



**Statement for the Record
Committee
March 25, 2021
HB 2376 Naloxone**

Chair Prusak, Vice Chairs Salinas and Hayden and members of the committee, please accept this statement for the record on behalf of OR-ACEP, the Oregon Chapter of the American College of Emergency Physicians. OR-ACEP is a medical society that has represented physicians specializing in emergency medicine since 1971 and its members share a commitment to improve emergency healthcare for all Oregonians.

HB 2376 bill requires healthcare providers who prescribe certain opioids to patients to offer a prescription for naloxone and educational materials about opioid overdose and the use of naloxone or other drug for overdose reversal. OR-ACEP is eager to work with policymakers to facilitate the compassionate treatment of Oregonians suffering from opioid dependency but has concerns with this bill as written.

CDC guidelines state that clinicians should “consider offering” naloxone when a patient is prescribed >50mme/day; not that providers are required to offer it. This legislation, therefore, is not in line with the CDC guidelines which recognize the importance of provider clinical discretion and don’t compel a uniform action which disregards individual patient factors.

OR-ACEP enthusiastically supports patients who are being prescribed a high dose of opioids be educated and provided naloxone but medical practice should be subject to provider judgment, not placed in statute. OR-ACEP feels that in practice this bill, as written, will lead to a cursory “offer” of naloxone to patients accompanied by the necessary documentation but not compel providers to have the complex, detailed, and sensitive conversations regarding when and how to use naloxone that actually save lives. We know that packets of materials, statues, and documentation don’t change patients’ behaviors, provider-patient relationships built on trust and compassion do.

Chapter President- Chris Strear, MD, FACEP **Chapter Executive-** Liz Mesberg
President-Elect- Chris Richards, MD, FACEP **Government Relations Director-** Katy King



**Oregon Chapter
American College of
Emergency Physicians**

The biggest concern is that we are focusing on naloxone instead of Medication Assisted Treatment (MAT). While naloxone has the attention-grabbing feature of restarting a person's breathing within seconds, we know that someone with an opioid overdose that is reversed by naloxone has a 10 percent chance of dying in the next year. This is greater than our patients presenting to the emergency department with heart attacks. MAT is the tool in our armamentarium that plays the less glamorous but critical role of treating the chemical imbalance in patient's brain day after day allowing them to break free of the dependency that has all too frequently consumed every waking minute of their life.

Oregon has seen a marked increase in overdose deaths recently but according to the OHA website, this is predominantly been attributed to illicit fentanyl and methamphetamine. Therefore, requiring providers to offer naloxone to patients with high dose prescription opioids misses the lion's share of those dying in our state from drug dependency. What may make a difference is identifying fellow Oregonians who have opioid addiction and providing effective treatment for the biochemical imbalance causing the life-threatening dependency.

OR-ACEP is asking the legislature to work with us to develop statute to avoid the prescription of high dose opioids, increase access to naloxone, and remove barriers to getting patients access to MAT (specifically buprenorphine) to save and improve the lives of fellow Oregonians.

Thank you for your consideration.