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**The MetroHealth System**  
**HB 341 Proponent Testimony**  
**Senate Health, Human Services and Medicaid Committee**  
**June 9, 2020**

Chairman Burke, Ranking Member Antonio, and members of the Senate Health, Human Services and Medicaid Committee, on behalf of The MetroHealth System I am pleased to offer support for the proposed naloxone amendment for Sub House Bill 341. I would like to thank the sponsor of this bill, Representative Ginter, for bringing such important legislation forward to help address the opioid crisis in Ohio.

My name is Dr. Joan Papp, and I serve as the Medical Director for the Office of Opioid Safety at The MetroHealth System. MetroHealth is the safety-net health system for Cuyahoga County caring for the most vulnerable members of our community. MetroHealth has a staff of over 7,500 that provides care at four hospitals, four emergency departments and more than 20 health centers and 40 additional sites throughout Northeast Ohio. At MetroHealth, we have seen how pervasive and destructive the opioid addiction and overdose crisis has been to our patients, our families, and our community. In 2017, MetroHealth established the Office of Opioid Safety, a department whose mission is to promote opioid safety throughout the hospital system and in the greater community through education, advocacy and treatment. Since 2013, we have operated MetroHealth's Cuyahoga County Project DAWN (Deaths Avoided with Naloxone) Program, an overdose education and naloxone distribution program which provides free naloxone and education to the public.

Project DAWN began as a pilot project initiated by the Ohio Department of Health with the mission to reduce opioid overdose mortality throughout Ohio communities by increasing access to naloxone for individuals at risk of opioid overdose and their family members and friends. Project DAWN programs provide program participants with free naloxone and educate program participants and the public on the risk factors for overdose, how to recognize the signs and symptoms

of opioid overdose and how to respond to an opioid overdose and save a life using the opioid overdose antidote naloxone. We know that individuals at risk of opioid overdose have a greater chance of survival if they or individuals close to them have access to naloxone. We also know that communities which have access to naloxone have decreased opioid overdose mortality as compared to those communities that do not have public access to naloxone.

A law enacted during the 131<sup>st</sup> General Assembly allows programs like Project DAWN to operate under a physician standing order protocol enabling programs to stretch resources removing the need for a physician to be present when furnishing naloxone to the public. This allowed Project DAWN programs across Ohio to work more efficiently and get more naloxone into the hands of those who need it. This law also increased access to naloxone across Ohio by allowing pharmacists and pharmacy interns to furnish naloxone to individuals without requiring a prescription for naloxone. The proposed naloxone amendment to SB 341 will build upon these laws and increase access to naloxone further by: 1.) removing the barrier of obtaining a terminal distributor license 2.) Expanding authority to nurse practitioners and physician assistants to sign a protocol for emergency administration and for personally furnishing naloxone and 3.) allowing lay access to naloxone in public settings.

Since 2013, MetroHealth's Cuyahoga County Project DAWN has distributed nearly 16,000 naloxone kits to the public with 2,936 reported rescues. While Project DAWN programs are critical to saving lives across Ohio, Project DAWN programs cannot alone serve as the sole resource for naloxone access across our state. In fact, 29 of the 88 counties across Ohio do not have a Project DAWN program. These counties may be limited by funding or access to a physician to sign a protocol to personally furnish naloxone thereby reducing access in some communities. The proposed amendment to HB 341 will reduce the administrative and financial barrier for these communities by removing the requirement to obtain a terminal distributor license.

Overdoses frequently occur in public settings where naloxone access is not immediately available. The national average time for EMS to respond to a scene after a call is seven minutes. This lag in response time led public health authorities to place automated electronic defibrillators (AEDs) in public spaces like churches, restaurants, and shopping malls to rapidly defibrillate cardiac arrest victims. When early defibrillation occurs, it nearly doubles the survival in cardiac arrest victims and it is the standard of care for out of hospital cardiac arrest. Public access to naloxone has the same potential to increase survival for overdose victims by



reducing the time to overdose reversal which restores oxygen to the brain and other organs. Naloxone can be made available in public access boxes alongside AEDs providing vital access to the lifesaving antidote.

While Ohio has come a long way in increasing naloxone access to the public, there is still much work to be done to remove the remaining barriers to naloxone access across our communities. It is critical for naloxone to be available to every Ohioan in need at every possible access point.

The MetroHealth System supports this amendment to SB 341 and believes that it will save lives across Ohio. Thank you.