the dash-10 amendment, this amendment also enhances the confidentiality of the PDMP by ensuring compliance with federal

rules and making its records exempt from public records requests.

The dash-10 amendment will allow the OHA to use existing information in the PDMP to investigate prescription drug misuse and deaths. Prescription opioids remain the largest subset of opioid deaths in Oregon killing similar numbers of people as heroin and far more than the well-publicized fentanyl. Unfortunately, we do not know if people are dying from their own drugs, those diverted from others or because of previous over prescribing. What we do know, from a recent federal court case, is that intentional misuse prescribing continues in Oregon[1]. The patterns of illegal prescribing are already highlighted in individual PDMP reports (multiple doctors, multiple pharmacies, early refills, high doses) but, as currently interpreted, cannot be investigated or shared with healthcare licensing boards. This amendment also makes it possible for OHA to share information, under rule, with local officials and for those officials to inform prescribers that their patient has died of an overdose.

Thank you for addressing the many details of this important and persistent problem.

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[1] https://www.oregonlive.com/crime/2019/03/former-nurse-practitioner-who-helped-run-pill-mill-in-portland-to-be-sentenced-in-federal-court.html