



**Senate Health Committee  
Senate Bill 137 Proponent Testimony  
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Chair Huffman, Vice Chair Johnson, Ranking Member Liston and members of the Senate Health Committee, thank you for the opportunity to provide testimony in support of Senate Bill 137 which will require hospitals to provide overdose reversal drugs to patients who present to the emergency department with symptoms of an opioid use disorder.

My name is Dr. Joan Papp, and I am dually certified in emergency medicine and addiction medicine and serve as MetroHealth's Medical Director for our Office of Opioid Safety. MetroHealth is a super safety-net provider located in Cuyahoga County, Ohio, which includes the City of Cleveland and its surrounding suburbs. Founded in 1837, MetroHealth has served Cuyahoga County longer than any other Cleveland healthcare organization and operates the county's most experienced Level I Adult Trauma Center, verified since 1992.

MetroHealth's Office of Opioid Safety grew from our flagship Project DAWN (deaths avoided with naloxone) program, established in 2012. Ours was the second Project DAWN site in Ohio and has grown to be one of the largest programs in the state. In 2024, we supplied the Northeast Ohio community with just under 12,000 naloxone kits and are on pace to surpass this number in 2025. Naloxone can be accessed from three community vending machines; over 600 naloxone emergency cabinets; through outreach and partnership with over 75 local organizations, including Cleveland EMS and local police departments. It is also furnished in clinical settings where individuals with substance use disorders seek care including our emergency departments (EDs). Since the start MetroHealth's Project DAWN program, over 7,000 overdose reversals have been reported to us.

In primary prevention, the Office of Opioid Safety operates controlled substance stewardship projects to de-risk narcotics prescribing as well as community-based education. We also operate low threshold opioid use treatment and other clinical services in the County Corrections Center, from a mobile unit and in a walk-in community-based partner organization.



MetroHealth has long operated drug intervention programs in our ED to prevent future overdoses and readmissions for serious harm from drug use. We've seen firsthand how efforts like the one led in this bill can help keep our communities safe. Our substance use navigator (SUN) program is an example of this work. Our navigators serve patients with a history of substance use disorder that seek care in our emergency department or are brought to the ED due to an overdose. In 2024 we distributed over 330 naloxone kits to those surviving an opioid overdose and those with stimulant use or other identified risk for overdose.

I have testified previously on the importance of access to naloxone in communities and appreciate the opportunity to do so again. We would like to take this opportunity to suggest minor modifications to the legislation that we believe will strengthen the bill and better support hospitals in achieving the legislation's goal of increasing access to overdose reversal medications and reducing overdose deaths. We appreciate your consideration and are happy to discuss further:

- When referencing the distribution of overdose reversal drugs to patients, we suggest replacing “provide” with “personally furnish” to keep language consistent with standard terminology used by the Board of Pharmacy and practicing professionals.
- In Sec. 3727.81 (B) (1), include “illicit stimulant use” as a reason to furnish an overdose reversal drug to a patient. We recommend this change due to increasing overdoses from non-opioid drugs that contain opioids.
- In Sec. 3727.81 (C), include “In the case of an overdose involving prescribed medications, information provided to the patient shall be tailored to their clinical context.” There are instances where patients, especially elderly patients, mistakenly take an incorrect dosage of prescribed opioids leading to an overdose. Flexibility in the materials and education shared based on the clinical circumstances in these scenarios is important in achieving the best outcome for the patient.

We appreciate Dr. Johnson and the legislature's continued efforts to address the harm caused by drug addiction in our communities. As Dr. Johnson stated in his sponsor testimony, the addiction crisis needs addressed on multiple fronts, and we look forward to continuing our strong partnership with the legislature in helping our community achieve better health. Thank you for the opportunity to provide testimony supporting Senate Bill 137.