March 16, 2025

Dear Representatives and Committee Members:

I am submitting written testimony in support of HB2506, highlighting the following main points:

1) **Expanding medication for opioid use disorder (MOUD) and addiction care across all Oregon EDs and hospitals has potential to create meaningful change, transforming healthcare systems, shifting culture, and saving lives.**
    a. Hospital standards are essential to driving change (Englander NEJM)
    b. Hospitals and EDs can be platforms for change, initiating and engaging people in care, training the healthcare workforce, and transforming hospital systems. Research in Oregon shows that MOUD in hospital and ED has potential to increase trust in healthcare providers, improve patient and provider experience, and save lives.

2) **HB 2506 would drive statewide standards and infrastructure necessary to do this.**
    a. I serve on the American Society of Addiction Medicine (ASAM) Presidential task for hospital and ED standards. This is a 7-member task force comprised of national experts in hospital/ED based addiction care systems, and we are tasked with defining care standards that should be adopted across the US (will be published later this year). Oregon has the necessary momentum and components to adopt and adapt these standards, particularly if supported by a HB2506.
    b. Concerted statewide efforts like the one proposed here can be a catalyst for such efforts, and help incentivize and drive change.

3) **Oregon has the necessary expertise to deliver effective training and technical assistance (TTA) to expand MOUD to all Oregon hospitals and EDs. TTA relies on engaging the right stakeholders and understanding local contexts across the state. TTA should build on Oregon's national expertise and statewide networks, including drawing on OHSU's Improving Addiction Care Team (IMPACT) and Project ECHO infrastructure.**
    a. IMPACT is the most rigorously studied interprofessional addiction consult service in the US (Englander JGIM 2022) with a successful track record providing TTA among hospital teams across the country and the state.
    b. OHSU IMPACT leads a telementoring ECHO that is launching its 18th 12-week cohort and has served over 1000 interprofessional participants (e.g. physicians, nurses, pharmacists, others) across Oregon's urban, rural, and frontier hospitals. This ECHO, and the work of other Oregon Addiction ECHOs, can inform the relationships and content of future TTA.
    c. Outsourcing this would be a mistake.

4) **Successful MOUD in EDs and hospitals requires building up and supporting post-acute care settings, including linkage to MOUD after discharge.** In Oregon, this means:
    a. enhanced access to methadone, including reducing barriers to methadone for patients with serious illness. We can do this by permitting and incentivizing OTPs to

adopt the full flexibilities afforded through 2024 SAMHSA rule changes to prioritize patient access to methadone.

b. strengthening statewide support and ties to bridge clinics (e.g. buprenorphine telehealth such as HRBR) and buprenorphine within primary care and specialty addiction care.

Please do not hesitate to contact me with any questions.

Sincerely,

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