
LC 490: Opioid Overdose Reversal Medication

Expanding the availability of opioid overdose reversal medication saves lives.

Overdose Reversal Medications Work, If Available

Oregon is experiencing a historically unprecedented rise in overdoses and deaths related to overdose. This is driven by a variety of factors, including increasingly potent supplies of opioid analogues and high rates of abuse of multiple substances (primarily methamphetamine and alcohol) alongside opioids.

Overdose reversal medications work. The most common is Naloxone, an opioid antagonist. A few state-sponsored or funded programs make such medications available, but they have very limited reach. Quite simply, expanding the availability of overdose reversal medications to more locations where they are more easily accessible to people at risk of overdose, or the people who care most about them, would save lives.

Expanding Access to Overdose Reversal Medications

availability in acute care and behavioral health settings would reduce inequities by provided greater points of accessibility to traditionally underserved populations, and those that must use acute care facilities due to a variety of geographic and socio-economic factors.

LC 490 required acute care settings and behavioral health facilities to furnish overdose reversal medications when they discharge a person at risk of opioid use. This includes people who have a prescription for an opioid medication, are known to have a history of opioid use disorder, are being release from detoxification services, or presented with signs or symptoms of opioid use. Acute care settings include withdrawal management (detox), urgent care, emergency departments, long term outpatient and any residential settings licensed by the State of Oregon.

The legislation includes a clause protecting persons acting in good faith from any liability related to furnishing overdoes reversal medications.

Naloxone is a covered medication by the Oregon Health Plan. There would be no additional cost impact to the state.

For more information:

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