



# TRANSFORMING OHIO FOR JOBS + GROWTH

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## 2016 MID-BIENNIUM REVIEW

### **STRENGTHENING OHIO'S FIGHT AGAINST PRESCRIPTION DRUG ABUSE**

#### **New reforms continue to tackle opiate addiction by strengthening prescription drug oversight, encouraging responsible treatment and preventing overdoses**

Since taking office, Governor John R. Kasich has put in place one of the nation's most aggressive and comprehensive approaches to fight opiate addiction and drug overdoses, including a strong focus on preventing prescription drug abuse. In addition to shutting down pill mills and cracking down on traffickers, Ohio has worked with its medical community to adopt prescribing guidelines to ensure that people in pain get the right treatment without starting down the path toward addiction and overdose. Prescribers and pharmacists now have instant access to the state's online prescription drug monitoring program so they can quickly identify potential signs of addiction, such as multiple opiate prescriptions from different prescribers, and assist patients in getting help. As a result, Ohio has seen encouraging results as the amount of prescription opiates being dispensed has decreased and fewer individuals are doctor shopping for controlled substances. In Ohio's continuing effort to find new strategies to fight opiate abuse, Gov. Kasich's 2016 Mid-Biennium Review proposes additional reforms to strengthen oversight by the Ohio Board of Pharmacy, encourage responsible treatment and prevent overdoses.

**Ensuring Responsible Opiate Addiction Treatment:** Suboxone is a medication that can be part of an effective treatment plan for opiate dependence. In order to ensure Suboxone is appropriately prescribed and to increase the success of this form of treatment, facilities where prescribers treat 30 individuals or more will be subject to licensure by the Board of Pharmacy unless the facility is a licensed hospital or is already certified by the state. This reform also will require physician ownership of office-based opiate treatment clinics along with mandatory background checks for the owners and employees of these facilities.

**Expanding Access to Naloxone:** Expanding availability of naloxone, an effective overdose antidote, has been proven to save lives. In an effort to build on previous measures that increased access to this life-saving antidote through Ohio pharmacies, the MBR proposes to allow facilities that regularly interact with high-risk individuals to have onsite access to naloxone. Facilities that could benefit from this measure include homeless shelters, halfway houses, schools and treatment centers. The measure also will expand the use of funds set aside to purchase naloxone for local communities.

**Holding Pharmacy Technicians to Stronger Accountability:** Ohio requires professional licensure of all pharmacists and pharmacy interns, but is one of a handful of states that do not register pharmacy technicians. Over the past three years, pharmacy technicians have accounted for more than one-third of all drug theft cases investigated by the Ohio Board of Pharmacy, and the lack of a registration process makes it too easy for a technician who is fired for theft to find new employment with another pharmacy. By requiring Ohio's estimated 42,000 pharmacy technicians to register with the Board of Pharmacy, Ohio can ensure uniformity in the background-check process and see to it that all technicians maintain a set level of competency through continuing education.

**Establishing New Oversight for Purchasing and Distributing Controlled Substances:** An exemption in current Ohio law allows sole proprietors – medical doctors, veterinarians, dentists and other healthcare professionals in private practices – to distribute controlled substances to their patients without any oversight from the Ohio Board of Pharmacy. In 2015, exempted prescribers purchased more than 6.5 million doses of controlled substances – including more than 3 million doses of opiates. Licensure by the Board of Pharmacy will provide greater oversight of healthcare providers who store, administer and dispense dangerous drugs from their offices by providing safeguards to prevent theft or misuse of these highly addictive substances.

**Limiting High-Volume Prescriptions to Prevent Misuse:** Currently, there are no restrictions on the amount of opiate pills that can be dispensed from a single prescription. New reforms will place a 90-day cap on the total days' supply for any opiate prescription that a patient may receive from a pharmacy and invalidate any opiate prescription that has not been used within 30 days. This reform will help prevent individuals from having too many opioids on hand and deter those who may try to fill another person's prescription from obtaining access to these highly addictive substances.

**Common Sense Regulation for Methadone Clinics:** One of the challenges in tackling opiate addiction is the availability of treatment, specifically medication-assisted treatment. Some people travel hours on a daily basis to get a dose of methadone, a well-recognized and proven method of medication-assisted treatment. Methadone is a highly regulated substance, and as a result, new providers have difficulty entering the market. In an effort to allow new methadone clinics to open in the midst of an epidemic where additional treatment capacity is needed, the administration proposes a waiver to the current statutory requirement that a provider be certified in Ohio for two years prior to becoming a methadone clinic. This will allow new operations with experience in other states to open for business here, increasing the availability of treatment options while ensuring these new clinics are under state regulatory control.

**BOTTOM LINE:** Ohio has made progress in its fight to prevent prescription drug abuse and overdoses, but additional reforms are needed to improve oversight of individuals who have access to prescription opiates, while expanding access to life-saving naloxone and ensuring that those addicted to opiates get the treatment they need.

