



ASSOCIATION OF COMMUNITY CORRECTIONS DIRECTORS

Support for SB 910-A

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*Committed To, And
Value, Offender
Reformation,
Services to Victims,
Crime Prevention,
And Community
Restoration*

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Chair Andrea Salinas, Vice-Chair Hayden, Vice-Chair Nosse and Members of the House Health Care Committee, my name is Nate Gairan and I am the Director of Josephine County Community Corrections. I am here to offer support for Senate Bill 910-A on behalf of the Oregon Association of Community Corrections Directors (OACCD).

Our industry has seen substantial growth in opioid misuse and addiction. Further, we have experienced an alarming rate of deaths due to overdose. It is our responsibility as part of the criminal justice system to respond effectively and remove barriers to treatment. In our current law, probation and parole Officers (PO's) are tasked with determining whether someone is allowed medication assisted treatment (MAT). There are multiple concerns having PO's as gatekeepers to medication assisted treatment. First, the process for determining eligibility to receive MAT is inconsistent. Second, formal training for practitioners in the field of community supervision is limited, and in some cases non-existent. Lastly, medication assisted treatment should primarily be a medical decision. Although our PO's have insight into criminality and are competent consultants to reduce anti-social behavior as it relates to criminogenic domains, we should not be responsible for over-riding medical practitioners on medical decisions like the use of MAT as it relates to their medical treatment needs.

Senate Bill 910-A removes the requirement that PO's approve requests for use of synthetic opiates for persons in drug treatment programs. Allows counties and local public health authorities to waive methadone clinic siting restrictions to the extent necessary to remove unreasonable barriers to accessing medically necessary treatment. In addition, SB 910-A allows the Oregon Health Authority to identify, by rule, other drugs for inclusion in the prescription monitoring program. Further, this bill allows pharmacies, health care professionals, and pharmacists to distribute multiple naloxone kits to social service agencies and other people who work with individuals who have experienced an opiate overdose for redistribution to individuals, or family members of individuals, likely to experience an opiate overdose.

SB 910-A removes barriers to accessing naloxone and methadone by making naloxone kits more readily available and giving local authorities flexibility to waive methadone clinic siting restrictions. For the above reasons, the Oregon Association of Community Corrections Directors (OACCD) supports SB 910-A.

Thank you for your consideration.

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