



## **MEMORANDUM**

To: Representative Rachel Prusak, Chair  
Representative Andrea Salinas Vice-Chair  
Representative Cedric Hayden, Vice-Chair  
Members of the House Health Care Committee

From: Courtni Dresser, Director of Government Relations

Date: March 30, 2021

Re: Statement in Opposition of HB 2376

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The OMA shares the goal of HB 2376 to help save lives from overdoses. However, we cannot support HB 2376 because it erodes clinical decision-making and goes beyond the approved guidelines for co-prescribing. HB 2376 could have unintended consequences that would impede Oregon's efforts to end its drug overdose epidemic. Furthermore, we are not aware of any evidence that similar state mandates have resulted in reduced opioid-related mortality or increased access to evidence-based care for a substance use disorder.

While naloxone might be indicated for some, mandating a naloxone prescription for everyone listed under this bill would cause unnecessary prescription costs for a medication they may never need or use. We are also concerned that this exemption is not broad enough and does not address issues of pain control for patients with cancer or receiving other palliative care. The OMA cannot support a mandate that has the potential for harm and increased costs by not allowing for clinical discretion and individualized patient care.

Overdose and the risks for overdose are incredibly complex. Unlike HB 2376, the American Medical Association Opioid Task Force, to which the OMA belongs, based its recommendations for naloxone on the clinical input of more than 25 national and state medical societies, federal health agencies, and harm reduction experts to identify many of the factors that may be helpful in determining whether to prescribe naloxone to a patient, or to a family member, or close friend of the patient. We also strongly support increased access to naloxone via harm reduction organizations for people who use drugs and via pharmacies for those who prefer to access naloxone with a standing order. The state should find ways to provide naloxone at no cost to harm reduction organizations. HB 2376 does not address or improve access via those essential ways.

Naloxone is a miracle drug that has helped save countless lives. Oregon providers have made huge strides in reducing the over prescribing of opioids. Data from the OHA shows that providers are prescribing less and that prescribers are using the PDMP tool as we have worked to make that more

clinically available in the providers EHR. The OMA is committed to working with leaders in Oregon to end the state's drug overdose epidemic. Unfortunately, HB 2376 is not the approach we should be taking. For all the reasons above, as the bill currently is proposed, we urge a "no" vote on HB 2376.

**The Oregon Medical Association serves and supports over 8,000 physicians, physician assistants and student members in their efforts to improve the health of all Oregonians. Additional information can be found at [www.theOMA.org](http://www.theOMA.org).**