



Chair Nosse and Members of the Committee,

My name is Moxie Loeffler and I'm the Public Policy Chair for the Oregon Society of Addiction Medicine (ORSAM), your state ASAM chapter. I live in Eugene in Senator Prozanski's and Representative Fragala's districts. I am an Addiction Medicine and Internal Medicine physician and I'm here to ask you to support HB2147 to fund the Oregon Health and Sciences University Addiction Medicine fellowship program with \$1.2 million dollars for two years.

Addiction Medicine Physicians offer comprehensive treatment for all levels of addiction severity in the outpatient and inpatient environments. We treat acute and chronic:

- Opioid Use Disorder
- Alcohol Use Disorder, Alcohol misuse, and at-risk alcohol use
- Benzodiazepine Use Disorder
- Tobacco Use Disorder
- Medical and Psychiatric complications of Addiction

OHSU trains four fellows each year. The majority of physicians permanently remain in the communities where they train as residents or fellows, thus an investment in the OHSU program is a high-value investment in the future of the Addiction Medicine workforce and the care we provide patients.

Oregon consistently ranks at the top among states for the greatest need for Substance Use Disorder (SUD) treatment (i.e. mismatch between resources available and the prevalence of disease, according to the National Survey on Drug Use and Health (NSDUH)).

The United States has the highest rate of death from drug use disorders in the world.² Researchers estimated that addiction caused a total burden of Disability-Adjusted Life Years (DALY) of 13.83 million due to drug overdoses over a two-year period. COVID-19's DALY then was 15 million.³

The Public Consulting Consulting Group issued a report on improvements needed in residential addiction treatment to Governor Kotek in June 2024 stating that Oregon needs (by Q4 2025):⁶

- Secure Residential Treatment Facility (SRTF) beds: 587 -- 34% increase
- SUD Residential treatment beds: 2,357 -- 166% increase
- Withdrawal management beds: 571 -- 180% increase

The OHA report noted that Oregon needs over 1,100 more buprenorphine prescribers to meet the need for Opioid Use Disorder treatment.⁴

The fellowship graduates will be an incredible asset as we attempt to increase the network in our field. They will boost not only the quantity of care available, but also its quality.

ORSAM's members have reported the following quality deficits:

- Withdrawal management programs frequently discharge patients who have just stopped using opioids without arranging for follow up care for medication and counseling. This increases the overdose rate rather than decreasing it. Without follow up care, the rate of return to drug use is very high (~90% in 90 days) and these patients are at increased risk of death because of the tolerance they lost while they were in the programs.
- Withdrawal management programs still taper and stop methadone and buprenorphine. These medications reduce the risk of overdose by about 50%. Such programs are often run by Medical Directors that are not board certified in Addiction Medicine.
- Some withdrawal management and residential programs still refuse to admit patients who take buprenorphine and methadone. These programs are also often run by Medical Directors that are not board certified in Addiction Medicine.
- Methadone programs that are run by Medical Directors that are not board certified in Addiction Medicine often reduce methadone doses after demanding that patients stop using methamphetamine or fentanyl, or demanding that they attend groups or counseling. This is not evidence-based care and it risks patients' lives.

With a better qualified workforce available, we hope that programs will hire board-certified Addiction Medicine physicians. Indeed, if HB2270 also passes, those programs will have a financial incentive to do so (due to increased Medicaid reimbursement rates).

Physicians in our field know how to expand access to care, but there are not enough of us and the shortage will likely worsen after 2025. Oregon currently has 105 Addiction Medicine and 17 Addiction Psychiatry physicians, but starting in 2025, the only new board-certified physicians will come from fellowship programs. That is because there will not be an apprentice type of training pathway anymore (i.e. the clinical pathway). If Oregon loses its Addiction Medicine fellowship program, we will have to recruit the new physicians from out of state. We know that physicians in our field are retiring, and the total count of board-certified physicians is actually lower than it may seem already.

HB2147 will protect the OHSU Addiction Medicine program and our vital workforce. We will really appreciate your support.

Thank you,



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Public Policy Chair and Past President – Oregon Society of Addiction Medicine (ORSAM)

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