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# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 341  
133<sup>rd</sup> General Assembly

## Fiscal Note & Local Impact Statement

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

**Version:** As Reported by Senate Health, Human Services & Medicaid

**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.
- The bill exempts from licensure as a terminal distributor of dangerous drugs a service entity that possesses naloxone in order to permit personally furnishing a supply of the drug pursuant to protocol. This may minimally decrease license fee revenue for the State Board of Pharmacy.
- The bill provides qualified immunity and civil liability protection in certain circumstances regarding the supply and administration of naloxone. This may result in minimal savings for local courts by reducing the time and effort that otherwise may have been required to adjudicate related actions.

### Detailed Analysis

#### Administration of addiction treatment drugs

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.

## **OARRS access and federal monitoring programs**

The State Board of Pharmacy is already authorized to establish a drug database under existing law. This database, known as the Ohio Automated Rx Reporting System (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.

## **Terminal distributor of dangerous drugs licensure exemption**

The bill exempts from licensure as a terminal distributor of dangerous drugs (TDDD) a service entity that possesses naloxone in order to permit an employee, volunteer, or contractor to personally furnish a supply of the drug pursuant to a protocol established by a prescriber or board of health. Under current law, service entities are exempt from this licensure when naloxone is possessed for use in an emergency, but not with respect to personally furnishing a supply. This could minimally reduce licensure fee revenue for the State Board of Pharmacy. However, there could be a subsequent decrease in license fees paid by any service entities that may be government agencies.

## **TDDD maintenance of naloxone supply**

The bill authorizes a TDDD to acquire a supply of naloxone, and to maintain the supply at an alternative location for use in emergency situations and to distribute through an automated mechanism. The bill also authorizes any person to access naloxone maintained by a TDDD and to administer it to an individual who appears to be experiencing an opioid-related overdose.

## **Naloxone protocols**

The bill authorizes certain advanced practice registered nurses and physician assistants to develop protocols to permit individuals and employees of service entities to personally furnish or administer naloxone. Government-owned hospitals and any other applicable government entity that employ these nurses and physician assistants may experience a minimal increase in costs to develop these protocols.

The bill provides qualified immunity related to the above-mentioned provisions. This may result in minimal savings for local courts by reducing the time and effort that otherwise may have been required to adjudicate related actions.

## **Civil liability protection for layperson**

The bill specifies that a family member, friend, or other individual who, as authorized by current law, assists an individual who is experiencing an opioid-related overdose is not liable for damages in a civil action related to providing that assistance. Again, this may reduce costs for local courts as cases may be adjudicated more quickly or not be brought at all.

## **Exemptions from open meetings requirements**

The bill also expands and clarifies the State Board of Pharmacy's exemptions from open meetings requirements to include meetings in which the Board must determine whether to suspend a license, certification, or registration without a hearing in certain situations. This should have no discernable fiscal impact on the Board.