

Chair Romanchuk, Ranking Members Sykes, and members of the House Finance Subcommittee on Health & Human Services, thank you for allowing me the opportunity to testify on HB 49. My name is Shawn Ryan, and I am board certified in both emergency medicine and addiction medicine. I am also the President of the Ohio Society of Addiction Medicine and Chair of Payer Relations for the American Society of Addiction Medicine.

The Issue:

- 1) Worst drug abuse epidemic in recorded history
  - a) Over 600% increase in unintentional drug overdose deaths from 1999-2014
  - b) Far more drug overdose deaths than from automobile accidents
  - c) 91 deaths per day from opioid overdose deaths; at least 6 per day in Ohio
- 2) Substance use disorder is the most expensive health issue when all socioeconomic impact is considered
  - a) Approaches one trillion dollars per year
  - b) Patients with untreated opioid use disorder are 8X as expensive as average people who are insured

The Disease:

- 1) It fits the standard definition of medical disease; and has high fatality rates without treatment
  - a) Very similar to other chronic relapsing diseases; same rate as Diabetes, Hypertension, and Asthma

The Solution:

- 1) Very complicated situation in our country that will require a multifaceted solution
  - i) We now have evidence based reports that should guide our action – Surgeon General’s Report
  - ii) Some of the most important components
    - (a) Prevention
    - (b) Law Enforcement
    - (c) Appropriate Prescribing of Controlled Substances
    - (d) Harm Reduction including enlargement of naloxone/Narcan distribution programs
    - (e) Expansion of Evidence based treatment including MAT
  - iii) Of the 5 – Comprehensive treatment is the most important issue that was mentioned
    - (a) 3 components – Medical, Psychological, Social
  - v) The Evidence is clear for treatment of opioid use disorder
    - (a) Methadone, Buprenorphine, and Naltrexone work
      - (i) Multiple high quality medical studies
      - (b) Treating opioid use disorder w/o offering the patient MAT should be considered malpractice
  - vi) Medicaid expansion has been critical to the development and expansion of Comprehensive Addiction Treatment in Ohio; any decrease in funding could substantially negatively impact the epidemic

Last Points:

- 1) The behavioral health redesign is a necessary change in our current system in order to appropriately steward our limited resources; It needs to be done carefully and with assurances that there will be no further cuts in the next few years. Without such assurances, sustaining treatment where it exists and further expansion where needed is unlikely.
  - a) We have to advocate for more funding in general; this disease affects more people and causes more fatalities than diabetes or cancer – Surgeon General’s report
  - b) We need more medically-focused and efficient programs to combat this epidemic while being cost conscious
  - c) We must support those organizations that are capable and willing of providing comprehensive addiction treatment (including MAT); either integrated within their own programs or collaboratively with other agencies.
  - d) Any premiums (even \$20) or restrictions that could make access more difficult for patients with mental illness and addiction have to be avoided
    - i) They already struggle to maintain functional lives, and even what appear to
  - e) Finally - For those Ohio citizens that may believe “they should all just be left to die”, please understand
    - i. You would never say that if it were your child or loved one
    - ii. It doesn’t work mathematically; too many people have opioid use disorder

Thank you for allowing me the opportunity to testify. I welcome any questions you may have at this time.