



KATE BROWN
Governor

**Testimony before the Senate Committee on Health, Education, Labor and Pensions
Kate Brown, Governor of Oregon
March 8, 2018**

Chairman Alexander, Ranking Member Murray and members of the committee; thank you for the opportunity to speak before the Senate's Health, Education, Labor and Pensions Committee as it continues to examine and respond to the opioid crisis.

Like many states across the nation, Oregon is in the throes of an ongoing opioid epidemic. In Oregon, I will soon declare addiction and substance abuse to be a public health crisis, in no small part because of the impacts of opioids. We have seen a 400 percent increase in opioid use disorder over a ten year period ending in 2015. Roughly one in ten of our young adults aged 18 to 25 have abused opioids. Every other day, on average, we lose one more Oregonian due to an opioid overdose.

These numbers are bad enough, but their ripple effects are horrific. In Oregon, 60 percent of foster children have parents that struggle with addiction in general, which includes opioid addiction. Our foster care system has one and a half times more children than the national average. If we can make meaningful change in prevention, treatment and recovery from opioid abuse, we will better the lives of not only these individuals, but of all Oregon families. Our students would be more successful, and we would lift the heavy burden from our overtaxed hospitals.

It is important to recognize that large scale changes require first steps. Last year, I signed legislation that helps put life-saving overdose drugs into the hands of first responders. However, recognizing more needed to be done, I convened an Opioid Epidemic Task Force. This bipartisan, bicameral group is aimed at providing consensus-based recommendations to address the ongoing opioid epidemic. Each chamber of the Oregon Legislature is represented by both a Republican and a Democrat. Additionally, the Task Force is comprised of treatment and recovery experts, doctors, public health officials and agency representatives, among many others. Their thoughtful advice and recommendations have become a key portion of my 2018 legislative agenda in Oregon, in the form of House Bill 4143 that recently passed the legislature.

House Bill 4143 provides a three-pronged approach to tackling the opioid epidemic in the following ways: 1) Establishing a pilot program aimed at bridging the gap between an overdose episode and efficacious, evidence-based treatment; 2) Requiring that all licensed prescribers in the State of Oregon register for the Prescription Drug Monitoring Program (PDMP); and 3) Mandating that our Department of Consumer and Business Services, working in conjunction with the Oregon Health Authority, study barriers to accessing treatment for all Oregonians. These important steps will help us not only address the crisis in the present, but set Oregon on the right path for badly needed future policy changes. This bill is

the first step in a long journey.

In order to properly address this ongoing epidemic, we must employ data metrics to make certain we see the right results. Working with the Oregon Health Authority, our Task Force is committed to measuring the outcomes of this new pilot program. While we want to see deaths from overdose decline, we also want to see vast improvement in access to treatment, improved insurance coverage and better availability of life-saving overdose drugs such as Naloxone. Some Oregonians must travel great distances to access appropriate treatment, something that we must improve.

Two weeks ago, I co-led a session at the National Governors Association winter meeting where I heard not only the struggles all states share in common, but also how other states have made progress through implementing creative approaches. As individual states we cannot tackle this crisis alone. That's why Oregon, California, Washington and the province of British Columbia are planning to tackle this issue as a region. As part of our existing Pacific Coast Collaborative, we will work together in sharing best practices and identifying opportunities to cooperate.

Oregon already has a history of interstate cooperation in the fight against the opioid epidemic, particularly in the context of drug pricing. This is exemplified through the formation of the Oregon Prescription Drug Program and the Northwest Prescription Drug Consortium with Washington. Important lifesaving drugs such as Naloxone have seen steep pricing increases from 2015 to the present, in some cases as much as 487%. These innovative programs have enabled Oregonians to benefit from more aggressive prescription drug pricing, a result of pooling our drug purchasing. Since 2007, groups that joined the Consortium have seen savings on their pharmacy benefit programs, more aggressive prescription drug prices, 100% pass-through pricing on drug costs and manufacturer rebates, lower administrative costs and complete program transparency. The Consortium today serves over 1,000,000 individuals and purchases in excess of \$800 million in drugs each year. This program additionally offers aggressive discounts to participating programs for substance use disorder treatments.

Oregon has also joined national Group Purchasing Organizations (GPO) to access special class-of-trade pricing for eligible institutions. Today, state facilities, public health and other state and local entities participate in our GPO arrangements and purchase in excess of \$50 million annually. We continue to explore new and innovative ways that Oregon can leverage the value of pooling our resources in order to extract greater benefit from buying in bulk from suppliers. This, of course, extends to exploring options for purchasing and distributing Naloxone and other substance use disorder treatments.

We have also looked for ways to improve our healthcare system through increased efficiency. PDMPs represent an important tool for developing best prescribing practices and maximizing ease of use as the best way to ensure buy in from professionals. That's why Oregon has worked to integrate our electronic health records with our PDMP, thus providing prescribers with an important tool to make better informed decisions about their patients. This process has already begun with our emergency departments, and Oregon has an eye toward full integration across our healthcare system.

Right now, the federal government has recognized the opioid epidemic but is overly focused on punishment. That leaves us, the states, to right the wrongs of a war on drugs that has done nothing to address the issues that drive this health crisis, while our prisons and our foster care systems are filled to capacity with its victims. I know that you have held several sessions on the opioid crisis to date, and I applaud this committee for taking such a close, thoughtful look at the issue. There are a wealth of ideas that this committee has the power to turn into reality. As part of this conversation, I ask that the federal government stop the punitive approach to addiction and begin treating substance abuse disorder as the disease it is.

Oregon looks forward to continued collaboration and dialogue with our federal partners, who we are heartened to see take such a keen interest in this epidemic.

Thank you again for the opportunity to provide testimony on this important issue.