



Ohio Legislative Service Commission

Jacquelyn Schroeder

Fiscal Note & Local Impact Statement

Bill: H.B. 4 of the 131st G.A.

Date: February 17, 2015

Status: As Introduced

Sponsor: Reps. Sprague and Rezabek

Local Impact Statement Procedure Required: No

Contents: Makes changes regarding authority to furnish or dispense naloxone to a person who may be at risk of an opioid overdose or a person who may be in a position to assist a person who is at risk

State Fiscal Highlights

- The Pharmacy Board may experience a minimal increase in administrative costs to adopt rules regarding authority to furnish or dispense naloxone to a person who may be at risk of an opioid overdose or a person who may be in a position to assist a person who is at risk.

Local Fiscal Highlights

- If a physician employed at a public hospital chooses to establish a naloxone protocol, the public hospital may experience a minimal increase in administrative costs.

Detailed Fiscal Analysis

The bill extends the authority to personally furnish or dispense naloxone to individuals who are not authorized to prescribe drugs. The authority can be granted to individuals authorized by a physician to personally furnish naloxone and to pharmacists and pharmacy interns dispensing naloxone in accordance with a physician's protocol. The bill permits a physician who establishes a protocol to authorize another individual to personally furnish naloxone to a person who there is reason to believe is experiencing or at risk of experiencing an opioid-related overdose or to a family member, friend, or another in a position to assist such a person. The bill also allows a pharmacist or pharmacy intern to dispense naloxone without a prescription to an individual who is experiencing, or is at risk of experiencing, an opioid-related overdose or to family members, friends, or others in a position to assist. The bill allows a physician to establish a protocol to follow in those circumstances. The protocol must include a clinical description of the clinical pharmacology of naloxone, precautions and contraindications concerning dispensing naloxone, any limitations the physician

specifies concerning the individuals to whom naloxone may be dispensed or furnished, and the naloxone dosage that may be dispensed, among other requirements. The protocol must also specify training requirements that must be completed by an individual dispensing or furnishing naloxone and any additional instructions or training that an individual dispensing or furnishing naloxone must provide to an individual to whom naloxone is dispensed. If a physician employed at a public hospital chooses to establish a naloxone protocol, the public hospital may experience a minimal increase in administrative costs.

The bill requires an individual furnishing, and a pharmacist or pharmacy intern dispensing, naloxone to instruct the individual to whom naloxone is dispensed or furnished to summon emergency medical services either immediately before or immediately after administering naloxone. A pharmacist may document the dispensing of naloxone on a prescription form. The bill allows the Pharmacy Board to adopt rules regarding these provisions. The Pharmacy Board may experience a minimal increase in administrative costs if the Board decides to adopt rules.

Additionally, the bill specifies that a physician who in good faith authorizes another individual to furnish naloxone in accordance with a protocol established by the physician and an individual authorized to personally furnish naloxone under these circumstances are not liable for or subject to damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.