



# OHIO LEGISLATIVE SERVICE COMMISSION

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## Synopsis of House Committee Amendments\*

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### **Sub. S.B. 319**

131st General Assembly  
(H. Finance)

#### **Immunity for peace officers**

Adds a provision to the bill providing peace officers with qualified immunity from civil liability for any injury, death, or loss to person or property that allegedly arises from obtaining, maintaining, accessing, or administering naloxone.

#### **Dispensing opioid analgesics**

Modifies the Senate-passed prohibition against filling a prescription for an opioid analgesic more than 14 days after it was issued by permitting the prescription to be filled if the following conditions are met:

(1) The prescription is one of multiple prescriptions for the opioid analgesic issued by the prescriber to the patient on a single day and the prescriber has provided written instructions indicating the earliest date on which the prescription may be filled;

(2) When combined, the prescriptions do not authorize the patient to receive more than a 90-day supply of the opioid analgesic and the prescription is filled before 14 days have elapsed since that date.

Replaces a Senate-passed provision permitting the State Board of Pharmacy to adopt rules establishing limitations on the authority to dispense or sell an opioid analgesic with a provision permitting the Board to adopt rules further limiting the amount of an opioid analgesic that may be dispensed or sold or reducing the time in which a prescription for an opioid analgesic may be filled.

#### **Opioid analgesics for chronic pain – prior authorization or utilization review**

Adds provisions to the bill requiring certain health insurers and the Medicaid program, generally beginning on January 1, 2018, to apply prior authorization requirements or utilization review measures as conditions of providing coverage of opioid analgesics prescribed for the treatment of chronic pain.

\* This synopsis does not address amendments that may have been adopted on the House Floor.

Requires the health insurer or Medicaid program to consider the following:

(1) If the course of treatment with the drug continues for more than 90 days, the current law requirements regarding physician management of chronic pain;

(2) If the morphine equivalent daily dose for the drug exceeds 80 milligrams or the individual is being treated with a benzodiazepine at the same time the opioid analgesic is prescribed, the current opioid prescribing guidelines established by the Governor's Cabinet Opiate Action Team.

Specifies that a health insurer or the Medicaid program is not required to apply prior authorization requirements or utilization review measures when the opioid analgesic is prescribed (1) to a hospice patient in a hospice care program, (2) to an individual who has been diagnosed with a terminal condition but is not a hospice patient in a hospice care program, or (3) to an individual who has been diagnosed with cancer or another condition associated with the individual's cancer or history of cancer.

### **Office-based opioid treatment licensure**

Delays the Senate-passed provisions requiring licensure of office-based opioid treatment facilities until 120 days after the bill's effective date.

### **Restrictions on wholesale sale of dangerous drugs**

Modifies the Senate-passed provisions that pertain to the sale of dangerous drugs at wholesale, as follows:

--Maintains a provision of current law that prohibits a wholesale distributor of dangerous drugs from possessing for sale, selling, or distributing, dangerous drugs at wholesale to certain business entities that are, or are operating, unlicensed pain management clinics and extends that prohibition to unlicensed office-based opioid treatment facilities if the bill requires the facility to be licensed.

--Prohibits a wholesale distributor of dangerous drugs from possessing for sale, selling, or distributing, dangerous drugs at wholesale to a prescriber employed by an *unlicensed* office-based opioid treatment facility (if the bill requires the facility to be licensed).

### **Methadone treatment licensure**

Provides that the Senate-passed provisions eliminating certain requirements pertaining to licensure of methadone treatment providers are effective June 1, 2017, instead of 180 days after the bill's effective date.

Modifies the Senate-passed requirement for the revision of rules governing methadone treatment licensure, as follows:

--Requires the accepted standards of medical care for opioid treatment services to be established by a nationally recognized standards organization, instead of the Senate-passed provision that specified the standards were to be established by the American Society of Addiction Medicine;

--Requires that providers have a plan to provide treatment in accordance with treatment standards established in federal regulations and the accepted standards of medical care described above, in addition to the Senate-passed provision that requires providers to be able to meet those standards;

--Replaces the Senate-passed provision requiring the rules to be adopted within 180 days after the bill's effective date with a provision prohibiting any new methadone treatment licenses from being issued if the rules are not adopted by, or in effect on, June 1, 2017.

### **Encouraging drug treatment for pregnant women**

Adds the following provisions to the bill to encourage pregnant women to obtain drug treatment:

--A requirement that certain health care professionals encourage drug treatment for pregnant patients under certain circumstances.

--A requirement that ODMHAS, as part of an existing program, give priority to treating addicted pregnant women.

--A prohibition against a publicly funded community addiction services provider refusing to treat a pregnant woman solely because she is pregnant if the provider offers appropriate treatment.

--A prohibition against a public children services agency filing a complaint alleging that a newborn is abused, neglected, or dependent solely because the mother used a controlled substance while pregnant if the mother (1) enrolled in drug treatment before the end of her 20th week of pregnancy, (2) completed treatment or is in the process of completing treatment, and (3) maintained her regularly scheduled appointments and prenatal care.

--An authorization for a court to hold such a complaint in abeyance if the mother (1) enrolled in drug treatment after her 20th week of pregnancy, (2) is in the process of

completing a treatment program, and (3) maintained her regularly scheduled appointments and prenatal care.

--An authorization for a court to dismiss such a complaint if the mother (1) enrolled in drug treatment after the end of her 20th week of pregnancy, (2) completed a treatment program, and (3) maintained her regularly scheduled appointments and prenatal care.

--A provision that provides that evidence obtained through a screening or test to determine pregnancy or provide prenatal care is not admissible in a criminal proceeding against the woman who was screened or tested.

### **Addiction and mental health services**

Adds provisions that revise current law, unchanged by the Senate, regarding community addiction and mental health services, the Ohio Department of Mental Health and Addiction Services (ODMHAS), and boards of alcohol, drug addiction, and mental health services (ADAMHS boards), as follows:

--Provides that the term "mental health services," as used in those laws, includes services for the prevention of mental illness.

--Provides that services for the treatment of persons with gambling addictions are not subject to ODMHAS certification.

--Provides for ADAMHS boards to make recovery supports available, and to perform related functions, as part of the process of making addiction services and mental health services available.

--Defines "recovery supports" as assistance that is intended to help an individual who is an alcoholic or has a drug addiction or mental illness, or a member of such an individual's family, initiate and sustain the individual's recovery from alcoholism, drug addiction, or mental illness.

--Requires the ODMHAS Director to adopt rules specifying the types of recovery supports for which certification must be obtained from the Director and exempts certain recovery housing from certification as a recovery support.

--Prohibits an ADAMHS board from contracting for recovery supports that are required by the ODMHAS Director to meet quality criteria or core competencies, unless the recovery supports meet those requirements.

--Revises the list of services and supports that must be included in an ADAMHS board's continuum of care.

--Permits the ODMHAS Director to issue to an ADAMHS board a time-limited waiver of the requirement that the board's continuum of care include all of the otherwise required essential elements if the Director determines that the board has made reasonable efforts to include the elements being waived.

--Requires that the addiction services and recovery supports for opioid and co-occurring drug addiction that are part of a continuum of care include peer support, residential services, and multiple paths to recovery such as 12-step approaches.

--Permits the ODMHAS Director to issue to an ADAMHS board a waiver of the requirement that addiction services and recovery supports for opioid and co-occurring drug addiction include ambulatory detoxification and medication-assisted treatment if the Director makes certain determinations.

--Provides that medication-assisted treatment includes, in addition to services that are accompanied by medication approved for the treatment or prevention of drug addiction, services that are accompanied by medication approved for the treatment or prevention of alcoholism.

--Provides that an individual is not to be denied a service or support for opioid and co-occurring drug addiction included in a continuum of care on the basis of the individual's prior experience with the service or support.

--Revises the duties of community addiction services providers, ODMHAS, and ADAMHS boards regarding waiting lists for addiction services and recovery supports for opioid and co-occurring drug addiction included in a continuum of care.

--Requires that an ADAMHS board's annual plan address ODMHAS's priorities for facility services, addiction services, mental health services, and recovery supports and requires ODMHAS to inform all ADAMHS boards of its priorities in a timely manner.

--Requires ODMHAS to withhold in whole or in part, instead of in whole, funds otherwise to be allocated to an ADAMHS board if the board's use of state and federal funds fails to comply with the board's approved budget.

--Maintains a requirement that ODMHAS assist *any* county for certain ADAMHS board-related activities, instead of requiring ODMHAS to provide such assistance to *each* county, and requires ODMHAS to provide the assistance for one or more of the activities instead of all of the activities.

--Requires the ODMHAS Director to establish procedures for offering technical assistance to ADAMHS boards regarding plans, budgets, and lists of services and supports.

--Prohibits, except under certain circumstances, ODMHAS from collecting any personal information from community addiction or mental health services providers as part of a community behavioral health information system.

--Provides that it is not necessary for a community addiction or mental health services provider to be providing services supported by an ADAMHS board in order for the board's executive director to consult with the provider.

--Provides that a law governing the Ohio Department of Administrative Services' purchases of services and supplies does not apply to ODMHAS contracts for addiction services or recovery supports provided to alcoholics or individuals addicted to drugs or gambling.

--Requires that an annual report ODMHAS submits to the Governor include the number and types of addiction services and recovery supports provided to severely mentally disabled persons.

--Requires that ODMHAS compile statistics and other information on the care, treatment, and rehabilitation of persons with, or in danger of developing, a gambling addiction.

--Eliminates a prohibition against ODMHAS disclosing to the Ohio Department of Rehabilitation and Correction or the Ohio Department of Youth Services certain mental health information about an inmate or offender unless the inmate or offender is notified, receives the information, and does not object.

--Eliminates a requirement that an ADAMHS board's executive director encourage the development and expansion of rehabilitative services in the fields of addiction services and mental health services.

--Removes creed from, and adds ancestry and military status to, the classes that are protected against discrimination by ADAMHS boards and community addiction and mental health services providers for purposes of services, employment, and contracts.

--Specifies that the residential facilities for which ADAMHS boards must perform referral duties are residential facilities in the category known as "class two."

--Specifies that a residential facility must be a class two residential facility to be a permissible living arrangement for a recipient of the Residential State Supplement program.

### **Pharmacy benefit managers**

Adds provisions that modify current law, unchanged by the Senate, governing pharmacy benefit managers and the procedures they use in relation to pharmacies, including provisions that address (1) methods for calculating drug product reimbursements, (2) appeals and disputes involving maximum allowable cost pricing, (3) adoption of rules by the Superintendent of Insurance, and (4) exemptions for health plans governed by federal law.

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