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**Senate Finance Committee  
Senate Bill 154  
June 5, 2018**

Good afternoon Chairman Oelslager, Vice Chair Manning, Ranking Member Skindell, and members of the Senate Finance Committee. Thank you for allowing Senator Yuko and I to present sponsor testimony on Senate Bill 154. This bill takes a comprehensive approach to address Ohio's opioid epidemic by providing resources for the prevention and treatment of opioid addiction.

A recent study by the Ohio State University estimated that there were likely 92,000 to 170,000 Ohioans abusing or dependent upon opioids in 2015 resulting in annual costs of \$2.8 billion to \$5 billion, this number includes costs associated with treatment, criminal justice, and lost productivity. Additionally, they estimate that the lifetime lost productivity of those who died from an opioid overdose in 2015 to be \$3.8 billion, for an annual total cost of opioid addiction, abuse, and overdose deaths ranging from \$6.6 billion to \$8.8 billion. Drug overdoses have and will continue to cost the state billions of dollars in both direct and indirect costs, if we do not take the steps necessary to combat the issue. We are proposing a \$200 million investment from the Rainy Day Fund, along with other provisions that will not only help those who are struggling with addiction today but will increase our state's capacity for dealing with this epidemic in the long-term.

Senate Bill 154 appropriates \$10 million to improve our state's treatment infrastructure through data collection. Within 90 days of the bill's passage, each county would be required to submit to the Department of Mental Health and Addiction Services a compiled report of the services and programs that are currently available within the county. The county's current capacity based on these programs and the estimated number of people who are in need of treatment would also be reported. The Department would also be required to create an online portal that would be updated on a real-time basis with the number of beds available at detox and treatment facilities. We need people to be able to access treatment the moment they need it and we shouldn't have to send patients to California in order for them to get help. To address this, \$90 million will be appropriated towards increasing our state's treatment capacity for already established programs so they can expand facilities and add beds. We need to treat Ohioans here in Ohio and that will require more beds for detox and treatment.

Budget cuts to local governments have reduced their ability to respond to what is now the biggest public health crisis in our state. That is why half of the \$200 million appropriated through this bill will be going straight to the Local Government Fund. Those dollars will be specifically earmarked to go towards ADAMHS boards, law enforcement, child protective services, kinship care, first responders, plus establishing and expanding drug courts. With this infusion of dollars, locals will have enough flexibility to use these funds where they believe will have the most impact. Though every community is struggling to get a handle on this epidemic, we know that what the City of Columbus needs may be different than what the City of East Liverpool needs.

The next major piece of the bill deals with eliminating barriers to treatment from insurance companies. When someone needing treatment decides it is time to get help, time is of the essence. We know that medication-assisted treatment is an effective tool to help those who are struggling with addiction turn their lives around. But people seeking this treatment often have to request prior approval from their insurance company. In our bill, insurance companies must provide coverage without prior authorization for diagnosis and treatment of substance abuse disorders. We will also be requiring insurers to provide access to abuse-deterrent opioids on their list of covered drugs. That means when crushed or heated, these pills dissolve into a plastic-like substance, creating a roadblock for individuals to get their high. Insurers should be covering these abuse-deterrent formulas to stop people from abusing these drugs in the first place.

Since this bill requires expanded opiate treatment coverage, we wanted to add protection to avoid premium increases. The reinsurance program is a way for insurance companies to be paid back for the costs that are unexpected and not built into their models that are used to set premiums. Over time, as the opiate crisis is mitigated, this program would become less necessary. The bill only provides the general outline of how this would work, but sets our intent moving forward to balance the absolute need for quick and effective treatment access with avoiding premiums spikes for everyone.

We are not going to arrest or talk our way out of this epidemic. We need this real significant investment into our counties, ADAMHS boards, law enforcement, treatment facilities, and social services in order to make any improvement. As legislators we have the ability to really help people dealing with this problem through our policy.

At this time we would be happy to answer any questions you may have.