Andrew Suchocki Testimony HB 2890

My name is Andrew Suchocki, I am a Family Physician with additional training in public health and prevention and have served as the medical director at Clackamas Health Centers for the past decade. I want to be clear that my views expressed today do not reflect the policy views of Clackamas County, rather they are informed by my professional experiences in this area. I am here to provide testimony in support HB 2890. I have served as a medical expert in a variety of habeas cases for adults in custody (AICs) in addition to working closely to create a seamless, integrated system of care for those with opioid use disorder in the Clackamas County jail, community corrections system, and health centers.

I had the honor and privilege of co-chairing the Taskforce on Corrections Medical Care in 2022, established by HB 3035 (2021). The Task Force met ten times between March and September of 2022 to learn about the factors impacting DOC delivery of health care and develop recommendations for ways to improve health care access for adults in DOC custody. We reviewed specific aspects of DOC's health care delivery system, including the grievance process, medical standards of care, and progress on the adoption of an electronic health record (EHR) system. I am here today to advocate for two aspects of this bill based on my experience as a co-chair, the role of the Corrections Ombudsman and AIC access to medications for addiction treatment (MAT).

Corrections Ombudsman

The task force spent considerable time examining the role of the ombudsman. From that work, this recommendation was created:

> The Office of the Ombudsman in the Governor's Office should continue to be funded and the Ombudsman should be tasked with developing a proposal for how the Office can promote a meaningful and transparent grievance process, including identifying any staffing or resource needs the Office would need to fill its proposed role.

During my time on the task force, it was apparent that this role is much larger than one person, and while we made the right first steps, it would likely need to grow in some capacity. Furthermore, as the task force believed the role does play part in the ongoing DOC quality improvement efforts, an evolution in size is inevitable. For comparison, Washington State has a much more robust ombudsman program, even when controlling for the difference in size between our two states. Therefore the report identifying resources needed to fulfill the powers and duties of the Corrections Ombudsman's office, as requested by HB 2890, is consistent with the findings of the Taskforce on Corrections Medical Care.

Medications for Addiction Treatment (MAT)

The other aspect of this bill I wish to speak in support of is providing medications for addiction treatment (MAT) to AICs, which DOC is currently unable to provide. Oregon is behind national leaders such as Maine, Rhode Island, and frankly, several of its own counties in offering this life saving treatment to those in their custody.

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The task force was informed that the main barrier in preventing the delivery of MAT services to DOC AICs is a lack of resources. However, with the U.S. Supreme Court establishing that governments must provide AIC with medical treatment for "serious medical needs", the availability of resources to provide that care takes on constitutional significance. Courts have weighed in on this issue as well, finding that, "[l]ack of resources is not a defense to a claim for prospective relief because prison officials may be compelled to expand the pool of existing resources in order to remedy continuing Eighth Amendment violations." This means that lacking resources to provide medical treatment for "serious medical needs" has the potential to increase the legal liabilities of correctional facilities, including Oregon.[i] *It should be said that the threat of liability should not force this proposed change, but rather bring into focus the ramifications of denying highly effective medical care to some of the most vulnerable in our society*.

The task force was clear in its recommendation:

> DOC should be funded or otherwise provided the resources to ensure that DOC can provide mental health and substance use disorder treatment and services, including medication-assisted therapy(MAT), to every AIC for the entire period of incarceration.

Frankly, not providing MAT in the jail is a denial of irrefutable national standards of care.[ii] This is akin to not offering diabetes or blood pressure management. We often use the concept of 'number needed to treat' to compare medical interventions and their desired outcome (i.e. prevent heart attack or stroke). Below is a comparison from the medical literature (buprenorphine is used for MAT, 'retention in treatment' is the desired outcome).[iii,iv] The traditional medical interventions listed for comparison are mostly using a heart attack or stroke as the outcome.

Diabetes Tight Glycemic Control	**A1C<7.0%**	**NNT 250**
Hypertension		**NNT 29-118**
Hypercholesterolemia	**Primary Prevention** **Secondary Prevention**	**NNT 22-80** **NNT 7-9.1**
Alcohol Use Disorder	**Acamprosate Total Abstinence** **Naltrexone Total Abstinence** **Naltrexone Zero Heavy Drink**	**NNT 12** **NNT 20** **NNT 12**
Buprenorphine	**Retention in Treatment**	**NNT 2-4**

From a cost perspective, providing MAT to AICs in DOC custody *will save* Oregon taxpayers money. Overdoses are all too common during this time of prolific Fentanyl access. Such events occur regularly and often will necessitate treatment, often with significant cost. It's rare when an intervention that is so clearly beneficial to patients and society also has significant potential

to also be a cost saving measure. The time is now to ensure access to life sustaining treatment to *all* Oregonians who are in need of such care.

Thank you for your time and considering this testimony.

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[i] Joint Task Force on Corrections Medical Care (HB 3035, 2021).
https://olis.oregonlegislature.gov/liz/2021I1/Committees/JTFCMC/Overview

[ii] "Summary." National Academies of Sciences, Engineering, and Medicine. 2019. Medications for Opioid Use Disorder Save Lives. Washington, DC: The National Academies Press. doi:10.17226/25310.
National Academies of Sciences, Engineering, and Medicine. 2019. Medications for Opioid Use Disorder Save Lives. Washington, DC: The National Academies Press. doi.org/10.17226/25310.

[iii] Raleigh M.F. Buprenorphine Maintenance vs. Placebo for Opioid Dependence
Placebo for Opioid Dependence *American Family Physician*, 2017, March 1:95(5) online

[iv] Jonas et al, Pharmacotherapy for Adults with Alcohol Use Disorders in Outpatient Settings, *JAMA.* 2014;311(18):1889-1900. doi:10.1001/jama.2014.3628