

I recently attended a harm reduction training, and while I was there, I learned that Oregon has some of the highest HCV rates for people under 30 in the nation. I also learned that HIV and HCV are syndemic in Oregon, meaning they're combined effect is greater than the sum of there separate parts? To make matters worse, this under 30 population is also profoundly affected by substance use disorder. People who are HIV positive travel long distances to get care because their communities are so small they are worried people would learn of their status. Traditional methods of recovery that focus on abstinence put people more at risk for opioid overdose. Primary Care Clinics are well suited to manage Addiction Medicine because Harm reduction emphasizes safety and quality of life through medication management. I witnessed a Family Medicine doctor declare that if there were only one medication he could prescribe, it would be Suboxone. Did you know that if a person taking Suboxone, which is a medication for opioid use disorder, and they relapse with an opiate, their risk for overdose and death is diminished? When I think of the barriers to healthcare experienced by this marginalized population dealing with substance use disorders and the financial burden, it costs our state in our emergency rooms, jails, and foster system, I believe Telemedicine could have far-reaching implications that increase medication adherence, provider confidence and overall satisfaction of Oregonians so please support this Bill.