



Prescription Drug Addiction and Healthcare Reform Legislative Study Committee

Approach:

1. Prevent more people from becoming addicted
2. Stop the diversion of pills from the medical system and keep current addicts alive
3. Get more people into effective treatment

Prevent more people from becoming addicted:

House Bill 314 requires the consent of a parent or guardian before a doctor can prescribe an opioid to a minor, except in certain emergency situations. This bill will allow parents to have oversight on what their children are taking, hopefully preventing new addictions.

House Bill 359 requires prescribers to provide an information sheet, created by the director of the Department of Health, to any patient being prescribed a scheduled II substance or any drug containing an opioid. The information sheet will disclose the addictive nature of the drug, informing patients of the dangerous properties of the drugs.

House Bill 367 will require all school districts to include a curriculum about opioids. This addition to our current curriculum will inform students on how dangerous and addictive opioids are.

The month of May is Substance Abuse Awareness and Education Month, and House Bill 399 creates Prescription Drug Abuse Awareness and Education Day; a day to educate and inform communities about the dangers of opioid abuse.

Stop the diversion of pills from the medical system and keep current addicts alive:

Our state has one of the most advanced prescription monitoring programs in existence. The Pharmacy Board's Ohio Automated Rx Reporting System (OARRS) is used by prescribers and pharmacists to determine what drugs a patient is currently using at any given time. House Bill 341 requires medical professionals to utilize the OARRS system before prescribing or dispensing a scheduled II substance or a drug containing an opioid.

House Bill 332 will require the use of certain standards when prescribers are treating chronic, non-cancer pain with an opioid.

House Bill 366 will require hospice providers to establish procedures to prevent diversion.

House Bill 381 will require everyone that picks up a prescription to present an acceptable form of identification. This piece of legislation will not stop a friend or family member from picking up a prescription, but will simply create accountability after prescriptions are dispensed.

There will be a bill introduced requiring all 30-day prescriptions for acute pain to be filled in 10-day increments. This bill will lower the amount of medications that are sitting in medicine cabinets and not being used, preventing diversion.

House Bill 363 will create a Good Samaritan law in Ohio. Most opioid drug overdose deaths happen in the presence of other people. This bill will provide immunity from arrest, prosecution, conviction, or supervised release sanctioning for a minor drug possession offense for a person who seeks or obtains medical assistance for someone who is experiencing a medical emergency as a result of ingesting a dangerous substance.

Get more people into effective treatment:

House Bill 378 will implement a prescriber certification process and require the integration of addiction treatment services when a prescriber treats an opioid addicted patient with addiction treatment medication.

House Bill 369, the treatment bill, will establish an integrated, full spectrum of opioid treatment (ambulatory detoxification, residential treatment services, medication-assisted treatment, intensive outpatient therapy, outpatient therapy, 12-step approaches, and peer mentoring) in every county in Ohio. It also requires Medicaid and private insurers to cover all of the treatment services in the full spectrum of care. The bill will make a substantial \$180 million investment in recovery housing in counties that are missing this vital, final component of successful treatment. Finally, it makes an investment of almost \$9 million per year to pay for case managers in drug courts, which are very effective in helping defendants through recovery.

House Bill 315 will require hospitals to report the number of newborns dependent on opioids, which will act as a measurement that we can use to see if progress is being made against addiction.