



OHIO LEGISLATIVE SERVICE COMMISSION

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Fiscal Note & Local Impact Statement

Bill: H.B. 601 of the 132nd G.A.

Status: As Introduced

Sponsor: Rep. Ginter

Local Impact Statement Procedure Required: No

Subject: Drug addiction treatment

State & Local Fiscal 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.

Detailed Fiscal Analysis

The bill allows a pharmacist to administer by injection any drug for treatment of drug addiction 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 direct administration of addiction treatment drugs by certain specified providers. The bill also specifies that patients being treated by direct administration of drugs for addiction treatment and patients receiving treatment for opioid drug dependence or addiction do not count toward a facility's 30-patient maximum. 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.