



Ohio Legislative Service Commission

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Fiscal Note & Local Impact Statement

Bill: H.B. 285 of the 131st G.A.
(LSC 131 0858-2)

Date: May 11, 2016

Status: In House Health and Aging

Sponsor: Rep. Sprague

Local Impact Statement Procedure Required: No

Contents: To authorize pharmacists to convert prescriptions authorizing refills under certain circumstances

State Fiscal Highlights

- No direct fiscal effect on the state.

Local Fiscal Highlights

- No direct fiscal effect on political subdivisions.

Detailed Fiscal Analysis

In the case of a prescription that authorizes a drug to be dispensed by refilling the prescription one or more times and the total quantity or amount of the drug that may be dispensed by filling and refilling the prescription does not exceed a 90-day supply, the bill authorizes pharmacists to dispense a quantity or amount of the drug that varies from the quantity or amount that otherwise would be dispensed if the following conditions are met: (1) the action taken by the pharmacist does not result in a quantity or amount of the drug being dispensed that exceeds the total quantity or amount that may be dispensed by filling and refilling the prescription, (2) the prescription is for a maintenance drug to be taken on a regular, recurring basis to treat a chronic condition, (3) the patient has used an initial 30-day supply of the drug, or a 90-day supply has previously been prescribed, and the pharmacist determines, after consulting with the patient, that the drug has stabilized the patient's condition, (4) the prescription is not for a controlled substance, (5) the prescriber did not include limiting language on the prescription, and (6) in the exercise of the pharmacist's professional judgment after consulting with the patient, taking the action authorized is appropriate for the patient. The bill also specifies that the provision does not require a health care insurer, government health care program, pharmacy benefit manager, or other entity

that offers health benefit plans to provide coverage for a drug in a manner that is inconsistent with the patient's benefit plan.

The State of Ohio Pharmacy Board anticipates no additional duties or expenses as a result of the bill. Additionally, there should be no direct impacts to the Ohio Department of Medicaid or to state and local government health plans.

Synopsis of Fiscal Changes

The As Introduced bill had no direct fiscal impact to the State of Ohio Pharmacy Board, Ohio Department of Medicaid, or to state and local government health plans. The substitute bill is also anticipated to have no direct impacts to these entities.

The As Introduced version of the bill authorized pharmacists to fill one or more refills of a prescription when the prescription was originally filled, or to fill multiple refills of a prescription at one time, if several conditions were met. The substitute bill (LSC 131 0858-2) also authorizes this, but expresses the authorization as the authority to dispense a quantity or amount of a drug that varies from the quantity or amount that otherwise would be dispensed pursuant to a prescription. The As Introduced bill provided that the amount of the drug that is dispensed at one time cannot exceed a 90-day supply. The substitute bill clarifies this by specifying the following: (1) the bill applies when the total quantity or amount that may be dispensed by filling and refilling the prescription does not exceed a 90-day supply, and (2) that the action taken by the pharmacist cannot result in dispensing more than the total quantity or amount permitted under the prescription. The substitute bill also adds a few provisions that were not in the As Introduced bill. The substitute bill requires that the prescription be for a maintenance drug to be taken on a regular, recurring basis to treat a chronic condition, the patient has used an initial 30-day supply, or has been previously prescribed a 90-day supply, and the pharmacist determines after a consult with the patient, that the drug has stabilized the condition. Lastly, the substitute bill specifies that the bill does not require a health care insurer, government health care program, pharmacy benefit manager, or other entity that offers health benefit plans to provide coverage for a drug in a manner that is inconsistent with the patient's benefit plan.