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S.B. 137
136th General Assembly

Bill Analysis

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Version: As Passed by the Senate

Primary Sponsor: Sen. Johnson

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SUMMARY

- Requires hospitals to provide overdose reversal drugs to patients who presented to the emergency department for adverse events related to opioid use, with some exceptions.
- Permits a hospital to seek insurance or Medicaid reimbursement for providing overdose reversal drugs to patients.
- Requires the Department of Behavioral Health to provide overdose reversal drugs to hospitals if adequate funds are available.
- Requires hospitals that provide overdose reversal drugs to patients to prepare and submit reports to the Department of Health and the Department of Behavioral Health.

DETAILED ANALYSIS

Provision of opioid reversal drugs

S.B. 137 requires hospitals to provide overdose reversal drugs, including naloxone or any other drug designated by the State Board of Pharmacy as being approved by the federal Food and Drug Administration for the reversal of opioid-related overdoses,¹ to certain patients at the time of discharge from the hospital's emergency department. Generally, the patients to whom overdose reversal drugs must be provided include patients who presented to the emergency department with symptoms of an opioid overdose, opioid use disorder, or other adverse events related to opioid use. When a hospital provides a patient with an overdose reversal drug, the bill also requires the hospital to provide the patient with directions for using the drug and information about medications for opioid use disorder, harm reduction strategies, and available services such as treatment and peer counseling.²

¹ R.C. 4729.01, not in the bill.

² R.C. 3727.81(B)(1) and (C).

A hospital is not required to provide an opioid reversal drug to a patient if (1) the patient's treating practitioner determines that providing the drug is not appropriate, (2) the patient's treating practitioner has confirmed that the patient already possesses an opioid reversal drug, (3) the hospital has not received a supply of overdose reversal drugs, or (4) the patient refuses to accept the overdose reversal drug. If a patient refuses to accept the drug, the hospital must still provide the patient with information about medications for opioid use disorder, harm reduction strategies, and services such as treatment and peer counseling.³

Immunity

A hospital, including its employees, contractees, and practitioners, is not liable for or subject to damages in any civil action, prosecution in any criminal proceeding, licensure sanctions, or professional discipline for an act or omission that arises from providing overdose reversal drugs as described in the bill.⁴

Acquisition and reimbursement

If sufficient funding is available, the bill requires the Department of Behavioral Health (DBH) to provide overdose reversal drugs to hospitals.⁵ A hospital may also purchase its own supply. If a hospital purchases overdose reversal drugs, the hospital may submit a claim for reimbursement from the patient's insurance provider or Medicaid, if applicable. Payment of the claim is dependent on insurance or Medicaid coverage and the terms and conditions for that coverage.⁶

Reporting

Every hospital that provides opioid reversal drugs in the manner described in the bill is required to record each occurrence in which the drug was given and prepare reports compiling those records. The reports must not contain individually identifiable information. Hospitals must submit reports to DBH and the Department of Health (ODH). DBH, in coordination with ODH, is responsible for establishing standards and procedures for reporting.⁷

Scope

The bill does not prohibit a hospital from providing an overdose reversal drug at no cost from a supply purchased by the hospital. It does not limit a hospital's authority to provide overdose reversal drugs in accordance with continuing Ohio law, nor does it affect a hospital's ability or responsibility to provide financial assistance to a patient as required by state or federal law.⁸

³ R.C. 3727.81(B)(2) and (C).

⁴ R.C. 3727.81(F).

⁵ R.C. 5119.192(B).

⁶ R.C. 3727.81(D).

⁷ R.C. 3727.811 and 5119.192(C).

⁸ R.C. 3727.81(E).

HISTORY

Action	Date
Introduced	03-11-25
Reported, S. Health	10-08-25
Passed Senate (28-0)	10-08-25
