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Why OIG Did This Audit

According to the Centers for Disease Control and Prevention (CDC), opioids were involved in more than 47,000 deaths in 2018, and opioid deaths were 6 times higher in 2018 than in 1999. CDC has awarded funding to States to address the nonmedical use of prescription drugs and to address opioid overdoses. We are conducting a series of audits of States that have received CDC funding to enhance their prescription drug monitoring programs (PDMPs). We selected Ohio for audit because it experienced a significant increase in the rate of drug overdose deaths during 2016 and 2017.

Our objectives were to: (1) identify actions that Ohio has taken, using Federal funds for improving PDMPs, to achieve program goals toward improving safe prescribing practices and preventing prescription drug abuse and misuse and (2) ensure that Ohio used Federal funds in accordance with Federal requirements.

How OIG Did This Audit

Our audit covered actions Ohio has taken to enhance and maximize its PDMP. In addition, we selected financial transactions, including contracts and payroll costs, that Ohio and subrecipients charged to its grants, and we reviewed the associated supporting documentation to determine whether Ohio used funds in accordance with Federal requirements.

Ohio Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program

What OIG Found

We identified actions that Ohio has taken, using Federal funds for improving PDMPs, to achieve program goals of improving safe prescribing practices and preventing prescription drug abuse and misuse as of August 2019. Ohio also complied with Federal requirements for submitting its Federal Financial Report and Annual Performance Report and publicly reported the five CDC-directed indicators.

The Ohio Department of Health made improvements in its PDMP related to two required strategies of CDC's "Prescription Drug Overdose: Prevention for States" (PfS) program: (1) enhance and maximize a State PDMP and (2) implement community or insurer health system interventions aimed at preventing prescription drug overdose and abuse. It also made improvements in its PDMP related to the two optional PfS program strategies: (1) conduct policy evaluations to reduce prescription drug overdose morbidity and mortality and (2) develop and implement Rapid Response Projects.

Further, Ohio improved access and strengthened the State's PDMP using Substance Abuse and Mental Health Services Administration grant funding. Ohio's Board of Pharmacy (BoP) improved real-time access to PDMP data by integrating Ohio's PDMP with existing technologies such as electronic health records to improve the ability of Ohio's PDMP to reduce the nature, scope, and extent of prescription drug abuse. BoP also strengthened Ohio's PDMP by providing resources to make the changes necessary to increase interoperability with other States' PDMPs.

Additionally, Ohio used the grant funds that we reviewed in accordance with Federal regulations. Therefore, we are making no recommendations.

What OIG Recommends and Ohio's Comments

This report contains no recommendations.

In response to our draft report, Ohio stated that they are continually improving their strategies and methodologies in combating the drug overdose crisis that has occurred in Ohio within the last five years. We included Ohio's comments as appendices to this report.