



Colt Gill Director of the Department of Education

## HB 2395 A: Opioid Harm Reduction Bill Senate Health Care Committee April 12, 2023

Chair Patterson, Vice-Chair Hayden and members of the Senate Health Care Committee, my name is Zoe Larmer and I am the Government Relations Director for the Oregon Department of Education (ODE). Thank you for the opportunity to provide testimony on HB 2395 A. At this time, ODE has no position on this bill.

ODE will propose an update to <u>OAR 581-021-0037</u> to include a requirement that a school district notify parents when an emergency lifesaving medication is administered to a student. ODE is in the process of updating the OAR and will include new language and provisions from any legislation passed during the current session. With all updates, unless required specifically by Oregon Revised Statutes, proposed updates are taken through our engagement process to get feedback on, revised, reviewed by the Oregon Department of Justice, and ultimately will need adoption by the State Board of Education. Any notification requirements will need to align with state and federal laws, including the Family Educational Rights and Privacy Act (FERPA). As such, ODE will propose an update but cannot commit to the outcome of what specifically will be adopted in relation to parent notification.

ODE believes we have the authority to propose the parent notification requirement under current statute that provides the State Board of Education the authority to adopt rules related to the administration of Naloxone by school district staff through our rulemaking process. This continues to be the case with the proposed new language to ORS 339.869 under HB 2395:

SECTION 11. ORS 339.869 is amended to read:

339.869. (1) The State Board of Education, in consultation with the Oregon Health Authority, the Oregon State Board of Nursing and the State Board of Pharmacy, shall adopt:

(e) Rules for the administration of [naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug by trained school personnel] a short-acting opioid antagonist to any student or other individual on school premises who the [personnel believe] individual administering the





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**short-acting opioid antagonist believes** in good faith is experiencing an **opioid** overdose [of an opioid drug], as defined in ORS 689.681.

Thank you for the opportunity to provide comments, and we welcome any questions you may have.

Respectfully submitted,

Zoe Larmer

**Government Relations Director**