ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS
For more information contact Cherryl Ramirez at 503-399-7201

Testimony in support of HB 4124 – Naloxone prescribing and administration

February 3, 2016

Dear Chair Greenlick and Members of House Health Care Committee,

On behalf of the Association of Oregon Community Mental Health Programs (AOCMHP) I would like to express our support for HB 4124 as a means to prescribe and administer the overdose reversal drug, Naloxone. The Association of Oregon Community Mental Health Programs represents 32 CMHPs across the state who have oversight for and directly provide addictions treatment. This bill is a logical next step to the "Good Samaritan" protections for possession of a controlled substance if emergency assistance is sought for a victim of an opioid overdose provided in the bill passed last session. It is also policy development that aligns with the Substance Abuse and Mental Health Services Administration's (SAMHSA's) investment in naloxone and training on overdose death prevention strategies. Of course, naloxone administration for overdose reversal is not the only solution to the opioid epidemic and should be incorporated into a broader strategy with community prevention initiatives and appropriate addictions treatment, including medication-assisted treatment and chronic pain remedies.

Although we fully support the intent of HB 4124, we do have two observations for consideration in Section 4 of the bill regarding the "social service agencies": 1) If stocking and administering naloxone becomes common for social services agencies in the future, liability for not doing so could come into play for the agencies that do not follow suit. It may be a good idea to include language on civil liability of agencies that do not administer naloxone. 2) Overdoses are probably more likely to happen at home, on the streets, or at a party, and restricting administration of naloxone to "on the premises of the social services agency" may exclude many, if not most of the instances when naloxone administration would be needed. Perhaps this issue could be addressed by striking Section 4(2)(d) from the bill.

Additionally, the bill would be even stronger if language is added about what happens next. Sometimes first responders dose someone repeatedly over a period of hours/days without other intervention. The numbers of "refusal for transport" to hospitals is also high in some communities. We recommend rolling out a model in which dispatch notifies a local not-for-profit with Certified Recovery Mentors to meet individuals either at home or at the hospital to engage immediately.

Thank you for the opportunity to provide testimony in support of HB 4124 as an important component in our concerted effort to curb the opioid addiction epidemic.

Sincerely,

Cherryl L. Ramirez

Cherryl L. Ramirez
Director, AOCMHP
(503) 399-7201