



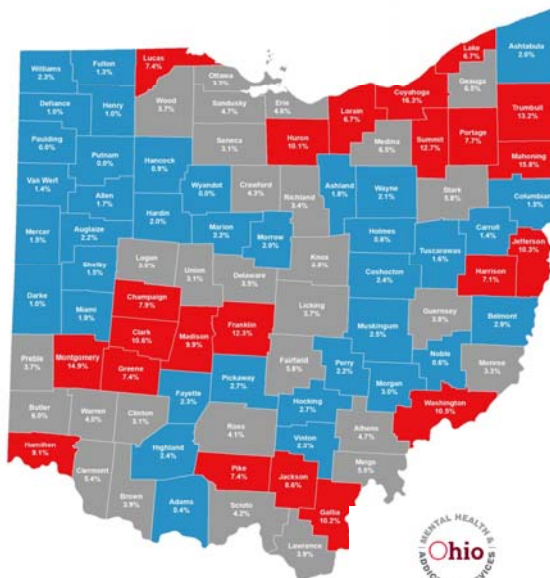
## Ohio MACSIS Data - 2003

**Opiate Addicts (%)**



This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). The highest concentrations for opiate admissions are in Cuyahoga (16.3%), Mahoning (15.8%) and Montgomery (14.9%) counties. Paulding, Putnam and Wyandot did not have any opiate-related admissions.

**Data Source:**  
Data from Multi Agency Community  
Information Systems (MACSIS)  
Map produced April 2013



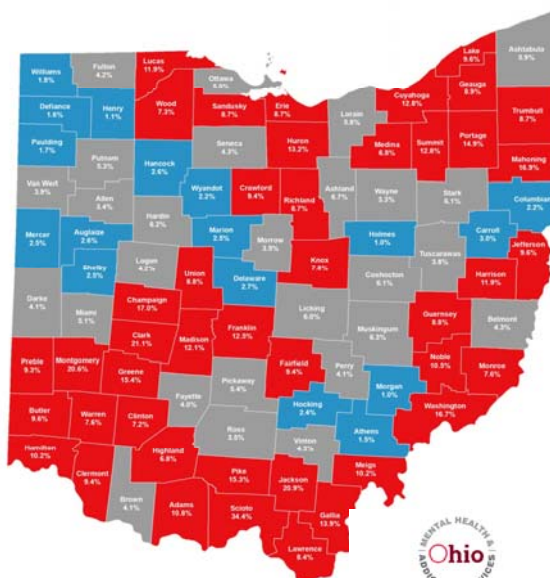
## Ohio MACSIS Data - 2005

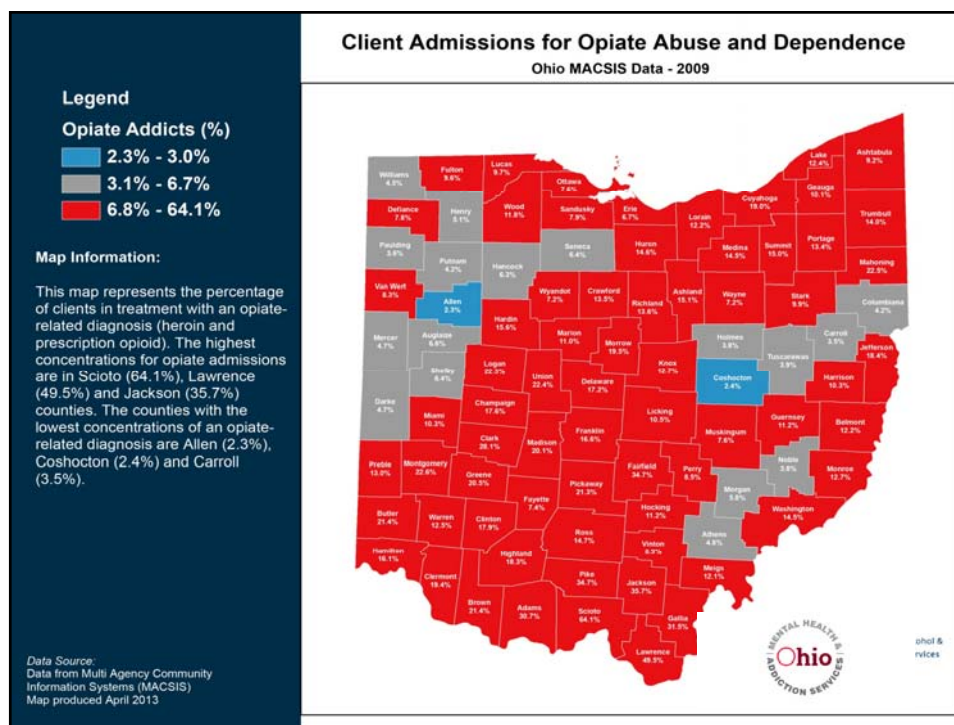
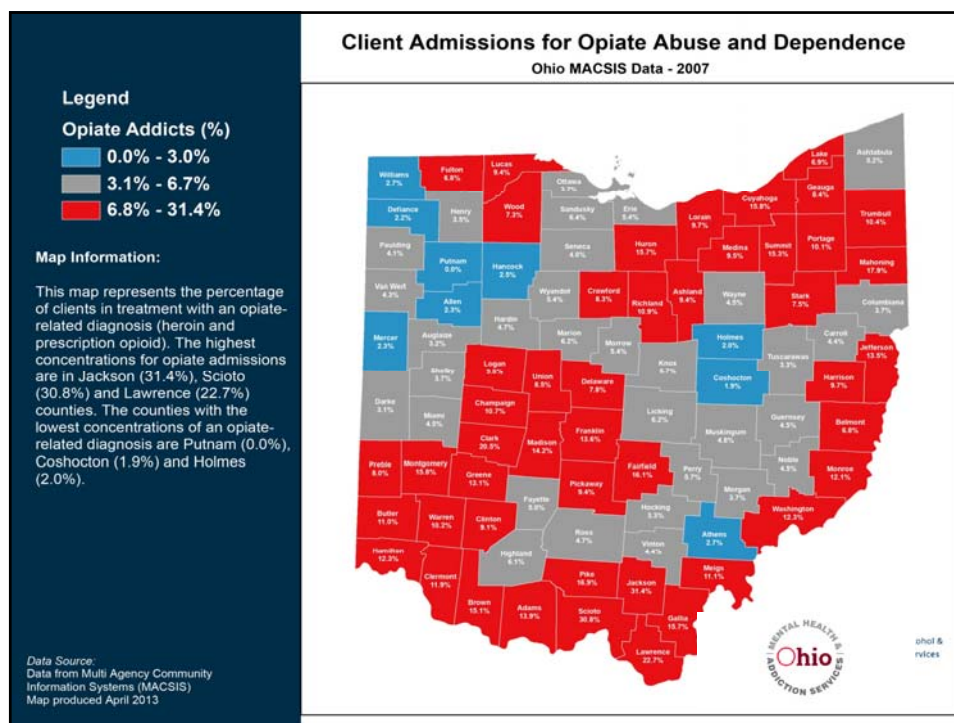
**Opiate Addicts (%)**



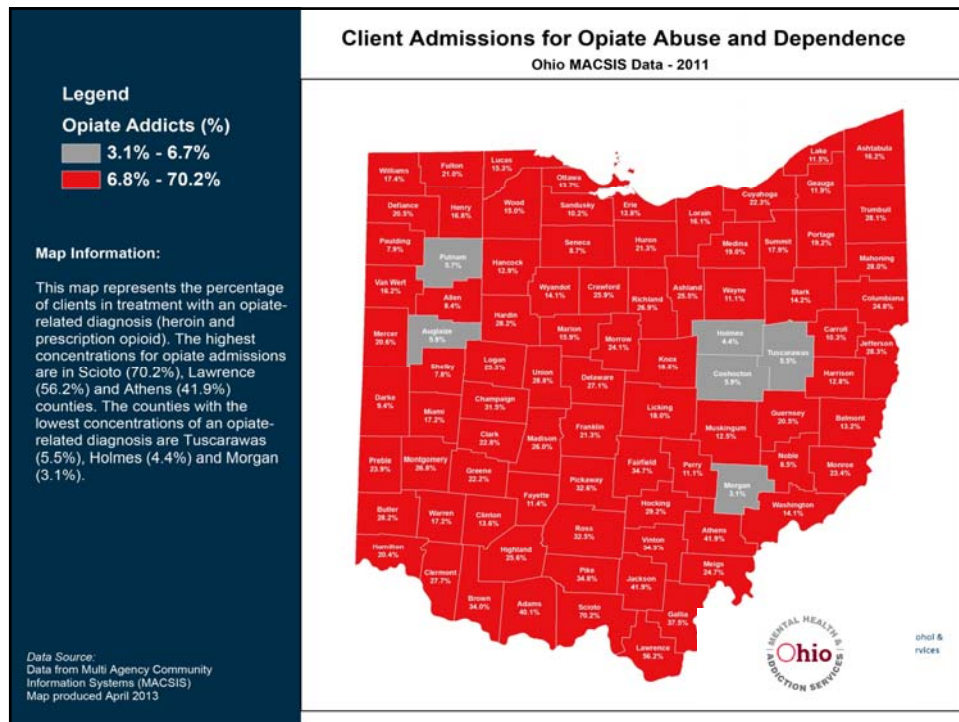
This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). The highest concentrations for opiate admissions are in Scioto (34.4%), Clark (21.1%) and Jackson (20.9%) counties. The counties with the lowest concentrations of an opiate-related diagnosis are Holmes (1.0%), Morgan (1.0%) and Henry (1.1%).

*Data Source:*  
Data from Multi Agency Community  
Information Systems (MACSIS)  
Map produced April 2013



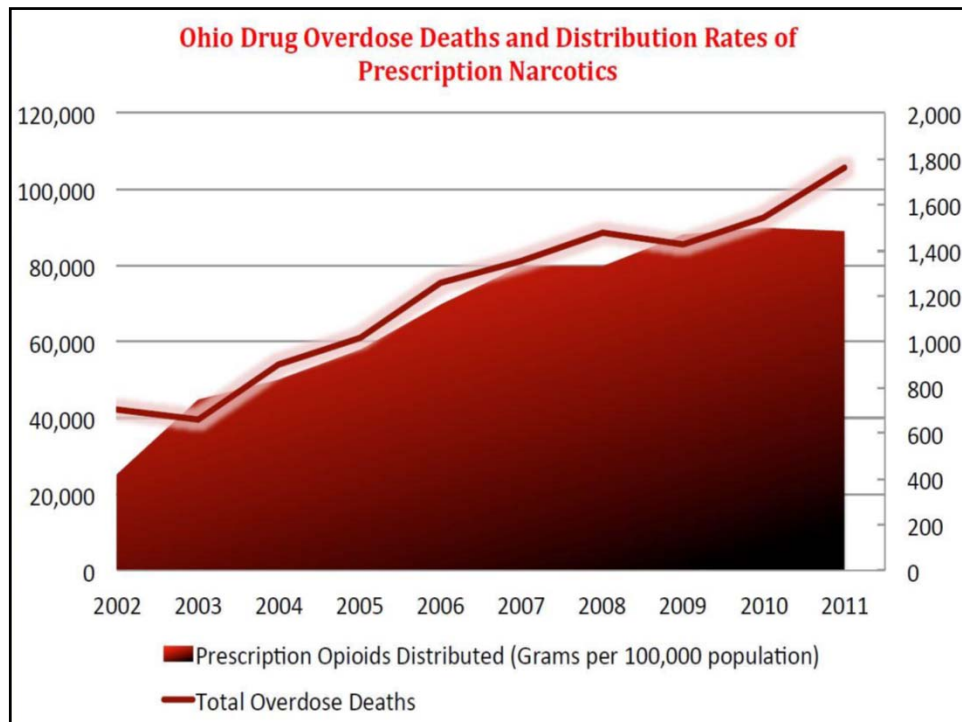






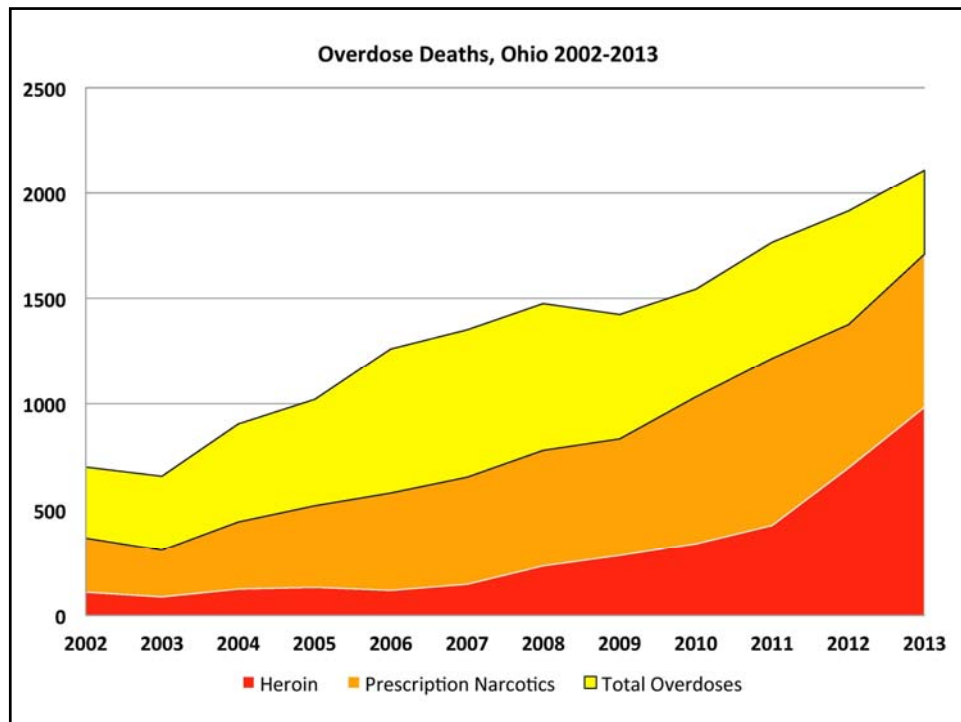
## What has caused our current addiction epidemic?

- Pain as the Fifth Vital Sign
- Intractable Pain Act
- Introduction of new pain medications
- Marketing strategies
- Doctor shopping
- Diversion
- Pill mills
- Street value
- Increased prescribing
- Perception of prescription medication
- Patient satisfaction surveys



## Unintentional Overdose Deaths

- In 2015, 3,050 Ohioans died from an unintentional drug overdose.
  - 20.5% increase from 2013 (2,531 deaths)
- 83<sup>rd</sup> Ohio House District (2010-2015 averages)
  - Hancock County: 11.6 deaths per 100,000 residents
  - Hardin County: 18.7 deaths per 100,000 residents
  - Logan County: 12.8 deaths per 100,000 residents



## Legislative Approach

- Prevent more people from becoming addicted.
- Prevent diversion of prescription medication.
- Keep people alive.
- Improve Ohio's treatment system.

## **Recently Enacted or Effective Laws**

### **Awareness Days**

**House Bill 399 and House Bill 465  
(130<sup>th</sup> General Assembly)**

- House Bill 399 designated the first Friday of May as “Prescription Drug Abuse Awareness and Education Day.”
- House Bill 465 designated the first week of July as “Neonatal Abstinence Syndrome Awareness Week.”

## **Addiction Education**

### **House Bill 367 (130th General Assembly)**

- Previously, Ohio law required health classes to cover topics such as nutrition, alcohol abuse, tobacco abuse, general drug abuse, and personal safety.
- As part of the health curriculum, the new law requires school districts to include information regarding prescription opioids and heroin.
  - Curriculum recommendations have been issued by the Governor's Cabinet Opiate Action Team.

## **Pregnant Women**

### **House Bill 394 and Senate Bill 276 (130<sup>th</sup> General Assembly)**

- Within these two bills, language was included that increased penalties for illegally providing controlled substances to pregnant women.
  - Specifically, for some substances, the new law implements felony charges for corrupting another with drugs and mandatory prison sentences.



## **Heroin Trafficking**

### **House Bill 171 (131st General Assembly)**

- This legislation reduced the amount of heroin required for first degree felony possession offenses, putting the figure in line with crack cocaine possession amounts.

## **Satisfaction Surveys**

### **House Bill Concurrent Resolution 16 (131<sup>st</sup> General Assembly)**

- Federally regulated patient satisfaction surveys are linked to hospital rating, reimbursement, and medical professional compensation. These surveys can add pressure on prescribers to prescribe pain medication.
- House Concurrent Resolution 16 urges the federal government to revise patient satisfaction surveys and removed questions related to pain.
- The federal government is in the process of removing pain-related questions.

## **Prescribing to Minors**

### **House Bill 314**

**(130<sup>th</sup> General Assembly)**

- Before prescribing an opioid to a minor, House Bill 314 requires prescribers to get consent from a parent or guardian.
  - The prescriber does not have to get consent:
    - during medical emergencies;
    - for surgeries;
    - when there is the possibility of a detriment to the minor's health or safety; and
    - if care is rendered in an institutional or residential setting.

## **Opioid Pill Mills**

### **House Bill 93**

**(129<sup>th</sup> General Assembly)**

- House Bill 93 was signed into law to stop unscrupulous prescribers, close the pill mills, and begin changing how chronic pain is treated.
  - Pain management clinics have to be licensed by the State Board of Pharmacy.
  - Laws were revised related to the treatment of chronic pain.
  - The Ohio Automatic Prescription Reporting System (OARRS) was improved by allowing:
    - data to be kept for a longer period of time in an aggregate manner;
    - the Board of Pharmacy to pursue a criminal case if the system is used improperly; and
    - regulatory boards of the prescribers to write rules for utilizing OARRS.

## **Buprenorphine Mills**

### **House Bill 367 and House Bill 4**

#### **(130<sup>th</sup> and 131<sup>st</sup> General Assemblies)**

- Due to loopholes in law, prescribers were using the disguise of addiction treatment, while improperly using buprenorphine, to exacerbate the addiction epidemic. Buprenorphine is a partial agonist used to treat opioid addiction, but it can be abused.
- In addition to addiction education language, House Bill 367, along with House Bill 4, contained language that provides greater oversight of buprenorphine providers. With similarities to legislation that was used to combat opioid pill mills, mechanisms were put into law to stop buprenorphine mills.
- The State Medical Board was required to adopt rules that integrates proper buprenorphine use and additional treatment services, when a patient is being treated for opioid addiction.

## **OARRS**

### **House Bill 341**

#### **(130<sup>th</sup> General Assembly)**

- The Ohio Automated Rx Reporting System (OARRS) is a tool, administered by the State Board of Pharmacy, used to monitor controlled substances for overutilization or doctor shopping.
- The recently enacted law requires all prescribers to utilize the Ohio Automated Rx Reporting System, at certain points in treatment, when prescribing an opioid or benzodiazepine.

## **Home Hospice Care**

### **House Bill 366**

**(130<sup>th</sup> General Assembly)**

- The law enacted through House Bill 366 is meant to ensure that there are less unused prescription medications being illegally diverted.
- Through this law, when they are no longer needed, home hospice programs must follow procedures to dispose of unused prescription opioids.

## **Naloxone**

### **House Bill 170, House Bill 4, and House Bill 64**

**(130<sup>th</sup> and 131<sup>st</sup> General Assemblies)**

- By detaching the opioid from receptors in the body, naloxone has the potential to reverse a drug overdose.
- House Bill 170 increased access to naloxone by authorizing prescribers to personally furnish or prescribe naloxone to a friend, family member, or other individual that can provide assistance to an individual who is at risk of experiencing an opioid-related overdose.
- House Bill 4 increased access to naloxone by allowing pharmacists and other individuals to furnish naloxone, while following a physician protocol, to individuals that are at risk for an overdose or can provide assistance to an individual who is at risk for an overdose.
- House Bill 64 provided funding for increasing access to the life-saving medication.

## **Good Samaritan**

### **House Bill 110 (131<sup>st</sup> General Assembly)**

- Typically, during a drug overdose, individuals are scared to call for help. The previous system resulted in an individual losing their life, no one being prosecuted, and no information being gathered to investigate traffickers and dealers.
- House Bill 110 was signed into law with language that is meant to urge individuals to call for help, in the event of a drug overdose. If individuals seek emergency assistance, the law provides immunity for minor drug possession offenses and connects individuals with the treatment system.

## **Information**

### **House Bill 315 and House Bill 483 and Senate Bill 129 (130<sup>th</sup> and 131<sup>st</sup> General Assemblies)**

- In order to change policies and provide resources in the most effective manner, laws have been enacted to track problems and treatment shortages throughout Ohio.
  - House Bill 315 requires hospitals to report the number of neonatal abstinence syndrome cases to the Ohio Department of Health.
  - Through House Bill 483 and Senate Bill 129, beginning in July of 2017, the Department of Mental Health and Addiction Services will maintain a statewide treatment services waiting list.

## **Funding, Prevention, and Treatment**

### **House Bill 483 and Senate Bill 129**

**(130<sup>th</sup> and 131<sup>st</sup> General Assemblies)**

- During the 130<sup>th</sup> General Assembly, language was signed into law to establish the full continuum of care in every behavioral health board service district throughout Ohio. The date for establishment was recently moved, because there are some boards still working to offer the complete continuum of care. In order to support this effort, \$52.5 million was previously earmarked for various mental health and addiction initiatives. The money was targeted to be used for:
  - housing and crisis;
  - sober housing;
  - prevention;
  - residential State Supplement (R.S.S) funding for the mentally ill; and
  - funding for case managers in specialty drug dockets.

## **Drug Dockets**

### **House Bill 59, House Bill 483, and House Bill 64**

**(130<sup>th</sup> and 131<sup>st</sup> General Assemblies)**

- House Bill 64 supported the continuation of funding for the Supreme Court certified drug docket Addiction Treatment Pilot Program, which was started through House Bill 59. In addition, the bill expanded the program from five counties to fifteen counties and changed the name of the program to the Medication Assisted Treatment Drug Court Program.
- In addition to the Medication Assisted Treatment Drug Court Program, House Bill 483 and House Bill 64 included funding for case managers in Supreme Court certified drug dockets.



**State Prisons**  
**House Bill 64**  
**(131<sup>st</sup> General Assembly)**

- The bill required the Department of Rehabilitation and Correction to establish and operate a community-based substance use disorder treatment program for certain non-violent offenders.
- The Department of Rehabilitation and Correction was required to study the conversion of an existing facility to a substance abuse recovery prison.

**Medicaid Managed Care**  
**House Bill 64**  
**(131<sup>st</sup> General Assembly)**

- As behavioral health services are moved to Medicaid managed care, in order to ensure continued access to treatment, the Joint Medicaid Oversight Committee will monitor actions by the Department of Medicaid.
- In addition, the Joint Medicaid Oversight Committee is required to review and approve implementation prior to January 1, 2018.

## **Chemical Dependency Professionals Board**

### **House Bill 230**

**(131<sup>st</sup> General Assembly)**

- As part of the International Certification and Reciprocity Consortium, the Ohio Chemical Dependency Professionals Board sets standards and guidelines for the state's alcohol and drug counselors, prevention specialists, and clinical supervisors. These credentialing requirements are regularly updated every five to seven years.
- House Bill 230 updated definitions, broadening the number of professionals, and removed credentialing standards from the Ohio Revised Code, placing them in the Ohio Administrative Code. These changes ensure the Ohio Chemical Dependency Professionals Board remains in compliance with international licensing trends and standards.

## **Opiate MBR**

### **Senate Bill 319**

**(131<sup>st</sup> General Assembly)**

- Once effective, this law:
  - requires prescribers of opioid analgesic drugs to obtain prior authorization and show medical necessity at certain points in the course of treating chronic pain;
  - removes the link between patient satisfaction surveys and reimbursement for prescribing or not prescribing opioids;
  - requires the registration of pharmacy technicians;
  - provides oversight of sole proprietors that handle dangerous drugs;
  - invalidates opioid prescriptions that have not been used in 30 days and puts a 90 day cap on the total day supply of opioids dispensed;

## **Opiate MBR (continued)**

### **Senate Bill 319**

- authorizes a 14 day pick-up window, from the prescriber's fill date, for opioid prescriptions;
- increases oversight of buprenorphine prescribers, through Board of Pharmacy licensing;
- further expands access to naloxone, by authorizing new facilities to have access to the life-saving medication (homeless shelters, halfway houses, schools, and treatment facilities);
- provides peace officers with civil protections, in the event that they attempt to save an individual's life with naloxone;
- revises the pharmacy benefit manager disclosure requirements, requiring aggregate reporting each quarter (does not apply to federally precluded plans);

## **Opiate MBR (continued)**

### **Senate Bill 319**

- requires pharmacy benefit managers to:
  - utilize the most recent pricing, when reimbursing pharmacies;
  - Provide available pricing updates, upon request;
- if a pharmacy appeals a drug price unsuccessfully, information regarding the wholesaler must be provided;
- improves access to treatment through revisions to the previously mentioned continuum of care and statewide waiting list;
- expands access to methadone treatment programs; and
- prohibits children services from taking action on a mother with an addiction, when a pregnant mother enrolls in a drug treatment program prior to the 20<sup>th</sup> week of pregnancy.

## **Future Policy Proposals**

A graphic of the Ohio state flag, featuring a red circle with a white border and a red center, surrounded by white stars on a blue background. The flag is shown waving and is partially obscured by a large, stylized white letter 'Q' that is the first letter of the word 'Questions'.

# Questions