

Vern Riffe Center  
77 S. High Street  
13th Floor  
Columbus, Ohio 43215-6111  
(614) 466-8022  
Rep05@ohiohouse.gov



**Tim Ginter**

**Ohio House of Representatives**  
132<sup>nd</sup> General Assembly

**Sponsor Testimony for House Bill 341**  
**Senate Health, Human Services and Medicaid Committee**  
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Committees

Chair, Community and Family  
Advancement

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Chairman Burke, Vice Chair Huffman, Ranking Member Antonio and members of the Senate Health, Human Services and Medicaid Committee, thank you for allowing me to come before you today and present sponsor testimony on House Bill 341.

A report from the Ohio Department of Health shows that between the years 2017-2019, 11,225 Ohioans died from an unintentional drug overdose. These fatalities come from each of our districts and it is our responsibility as legislators to work together to fight this epidemic. I believe that this committee has introduced and passed life-saving legislation that has made great strides in combating the opioid problem in Ohio. It is my hope that HB 341 will help further our efforts in preventing accidental overdoses in our state.

Current language in section 4729.45 of the Ohio Revised Code allows an “opioid antagonist” to be administered to patients battling addiction. HB 341 would expand on this by allowing for the use of injectable medication-assisted treatments (MATs) in countering opioid use disorder. MATs could consist of antagonists, agonists, or a combination of both. This legislation would increase a patient’s access to addiction treatment in a way that is safe and overseen by medical professionals.

An injectable form of a medication approved by the FDA to treat opioid use disorder inherently reduces diversion, misuse, and abuse because the medication is never in the possession of the patient before administration. HB 341 implements additional patient safeguards by requiring an administering pharmacist to obtain a prescription for the MAT from a treating physician, and blood and urine test results indicating that it’s safe to administer the MAT if the patient is receiving their first dose, or after any gaps in treatment of more than 30 days.

As we are all aware, there is a shortage of health care practitioners in Ohio who treat patients with opioid use disorder. Currently, any prescriber who provides office-based MAT to more than 30 patients has to obtain a dangerous distributor license. By exempting HCP-administered products from the 30-patient limit, we can encourage physicians to treat more patients with these types of medications.

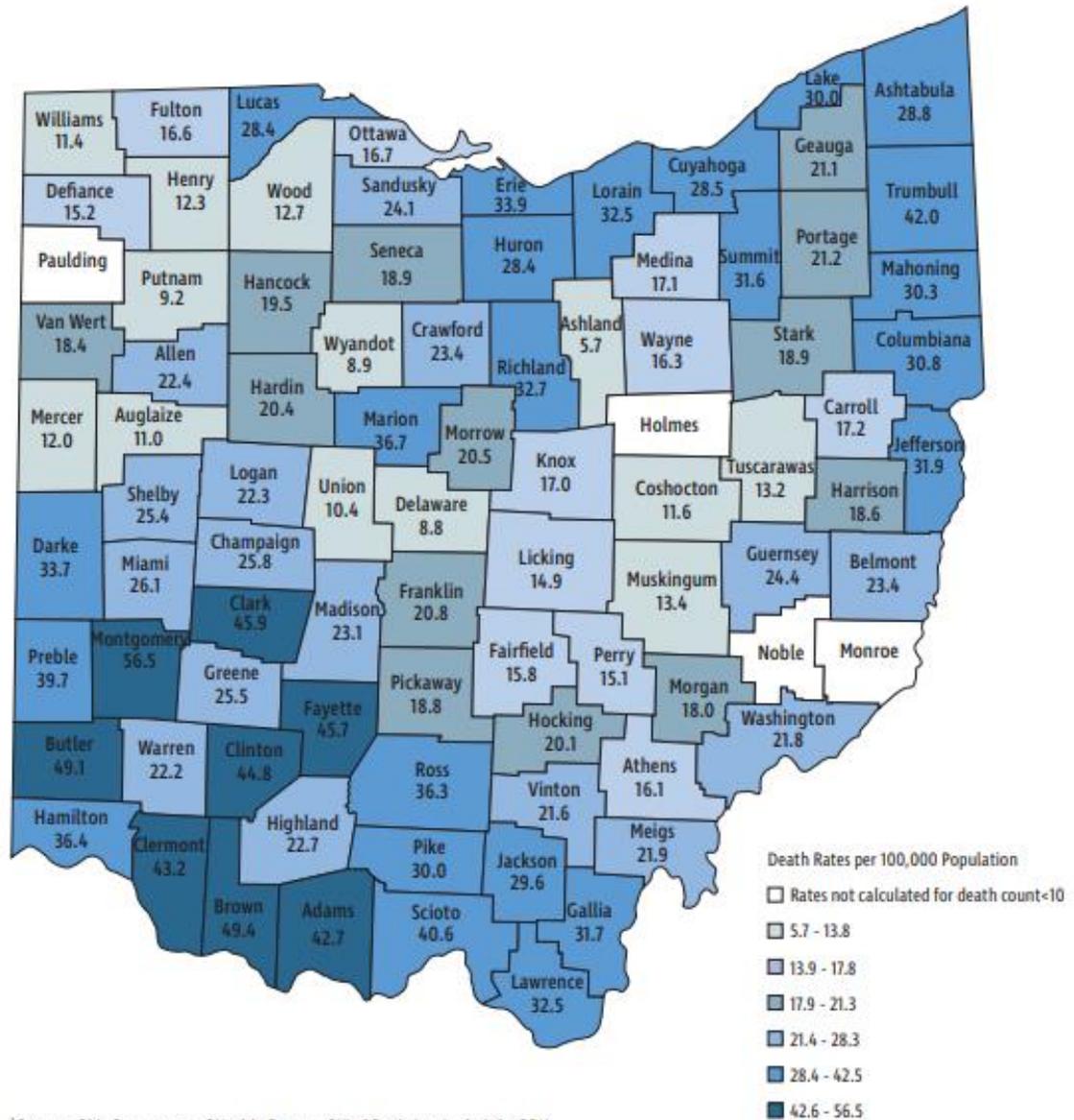
HB341 also permits the state's prescription drug monitoring program, The Ohio Automated RX Reporting System (OARRS), to share data with the Defense Health Agencies (DHA) prescription drug monitoring program. Recently, the DHA created a prescription drug monitoring program similar to Ohio's OARRS system, to collect prescription data from all its locations. The DHA military hospitals and clinics treat active duty military and their families across the country.

Under current law, OARRS shares data with other state programs but does not specifically include a provision allowing for sharing between Federal entities. Language in HB341 permits sharing with the DHA in order to improve the overall care of our military service members and their families who may seek care outside the of the DHA.

Although of necessity our focus has been directed to the critical needs of Ohioans during the COVID-19 pandemic, it is important that we recognize that the opioid epidemic is still with us as well, and we as legislators must continue with all diligence to put into place every provision that will allow our medical community to effectively treat those seeking help.

Once again, Chairman Burke and members of the Senate Health, Human Services and Medicaid Committee, thank you for the opportunity to offer sponsor testimony on behalf of HB 341. I would be happy to answer any questions at this time.

Figure 13. Average Age-Adjusted Unintentional Drug Overdose Death Rate Per 100,000 Population, by County, 2012-2017 <sup>1,2</sup>



<sup>1</sup> Sources: Ohio Department of Health, Bureau of Vital Statistics; Analysis by ODH Injury Prevention Program; U.S. Census Bureau (Vintage 2016 population estimates).

<sup>2</sup> Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

Rate suppressed if < 10 total deaths for 2012-2017.