



Rachel Baker  
State Representative

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State Representative

Chairwoman Pavliga, Vice Chairwoman White, Ranking Member Brewer, and members of the House Behavioral Health Committee, thank you for the opportunity to provide sponsor testimony today on behalf of House Bill 300 with my joint sponsor, Representative Ray.

House Bill 300 would establish a pilot program through the Department of Mental Health and Addiction Services to provide grant funding for the provision of remote medically assisted treatment to individuals with an opioid use disorder through licensed opioid treatment programs (OTPs). The proposed program would operate through FY24 and FY25, and this legislation would make an appropriation of \$750,000 in each of those fiscal years to the Department of Mental Health and Addiction Services to be used to operate the program.

Ohio struggles with staggering rates of opioid addiction, overdoses, and related fatalities. In 2020, unintentional drug overdoses claimed the lives of 5,017 Ohioans. We must confront this ongoing public health crisis by using the best available resources and eliminating barriers to seeking treatment.

The most effective treatment for opioid use disorder is medication assisted treatment (MAT). This treatment involves the healthcare provider prescribing a safer medication, usually methadone or suboxone, to help the patient stop taking opioids. Patients who receive MAT have a reduction in their risk of overdose, improvement in overall health, reduction in criminal behavior, and increased employment rate. To receive their medication, a patient must report to a federally certified opioid treatment provider often daily where they receive one dose, and the OTP staff administers and observes the patient taking the medication.

There are many barriers that can cause patients to fall out of treatment: transportation costs to clinics that are often 30 minutes to an hour away, work schedules, stigma, and childcare or education obligations that conflict with strict clinic dosing hours.

There are several vendors nationally that leverage technology to monitor remote dosing offering opioid treatment programs safe, innovative ways to deliver this treatment while ensuring all the accountability, transparency, and patient safety of in-clinic dosing. The bill specifies that vendors must meet specific security requirements, must provide audio-visual recording of dosing, bottle-tamper technology, and allow patient-clinician communication. Theoretically the availability of

take-home doses reduces the majority of barriers that tend to cause patients to fall out of treatment. This pilot includes data collection on patient outcomes and cost effectiveness of the program to allow for future evidence-based decisions about broader adoption of remote monitoring.

Chairwoman Pavliga, Vice Chairwoman White, Ranking Member Brewer, and members of the House Behavioral Health Committee, thank you again for the opportunity to address you today. We would be happy to answer any questions from the committee at this time.