



Chairman Burke, Vice Chair Manning, Ranking Member Cafaro, and members of the Senate Medicaid Committee, thank you for the opportunity to share with you concerns regarding a provision included in the House version of House Bill 64.

My name is Dr. Michael McCrea. I am a practicing Emergency Medicine physician currently working in Toledo at Mercy St. Vincent Medical Center. I am Board Certified in Emergency Medicine by the American Board of Emergency Medicine, having completed my Emergency Medicine Residency at The Ohio State University in 2007. Currently, I am President of the Ohio Chapter of the American College of Emergency Physicians, Ohio ACEP.

Ohio ACEP represents nearly 1400 emergency physicians that practice throughout the state in a wide diversity of practice locations - from emergency departments that have 8 beds to departments with over 100 beds. Each of our members has seen the effects of opiate and drug abuse, and we want to thank legislature for the time and interest both chambers have given this epidemic. We hope to continue to be partners in developing policies that will facilitate the compassionate care for our patients.

An amendment was added to House Bill 64, that while proposed with good intentions, will put physicians in a difficult position. The language would allow a physician to report to a drug task force or the police a patient who is illegally using a dangerous drug or is using deception or fraud to obtain a dangerous drug.

As you can imagine, in the Emergency Department, we see several patients a day that could fall under this provision. We want patients to be encouraged to seek help for their addictions. This provision, while voluntary on the part of physicians, we believe could undermine the most basic and important part of the patient-physician relationship: trust. A breach of this trust could prevent patients or their family members from seeking help for their addiction for fear of legal repercussions or possible incarceration. It could prevent patients from seeking potentially life-saving medical intervention for an overdose.

It is the view of our membership, that the first call for these patients should not be the police. Our national organization, ACEP, has policy positions against mandatory reporting for impaired drivers or for victims of domestic violence for the same reason: such requirements would impede access to care when patients most need it.

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Instead these individuals, their families, and Ohio would be better served with increased access to recovery resources. In my emergency department at St. Vincent's we have implemented the Drug Abuse Response Team (DART) using a grant from the Ohio Attorney General's office. This program is a partnership between hospitals and law enforcement to guide patients to housing and long term recovery services. Ohio ACEP believes that these types of programs will have better long term results and provide for a more strategic frame work for recovery.

We ask that you consider removing the language from the House version of HB 64 and continue the dialogue regarding the long term strategy to combat Ohio's drug addiction problem.

Mr. Chairman, thank you for considering the view point of Ohio's emergency physicians.

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