



HB 652 Testimony

Kylynne Johnson - State of Ohio Board of Pharmacy

Chair Lipps, Vice Chair Holmes, Ranking Member Liston, and members of the House Health Committee, thank you for the opportunity to provide testimony on House Bill 652. My name is Kylynne Johnson, and I am the Policy and Public Affairs Liaison for the State of Ohio Board of Pharmacy.

House Bill 652 continues Ohio's efforts to safeguard its citizens from the dangers of prescription opioid misuse, abuse, and overdose. Specifically, it implements common-sense policy proposals to ensure both responsible prescribing and dispensing of opioids and other controlled substance medications.

Before I review the merits of the proposed legislation, I would first like to discuss Ohio's prescription drug monitoring program, known as the Ohio Automated Rx Reporting System (OARRS).

Established in 2006, OARRS collects information on all prescriptions for controlled substances, including medical marijuana, and two non-controlled drugs (gabapentin and naltrexone) that are dispensed by pharmacies and personally furnished by licensed prescribers in Ohio.

As the only statewide electronic database that maintains all controlled substance dispensing information, OARRS is an indispensable healthcare tool that helps prescribers and pharmacists avoid potentially life-threatening drug interactions as well as identify individuals fraudulently obtaining controlled substances from multiple healthcare providers, a practice commonly referred to as "doctor shopping." OARRS is also used by the Board and other professional licensing boards to identify or investigate clinicians with patterns of inappropriate prescribing and dispensing, and to assist law enforcement in cases of controlled substance diversion.

Utilization of OARRS is an essential component of Ohio's strategy to combat prescription drug abuse. The number of queries for patient information in OARRS has increased from 1.78 million in 2011 to more than 336 million in 2021, an increase of over 18,000 percent. Starting in October of 2019, OARRS began processing, on average, more than 1 million requests for patient information per weekday. Conversely, the number of



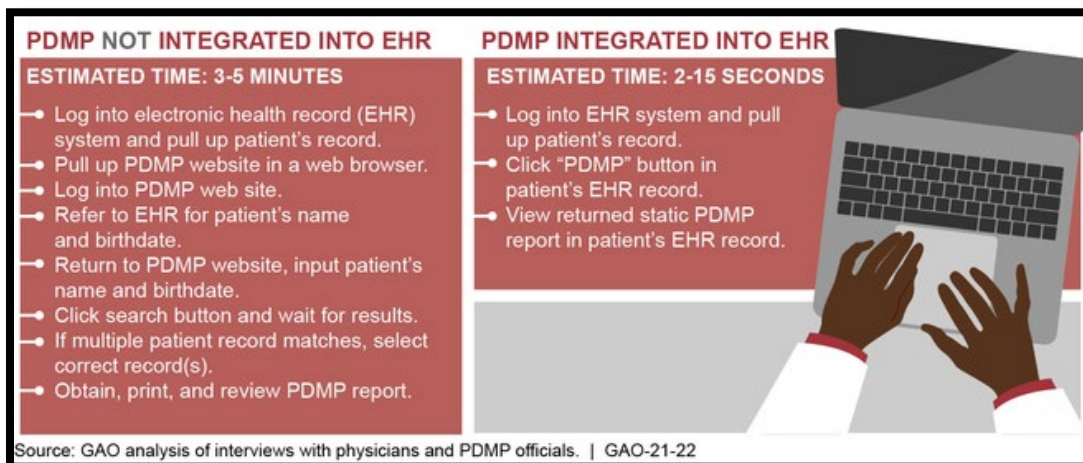
individuals engaged in doctor shopping decreased from a high of 2,205 in 2011 to 187 in 2021, a decrease of 92 percent.

Now that I've provided a brief overview of OARRS, I would like to specifically highlight two proposals within this legislation that the Board believes will be especially impactful:

1) Removal of the 7-Day OARRS Exemption

Ohio law requires a prescriber to request patient information from OARRS prior to prescribing an opioid analgesic or benzodiazepine. However, the request is not required if the drug is prescribed or furnished for use over a period of seven days or less.

This exemption was instituted when OARRS was primarily a web-based platform that was not widely integrated into electronic health records and pharmacy dispensing systems. However, now that approximately 94% of prescribers have integrated access (e.g., immediate access with a touch of a button) the burden of checking the system is significantly reduced. The chart below shows how integration saves healthcare providers time they can dedicate back to patient care.



The Board operates a pre-criminal intervention program (PCIP) for patients exhibiting possible doctor shopping behavior based upon data within the system. As part of our outreach efforts to patients who are exhibiting signs of addiction, our field staff continue to see individuals who are obtaining opioids and drugs under this exemption. Given the widespread implementation of OARRS integration and the continued risks of controlled substance diversion, the Board supports elimination of this exemption in the law.

2) Creating Stable Revenue for OARRS

OARRS is funded using a variety of federal and state resources, including grants from the United States Department of Justice and Centers for Medicare and Medicaid Services (CMS). This patchwork of funding creates uncertainties around the sustainability of

OARRS. To ensure that the system has sustainable funding to continue these critical operations, the Board supports efforts to allocate medical marijuana revenue to support OARRS, which is also tracked within the system.

The proposal in HB 652 would guarantee the Board has the necessary resources to cover costs associated with operating the system and covering the cost of statewide integration. It would also allow the Board to support initiatives that are currently reliant on short-term federal grant funding, including:

- Doctor Shopper Early Intervention: The Board operates a pre-criminal intervention program (PCIP) for patients exhibiting possible doctor shopping behavior. Using data from OARRS, specially trained Board agents work to identify doctor shoppers and reach out to them to try and connect them with treatment resources. This early-intervention program is not intended to be punitive but rather to try and get a person help before they switch to more potent street drugs.
- OARRS Enforcement Agents: Board of Pharmacy agents are assigned to OARRS to review prescribing data and conduct investigations. Such efforts have led to successful multi-agency prosecutions of prescribers engaged in criminal activity.

Please be advised that the current bill language calls for a one-time transfer of funds to support the operation of OARRS. The Board is currently working with the sponsors of this legislation, as well the sponsor of SB 261, to incorporate language to provide OBM the ability to transfer money necessary to operate the system in future years.

Chair Lipps and members of the committee, thank you again for the opportunity to testify on House Bill 652. The Board supports common-sense policy proposals to safeguard Ohioans from the dangers of prescription opioids and other controlled substance medications. I would welcome any questions you may have at this time.