



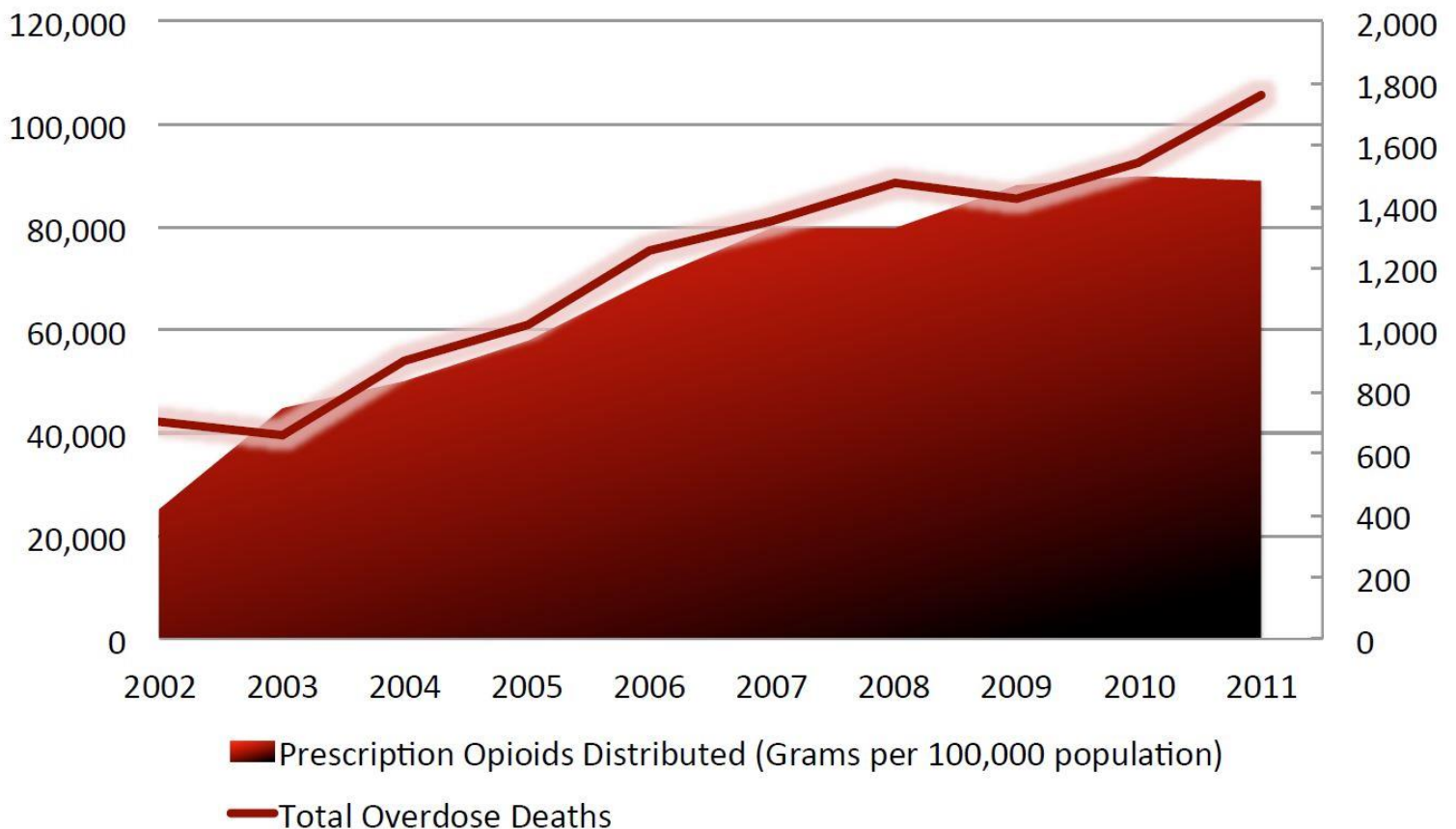
## State Representative Robert Cole Sprague 83<sup>rd</sup> Ohio House District

### Background

Our medical system utilizes five vital signs to measure a patient's level of health. These signs include: temperature, heart rate, respiratory rate, blood pressure, and pain level. Following a federal push in the 1990s to add pain as the fifth vital sign, states passed legislation to ensure chronic pain was being treated effectively. Shortly after these reforms, the introduction of new pain medications, along with other factors, resulted in the increased utilization of prescription opioids. As these medications became more accessible, drug overdose became more prevalent. Since 2007, drug overdose has been Ohio's leading cause of accidental death. Ohioans are more likely to die from a drug overdose than a car accident.

There is nearly a one-to-one correlation between overdose death rates and the utilization of prescription narcotics:

### Ohio Drug Overdose Deaths and Distribution Rates of Prescription Narcotics



Due to similarities in chemical composition, and for economic reasons, a prescription opioid addiction can commonly lead to heroin use. Most individuals do not begin their addiction by using heroin, but heroin use is a later phase of the same addiction. Prescription medications, which come directly from our medical system, have built a bridge over the moat that once surrounded heroin.

## **Recently Enacted Laws**

- The first Friday of May is now designated as “Prescription Drug Abuse Awareness and Education Day,” and the first week of July is now designated as “Neonatal Abstinence Syndrome Awareness Week.”
- Ohio’s health curriculums include education on prescription medication and heroin addiction.
- Drug dealers are facing increased penalties for providing drugs to pregnant women.
- First degree felony heroin possession amounts are in line with crack cocaine possession amounts.
- Before giving a minor an opioid prescription, prescribers are required to get consent from a parent or guardian.
- Legislation was passed to stop bad-acting prescribers and close opioid pill mills and buprenorphine mills.
- When prescribing or dispensing an opioid or benzodiazepine, prescribers and pharmacists are required to utilize the Ohio Automated Rx Reporting System. This policy will help ensure proper care, stop bad-acting prescribers, and crack down on doctor shopping.
- Once medications are no longer needed, in-home hospice providers are required to dispose of unused prescription opioids.
- Access to naloxone has been increased. Individuals that might be in a position to reverse an opioid-related overdose can possess the medication. Furthermore, another policy was implemented that allows individuals and pharmacists to dispense the medication to qualified individuals. In addition, \$1 million was provided to enhance access to the overdose-reversing drug throughout Ohio.
- Ohio has a 9-1-1 Good Samaritan Law. Immunity is being provided for minor drug possession offenses, if an individual seeks emergency assistance during a drug overdose. In addition, the individual is linked with the treatment system.
- In order to provide resources effectively, hospitals will now report the number of neonatal abstinence syndrome cases to the Ohio Department of Health. Additionally, the Department of Mental Health and Addiction Services will maintain a statewide treatment services waiting list.
- By July, 2017, every behavioral health board service district is required to include all of the components that are required for a successful recovery. In order to support this effort, \$52.5 million was previously earmarked for various behavioral health initiatives. Furthermore, additional support was provided in the most recent budget.
- The General Assembly recently supported the continuation of funding for a Supreme Court certified drug court program, and participation in the program was extended to additional counties.
- Programs have been implemented to support the treatment and rehabilitation of prisoners that have an addiction.
- As behavioral health services are moved to Medicaid managed care, in order to ensure continued access to treatment, the Joint Medicaid Oversight Committee has oversight of implementation.
- Licensing practices of the Chemical Dependency Professionals Board have been updated and streamlined.

## **Current House Legislation**

- House Bill 248 requires abuse-deterrent opioid medications to be treated the same as all opioid analgesic medication, during the prior authorization and utilization review process. In addition, for opioid prescriptions, during the treatment of chronic pain, the bill requires prescribers to show medical necessity.
- House Bill 250 requires prescribers to show medical necessity at certain points in the course of treating acute and chronic pain with an opioid.
- House Bill 462 provides peace officers with civil immunity for administering the life-saving drug naloxone.
- House Bill 325 encourages pregnant women that have an addiction to seek help.