

## HB 2395 A -A7 STAFF MEASURE SUMMARY

### Senate Committee On Health Care

---

**Prepared By:** Daniel Dietz, LPRO Analyst

**Meeting Dates:** 4/24, 5/8

---

#### WHAT THE MEASURE DOES:

Changes term "naloxone" to "short-acting opioid antagonist." Allows law enforcement officers, firefighters, and emergency medical services providers to distribute and administer short-acting opioid antagonists. Establishes criminal and civil immunity for failure or refusal to distribute or administer short-acting opioid antagonist. Allows Public Health Officer or physician employed by Oregon Health Authority (OHA) to issue standing order to prescribe a short-acting opioid antagonist. Allows owner of public building or facility to store short-acting opioid antagonist kit in location easily accessible to members of public. Requires OHA to publish on website list and locations of building and facilities for which OHA prioritizes provision of kits. Authorizes school administrator, teacher, and other school employees designated by school administrator to administer short-acting opioid antagonist to student experiencing opioid overdose without written permission of parent. Allows minor to obtain outpatient diagnosis or treatment of a substance use disorder, excluding methadone treatment, by a mental health care provider without parental consent. Defines "mental health care provider." Exempts specified items, including pipes, drug test strips, and equipment from drug paraphernalia prohibitions. Allows Oregon Prescription Drug Program administrator to undertake bulk purchases of short-acting opioid antagonists for purpose of expanding access to short-acting opioid antagonists throughout state by entities that serve vulnerable populations. Requires OHA to provide guidance for communication among local mental health authorities to improve notifications and information sharing when an individual 24 years of age or younger dies as a result of an opioid overdose. Establishes protocols and timelines for reporting of opioid overdose deaths. Declares emergency, effective on passage.

**REVENUE:** *No revenue impact*

**FISCAL:** *Has minimal fiscal impact*

**House Vote:** *Ayes, 48; Nays, 9.*

#### ISSUES DISCUSSED:

- Incidence of opioid overdose in Oregon
- Availability of opioid antagonists
- Parental consent for treatment for substance use
- Mandatory reporting of suspected abuse and neglect

#### EFFECT OF AMENDMENT:

-A7 Requires each school board to adopt a policy for use of short-acting opioid antagonists and to provide to parent or legal guardian. Allows parents and legal guardians to opt out of allowing the administration of short-acting opioid antagonist. Removes provisions allowing a minor to obtain treatment for substance use disorder from a mental health provider without consent of parent or legal guardian. Requires a mental health provider to obtain written consent from a parent or legal guardian to provide substance use treatment to a minor under 14 years of age. Requires a mental health care provider to report substance use of a minor under 14 years of age to the Department of Human Services (DHS) in the manner required for mandatory reports for child abuse. Requires DHS to investigate for abuse or neglect. If a parent or guardian is unwilling or unable to consent to treatment, allows a minor under the age of 14 to petition probate court to waive the consent requirement.

## HB 2395 A -A7 STAFF MEASURE SUMMARY

Provides civil procedure requirements for probate court petition. Prohibits minors from possessing hypodermic needles or drug test strips unless the strips are provided as part of the minor's substance use treatment. Provides exemption from civil liability for mental health providers and schools for certain provisions of the measure.

### **BACKGROUND:**

Opioids are a broad group of drugs that target the body's opioid receptors to provide relief from pain. Opioid drugs can be derived from the poppy plant (e.g., morphine) or synthesized in a laboratory (e.g., fentanyl). According to the Centers for Disease Control and Prevention (CDC), since 1999 over 932,000 people have died from a drug overdose with over 75 percent of those deaths involving an opioid. This has resulted in a federal public health emergency declaration that has remained in place since October 2017. In Oregon, opioid overdose deaths have steadily increased in recent years, with 280 deaths in 2019, 472 deaths in 2020, and 745 deaths in 2021.

Overdose reversal medication (i.e., Naloxone or "Narcan") restores normal breathing for a person whose breathing has slowed down or stopped because of an overdose of prescribed or illicit opioids, including fentanyl and heroin ([link to OHA Naloxone Rescue for Opioid Overdose website](#)). According to the CDC, only one naloxone prescription is dispensed for every 70 high-dose opioid prescriptions, with rural counties three times more likely to be ranked as low dispensing of naloxone as metropolitan areas.

In Oregon, a minor who is 14 years or older may access outpatient drug or alcohol treatment (excluding methadone) without parental consent ([link to Oregon Health Authority brief on Minor Rights: Access and Consent to Health Care](#)).

House Bill 2395 A makes long-acting opioid antagonist medications more accessible in Oregon and establishes standards for reporting opioid overdose deaths.