

Ohio remains at the center of the nation's opiate crisis. In recent years, Ohio's policymakers have taken deliberate action to curb opiate abuse in our state. However, there are several measures that policymakers should consider to further enhance the state's efforts to limit the access and distribution of these drugs.

Ohio Should Adopt the CDC's Guideline for Prescribing Opioids for Chronic Pain

According to the Centers for Disease Control and Prevention (CDC), almost 2 million Americans either abused or were dependent on prescription opioids in 2014, and an estimated 20 percent of patients with non-cancer pain or pain-related diagnoses are prescribed opioids. To combat growing reliance on highly addictive opioid-based treatment, the CDC released a set of recommendations for primary care clinicians who prescribe opioids in March 2016.

The CDC guideline contains a dozen recommendations for clinicians based on the following three principles:

1. Non-opioid therapy is preferred for chronic pain outside of active cancer, palliative care, and end-of-life care.
2. When opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose. Additionally, when opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three (3) days or less will often be sufficient; more than seven (7) days will rarely be needed.
3. Providers should always exercise caution when prescribing opioids and monitor all patients closely.

The CDC approach aims to address opioid addiction before it begins. By further reforming prescribing practices, we can drastically decrease the amount of opiate-based drugs that enter our medicine cabinets and run risk of becoming the means to abuse.

Multiple states have either already taken steps to adopt the CDC recommendations or some version of them to protect their residents from inappropriate prescribing. In October 2016, Arizona Governor Douglas Ducey issued an [executive order](#) limiting the fill of any prescription opioid to no more than seven (7) days. In that same month, the State of Vermont announced plans to reform permissible standards and limit opioid prescriptions to seven (7) days. Vermont's [adopted rule](#) is slated to take effect on July 1, 2017.

For more information on the CDC Guideline for Prescribing Opioids for Chronic Pain:

- Overview - <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- For Providers - <https://www.cdc.gov/drugoverdose/prescribing/providers.html>
- For Patients - <https://www.cdc.gov/drugoverdose/prescribing/patients.html>

The General Assembly Should Oppose Legislation Mandating Coverage of Abuse-deterrent Formulations (ADFs)

Fighting opiate addiction with addictive opiates will not solve the problem. The long-term evidence and results around ADFs remain inconclusive and undefined. In fact, as detailed in a recent *Washington Post* story ("[How an 'abuse-deterrent' drug created the heroin epidemic](#)"), increased utilization and access to ADFs have led to an "explosion in heroin overdose deaths" since 2010.¹ While some argue that ADFs are tamper resistant, a quick YouTube search proves contrary and provides several "how-to" demonstrations on how to compromise and abuse the pills.²

¹ Ingraham, Christopher. "How an 'abuse-deterrent drug created the heroin epidemic.'" 10 January 2017. *The Washington Post*.

² YouTube. "How to easily break the time release on the new Opana ER or the Oxcontin OP." (<https://www.youtube.com/watch?v=4VirZBwX0>). August 2016

Any legislation dealing with ADFs should align with national standards and be considered with caution and scrutiny. Today, ADFs are used as a tool on an individual basis and any policy measures should support that type of use. Standardized use of ADFs would only increase Ohio's exposure to highly addictive and potentially dangerous drugs.

Expand OARRS Access to Ohio's Commercial Health Plans

The Ohio Automated Rx Reporting System (OARRS) is one of the state's most valuable tools in curbing the misuse of prescription drugs. In recent years, the state has expanded access to the database to both the Medicaid managed care plans and the Bureau of Workers' Compensation.

OAHHP supports expanding current Ohio law to provide Ohio's commercial health plans with access to OARRS. Expanded access to the database would enhance the insurance industry's ability to assist Ohio in its efforts to deter and fight abuse.

What Ohio's Health Plans are Doing

Ohio's health plans are proactively combatting the opiate epidemic. Private industry has partnered with the provider community to improve access and treatment options for those battling addiction, while also sharing critical data across systems of care to ensure quality and prevent risk of addiction.

The following is just a sampling of the innovative efforts undertaken by OAHHP member plans to curb opiate abuse in Ohio:

- **Partnering with Providers** - Health plans have enhanced partnerships with their network providers to ensure that medications are being prescribed appropriately and used properly. Coordinated Services Programs (CSPs) have been designed and implemented to limit a consumer's ability to over-utilize a prescription by visiting multiple providers or pharmacies. Under CSPs, a single pharmacy and/or prescriber is designated for a member who requires a prescription for a controlled substance. Additionally, plans administer "Gold Card" programs for certain providers that have a demonstrated track record of adhering to proper prescribing practices. Under these programs, providers have increased flexibility when ordering medication-assisted treatment (MAT), while also ensuring that such treatment is properly administered and used. Gold Card programs rely on defined standards and established provider performance criteria to ensure that such programs are beneficial and not abused.
- **Data Sharing and Utilization** - Analytics and data are paramount to ensure that the right medications are being prescribed at the right volume to the right patient. Pharmacy management and provider utilization tools are allowing plans to identify prescribers, pharmacies, and health plan members that may be over-utilizing certain pharmaceutical products. In instances when over-utilization is flagged, plans can create system edits that mitigate such behavior and result in clinical outreach to the plan's member. Additionally, data and utilization tools such as these assist OAHHP's member plans in spotting potential instances of fraud, waste, and abuse among the health care delivery system.
- **Care Management** - Individuals battling addiction are afforded person-centered care management that directly addresses their health and treatment needs. By taking a hands-on approach, health plans are fostering direct connections with their members to ensure that they have access to the treatment and resources to improve their lives and wellness. Community-based, person-to-person engagement creates an ongoing relationship between the health plan and the individual to optimize health outcomes and ensure that services are provided in an appropriate and timely manner. High-risk and intensive care management concerning opiate abuse have been vital in addressing the state's underlying goals associated with its Medicaid program and the efforts addressing infant mortality across Ohio.
- **Education and Prevention** - Plans are leveraging their respective resources to prevent addiction before it starts. Insurers are enhancing provider and member education efforts so that best practices are the rule, rather than the exception. It is no longer enough to ensure that providers are aware of the risks and signs of opiate abuse. Efforts have been made to provide innovative resources to enhance knowledge about identifying, screening, and referring individuals who may be misusing certain substances.