



OHIO LEGISLATIVE SERVICE COMMISSION

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Fiscal Note & Local Impact Statement

Bill: H.B. 535 of the 132nd G.A.

Status: As Passed by the House

Sponsor: Rep. Gavarone

Local Impact Statement Procedure Required: No

Subject: Opioid Data and Communication Expansion Act

State & Local Fiscal Highlights

- The State Board of Pharmacy expects: (1) one-time expenses of up to \$20,000 to make required changes to the Ohio Automated Rx Reporting System (OARRS) and (2) minimal at most ongoing administrative expenses to comply with the bill's reporting requirements.
- The Ohio Department of Health (ODH) could experience an increase in costs to receive, analyze, and disseminate information submitted from hospitals regarding overdose cases and information from the Department of Public Safety (DPS) regarding the administration of naloxone by emergency service personnel or firefighters.
- ODH may also experience a minimal increase in costs if rules are adopted regarding the reporting requirements for hospitals and DPS.

Detailed Fiscal Analysis

The bill provides that the act is to be known as the "Opioid Data and Communication Expansion Act." It establishes reporting requirements regarding the dispensing or furnishing of naltrexone, the treatment of drug overdoses, and the administration of naloxone. A description of the requirements and potential fiscal impacts are discussed below.

Naltrexone and the Ohio Automated Rx Reporting System

The bill requires the State Board of Pharmacy to use the Ohio Automated Rx Reporting System (OARRS) to monitor naltrexone and to report an aggregate of the information reported to OARRS concerning naltrexone on a semiannual basis in the same manner that it is required under continuing law to report for opioid prescriptions and medical marijuana. The Board anticipates an initial one-time expense of 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.

The bill also requires a pharmacist or licensed health professional authorized to prescribe drugs to report to OARRS after dispensing or personally furnishing naltrexone. 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.

Drug overdose reporting

The bill requires hospitals to report to the Ohio Department of Health (ODH) on a monthly basis and in a manner prescribed by ODH the following information: (1) the total number of drug overdose cases brought to the hospital for treatment, and (2) of the number of those cases, the number that resulted in death and the number that did not result in death. The bill specifies that hospitals must not include any information that identifies or tends to identify specific patients.

The bill requires ODH to compile monthly the information it receives from hospitals and publish the information on its website. ODH may adopt rules as necessary to implement these provisions. ODH may experience one-time costs to possibly develop a system for hospitals to submit the required monthly data, as well as ongoing costs to analyze the data and for system maintenance. ODH may also experience a minimal increase in costs if rules are adopted.

Reporting of naloxone administration

The bill requires the Department of Public Safety (DPS), if it collects certain information concerning the administration of naloxone by emergency service personnel, to report that information to ODH on a monthly basis. According to DPS, there will be no cost to provide this information. Additionally, the bill requires ODH to compile the information received, organize it by county, and forward it to each local board of alcohol, drug addiction, and mental health services. According to ODH, costs for the department would depend on how the information is provided, though there would likely be costs to analyze and disseminate the data. The bill also allows ODH to adopt rules as necessary to implement these provisions. There could be a minimal increase in costs for ODH if rules are adopted.