

**HB 2395 A STAFF MEASURE SUMMARY**

Carrier: Rep. Dexter

**House Committee On Behavioral Health and Health Care****Action Date:** 02/22/23**Action:** Do pass with amendments. (Printed A-Eng.)**Vote:** 10-0-1-0**Yeas:** 10 - Bowman, Conrad, Dexter, Diehl, Goodwin, Javadi, Nelson, Nosse, Pham H, Tran**Exc:** 1 - Morgan**Fiscal:** Has minimal fiscal impact**Revenue:** No revenue impact**Prepared By:** Brian Nieubuurt, LPRO Analyst**Meeting Dates:** 1/30, 2/22**WHAT THE MEASURE DOES:**

Changes term "naloxone" to "short-acting opioid antagonist." Allows law enforcement officers, firefighters, and emergency medical services providers to distribute and administer short-acting opioid antagonists. Establishes criminal and civil immunity for failure or refusal to distribute or administer short-acting opioid antagonist. Allows Public Health Officer or physician employed by Oregon Health Authority (OHA) to issue standing order to prescribe a short-acting opioid antagonist. Allows owner of public building or facility to store short-acting opioid antagonist kit in location easily accessible to members of public. Requires OHA to publish on website list and locations of building and facilities for which OHA prioritizes provision of kits. Authorizes school administrator, teacher, and other school employees designated by school administrator to administer short-acting opioid antagonist to student experiencing opioid overdose without written permission of parent. Allows minor to obtain outpatient diagnosis or treatment of a substance use disorder, excluding methadone treatment, by a mental health care provider without parental consent. Defines "mental health care provider." Exempts specified items, including pipes, drug test strips, and equipment from drug paraphernalia prohibitions. Allows Oregon Prescription Drug Program administrator to undertake bulk purchases of short-acting opioid antagonists for purpose of expanding access to short-acting opioid antagonists throughout state by entities that serve vulnerable populations. Requires OHA to provide guidance for communication among local mental health authorities to improve notifications and information sharing when an individual 24 years of age or younger dies as a result of an opioid overdose. Establishes protocols and timelines for reporting of opioid overdose deaths. Declares emergency, effective on passage.

**ISSUES DISCUSSED:**

- Impacts of opioid misuse and addiction
- Safety of short-acting opioid antagonists on people not overdosing on opioids
- Oregon's Opioid Settlement Prevention, Treatment, and Recovery Board
- Potential benefits of harm reduction strategies

**EFFECT OF AMENDMENT:**

Replaces the measure.

**BACKGROUND:**

Opioids are a broad group of drugs that target the body's opioid receptors to provide relief from pain. Opioid drugs can be derived from the poppy plant (e.g., morphine) or synthesized in a laboratory (e.g., fentanyl). According to the Centers for Disease Control and Prevention (CDC), since 1999 over 932,000 people have died from a drug overdose with over 75 percent of those deaths involving an opioid. This has resulted in a federal public health emergency declaration that has remained in place since October 2017. In Oregon, opioid overdose

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deaths have steadily increased in recent years, with 280 deaths in 2019, 472 deaths in 2020, and 745 deaths in 2021.

Opioid antagonist medications, such as naloxone, can reverse opioid overdoses. According to the CDC, only one naloxone prescription is dispensed for every 70 high-dose opioid prescriptions, with rural counties three times more likely to be ranked as low dispensing of naloxone as metropolitan areas.

House Bill 2395 A makes long-acting opioid antagonist medications more accessible in Oregon and establishes standards for reporting opioid overdose deaths.