

Co-Chair Prozanski, Co-Chair Kropf, and Members of the Committee,

I am writing on behalf of the American College of Physicians, Oregon Chapter, representing approximately 1,750 physicians and medical students, to express our support for House Bill 3009, which amends the definition of “local correctional facility” under the Oregon Jail-Based Medications for Opioid Use Disorder (MOUD) Grant Program—an essential change that closes a critical loophole barring county-operated transitional criminal justice facilities from accessing vital funding for opioid use disorder (OUD) treatment.

The Importance of MOUD in Correctional Settings

OUD is a treatable chronic condition that requires continuous and compassionate care. There is a large body of evidence that supports the use of medications in opioid use disorder, including methadone and buprenorphine.

MOUD Saves Lives:

Medications for Opioid Use Disorder (MOUD)—specifically, methadone and buprenorphine—are critical tools in preventing overdose deaths and improving long-term outcomes. Methadone, supported by over 40 years of research, has demonstrated significant success in reducing opioid-related mortality. However, access to MOUD remains limited in many parts of Oregon, particularly rural areas. Engagement with behavioral health, hospital admissions, or touchpoints with the justice system all present an opportunity to initiate MOUD for patients with opioid use disorder, but challenges in access and coordination hinder continuity of care. Expanding access in correctional settings addresses these gaps and ensures that more individuals receive life-saving treatment.

MOUD in the Justice System Improves Outcomes:

There is evidence to suggest that people who are started on appropriate medications for opioid use disorder during incarceration are significantly more likely to access treatment and reduce illicit opioid use after release into the community. Multiple studies have demonstrated that providing MOUD in correctional settings increases retention in treatment and reduces post-release opioid use, contributing to better health outcomes and lower rates of recidivism.

MOUD is Under-Accessed in Oregon Jails:

Despite the effectiveness of MOUD, a recent study of rural Oregonians who use drugs highlights a stark gap in evidence-based treatment. Among individuals recently incarcerated in rural Oregon eligible for treatment, only 18% received appropriate treatment with medications that are proven to reduce overdose risk and support recovery. This disparity underscored the need for expanded access to MOUD in correctional facilities, and helped form the argument for the MOUD in Jail Grant Program established in 2024 HB 4002.

Alternatives to Incarceration may Provide Solutions:

Expanding access to MOUD in correctional settings aligns with broader efforts in the state to explore alternatives to incarceration for individuals with substance use disorders, which was a major legislative priority in 2024 with the passing of HB 4002. Evidence-based treatment, combined with transitional support services, can help break the cycle of addiction and criminal justice involvement. By ensuring that all correctional facilities have access to MOUD funding, Oregon can take another critical step forward toward treating addiction as a public health issue rather than solely a criminal justice concern.

Closing a Loophole in Access to Care

Under the current definition, only facilities explicitly recognized under ORS 169.005 qualify for grant funds for MOUD programs. This narrow nomenclature exemption excludes county facilities that provide corrections supervision or custodial services, where individuals diagnosed with OUD would greatly benefit from evidence-based treatment. Oregonians serving time at a Community Corrections Center who have opioid addiction should not be excluded from an opportunity for treatment simply because they are serving their sentence in this type of facility. By expanding the definition, HB 3009 ensures that these facilities are eligible for funding, allowing them to offer comprehensive screening, medications for opioid use disorder (MOUD), and reentry planning services.

Conclusion and Call to Action

HB 3009 is a targeted, evidence-based solution that removes an administrative barrier preventing county-operated transitional facilities from accessing funds for essential OUD treatment and reentry planning. By closing this loophole, Oregon will advance both public health and public safety for those in transitional facilities—providing life-saving treatment to a high-risk population and reducing the cycle of addiction and incarceration.

We urge the committee to support HB 3009 and ensure that every eligible correctional facility can offer the full spectrum of evidence-based care to individuals with opioid use disorder. Thank you for your time and for considering this important step toward health equity and improved outcomes for all Oregonians.

Sincerely,

Kelsi Manley, MD, FACP and

R. Logan Jones, MD, FACP

Co-Chairs, Chapter Health & Public Policy Committee

On behalf of the Oregon Chapter of the American College of Physicians