



## **Testimony Regarding House Children and Human Services Committee Hearing**

March 5, 2025

Good afternoon Chairwoman White, Vice Chair Salvo, Ranking Member Lett, and members of the Children and Human Services Committee, thank you for your time today. My name is Sheeba Ibidunni and I am the VP of Operations at Sonara Health, a remote dosing solution, where I bring 15 years of healthcare operations and policy experience with a focus on implementing innovative health interventions to increase access to care and promote health equity. I am testifying to request an amendment to HB 96 for \$750,000 per fiscal year to fund a remote observation of take-home methadone pilot program throughout Ohio.

When I think about recovery from opioid use disorder, Langston Hughes - the black American poet comes to mind - and I often wonder what happens to dreams deferred? The dream of a recovery where people can hold a job, take their kids to school, or go to school is often deferred because of barriers that prevent access to take-home methadone. Barriers like daily clinic visits for the sole purpose of taking your medication under the direct observation of a nurse pose significant transportation challenges that lead to treatment dropout and the belief that methadone is a burdensome treatment option. In fact, the 2023 Ohio Medicaid Assessment Survey found that 32% of Ohioans reported transportation as a barrier to receiving needed drug treatment!

The time to change the narrative of methadone is now. In 2024, SAMHSA made permanent the take-home methadone flexibilities of the COVID-19 pandemic - the first set of changes to opioid treatment in 50 years! This radical new approach, which was adopted by Ohio on January 31, comes at a time when less than 10% can access treatment and disparities are increasing for overdoses and treatment. Reducing barriers to treatment is tantamount to saving lives, retaining people in treatment and recovery; and, remote observation of take-home methadone can do that.

Remote observation gives clinics the confidence to prescribe take-home methadone because they can better trust patients will take their medication as prescribed, and supports clinical evidence that indicates supervision – up to a point – is beneficial for treatment retention. Remote observation is simple. Patients scan a QR code on a tamper aware label and record themselves taking their medication. The asynchronous video is then available for their care

team to review. Remote observation not only increases access to take-home methadone and gives people the opportunity to live the lives they've dreamed about, but can be cost neutral due to reduced NEMT utilization. Preliminary data from a small (6 OTP pilot) funded by CareSource and transformation grants from ODM, indicate significant cost savings from eliminating daily NEMT rides to and from the OTP.

Please support an amendment to HB 96 to fund a pilot program to study the effectiveness of remote monitoring of opioid treatment. Data collected will include patient outcomes, time in treatment and cost savings including non-emergency medical transportation services. We have requested the amendment be drafted for \$750,000 per fiscal year to fund up to 10 OTPs to participate in the pilot, which aligns with Ohio's goal to provide more person-centered and supportive treatment environments that promote trust, recovery, and engagement, while improving access and retention, expanding the reach of OTPs, and fostering innovation in evidence-based, person-centered care

Thank you for your consideration and I look forward to any questions from the committee.