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3rd House District

Sponsor Testimony for HB 535
Senate Health, Human Services and Medicaid Committee
June 26, 2018

Chairman Burke, Vice Chair Beagle, Ranking Member Tavares and members of the Senate Health, Human Services and Medicaid Committee, thank you for allowing me to speak for HB 535, otherwise known as the Opioid Data and Communication Expansion Act.

After numerous meetings, conversations and plenty of bill drafts, I am proud to have comprehensive legislation before you that will give our state and local partners more data to help fight against drug addiction and substance abuse and ensure prescribers and pharmacists in the state have more information to curb the opiate epidemic.

After many discussions with the Wood County ADAMHS Board, I learned just how little data they have to estimate the magnitude of the opiate problem. To that end, this bill would require the Department of Public Safety to submit non-identifying information related to the administration of naloxone such as location, date and number of doses applied to the Department of Health. This data is currently being collected and submitted by most EMS and Fire Departments to DPS. This data would be then be broken down by county with the entire report sent to each County ADAMHS Board on a monthly basis.

This information is needed for ADAMHS Boards to plan for expansion of priority services and the allocation of necessary resources in the appropriate amount. We have put tens of millions of dollars towards tackling this problem and we owe it to the taxpayers to ensure this money is being spent as wisely and effectively as possible.

The data collection in this bill would also provide a timely alert, improve the response to parts of a county or region dealing with a spike in overdoses or a potent batch, and enhance communication between the ADAMHS Board and schools, churches, businesses, etc. to make them aware of potential danger. In addition, information like this would help demonstrate the need for expanded education, intervention, treatment and recovery supports so that local communities in Ohio can gain an advantage in obtaining competitive opiate grants.

This bill would also require hospitals submit to the Department of Health the number of drug overdoses brought to the hospital during the previous month and whether the overdose was fatal or non-fatal. ODH would then publish to its website monthly, in aggregate, the total number of overdoses brought to hospitals for treatment across the state and the number of those overdoses that were fatal or non-fatal.

The last piece of the bill will require that naltrexone (Vivitrol) be monitored within the Ohio Automated Rx Reporting System (OARRS). Naltrexone is a medication, along with methadone and buprenorphine (Saboxone), that is primarily used to manage opioid dependence and is commonly used in medication-assisted treatment (MAT) programs that provide a whole-patient approach.

Having this medication monitored in OARRS will ensure prescribers and pharmacists have even more information at their disposal when deciding whether to prescribe or fill an opioid prescription for a particular patient.

I would like to note that this legislation received unanimous support in the House, as well as 52 co-sponsors!

We have taken so many steps to help lessen the burden that this epidemic has caused families across the state. Giving our partners and health professionals more data and information will help ensure public funds are being spent effectively, get our local communities even more involved in tackling this epidemic and ensure our prescribers and pharmacists have the full picture of their patients while considering treatment options.

Chairman Burke, thank you again for the opportunity to provide sponsor testimony for the Opioid Data and Communication Expansion Act. I am ready to answer any questions the committee members have for me.