

Senate Finance Sub-Committee on Health and Medicaid

Proponent Testimony on HB 49

Presented by

Scott Weidle

Chairman Hackett, Vice Chair Tavares and members of the Senate Finance Sub-Committee on Health and Medicaid thank you for the opportunity to testify before you today as a proponent of HB 49.

My name is Scott Weidle and I lost my son to the Primary medical brain disease called addiction on December 26, 2015.

Daniel had battled the Primary Disease of Addiction most of his adult life. Daniel also fought this disease with every ounce of strength he had and I am very proud of him for that.

I fought right beside him every day. Our family fought through the stigma of addiction and the systematic medical treatment failures as we watched our son battle this disease. I now feel a moral obligation to take what I have learned, through this tragedy to make a difference. Hopefully this will help save many lives and many other families from living the nightmare that I have and continue to live with every day.

Daniel had ask to go to residential rehabs on his own and he excelled at them only to fall back into the addiction cycle each time.

Daniels had tried the addictive- type Medication Assisted Treatment referred to as MATs aka buprenorphine med called Suboxone. With the same results.

In Jan 2015 he investigated the MAT called Naltrexone aka Vivitrol. Daniel started this MAT right away.

For the first time in a long time he was able to stay clear of opioids and opiates. I was extremely hopeful and so was Daniel. Daniel actually told me: Dad I do not have the craving I used to which was a wonderful thing to hear. As I understood it Naltrexone does not help with cravings. But the psychological affect of someone with this disease has, when he has done something that keeps him safe for 30 days at a time was very obvious to me as to why he felt so much better. The cloud was temp lifted

After 9 months of being on this non addictive med that last 30 days between injections his MAT provider stopped seeing patients with no warning while the office person told us to keep calling back to see when the doctor would return .

After two weeks of waiting Daniel and myself became scared because his Naltrexone was no longer protecting him. I called our local Mont County Health Dept drug and alcohol addiction agency and ask if they could find us a Vivitrol provider. They called back two days later and said sorry we cant find one.

Daniel talked to 3 other doctors seeking his 9th Vivitrol injection and was denied each time for no legitimate reason.

Daniel died Dec 26 2015 two day after asking a doctor to provide him with a Vivitrol injection. Daniel died because he could not find a simple med that any doctor can prescribe , it requires no special training and is not addictive nor a controlled substance. This is what I call the medical discrimination of the disease of addiction.

After losing my son I have dedicated my life to helping other families avoid the pain that my family has gone through. I would like to thank Chairman Hackett for helping me by sponsoring Daniel's Law in the Senate.

I strongly believe that we as a society can not arrest our way out of this horrible epidemic and we can not spend our way out. While I support the additional spending on opioid addiction in the bill , I believe we also need to make policy changes that will change behavior.

Primarily, as Daniel's Law lays out, I believe prescribers of opioids in Ohio should either prescribe within the CDC guidelines for acute pain or offer treatment options. Recent changes to the Medicaid rules and a series of executive orders are moving the right direction, but they ignore the treatment side of the equation.

Simply put, if there are 20,000 prescribers in Ohio and 75% of them choose to follow the CDC opioid prescribing guidelines, that would take hundreds of millions of pills off the streets. If 25% can not follow the CDC guidelines, for whatever reason they choose, there would potentially be 5,000 new treatment options under the roofs of existing medical offices. I also strongly believe that a robust treatment regimen should be more than just trading one addiction for another. There is non-addictive medicine on the market today that blocks the effect of opiates like heroin. This non addictive MAT was the medicine that helped my son the most but it is underutilized and something the main stream medical community could excel within the Primary Care Setting of existing medical facilities Non-addictive medically assisted treatment should always be offered to a patient as an option in their treatment plan.

If these changes were in place two years ago, I would be in Germantown today running my family business with my son, Daniel.