



Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: H.B. 4 of the 131st G.A. **Date:** June 2, 2015
Status: As Reported by Senate Health & Human Services **Sponsor:** Reps. Rezabek and Sprague

Local Impact Statement Procedure Required: No

Contents: Makes changes regarding authority to furnish or dispense naloxone for opioid overdoses, establishes standards for certain opioid treatment programs, and declares an emergency

State Fiscal Highlights

- The Pharmacy Board may experience a minimal increase in administrative costs to adopt rules regarding authority to furnish or dispense naloxone to a person who may be at risk of an opioid overdose or a person who may be in a position to assist a person who is at risk, including rules specifying a naloxone protocol.

Local Fiscal Highlights

- A local board of health that is a terminal distributor of dangerous drugs may experience a minimal increase in revenue related to the provision allowing the occasional sale of naloxone to state and local law enforcement agencies.
- If a physician employed at a public hospital chooses to establish a naloxone protocol, the public hospital may experience a minimal increase in administrative costs.

Detailed Fiscal Analysis

The bill extends the authority to personally furnish or dispense naloxone to individuals who are not authorized to prescribe drugs. The authority can be granted to individuals authorized by a physician to personally furnish naloxone in accordance with a physician's protocol and to pharmacists and pharmacy interns dispensing naloxone in accordance with a protocol established by the State Board of Pharmacy.

The bill permits a physician who establishes a protocol to authorize one or more individuals to personally furnish naloxone to a person who there is reason to believe is experiencing or at risk of experiencing an opioid-related overdose or to a family member, friend, or another in a position to assist such a person. The bill allows a physician to establish a protocol to follow in the circumstances previously described. The bill specifies what must be included in the protocol. If a physician employed at a public hospital chooses to establish a naloxone protocol, the public hospital may experience a minimal increase in administrative costs.

The bill also authorizes a local board of health, through a physician serving as the board's health commissioner or medical director, to allow a pharmacist or pharmacy intern working in the board's jurisdiction to dispense naloxone without a prescription to an individual who is experiencing, or is at risk of experiencing, an opioid-related overdose or to family members, friends, or others in a position to assist.

The bill requires an individual furnishing and a pharmacist or pharmacy intern dispensing naloxone to instruct the individual to whom naloxone is dispensed or furnished to summon emergency medical services as soon as practicable either before or after administering naloxone. A pharmacist may document the dispensing of naloxone on a prescription form. The bill requires the Pharmacy Board, after consulting with the Ohio Department of Health and the State Medical Board, to adopt rules regarding the bill's provisions, including rules specifying a naloxone protocol. The Pharmacy Board may experience a minimal increase in administrative costs to adopt rules.

Additionally, the bill specifies that each of the following that act in good faith is not liable for, or subject to, damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action for any action or omission of the person to whom the naloxone is furnished or dispensed without a prescription: a physician, an authorized individual, a pharmacist or pharmacy intern, or a board of health.

The bill also allows for local boards of health or health departments to make occasional sales of naloxone to state and local law enforcement agencies, so long as the local boards of health or health departments are licensed terminal distributors of dangerous drugs. Local boards that are licensed terminal distributors of dangerous drugs may experience a minimal increase in revenue related to this provision.

Lastly, the bill specifies that an opioid treatment program that personally furnishes buprenorphine (but not methadone) may be excluded from current law limits on the amount of controlled substances a prescriber may personally furnish during specified time periods if the program meets certain requirements established by the bill. The bill requires the Pharmacy Board and the Ohio Department of Mental Health and Addiction Services (OHMAS) to conduct annual on-site inspections of the abovementioned opioid treatment programs. The bill allows OHMAS to adopt rules related to reporting requirements. OHMAS and the Pharmacy Board stated that there are very few facilities that meet the specifications for inspection and that they currently conduct inspections on these. However, the Pharmacy Board indicated that there is currently no schedule regarding inspection. Since annual inspections would be required, it is possible that there could be negligible fiscal costs.

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