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OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
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Office

H.B. 341
133rd General Assembly

Fiscal Note & Local Impact Statement

[Click here for H.B. 341's Bill Analysis](#)

Version: As Reported by House Health

Primary Sponsor: Rep. Ginter

Local Impact Statement Procedure Required: No

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Highlights

- The bill expands the list of drugs a pharmacist may administer by injection which may increase costs for state or local pharmacies that choose to administer these drugs. However, costs could be offset by any reimbursements or payments received for rendering these services.
- The bill authorizes the State Board of Pharmacy to provide information from its Ohio Automated Rx Reporting System (OARRS) to a prescriber or pharmacist participating in a prescription monitoring program operated by a federal agency if certain conditions are met. This could result in a minimal increase in administrative costs.

Detailed Analysis

The bill allows a pharmacist to administer by injection any addiction treatment drug that is prescribed by a physician and is administered in a long-acting or extended-release form. Current law allows a pharmacist to inject certain drugs. Expanding the number of drugs a pharmacist can administer by injection may result in increased costs to state or local pharmacies (e.g., those in public hospitals or local health departments) that choose to administer these drugs. However, any additional costs could be offset for any additional payments received for rendering the service.

Currently, a facility where a prescriber provides office-based opioid treatment to more than 30 patients is generally required to obtain a category III terminal distributor of dangerous drugs license with an office-based opioid treatment classification from the State Board of Pharmacy. The bill exempts facilities from office-based opioid treatment licensure if patients are treated for opioid dependence or addiction through administration of addiction treatment drugs onsite, directly by certain specified providers rather than off-site by patients. The bill also specifies that patients who receive treatment onsite for opioid dependence or addiction by this

direct administration of drugs are not to be included when determining whether a prescriber is providing this treatment to more than 30 patients at a particular location. The State Board of Pharmacy could realize a reduction in fee revenue if fewer facilities are required to obtain licensure. However, according to the Board, while these facilities would no longer require the office-based classification, facilities would likely still require licensure as a category III terminal distributor of dangerous drugs. If this is the case, any fiscal impact to the Board would be negligible.

The State Board of Pharmacy is already authorized to establish a drug database under existing law. This database, known as OARRS, provides information about drug use to prescribers, pharmacists, and others. In addition to the OARRS information the Board is authorized or required to provide under current law, the bill authorizes the Board to provide information requested by a prescriber or pharmacist from, or participating in, a prescription drug monitoring program operated by a federal agency if certain conditions apply. This could cause a minimal increase in administrative costs for the Board.