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Bill Analysis

Version: As Introduced

Primary Sponsors: Reps. T. Young and Plummer

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SUMMARY

- Revises the law requiring prescribers to review patient information in the Board of Pharmacy's Ohio Automated Rx Reporting System, by eliminating the seven-day exception, narrowing the acute pain exception available only to physicians under current law, and extending that narrowed exception to dentists.
- Requires a prescriber – when prescribing an opioid analgesic for five or more days – to counsel the patient on the risks of opioid addiction and the importance of proper medication storage and disposal.
- Directs health-related licensing boards to adopt guidelines regarding the patient counseling required by the bill.
- Requires a pharmacist – when dispensing an opioid analgesic for patient use outside of a hospital – to affix to the drug's container a warning describing the risks of opioid addiction.
- Provides for cash transfers from the Ohio Medical Marijuana Control Program Fund to the Drug Database Fund.

DETAILED ANALYSIS

Prescribing opioid analgesics

The bill addresses the prescribing of opioid analgesics in two ways. First, it revises the law governing the review by prescribers of patient information in the Board of Pharmacy's Ohio Automated Rx Reporting System, or OARRS. Second, it requires prescribers to counsel patients on the risks of addiction and the importance of proper medication storage and disposal if prescribing opioid analgesics for five or more days.

OARRS reviews

Ohio law requires a prescriber (physician, physician assistant, advanced practice registered nurse, and dentist) – before first prescribing or personally furnishing an opioid analgesic or benzodiazepine for a patient – to request patient information from OARRS that covers at least the previous 12 months.¹ But, the request is not required if one of several existing law exceptions apply. The bill focuses on two of these – the seven-day exception and the acute pain exception.

Seven-day exception

Under the seven-day exception, a prescriber is not required to review OARRS patient information if the drug is prescribed or furnished for use over a period of seven days or less. The bill eliminates this exception, thereby requiring the prescriber to review patient information even when prescribing or furnishing the drug for seven or fewer days, unless another exception applies.

Acute pain exception

The bill narrows the acute pain exception available only to physicians under current law. Under this exception, a physician is not required to review OARRS patient information when prescribing the drug to treat acute pain resulting from a surgery or other invasive procedure or a delivery. The bill limits the exception, specifying that it applies only when a physician prescribes the drug for three or fewer days.

The bill extends to dentists its acute pain exception for physicians. It applies when a dentist treats pain from a surgical or other procedure with a drug for not more than three days. The bill does not extend its acute pain exception to prescribers who are advanced practice registered nurses or physician assistants.

Patient counseling

The bill requires a prescriber – when issuing a prescription for an opioid analgesic for five or more days – to counsel the patient or patient’s representative on the risks of opioid analgesics and the importance of proper medication storage and disposal.²

Guidelines

The bill requires each health-related licensing board to adopt guidelines regarding the mandatory patient counseling.³ Current law defines a health-related licensing board to mean a state board authorized to issue a license to engage in the practice of a licensed health professional authorized to prescribe drugs.⁴

¹ R.C. 4715.302, 4723.487, 4730.53, and 4731.055.

² R.C. 3719.065(B).

³ R.C. 3719.065(C).

⁴ R.C. 3719.062, not in the bill.

Opioid container warnings

The bill requires a pharmacist – when dispensing an opioid analgesic for use outside of a hospital – to affix a warning describing the risks associated with such a drug to the container in which it is dispensed.⁵ The bill also directs the State Board of Pharmacy to adopt rules specifying the following about the required warnings:

- The type of warning to be affixed, in particular, whether the warning is a sticker or label;
- The location on the container where the warning is to be affixed;
- The warning’s color, including its background and text;
- The language to be included in the warning, which, at a minimum, must indicate that the drug inside the container is an opioid analgesic and carries a risk of addiction or overdose;
- The font and format of any language to be included on the label or sticker.⁶

The Pharmacy Board may adopt any other rules as necessary to implement the bill’s provisions for warnings on containers. All rules are to be adopted in accordance with Ohio’s Administrative Procedure Act.⁷

Cash transfers

The bill requires the Director of Commerce and Executive Director of the Pharmacy Board to consult with the Director of the Office of Budget and Management (OBM) to determine the amount of money sufficient for administering OARRS operations and initiatives aimed at reducing the diversion of drugs. The consultation must occur not later than five days after the start of each state fiscal year. After that amount is determined, the OBM Director must transfer the amount in cash to the existing Drug Database Fund. The cash transfers are to be taken from the Medical Marijuana Control Program Fund, which the bill creates for receipts from any source under that program.⁸

HISTORY

Action	Date
Introduced	09-18-23

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⁵ R.C. 3719.081(A).

⁶ R.C. 3719.081(B).

⁷ R.C. Chapter 119, not in the bill.

⁸ R.C. 3796.022 and 4729.83(C).