



Health Department

March 27, 2019

Senate Committee on Education
900 Court St. NE
Salem, Oregon 97301

Re: SB 665 - Relating to responses to opioid overdoses in schools

Chair Wagner, Vice-Chair Thomsen, and members of the Committee, my name is Dr. Paul Lewis and I am the Health Officer for Multnomah County Health Department. Thank you for the opportunity to provide written testimony in support of SB 665.

We are supportive of the intent of this bill to expand access to naloxone and improve the ability for educators to provide life-saving assistance. We are however concerned that there are several elements of this bill that may actually unintentionally reduce access to naloxone, especially for social services agencies and their employees.

Naloxone is a life-saving antidote that can reverse potentially fatal opioid overdose. It has no addictive properties or serious side effects and has been in wide-spread use for decades. Since 2013, Naloxone has been available in Oregon for lay people to carry and administer. In 2017 in acknowledgement of its safety and the threat posed by cheap, potent, opioids, Oregon eliminated formal training requirements and expanded access by allowing direct prescription by pharmacists to expand availability. In an unprecedented move, the FDA is now actively encouraging manufacturers to submit an application to make naloxone over the counter!

(<https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm629571.htm>)

Given the urgent need for more naloxone availability and the lack of danger from the drug we respectfully suggest that SB 665 be amended to speed and expand its availability to educators without imposing additional rules.

SB 665 modifies ORS 339 which covers school administration of drugs including those for severe allergic reaction and adrenal insufficiency and provides legal protection for those acting in good faith who are involved. In 2017, Oregon eliminated formal training requirements for those interested in being able to respond to opioid overdose by carrying naloxone. By adding naloxone to ORS 339, this bill imposes training

requirements on schools and school employees that do not apply to others. We support the removal of this requirement as proposed in the -1 amendment.

Unfortunately, it also rolls back our current practice by directing OHA to adopt rules for the administration of naloxone by social services employees by amending ORS 689.

Prior to the 2017 session, the training requirements previously included in lay-person naloxone distribution put an unnecessary burden on social service agencies. Many agencies were hesitant to have naloxone on site because they were concerned they would not meet all the training previously required. Many did not want their staff at risk of liability. Since removing the training requirement Multnomah County has assisted 24 organizations in procuring naloxone to have on site, including Transition Projects, Home Forward, Street Roots, Sisters of the Road, and all branches of the Multnomah County Library system. These organizations have reported successfully reversing over 35 overdoses.

Section 4 of SB 665 reimposes rules and restrictions that were eliminated in 2017. We suggest modifying Section 4 by deleting 2b (narrows the pool of people who can administer naloxone) and 3 (reimposing rulemaking by OHA for social service agencies).

In contrast, Section 2 and 2a the -1 amendment appropriately expands the availability of naloxone by encouraging administration if opioid overdose is suspected.

Thank you for considering this legislation and our suggested revisions. I am happy to respond to any questions you may have.

Paul Lewis, MD
Health Officer
Multnomah County