Ohio House Insurance Committee
Proponent Testimony on House Bill 250

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Good afternoon, Chairman Hackett, Vice Chair LaTourette, Ranking Member Bishoff, and members of the House Insurance Committee. My name is Jon Honeck. I am the Director of Public Policy for The Center for Community Solutions. Our mission is to provide strategic leadership and organize community resources to improve health, social, and economic conditions through applied demographic research, nonpartisan policy analysis, and advocacy. I am here today to support House Bill 250 because it is an important step in controlling Ohio's epidemic of opiate addiction.

Unintentional drug overdose deaths reached an unprecedented level in 2014, at 2,482 statewide. Opioids, meaning heroin or pharmaceuticals such as Oxycontin, Vicodin, and fentanyl, were involved in 80 percent of these deaths.[1] Over the last 20 years there has been a radical change in opioid prescribing practices, especially for chronic pain not involving cancer. The increase in opioid prescriptions tracks very closely with drug overdose deaths, with a 643 percent increase in the amount of prescription opioid grams per 100,000 population distributed to retail pharmacies in Ohio from 1998 to 2011.[2] It is clear that prescription painkillers have paved the way for the current wave of cheap heroin by creating thousands of opiate addicts ready to switch to a new drug of choice.

The epidemic of addiction is also reshaping the landscape of public health in our country. In a landmark study released on Monday, Princeton University researchers reported that mortality rates for whites between the ages of 45 and 54 actually increased by 8.9 percent between 1999 and 2013 after decades of decline, while rates declined for

[1] Ohio Department of Health, 2014 Preliminary Drug Overdose Data, http://www.healthy.ohio.gov/vipp/drug/dpoison.aspx.
[2] ODH, 2014 Preliminary Drug Overdose Data.

Hispanics and Blacks.[3] The study also looked at mortality rates in Australia, Canada, France, Germany, Sweden, and the UK, and the United States was the ***only*** country to show an increase in mortality this age group. The main drivers are increases in accidental drug overdose deaths, suicides, and chronic liver disease. The rate of drug overdose deaths is now higher than deaths from lung cancer, which have declined as more people have stopped smoking.

Even in situations where opioids are not being misused, overdose and addiction are not the only significant risks. Serious side effects can include over-sedation and respiratory depression during sleep, increased risk of falls, endocrine (hormonal) changes, and chronic severe constipation.[4]

There are significant differences among states in the rate of opioid painkiller prescriptions. Ohio is in the upper half of prescribing rates in the nation at 100 prescriptions per 100 population in 2012 (CDC)[5], even after aggressive steps were taken to shut down "pill mills" in southern Ohio. States that have taken policy steps to curb opioid prescribing have seen significant reductions in prescribing. One such state is Maine, which started a prior authorization policy in its Medicaid program in 2013. In one year, Maine achieved a reduction of 5.8 million opioid pills to its Medicaid recipients.[6] On the other hand, opioid prescriptions in the state as a whole continued to increase, indicating that prescribing practices were not changing for patients with private insurance.

The medical profession is beginning to realize that prescribing practices must change. There is little evidence to suggest that long-term, high dosage opioid therapy (> 120 mg morphine equivalent dose/day) actually produces lasting pain reduction in patients without cancer.[7] While there are some patients with chronic pain who will need long-term maintenance on opiate painkillers, this should be kept to a minimum and combined with alternatives such as physical therapy.

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[3] Betsy McKay, "Death Rates Rise Among Whites in Middle Age," *Wall Street Journal*, Nov. 3, 2015, A1, A6.

[4] Physicians for Cautious Opioid Prescribing, "Cautious, Evidence-Based Opioid Prescribing," www.responsibleopioidprescribing.org, accessed Oct. 2015.

[5] Center for Disease Control, ***Vital Signs*** (July 2014), "Opiate Painkiller Prescribing: Where You Live Makes a Difference,"www.cdc.gov/vitalsigns.

[6] Maine Department of Health and Human Services, "A New Approach to Pain Management: A New Utilization Pattern for Opioid Prescribing," Powerpoint Presentation by Kevin S. Flanagan, M.D., Medical Director, Office of MaineCare.

[7] Physicians for Cautious Opioid Prescribing, "Cautious, Evidence-Based Opioid Prescribing." http://www.supportprop.org/wp-content/uploads/2014/01/PROP_OpioidPrescribing.pdf

The prior authorization requirement in House Bill 250 is a sensible method to make sure that patients are getting what they need while raising a red flag for high dosage regimens (over 80 milligrams of morphine equivalent dose) that continue for more than 10 days in the case of acute pain, or three months in the case of chronic pain. The bill contains exemptions for cancer patients, terminal conditions, and progressive diseases, and maintains the current requirement to cover antidepressant and antipsychotic medications.

We do want to raise a concern with House Bill 250. Some medications used to treat opiate addiction, including Suboxone and methadone, are opiates themselves. Medication-assisted treatment or MAT, which is considered the standard of care for most people who are addicted to opiates, involves medication that reduces cravings, and should be combined with counseling, group therapy, and ongoing supports to achieve and maintain recovery. When used properly in conjunction with therapy and other supports, these medications are an essential component in treatment. Given the scope of the epidemic in Ohio, we would not want an unintended consequence of this bill to be limiting access to these vital medications with the potential of interfering with the treatment and recovery process.

Thank you for the opportunity to testify today. I would be pleased to answer any questions you may have.