



**Representative Jay Edwards**  
**94<sup>th</sup> House District**  
**HB 167**

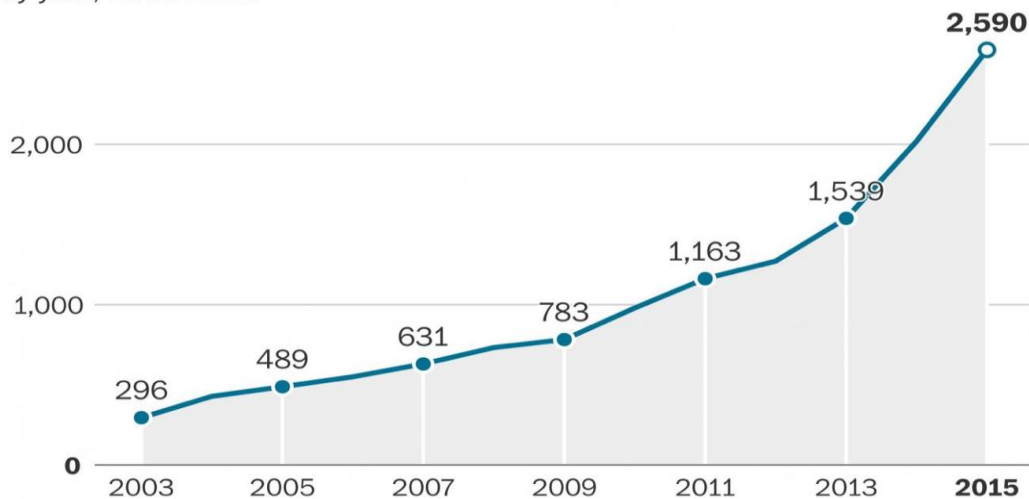
Chairman Huffman, Vice Chairwoman Gavarone, Ranking Member Antonio and members of the House Health Committee, thank you for allowing me the time to talk about House Bill 167, also known as Daniel's Law.

Like you, I'm proud to call Ohio home. And like you, I want Ohio to be the very best of what America has to offer. Unfortunately, we're a national leader in an area that is devastating our state: heroin and synthetic drug overdoses.

We can hardly pick up a paper or watch the news without hearing about someone that has been affected by the Opioid Epidemic. And here's just a small sample of the misery it has left in its wake: families being torn apart, babies being born chemically dependent, our law enforcement and drug courts asking for help, our addiction recovery services overcrowded, and our foster care system stretched too thin. And the list goes on.

### **Ohio drug overdose deaths**

by year, 2003-2015



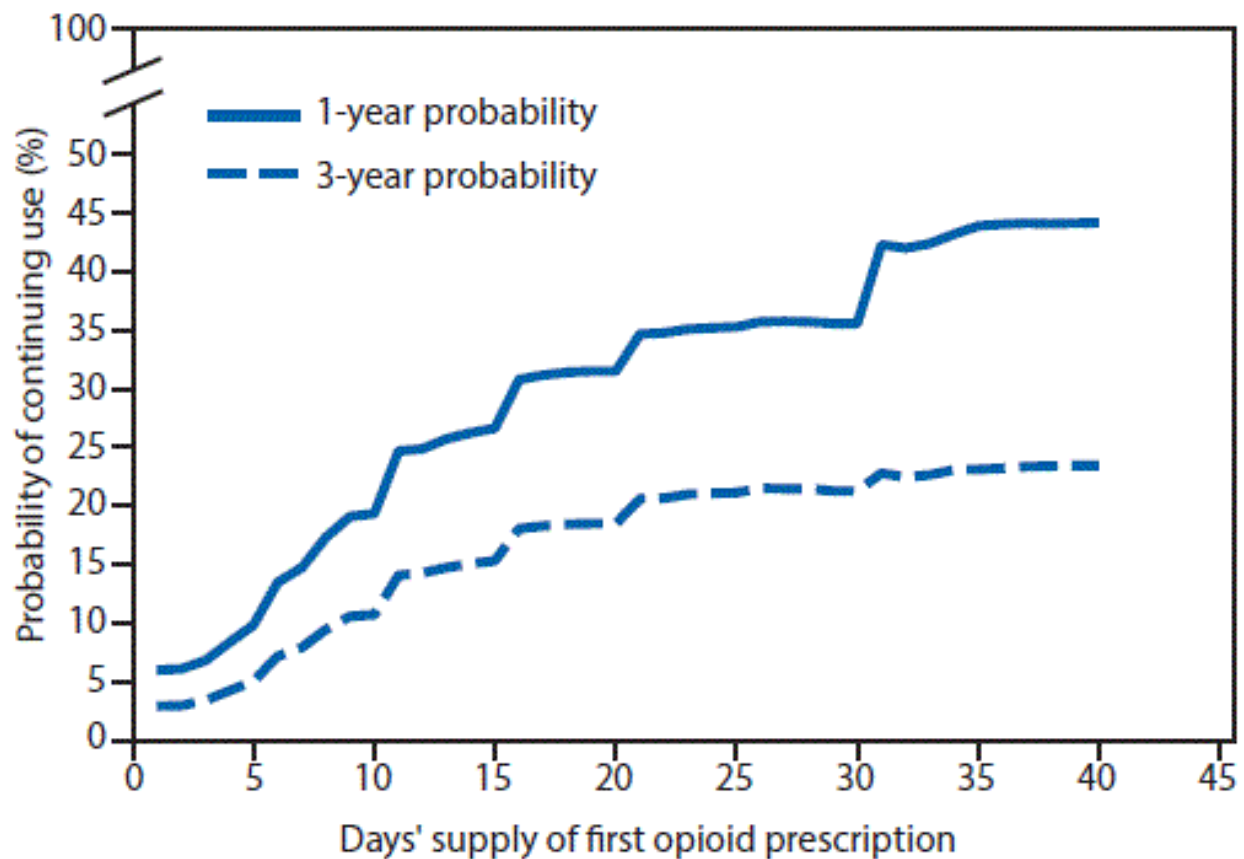
Source: Ohio Department of Health

A 775% jump over a 13 year period.

There are also a lot of statistics that do not show up in this graph. In 2016, 28 percent of children in Ohio who were taken into custody had parents using opiates. This equates out to \$138 million in placement costs, and children staying in custody approximately 5 percent longer each year.

There are real people behind each of these statistics. They live in your community and in mine.

Drug addiction is a disease. And these particular drugs are some of the most addictive and lethal Ohio has faced. We have no way of predicting who may suffer from addiction. It is proven, however, that if these individuals are exposed to opioids, their chances of developing a problem with drug addiction is much greater. Furthermore, the longer they are exposed, the greater the risk. This is shown by the chart below from a study done by the Center for Disease Control. This chart shows the one- and three-year probabilities of continued opioid use by number of days' supply of the first opioid prescription. This proves that in order to slow the rate of long term use, we must lower the number of days' supply of the first opioid prescription.



This is the foundation for the idea of Daniel's Law. This bill's goal is to change prescribing habits when a doctor puts pen to script pad while providing greater access to treatment. There are many opponents to this bill that are going to discuss the decrease in the number of opioids prescribed over the last couple years. This is a great thing. However, these numbers are very

misleading.



**Table #1. Opioids\* Dispensed to Ohio Patients, by Year**

Year	No. of Prescribers	No. of Patients	Average Quantity per Prescription	Average Daily MED per Prescription
2010	55,895	2,733,066	64.37	53.35
2011	66,554	2,761,707	64.55	48.58
2012	66,649	3,053,090	65.38	47.89
2013	65,452	2,686,169	65.20	46.66
2014	63,178	2,650,078	64.15	45.34
2015	57,673	2,615,768	64.59	44.92
2016	56,287	2,359,175	65.48	44.43

\*Buprenorphine used to treat opioid dependence or addiction is excluded.

**The Over Prescribing of Opioids to each patients has not changed in 6 years**

**The average Prescription bottle in Ohio is 65 pills**

**CDC opioid recommendation for Acute Pain should be 20 pills**

HB 167 wants to get Ohio's prescribing habits to be in line with the Center for Disease Control (CDC) Opioid Guideline, which recommends a three-day supply under 50 MED (Morphine Equivalent Dose) for acute pain. This bill will focus on Primary Care Physicians and Dentists, and will allow them to prescribe up to a three-day amount with the ability to go up to seven days contingent upon the physician completing an additional class and continuing education relating to opioids and addiction. They must also offer opioid addiction treatment.

For treating chronic pain, and prescribing over the 3-7 days, this bill will mandate the same education and MED requirements, while also addressing the importance of tapering a patient off a drug. Tapering is very important for withdrawal and dependency issues that can lead to an individual going to illicit drugs to relieve these symptoms or to feed their addiction. There are no limitations within the CDC guidelines for chronic pain, however, these guidelines do state that scientific evidence is lacking for effectiveness to treat chronic pain.

Daniel's Law also would require a physician that is licensed in offering opioid or addictive medication-assisted treatment (MAT), such as Suboxone, to also offer a non-opioid or non-addictive MAT option, such as Vivitrol. Treatment facilities that have Buprenorphine, (Suboxone) as part of their overall addiction recovery plan have some success with the drug, however, research shows that the standalone clinics have a very low success rate. In these facilities, patients who are struggling with the disease of drug addiction are handed a prescription that immediately has street value and can also be abused itself.

With the great addition of Ohio Automated Rx Reporting System (OARRS) in 2006, we have improved the monitoring of prescribing habits. However, one of the exceptions for not having to report to OARRS is if a prescription exceeds seven days. This bill addresses this and makes it a requirement for a week-long script to be reported.

This bill also has many exceptions to which these rules will not apply. These exceptions include cancer, hospice or terminally ill, inpatient hospital care, nursing homes or residential care facilities, and chronic pain in accordance with existing law.

Let me leave you with a few closing thoughts. First, I want to stress that this legislation is in no way a criticism of physicians. There are far more doctors saving people's lives everyday than overprescribing. However, this epidemic is still growing at exponential rates and I believe we need to carefully examine all options if we're going to truly address this issue.

House Bill 167 is not intended to be the one solution to a complex problem. I think we can all agree we are not going to legislate our way out of this epidemic, nor are we going to arrest our way out of it. I believe it will take a holistic approach. And I believe House Bill 167 is an important part of that overall solution.

I look forward to your questions and comments as we work to get this bill right and taking this big step together as Ohioans in changing prescribing habits and expanding access to care.

Thank you!