



**Senate Bill 59**  
**Proponent Testimony**  
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**On Behalf of the Ohio Fire Chiefs' Association**  
**May 19, 2020**

Chairman Lipps, Ranking Member Boyd and members of the House Health Committee. Thank you for the opportunity to provide proponent testimony on Senate Bill 59.

Ohio has been particularly devastated by the opioid epidemic. In 2017, The Ohio Health Issues Poll found “that 27 percent of Ohio adults had a family member or friend who had problems as a result of using prescription pain drugs and 23 percent knew someone who had problems with heroin.”<sup>1</sup> Two of the U.S. Department of Health & Human Services 5 Priorities focused on fighting the Opioid crisis include 1) improving access to treatment and 2) recovery services and the use of overdose-reversing drugs such as naloxone.<sup>2</sup> In order to meaningfully enable someone struggling with substance use disorder to access treatment and recovery services, they must first survive any overdose resulting from the use of prescribed and/or illicit opioids.

Publicly funded emergency service agencies (of all varieties) continue to respond to the wicked problem of substance use and abuse. Notably, Ohio fire departments increasingly work with state and county public health departments, as well as other organizations working to increase the availability of Naloxone utilizing programs such as Project DAWN. At its 2017 peak, prescription drugs accounted for 22% of the 4,293 Opioid-Involved Overdose Deaths,<sup>3</sup> with many more emergency calls for service occurring where the patient survived the incident. While

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<sup>1</sup> Ohio Addiction Policy Inventory and Scorecard, HPIO. April 2018 <http://www.healthpolicyohio.org/ohio-addiction-policy-inventory-and-scorecard-prevention-treatment-and-recovery/>

<sup>2</sup> Price, T.E. April 19, 2017 <https://www.hhs.gov/about/leadership/secretary/speeches/2017-speeches/secretary-price-announces-hhs-strategy-for-fighting-opioid-crisis/index.html>

<sup>3</sup> NIH, March 2019 <https://www.drugabuse.gov/opioid-summaries-by-state/ohio-opioid-summary>

opioid death rates are now dropping, the reversal of those trends are largely credited to increased availability of Naloxone rather than any perceived reduction in the use and abuse of narcotics. Collectively, we have a duty to better understand and equip our response to this epidemic. There is still room for the health care community to improve.

The OFCA is actively working to strengthen Ohio's ability to save lives as a result of this epidemic. In my home department, the City of Franklin (Warren County), 17-22% of our monthly call-volume is directly attributed to opioids. I, like many other organizations across the state, am working in new ways to connect individuals to treatment. We have learned that stigma and misinformation have left our responders unaware and unprepared to respond to this crisis in meaningful ways.

I am convinced that expanding pharmacists, technicians and license holders (as well as other health care providers) education of the actual causes of harmful substance use and the addiction process will be beneficial. That knowledge can transform misgivings about this disease and lead to improved understanding, compassion and awareness that does not currently exist. Our goal should be to work toward recovery or reduce the chance of misuse and abuse of any chemical substance, legally prescribed or otherwise.

This type of education is not native to our learning process. Traditionally our focus is 1) how to prevent harmful drug interactions and 2) target steps needed to reverse overdose after occurrence. It is critically important that Naloxone becomes widely available to increase our ability to connect individuals to treatment and recovery.

Pharmacies are the source whereby individuals are legally obtaining prescription medications that may be abused. It is critical that those who provide these medications also work to supply medicines that reverse adverse consequences when overdose occurs, whether it was purposeful or accidental. Each member of the medical community should actively partner with the response, treatment and recovery community. We all share in the responsibility and benefit of reducing the need for public services while simultaneously improving the health and overall safety of our state.

Additionally, I would like to ask that the committee support an amendment that is being considered which would allow the Ohio Board of Pharmacy to create rules that would authorize a licensed distributor of dangerous drugs, that is not a pharmacy, to make occasional sales of prescription drugs to another licensed distributor of a dangerous drug. The need for such an allowance stems from the increasing regularity of pre-hospital drug shortages. EMS services have recently faced shortages of Ketamine, Amiodarone, Versed, Epinephrine 1:1,000 and even Normal Saline Solution. Providing smaller EMS agencies with the ability to purchase medications from a larger neighboring entity provides two key benefits. First, this policy equips smaller (often rural) areas with tools to combat the perils of maintaining a robust and costly inventory of medications. Second, this policy limits monetary loss resulting from stocking costly medications that may expire prior to administration by a smaller agency with lower call volumes.

Chairman Lipps and members of the Committee, I appreciate your attention to this issue and I respectfully request your favorable consideration and passage of Senate Bill 59. I am happy to answer any questions the committee might have.