



DATE: June 12, 2019

TO: Sen. Kathleen Taylor, Rep. Jeff Rheardon, Co-Chairs
Members of the Joint Ways and Means Natural Resources Subcommittee

FROM: Dr. Angela Zallen, MD
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SUBJECT: HB 3273 Medication Take Back Bill

For the record, I am Dr. Angela Zallen, MD representing the Oregon Pediatric Society (OPS). OPS is the state chapter of the American Academy of Pediatrics. Our members are committed to improving the health and well-being of all Oregon children. We carry out our health equity mission through policy advocacy; quality improvement programs that support practice change; and the ongoing education of providers who serve children. I am submitting written testimony today in support of HB 3273, the medication take back bill. This bill mandates that drug manufacturers participate in a take back program for prescription medications for appropriate disposal.

As a pediatric hospitalist, I routinely take care of a large spectrum of children that experience adverse effects from medications. Almost every shift, I take care of newborns that experience significant withdrawal symptoms due to in utero exposure to opioids, toddlers with accidental medication ingestions, and teenagers with largely intentional ingestions. All of these scenarios pose significant danger to the life and health of these children. Small doses of opioid medications can sometimes cause life threatening respiratory depression in small children. In the US, there are approximately 60,000 emergency department visits for accidental medication ingestions, and 450,000 calls to poison control centers. Most of the emergency department visits are in 1-2 year olds. In many cases, unintentional ingestions of medications result in hospitalization for treatment or observation for side effects. Hospitalizations become costly quite fast, not only for accidental ingestions, but in hospitalized newborns who need morphine to treat their

opioid withdrawal symptoms, or in teenagers with intentional medication ingestion from a suicide attempt. The effects of having these medications available in homes can be catastrophic.

Opioid pain medications are prescribed for many things, for injuries or post-operatively following surgeries, and most of the time patients are prescribed more than they need. The remainder sits unused in households, families often do not know how to dispose of these medications or know of any recourse to get them out of their house. A medication take back program would significantly decrease the amount of excess medications present in households and this has the potential to vastly decrease the number of ingestions, hospitalizations, and therefore health care costs related to this. As a practicing clinician who sees the effects of these medications nearly every time I am on service, I implore you to please vote yes on HB3273, the potential for these programs to save lives is enormous. I thank you for the opportunity to testify today. I am available for any questions or if I can be further help to the committee in any way.