H.B. 300 Written Testimony

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Regarding House Behavioral Health Committee Hearing

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Chairwoman Pavliga, Vice Chair White, Ranking Member Brewer and all members of the House Behavioral Health Committee, thank you for the opportunity to testify today. My name is Sheeba Ibidunni and I am the VP of Operations at Sonara Health, a remote dosing solution, where I bring 15 years of healthcare operations and policy experience with a focus on implementing innovative health interventions to increase access to care and promote health equity. Following WWII and as the United Nations was forming Winston Churchill said, "Never let a good crisis go to waste." Crises force society to confront issues that are often thought of as long term or exist in the shadows and shame of society. It is well known that we find ourselves in the midst of converging crises. As we emerge from the COVID-19 pandemic and enter what is now being called the fourth wave of the opioid epidemic, the moment is now to think about innovating opioid treatment. SAMHSA, the federal agency that oversees the nation's behavioral health, has leveraged these crises and ratified the first set of changes to opioid treatment in 50 years! This radically new approach for methadone signals the industry and policy makers should do the same. I am testifying in support of H.B. 300.

Background

At a time when overdose deaths and racial disparities are increasing, and less than 10% can access treatment (SAMHSA, 2022), we should strive to create treatment approaches and a regulatory environment that supports innovation. We know that OTPs do not feel comfortable maximizing take-home allowances and that providers have mixed views about the now final methadone take-home regulations (Meyerson, 2022). Providers in a study expressed hesitation toward expanded take-homes for reasons such as 1) patient care benefitted from supervision, 2) attributed improved patient safety to take-home regulation, 3) feared liability for methadone-related harms, and 4) relied on buprenorphine (an alternative to methadone) as an easier alternative for patients who could not manage take home methadone policies (Madden et al., 2021). The study concluded that looser methadone distribution policies will have to address apprehensive providers, if such policy changes are to be meaningfully adopted (Madden et al., 2021).

From COVID-19 pandemic data, we also know increasing access to take home methadone did not result in adverse events, but did increase treatment retention and engagement. Despite this, we also know treatment centers are reluctant to give more take homes, which means fewer people than are eligible will receive take home methadone.

Solution

Sonara Health (Sonara) believes remote observation of take home methadone can mitigate these barriers and maximize safe adoption of the proposed rules. Although the application of remote observation for take home methadone is new, the use of remote observation for medication adherence and improved safety is not. Video direct observation therapy for conditions such as tuberculosis has long been utilized and this practice should be supported and utilized for Opioid Use Disorder (OUD). Recent pilot studies provide evidence that remote observation of methadone dosing is a promising service model that can support greater take-home flexibility for patients and OTP providers (Hallgren et al., 2022). Remote observation for take-home methadone helps eliminate barriers to treatment access while addressing the safety concerns that make many OTPs hesitant to approve patients for take-homes. Validated in a peer reviewed research study, Sonara Health's remote dosing solution makes dosing easier for patients by supporting fewer clinic visits, while also addressing safety concerns commonly associated with take-home methadone.

Remote observation is simple. Patients (even those using free, government phones) scan a QR code label - applied by their OTP on the methadone vial - and record themselves taking their medication. The asynchronous video is then available for their care team to review. Remote observation not only increases access to take home methadone and gives people the opportunity to live the lives they've dreamed about, but will reduce complaints and utilization associated with NEMT (Non-Emergency Medical Transportation). OUD is the fourth leading reason for NEMT, accounting for up to 30% of all NEMT rides.

Summary

H.B. 300 can support the OTPs in Ohio to reduce barriers to methadone treatment and increase retention in treatment by providing the same level of direct supervision as in-clinic methadone consumption to at-home methadone consumption. Consistent and equitable access to methadone is vital to stop an Ohioan from dying of an opioid overdose every 2 hours and 12 minutes. Please support HB 300 to establish a two-year remote observation of methadone pilot program within OhioMHAS. Members of the House Behavioral Health

Committee, your consideration of this life saving issue and solution is very much appreciated. Thank you for your time today.

Bibliography

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