



## **Testimony Regarding Senate Finance Committee Hearing**

May 30, 2025

Good afternoon Chairman Cirino, Vice Chair Chavez, Ranking Member Hicks-Hudson, and members of the Senate Finance Committee, thank you for your time today. My name is Sheeba Ibidunni and I am the VP of Operations at Sonara Health, where I bring 15 years of healthcare and Medicaid experience - implementing innovative solutions to increase access to care. I am testifying to request \$350,000 per fiscal year from ALI 336504, the Community Innovations line to fund a remote observation of the take-home methadone pilot program throughout Ohio.

When I think about treatment for opioid use disorder, Langston Hughes - the black American poet comes to mind - and I wonder what happens to dreams deferred? The dream of a recovery (and also for a society) where people can hold a steady job or take their kids to school is often deferred because of barriers like daily clinic visits for the sole purpose of having a nurse observe you take your medication. These daily clinic visits create significant transportation challenges that lead to treatment dropout, which should be a significant concern for Ohio, where 32% of Ohioans reported transportation as a barrier to receiving needed drug treatment in the 2023 Ohio Medicaid Assessment Survey. Rides to and from the clinic are both a challenge for clinics and patients, and an expensive benefit for Medicaid.

The number of clinic rides can be greatly reduced by prescribing a patient take-home methadone. You can safely and more confidently give take-home methadone using remote observation, which 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 also reduce the Medicaid budget for NEMT.

The time to find cost-effective and budget-neutral solutions to the opioid epidemic is now. In the face of budget cuts, embracing solutions that can reduce costs and increase treatment efficacy exemplifies our fiduciary duty. Please support an amendment to fund a pilot program to expand upon the initial success of a small feasibility study with 6 OTPs here in Ohio. One of the participants, Kimberely Clark of Dayton, would like you to know, "The Sonara program has been the difference between me being able to be in a Recovery program or not. The ride service I was using to get to MedMark daily quit, I didn't have any way to get there besides the

bus, I suffer from depression and I started not going to get my medication, I was sick most days. I was offered to be in this program, and I love it, I have from 5:30-12:00 every day to record myself taking the medication, it is easy to learn, I only have to go to the clinic once a week. Like most medicine, methadone works best if taken same time every day and with Sonara patients can do that, plus instead of going to clinic every day and it taking an hour or so I have more time to focus on work/ life. I would like to see the program spread to other clinics, I believe it's a great idea and a way for addicts to rebuild their lives.”

Please support this request of \$350,000 per fiscal year from ALI 336504, the Community Innovations line to fund a remote observation of take-home methadone pilot program throughout Ohio. This program aligns with Ohio’s goal to reduce costs, improve gainful employment, and increase access and retention.

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