

**HB 3211 A STAFF MEASURE SUMMARY**

**Carrier:** Rep. Levy E

**House Committee On Behavioral Health and Health Care**

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**Action Date:** 04/01/25

**Action:** Do pass with amendments. (Printed A-Eng.)

**Vote:** 9-0-0-0

**Yeas:** 9 - Diehl, Harbick, Isadore, Javadi, McIntire, Munoz, Nelson, Nosse, Pham H

**Fiscal:** Has minimal fiscal impact

**Revenue:** No revenue impact

**Prepared By:** Brian Nieubuert, LPRO Analyst

**Meeting Dates:** 2/25, 4/1

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**WHAT THE MEASURE DOES:**

The measure requires the Oregon Health Authority (OHA) to develop a nonopioid directive form that is available electronically to the public.

Detailed Summary

- Requires OHA to develop a nonopioid directive form indicating to health care providers and emergency medical services personnel that the executor should not be administered or offered an opioid.
- Requires form to include instructions on how to revoke form.
- Requires OHA to make form available electronically.
- Requires health care provider to make form part of patient's medical record if presented to provider by person other than patient.
- Specifies methods of revocation.
- Specifies situations where opioid may be administered despite execution of nonopioid directive form.
- Grants specified individuals civil and criminal immunity for failure to administer or prescribe an opioid on the basis of the execution of a nonopioid directive form.

**ISSUES DISCUSSED:**

- Other states implementing nonopioid directive forms
- Importance of nonopioid options for people with a history of substance use disorder
- Options for making public aware of forms availability

**EFFECT OF AMENDMENT:**

- Applies requirements to skilled nursing facilities.
- Adds required elements for nonopioid directive form.
- Clarifies scope of civil and criminal immunity.
- Removes requirement that rules adopted by OHA allow for hospital incorporation of form in existing documentation.

**BACKGROUND:**

Beginning with the increased prescribing of opioids in the late 1990s, the United States has been fighting an opioid overdose epidemic for the better part of 30 years. Followed by waves where heroin and synthetic opioids (e.g. fentanyl) became more prevalent, the epidemic has led to a dramatic loss of life. According to the Centers for Disease Control and Prevention (CDC), nearly 727,000 people died from an opioid overdose between 1999 and 2022.

Among the approaches some states have used to try and limit exposure to opioids for people at-risk of misusing them is adoption of a nonopioid directive form. These forms help ensure that medical providers consider nonopioid alternatives for pain treatment. Several states—including Alaska, Connecticut, Louisiana, Massachusetts, Michigan, Pennsylvania, and West Virginia—have adopted nonopioid directive policies. Proposals

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for nonopioid directives have been introduced in both the U.S. House of Representatives and the Senate.

House Bill 3211 A requires the Oregon Health Authority to develop a nonopioid directive form that is available electronically to the public.