February 4, 2022

Chair Prusak, Vice-Chairs, and members of the House Healthcare Committee, my name is Michael Millard, and I am representing the Oregon Pharmacy Coalition, Oregon State Pharmacy Association, and the Oregon Society of Health-System Pharmacists in opposition to HB4081.

We would like to express our appreciation to the chair for the cooperation and consultation with us that has occurred on addressing the crucial need to provide naloxone to patients who are at risk for unintentional opioid overdoses. However, HB 4081 has unintended consequences and will not address the significant cost barrier that discourages patients from accepting currently available naloxone therapy.

The Oregon Pharmacy Coalition, together with the Oregon State Pharmacy Association (OSPA) and the Oregon Society of Health System Pharmacy (OSHP) are opposed to unprecedented mandates on the practice of pharmacy in HB 4081 related to the opioid reversal drug naloxone. We encourage legislators to instead adopt measures addressing the cost of naloxone so that more patients will have access.

Opioid related patient harm is a serious issue, and we support efforts to increase safety, public awareness, and increased availability of naloxone. Oregon pharmacists can already counsel and prescribe naloxone when clinically appropriate, and regularly do so. Legislative mandate of a clinical conversation within a pharmacist's professional scope is unprecedented, and Oregon would be only the second state in the nation to do so.

There is a current crisis in our community pharmacies. Predatory and monopolistic practices by Pharmacy Benefit Mangers and triple taxing by the Commercial Activity Tax have reduced margins in the pharmacy below sustainable levels. Demands of testing, vaccinating, and treating COVID patients has introduced a significant new workload.

Mandating that all patients receiving benzodiazepines or gabapentin receive naloxone counseling would utilize precious time offering naloxone to patients receiving these medications for other reasons, who are receiving small, acute prescriptions for opioid pain medications. For example, a patient receiving Xanax for anxiety or Gabapentin for diabetic nerve pain would be required to be counseled if they received 10 Vicodin from their dentist for an extraction.

Stepping in to legislate clinical judgement during an already overburdened and understaffed crisis, does not address the true barrier, which is cost. **List price of naloxone is over $500, and insurance coverage is inconsistent. Copays often exceed $100, causing many if not most patients to decline.** HB 4081 would mandate actions by pharmacists to a very large number of patients, many of whom do not truly need naloxone or would be unable to afford it anyway.

We encourage measures addressing the cost of naloxone so that pharmacists, who are already having this conversation with patients, will be successful getting it to them knowing cost won't be a barrier.

Thank you for this opportunity to express our views.