



TO: House Community and Family Advancement Committee Members
FROM: Rep. Ron Young
DATE: January 24, 2018
RE: Sponsor Testimony – *HB 427 Community and Faith-Based Addiction Recovery Bill*

Chairman Ginter, Madam Vice-Chair LaTourette, Ranking Member Boyd, Fellow members of the House Community and Family Advancement Committee. First thank you for accepting the substitute bill for HB 427 and second for giving me the opportunity to provide sponsor testimony on Substitute House Bill 427; the Community and Faith-Based Addiction Recovery Bill.

I believe this bill will help Ohio make significant strides in combating the war on drugs that is plaguing our state. Three months ago, the President officially declared the opioid crisis “a National Emergency.” This emergency has its epicenter right here in Ohio. According to the Franklin County Coroner, opioid deaths in central Ohio alone increased by 88% from 2016 to 2017.

Every year since 1999 we have lost the war on drugs. In 2016, the US lost over 60,000 of our citizens to Accidental Opioid Overdoses. Over 60,000 of the very people that you and I, as representative of this great republic, are sworn to protect, gone in one year. This nation cannot long afford losses of that magnitude and continue to operate as it has in the past.

Just consider, sixty thousand souls lost in one year. That is more than the total number of lives lost during the whole 20 year Vietnam War! A war tore this nation apart due to what was considered huge losses of American lives. Every year the amount of state money spent and the attention given to help the addicted has increased dramatically and yet every year the number of Ohioans killed in this war has increased significantly.

I have recently been introduced to several faith-based recovery groups around the state and have heard the testimonies and seen the impact of how they have helped the addicted. I have been inspired by the success that they have seen. I believe they need to be part of the discussion as they are indeed part of the solution. This war cannot be won by government efforts alone. Victory will require our appealing to the most powerful forces our culture at its disposal, that being our churches and communities. Not by government controlling their activities but by government supplying them with the resources and information they need to win this battle. To that end, I would like the state to assist them and all of those who are in this fight in a few tangible ways.

The bill requires the creation of the following funding streams;

- a. In order to enhance community and faith-based treatment a pilot grant program limited initially to \$50,000 will provide the necessary faith-based curriculum for the addicted who are unable to afford the materials themselves to excel in a faith-based recovery program. The approved faith-based programs will need to go through an applications process with the Ohio Department of Mental Health and Addictions.
- b. Another pilot grant program limited initially to \$50,000 will provide transportation vouchers for those who need transport to the faith-based recovery meetings, but have no transportation and are unable to

afford the cost. The approved faith-based programs will need to go through an applications process with the Ohio Department of Mental Health and Addictions.

- c. The bill also creates a grant program of \$1,000,000 that would provide capital funds for Faith-Based Recovery Centers across the state that meet certain criteria.
 - i. The entity had to have been in operation for the last 3 years immediately prior to submitting the application.
 - ii. The program needs to be able to demonstrate a level of success.
 - iii. The program is able to demonstrate community support for their programming, including financial support.
 - iv. At least three judges have endorsed the entity or three police officers in any given community.

House Bill 427 has several parts, which in brief also include:

2. Require that the Attorney General maintain a registry of Drug Abuse Response Teams (DART) and Quick Response Teams (QRT). As a condition of receiving funding from the state, each DART or QRT will need to include (if there is one in the community) an approved faith-based organization on the team. The Attorney General's Office be responsible for approving the faith-based organizations that work with the local DART and QRT teams. In reference to reporting and funding the bill requires:
 - a. EMTs, police officers, hospitals, and drug addiction treatment facilities that administer naloxone to an individual to notify the local DART or QRT (if one exists). Currently funding of these teams is being handled by the Attorney General's Office and DMHAS (Department of Mental Health and Addiction Services), this bill, when amended, will officially merge the record keeping and funding to the DMHAS. Both the AG's Office and Mental Health have been deeply involved and helped us craft this portion of the bill.
 - b. It also requires (as is now generally done by practice) EMTs, police officers, hospitals, and drug treatment facilities to submit monthly reports to ODH specifying information regarding each instance in which they have administered naloxone to an individual.
3. According to front line personnel fighting this battle on a daily basis aversion to dealing these poisonous substances has become almost casual. Their testimony is that most feel that if they are "busted" for dealing they will simply testify in court that they are poor suffering addicts and therefore in desperate need of treatment, certainly not prison. Allowing this perspective to persist encourages a blasé attitude toward dealing and more people will die as a result. An example of the harm this attitude can cause was reported to me as I toured a "Sober House" in Mentor. One standard operating procedure for young people and others in Lake County, and other parts of the state, seeking drugs is as follows. A group of folks desiring the drug elect one individual to make the trip into Cleveland to buy. They all pool their resources in order to get a bulk purchase price from a high-level dealer. The mule (the chosen carrier) then delivers. The ones reporting this to me were once mules themselves. They report that, at the time, they were proud to be able to help their friend have fun and enjoy life. They never considered that they were putting their friends' lives in danger. If one or two of their friends died, it was just an accident, very unfortunate, but they certainly were not culpable in any way.

However, under the provisions of this bill if someone dies because of drugs provided by another, the one who provided those drugs could be charged with involuntary manslaughter. This will send a strong message to dealers

that the State of Ohio considers dealing what is essentially poison to others a serious matter. The Ohio Prosecuting Attorneys Association supports this initiative and is working with us on tweaking the language.

4. The bill also requires that the Ohio Department of Health report accidental overdose deaths. The numbers of deaths reported and their county of residence will then be posted online and a monthly press release will be sent to the media outlets throughout the state. The goal of this is to increase public awareness of how big a problem we have in the state and its presence in each of our individual communities. This was very effective during the Vietnam War in sensitizing the public to the price our country was paying both in dollars and in lives during that war. I believe that same tactic can be used to help mobilize resources, promote a sense of urgency to help find solutions to this emergency.
5. Reports persist that the use of Naloxone has in many circles become an encouragement to more experimentation, play chicken, with the use of exorbitantly high dosages of the drugs. The bill creates a mechanism in which health care professionals who administer Naloxone to an individual who is overdosing and has already received at least one previous administration of the drug in the last 72 hours maybe admitted, without their consent, to a hospital or in-treatment drug treatment facility for the purpose of emergency assessment and stabilization for up to up to 72 hours. The assessment will determine if the individual suffers from drug abuse or addiction; is a danger to self; or whether or not the individual can benefit from treatment.

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Thank you Mr. Chairman for indulging me in providing this testimony on such a crucial issue. As you can tell, this bill has many components. I would be more than happy to attempt to answer any questions you might have. If I do not have the answers, I will be sure to promptly provide the answers.