

Re: Strong Support for HB2506

Dear Legislators,

I am an addiction medicine physician who sees hospitalized patients with substance use disorders in Washington and Multnomah counties. The drug overdose epidemic continues to have a devastating impact on communities across Oregon, with overdose remaining the leading cause of death among individuals aged 18-44.^{1,2} Consequently, hospitalizations related to drug use are increasing, particularly on the West Coast.^{3,4} In Oregon, hospitalizations for stimulant-related bacterial infections increased 15-fold from 2008 to 2018.⁵

We have **robust evidence** that initiating opioid use disorder (OUD) treatment in hospitals and ensuring smooth transitions to community-based care **significantly improves patient outcomes**.^{6,7} However, despite this evidence, most hospitals do not initiate OUD treatment in the emergency department (ED) or inpatient settings. In my clinical practice, I work on a multidisciplinary team that supports ED and hospitalized patients with OUD—starting them on medication for opioid use disorder (MOUD) and coordinating post-hospital referrals to treatment.

I have witnessed firsthand how access to MOUD transforms lives. One of my patients, hospitalized with a severe infection, felt hopeless about his ability to stop fentanyl use. After starting treatment in the hospital, he later told us:

"I really appreciate the prescription of Suboxone and the help getting me where I want to be with quitting fentanyl. I really, really believe I can do it this time—I have faith!"

HB 2506 is a critical step in expanding access to MOUD in hospital and ED settings and ensuring smoother transitions to community-based care. By supporting this bill, you will help save lives and improve health outcomes for countless Oregonians struggling with OUD.

I strongly urge you to support HB 2506.

Sincerely,



Linda Peng, MD
Addiction medicine physician
linda.peng3@gmail.com

References

1. National Institute on Drug Abuse. Drug Overdose Deaths: Facts and Figures. National Institute on Drug Abuse. August 21, 2024. Accessed March 5, 2025. <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>
2. CDC. CDC Reports Nearly 24% Decline in U.S. Drug Overdose Deaths. CDC Newsroom. February 25, 2025. Accessed March 5, 2025. <https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html>
3. Weiss AJ, Baily MK, Lauren O, Barrette ML, Elixhauser A, Steiner CA. Patient Characteristics of Opioid-Related Inpatient Stays and Emergency Department Visits Nationally and by State, 2014. Agency for Healthcare Research and Quality (AHRQ). June 2017. Accessed November 21, 2021. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb224-Patient-Characteristics-Opioid-Hospital-Stays-ED-Visits-by-State.pdf>
4. Dickson SD, Thomas IC, Bhatia HS, et al. Methamphetamine-associated heart failure hospitalizations across the United States: Geographic and social disparities. *J Am Heart Assoc.* 2021;10(16):e018370.
5. Capizzi J, Leahy J, Wheelock H, et al. Population-based trends in hospitalizations due to injection drug use-related serious bacterial infections, Oregon, 2008 to 2018. *PLoS One.* 2020;15(11):e0242165.
6. Danovitch I, Korouri S, Kaur H, et al. The addiction consultation service for hospitalized patients with substance use disorder: An integrative review of the evidence. *J Subst Use Addict Treat.* 2024;163:209377.
7. Englander H, Jones A, Krawczyk N, et al. A Taxonomy of Hospital-Based Addiction Care Models: a Scoping Review and Key Informant Interviews. *J Gen Intern Med.* Published online May 9, 2022. doi:10.1007/s11606-022-07618-x