Chairman Huffman, Vice Chair Gavarone, and House Health Committee Members. Thank you for the opportunity to provide proponent testimony on SB 119. My name is Scott Weidle. This bill is named in honor of my son, Daniel Weidle.

Exactly 12 months after my firstborn son Daniel lost his battle to the Primary Medical Disease caused by opioids, I walked into this building for the first time. That day was the swearing in of the new members of the 132<sup>nd</sup> General Assembly.

After arriving in Columbus that morning, I found myself sitting in a coffee shop across the street from the capital building. I was so naïve and didn't know where to go or what to do. I was simply following my gut and my heart. I called a friend, a liaison to the Governor, while sitting in that shop. I ask her if I needed an invitation in order to walk into this building.

Her reply was, "Scott, that's the peoples building, walk in any door that's open," and I did.

I was passionate about what the current Ohio Attorney General, our next Governor, has been stating publicly. "The pain med problem is fueling our heroin epidemic!"

I quickly learned I needed help and I hired a couple professionals to help me. One of which was a previous chairman of this committee. I paid them out of my own pocket. I had already lost my son, and my dreams of my company surviving me, were gone. I had nothing personal to gain by spending time, energy and money advocating for common sense reforms. Reforms for Ohio citizens that are dying every day because of this issue.

The cost, and the emotional pain that this effort would put me through, would test my will to live. But I had to do it, and I continued to follow my gut and my heart.

By the spring of this same year, I had visited with dozens of the 132<sup>nd</sup> General Assembly members. At each encounter, I shared Daniel's story, reliving the pain and heartache of losing my son. A pain and sorrow I will never fully recover from.

During these initial visits, the vast majority of people that I spoke with gave me immediate feedback which indicated that they too had witnessed and- or experienced the devastating results from over-prescribing of prescription opioids; and the substance use disorder that often develops from opioids.

I heard stories of families and friends that fell prey to opioid use disorder. Stories about wives, husbands, father in-laws, staff members working inside this building, school teachers and coaches. People from every walk of life and from every sector of our society. It was extremely obvious to those I had hired that we had struck a nerve within the 132<sup>nd</sup> General Assembly members. We were receiving overwhelming comments of support, and positive feedback, along the way, but I would be lying if I said this experience hasn't been full of frustration and disappointment, because we can and should be doing more.

I recall one visit in particular. After sharing Daniel's story and why I had come to Columbus, the committee member looked me right in the eyes, pointed their finger at me and said, "YOU, need to keep doing what your doing! We need people like you, telling us things like you just shared. We need to hear from more people like you, and less from the others that fill this building and are paid big money to influence us."

In 2 short months from my first visit into this building, my crude concepts were submitted to the Legislative Service Commission.

At that time, Ohio was 6 years into an opioid epidemic. Ohio had become the leader in the nation in not only in heroin deaths, but also in prescription opioid deaths. Almost every legislator we talked with understood, we had to face the facts and do something. Something like dealing with the fact, that our pain med problem had been fueling the heroin epidemic.

As I understood it from my hired professionals, they felt there was enough support and the urgency was certainly there. So, we submitted the same bill in both the House and Senate, a companion bill.

The title of the Senate Bill 119 is: Address opioid prescribing and addiction treatment. Unfortunately through multiple versions of the bill, this legislation's ability to "address the opioid prescribing issue" has been removed . We have experienced resistance from the Medical Association in trying to change prescribing practices. It is hard to understand their commitment to the current practice when so many are dying. This crisis needs collaboration from all parties.

The later part of this bills title is: Addressing opioid addiction treatment, develops a common sense pathway to expand access to treatment that could save lives. This legislation is a positive step forward in opening the door to treatment options that , 99% of main stream medical professionals do not offer assistance to individuals struggling with Opioid Substance Use Disorder.

Expanded access to MATs would have saved my son, Daniel. You see, Daniel visited 5 different medical facilities in his last 30 days on this Earth. He was seeking his 9<sup>th</sup> consecutive and successful Vivitrol injection. One of these doctors, that had been seeing Daniel for another condition, every month that same year, denied helping Daniel with this 9<sup>th</sup> consecutive injection. He didn't even offer him a referral for this simple safe medication. When we inquired about their decision to refuse treatment after Daniel passed we were told: It was our Business Policy decision not to treat addiction.

Please take a moment and consider this. It wasn't because they were unable to provide treatment. In fact, the largest federal agency on addiction is SAMHSA, includes protocol for treating opioid addiction in a Primary Care setting on their website. So, it should have been very

possible to offer the services Daniel was seeking, unless of course business policies are used as a shield to deny care.

As a state, we can't accept this practice. Thousands are dying each year. I will admit, it took me a while to fully understand that addiction is a Medical Brain disease. It isn't a character flaw. This is supported by medical evidence. Medical professional must not add to practice of stigmatizing patients looking for assistance to beat this Medical disease.

This version of Daniel's Law, offers to increase assess to life-saving treatment by granting pharmacists the authority to dispense and administer, the safe, non-controlled medication, Naltrexone. If this was in place exactly 3 years ago this week, my son would not have lost his battle in Dec 2015.

This effort can and will save lives. Ohio has been leading the nation in the opioid overdose deaths for far too long. It's time for us to lead in solutions, including easier access to safe opioid blockers.

Today we don't think twice about the common practice of getting a flu shot at our local pharmacy. Twenty years ago that wasn't the case. We could not get a flu shot unless we went to our primary care doctor. Now we can receive this safe, simple injection at our local pharmacy. This practice has saved many lives by reducing the spread of influenza. We hope to achieve the same with Daniel's Law.

Thank you for your time and consideration today. I urge you to favorably report this important legislation in hopes that it will provide another tool to save lives. I also ask that you continue to prioritize your efforts to change prescribing habits. All parties must remain committed to ending this crisis. No parent should have to experience the pain that I have endure in the wake of Daniel's death.

Thank you for your support of Daniels Law. I am happy to answer any questions the committee may have.

DanielsStory.org