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Our mission is to provide access to services that improve the health status of families — including people experiencing financial, social, or cultural barriers to health care.

June 5, 2020

The Honorable David Burke, Chair
Senate Health, Human Services, and Medicaid Committee
The Ohio Senate

Letter of Support - Re: Inclusion of language into HB 341 to reduce barriers to naloxone access

Chairman Burke and Members of the Senate Health, Human Services and Medicaid Committee:

This letter is to express our support of an amendment to House Bill 341 to include language that will increase access to life-saving naloxone. PrimaryOne Health serves over 48,000 unique patients every year in the central Ohio region. We have acted quickly and comprehensively to do our part in addressing the needs of our community, including establishing a robust Substance Use Disorder program to provide collaborative medication assisted treatment (MAT) and behavioral health services to some of our most vulnerable patients.

When it comes to the opioid epidemic that has swept across our state, it is no secret that an “all hands on deck” approach is crucial to caring for and supporting our community. The inclusion of this amendment will include language to remove the requirement for entities to obtain a terminal distributor of dangerous drugs (TDDD) license from the state Board of Pharmacy in order to personally furnish or administer naloxone. Facilities would not have to face the challenges like the cost of a recurring license fee and administrative provider assignments in order to possess naloxone to personally furnish or administer. Most notably this amendment will positively impact the Project DAWN sites. As I am sure you are aware, Project DAWN (Deaths Avoided with Naloxone) is an initiative through the Ohio Department of Health to establish a network of opioid education and naloxone distribution programs throughout Ohio.

Additionally, this amendment will expand the number of licensed healthcare providers who may authorize a protocol, further reducing any potential barriers. At the present time, this is limited only to physicians, even though mid-level practitioners (e.g. nurse practitioners and physician assistants) are qualified to prescribe naloxone. The public will benefit further from this proposed amendment as it seeks to (1) update laws to accommodate advances in healthcare as we work towards an eventual means to access naloxone via automated machines for administration, and (2) add civil liability protections for laypersons administering naloxone in good faith during an emergency situation. As it stands right now, the law only protects laypersons against criminal prosecution.

This amendment is another positive and powerful step towards equipping our community in the fight against the opioid epidemic. I appreciate the opportunity to voice support for the language in this amendment to HB 341.

Sincerely,

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This health center is a Health Center Program grantee under 42 U.S.C. 254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n).