



**Testimony of
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House Health and Aging Committee
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Chairwoman Gonzales, Vice Chair Huffman, Ranking Minority Member Antonio, and members of the House Health and Aging Committee, on behalf of the Ohio Association of Health Plans (OAHP), thank you for the opportunity to testify before you today in opposition to House Bill 248 (HB 248). I am Miranda Motter, President and CEO of OAHP.

OAHP is the leading state trade association representing the health insurance industry. OAHP members provide health benefits to more than 8 million Ohioans through employer-sponsored coverage, the individual insurance market, and public programs such as Medicare, Medicaid and the Health Insurance Exchange marketplace. Our members offer a broad range of health insurance products in the commercial marketplace and are committed partners in public programs.

The nation's opiate epidemic is a crisis of unparalleled proportions. Experts have suggested that solutions to this crisis needs to be focused on reducing the abuse of opioids and other controlled prescription drugs while ensuring patients with both temporary and chronic pain are safely and effectively treated. Abuse deterrent formulations (ADF) for opioids have recently surfaced in policy discussions as being the solution to the opiate problem. ADFs may help combat abuse in some cases; however, they are not a "one size fits all" solution.

OAHP opposes HB 248 for the following reasons:

ADFs do not prevent abuse or overdose. Manufacturers of ADF opioids claim ADFs cannot be crush, dissolved, chewed, or cut. To dispute that fact, all you have to do is do a quick search on social media and there are a myriad of materials that demonstrate ways to circumvent some of these ADFs.

- Dr. Jeff Fudin, in an online January 27, 2015 Pharmacy Times article entitled "Abuse-Deterrent Opioid Formulations: Purpose, Practicality, and Paradigm" documented this: "Just Google "methods to crush OxyContin." There are several blogs and YouTube videos that offer techniques to crush the new formulation of OxyContin. A blog called [Bluelight](#)¹ suggests that OxyContin users can place the

¹ OxyContin (OP Formulation) Questions [internet.] 2011. [Accessed 2015 January 26]. Available from: <http://www.bluelight.org/vb/archive/index.php/t-576055.html>.

drug into their mouths for roughly 1 to 2 minutes to dissolve the coating, and then allow it to dissolve in acidic beverages such as lemon juice or root beer. Once in the beverage, the tablets expand and start to break apart (in as little as 2 to 4 hours) and are easy to consume. Another blog, MedsChat, lists that OxyContin can be baked² for 10 minutes, then wet with water and reheated in a microwave until the pill dissolves for injection. Another user on MedsChat suggests using a nutmeg grinder with a sealed container to grind OxyContin and catch the shavings. It is inevitable that drug abusers can find ways to circumvent barriers to deter them from abusing opioids.”

- If you simply search “crush ADF OxyContin” on YouTube, you will quickly find a number of “instructional videos” that demonstrate how to compromise the “abuse proof coatings” on these drugs. See <https://www.youtube.com/watch?v=8LrOWiWsDQQ>.
- It is also important to understand that patients who are prescribed ADF opioids can still abuse the drug by ingesting the drug itself and ingesting increasing amounts.

ADFs Can Lead to Unintended Harmful Consequences.

- A study published in the New England Journal of Medicine concluded that abusers significantly lowered their use of OxyContin after the ADF was introduced, but increased their use of other opioids, including heroin. The study found that, “abuse-deterrent formulations may not be the ‘magic bullets’ that many hoped they would be in solving the growing problem of opioid abuse.”³
- The federal government agrees that introduction of the ADF of OxyContin may have led some abusers to switch to heroin. The Substance Abuse and Mental Health Services Administration (SAMHSA) found that since the introduction of the ADF of OxyContin rates of heroin use may have been increasing significantly.⁴

HB 248 Restricts the Use of Pharmacy Benefit Tools That Are In Place To Help Combat Opioid Misuse.

- Health plans and pharmacy benefit managers (PBMs) have implemented oversight measures to identify cases of opioid misuses. Sophisticated prescription management tools can pick up patterns that indicate misuse, including refilling prescriptions early, exceeding medication dosage limits, or visiting multiple physicians or pharmacies.

² Baking Op [internet]. 2014. [Accessed 2015 January 26]. Available from: <http://www.medschat.com/topics/baking-op/>

³ Ciero, T.J. and Surratt, H.L., “Effect of Abuse-Deterrent Formulation of OxyContin,” *New England Journal of Medicine*, July 12, 2012.

⁴ Substance Abuse and Mental Health Services Administration, “Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States,” August 2013.

- As currently drafted, House Bill 248 would impose restrictions on the ability of an insurer and PBM from utilizing some of the types of tools that have been instrumental in and critical to identifying instances of abuse and focus on successful treatments.

HB 248 Will Increase Costs for Ohio's Purchasers of Health Care Coverage. It is a simple fact that mandates put upwards pressure on health insurance coverage premiums for Ohio's purchasers of health care coverage and thus it is important to fully appreciate the cost impact this bill will have on both the state and private purchasers of health insurance coverage before moving forward.

- The ACA mandate of prescription drug coverage, along with this Ohio mandate of ADF coverage will have the unfortunate impact of allowing drug manufacturers to charge whatever price they want. Transparency of drug costs, therefore, is critical to this discussion.
- The LSC fiscal note assumes an uptake rate of 5% in the Medicaid program. OAHF would suggest that this is very low, given the mandate of coverage/reimbursement and the potential impact a one size all approach will have on prescribing practices.
- The LSC fiscal note also fails to take into account costs the state will have to bear relative to cost in the Health Insurance Exchange Marketplace. Under the ACA, if a state enacts a coverage mandate after December 31, 2011 that requires coverage in addition to what is required as part of EHB, the ACA requires states to defray the costs of the state-mandate benefits in qualified health plans (plans sold on the health insurance exchange.) (See 42 U.S.C. Section 18031(d)(3)(B)(ii)). The LSC Fiscal Note for this bill makes no mention of an analysis conducted on this issue and the potential costs associated that the state will have to assume.

HB 248 Restrictions on Formulary Management Tools will Raise Costs to Patients.

- House Bill 248 prohibits the cost sharing requirements for ADF opioids from exceeding the lowest cost-sharing requirements applied to opioid analgesic drugs without abuse-deterrent properties.
- An unintended consequence of this prohibition is that drug companies would be able to dramatically raise their prices, knowing that no matter what they charge, cost-sharing would be limited to the lowest level for patients.
- This will increase the cost of health care for all patients.

Thank you again for the opportunity to testify in opposition to HB 248. I am happy to answer any questions you might have.