



# OHIO LEGISLATIVE SERVICE COMMISSION

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## Fiscal Note & Local Impact Statement

**Bill:** S.B. 119 of the 132nd G.A.

**Status:** As Introduced

**Sponsor:** Sens. Hackett and Hottinger

**Local Impact Statement Procedure Required:** No

**Subject:** Address opioid prescribing and addiction treatment

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### State Fiscal Highlights

- The Board of Pharmacy will experience costs of \$10,000 to \$20,000 to make changes to the Ohio Automated Rx Reporting System (OARRS).
- The Medical Board and Dental Board will incur administrative costs to promulgate rules and to approve continuing education courses.
- The Ohio Department of Mental Health and Addiction Services will experience a minimal cost to develop one or more online training courses.

### Detailed Fiscal Analysis

#### Opioid analgesics prescribing limitations

S.B. 119 establishes limits on prescribing or furnishing opioid analgesics by physicians who mostly practice in primary care specialties and dentists who practice primarily general dentistry. The Medical Board and Dental Board are required to determine for purposes of the bill what constitutes a primary care specialty or the practice of general dentistry. The Medical Board and Dental Board will incur an administrative cost associated with the staff time required to promulgate rules defining primary care and general dentistry.

The bill prohibits a primary care physician or general dentist from prescribing or personally furnishing an opioid analgesic if the drug is prescribed or furnished in an amount indicated for a period that exceeds three days or the morphine equivalent daily dose (MED) for the drug exceeds 50 milligrams. The bill allows primary care physicians or general dentists to exceed the three-day limit, but not the 50-MED limit, if the opioid analgesic is prescribed or furnished in an amount indicated for a period of not more than seven days and meets other conditions. Among the conditions, the physician or dentist must complete at least eight hours of approved training initially and at least two hours of continuing education annually. Similarly, physicians treating patients for

chronic pain<sup>1</sup> must additionally complete at least eight hours of approved training initially and at least two hours of continuing education annually. Additionally, the bill authorizes the Medical Board and Dental Board to establish limits on the amount or MED of an opioid prescribed or furnished by a specialist. As a result, the boards may realize administrative costs for rule promulgation and to approve continuing education courses. These new limits might reduce the number of opioid doses, which might result in a reduction in prescription costs for state and local public health programs, including Medicaid. However, the new limits might change what drugs doctors or dentists prescribe instead. If this occurs, prescription costs for these programs would be impacted depending on which drugs are prescribed in place of the opioids.

### **Naltrexone and the Ohio Automated Rx Reporting System**

The bill requires a pharmacist or licensed health professional authorized to prescribe drugs to report to the Ohio Automated Rx Reporting System (OARRS) after dispensing or personally furnishing naltrexone. The bill requires a drug's MED to also be included, if applicable, in the report. The Board of Pharmacy anticipates an initial cost between \$10,000 and \$20,000 to work with the OARRS vendor to update the system to allow users to report naltrexone prescriptions and minimal ongoing administrative costs to report naltrexone activities.

Additionally, there could be an increase in costs for any local boards of health that act as a pharmacy and fill prescription orders, as the board would be responsible for reporting this information to OARRS. Costs would depend on the board's current access to OARRS and may involve information technology updates. However, it appears that in most, if not all, cases, licensed health professionals employed by local boards prescribe naltrexone and then a pharmacy fills the order. In these instances, there would be no additional costs for boards of health since the pharmacy would likely be responsible for reporting this information.

### **Medication-assisted treatment**

The bill requires a physician who provides medication-assisted treatment for addiction in accordance with federal law to offer each patient treatment with naltrexone. The doctor would meet requirements by offering this treatment. There is no mandate that insurance cover this, although the Ohio Department of Medicaid (ODM) currently offers naltrexone to treat addiction to a beneficiary with a medical need.<sup>2</sup>

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<sup>1</sup> Chronic pain refers to symptoms that have lasted longer than three months.

<sup>2</sup> Ohio Department of Medicaid. Injection of Naltrexone (to Treat Addiction). <http://www.medicaid.ohio.gov/forohioans/coveredservices.aspx#1684607-injection-of-naltrexone-to-treat-addiction>.

## **Online training course**

The bill requires the Ohio Department of Mental Health and Addiction Services to develop and make available at least one online course for physicians seeking to prescribe or dispense buprenorphine.<sup>3</sup> The Department will experience a minimal cost to develop and administer the online course(s).

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<sup>3</sup> Under federal law, physicians that wish to prescribe buprenorphine must certify to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, that they have the capacity to refer medication-assisted treatment patients for appropriate counseling and other services.